# Withdrawal/Redaction Sheet
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 001. email | From Todd Summers to Christa Robinson, Richard Socarides Re: Re-draft of POTUS Briefing Memo and Q & A [personal] [partial] (1 page) | 12/17/1998 | b(6) |
| 002. email | From Todd Summers to David Goodfriend Re: POTUS Briefing Paper [personal] [partial] (2 pages) | 12/17/1998 | b(6) |
| 003. email | From Todd Summers to Multiple Recipients Re: POTUS Briefing Memo for AIDS Council Meeting [personal] [partial] (2 pages) | 12/18/1998 | b(6) |
| 004. email | From Barbara Menard to Todd Summers Re: Semi-Final Drafts [personal] [partial] (2 pages) | 12/18/1998 | b(6) |
| 005. email | From Todd Summers to Chandler Spaulding, Dag Vega Re: Final POTUS Briefing Document [personal] [partial] (2 pages) | 12/18/1998 | b(6) |

**COLLECTION:**
Clinton Presidential Records
Automated Records Management System [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

**FOLDER TITLE:**
[12/17/1998 - 12/21/1998]

2018-0758-F
jn553

### RESTRICTION CODES

**Presidential Records Act - [44 U.S.C. 2204(a)]**

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

b(1) National security classified information [(b)(1) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:17-DEC-1998 16:38:11.00

SUBJECT: Re: Small question

TO: Mary M. May ( CN=Mary M. May/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
Can you track down 50 for me?

Thanks,

Todd
---------- Forwarded by Todd A. Summers/OPD/EOP on 12/17/98 04:37 PM ----------

Lana Dickey
12/17/98 04:36:11 PM

Record Type: Record

To: Todd A. Summers/OPD/EOP
cc:
bcc:
Subject: Re: Small question

There are envelopes that go with this proclamations, They are 12x16 White House envelopes. I only have 38 on hand. Maybe the mailroom, rm. 49, will have them or Records Managment,
rm. 80. If you can't find any in those places you can have what I have, but I would like you to replace them when the supply office gets a shipment. Thanks.

Todd A. Summers
12/17/98 01:48:06 PM

Record Type: Record

To: Lana Dickey/WHO/EOP

cc:
Subject: Small question

Are there WH envelopes that work with the proclemations? Those supply people say that they only have plain ones. I want to give out 40 tomorrow afternoon at a meeting between the POTUS and his AIDS advisory council. Any suggestions?

Todd

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:17-DEC-1998 12:16:50.00

SUBJECT: Re-draft of POTUS Briefing Memo and Q & A

TO: Christa Robinson ( CN=Christa Robinson/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TO: Richard Socarides ( CN=Richard Socarides/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

TEXT:
---------- Forwarded by Todd A. Summers/OPD/EOP on 12/17/98 12:15 PM ----------

Todd A. Summers
12/17/98 12:15:16 PM

Record Type: Record

To: Laura Emmett/WHO/EOP, Devorah R. Adler/OPD/EOP
cc: Sarah A. Bianchi/OVP @ OVP, Dag Vega/WHO/EOP
Subject: Re-draft of POTUS Briefing Memo and Q & A

Attached is a revised version of the briefing memo and Q & A for tomorrow's AIDS meeting. I've made changes per suggestions by Chris, but he has not yet reviewed my attempt. I've also attached a copy of a new accomplishments document and talking points.

Todd

Briefing Memo

Q & A

Talking Points

HIV/AIDS Accomplishments

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D57]MAIL44372245R.326 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 1 ==========

========== ATTACHMENT 2 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D57]MAIL45372245S.326 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 2 ==========

========== ATTACHMENT 3 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D57]MAIL46372245T.326 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 3 ==========

========== ATTACHMENT 4 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D57]MAIL47372245U.326 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 4 ==========

# DRAFT

December 17, 1998

## MEETING WITH THE PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS

| | |
|---|---|
| **DATE:** | December 18, 1998 |
| **LOCATION:** | Vice President's Ceremonial Office (OEOB) |
| **BRIEFING TIME:** | 5:15 pm to 5:30 pm |
| **EVENT:** | 5:45 pm to 6:15 pm |
| **FROM:** | Bruce Reed/Chris Jennings/Sandy Thurman |

## I. PURPOSE

*You will be meeting with members of the President's Advisory Council on HIV/AIDS to discuss the Administration's progress on addressing the AIDS epidemic.*

## II. BACKGROUND

*The Council requested a meeting with you to address its recommendations on ways to improve the Administration's response to the HIV/AIDS epidemic. Over the past few months, the Council has been publicly critical of the Administration, particularly its commitment to HIV prevention. Most recently, several key Council members reacted strongly to the release of draft guidelines by the CDC advising states to begin reporting HIV infections using name-based systems. This meeting would provide an opportunity for you to personally reaffirm your commitment to the Council and the seriousness with which you take the issue.*

Questions from the Council will focus on four areas:

-- **Access to Treatment**: The Council will seek your leadership on expanding access to treatment for indigent persons with HIV who must wait until they get AIDS to qualify

for Medicaid, which covers the treatments that would likely have forestalled their progression to AIDS. Initial reviews, prompted by a request by the Vice President, determined that such an expansion is not cost neutral and therefore cannot be done administratively. Pending further analysis, the Administration has supported susbstantial increases in the AIDS Drug Assistance Program. In addition, the Jeffords-Kennedy legislation includes a demonstration program that would substantially increase access to Medicaid by persons who would become disabled but for care. Support of this legislation by the Council and the AIDS community would be very beneficial.

-- **Promoting HIV Testing**: Approximately 30% of persons infected with HIV do not now they are infected, complicating prevention efforts and delaying helpful treatments. The Council will ask for your support of a national "get tested" campaign focusing on higher-risk populations (youth, persons of color, women). This is a reasonable proposal, and one which is already under consideration.

-- **Vaccine Research**: Last spring, you announced your desire to find a vaccine for HIV within ten years. Two weeks ago, on World AIDS Day, you announced a 33% increase in vaccine research funding at the NIH (up $47 million to $200 million). The Council is highly supportive of your leadership on this issue, but has some concern about the 18 months its taking find a director for NIH's new vaccine research center and about the need for increased inter-agency coordination. NIH has assured us that they are aggressively searching for the best person for the job and that vaccine research has not been delayed by this vacancy.

-- **Increased AIDS Funding**: Funding for HIV/AIDS programs has more than doubled during your Administration, with Ryan White funding up 266% and AIDS research up 67%. The Council is concerned that prevention and international funding have not benefited from similar increases. CDC's prevention budget is over $640 million and has increased 34% since you took office; the Administration is focusing on insuring that prevention funds are used effectively and are targeted to those at highest risk. As for international funding, USAID's AIDS budget has increased 64% during your Administration. You also just announced on World AIDS Day a new $10 million effort to help developing countries respond to the needs of children orphaned by AIDS.

In your closing remarks, you may highlight recent Administration activities on HIV/AIDS, including:

-- World AIDS Day event at which you announced an AIDS orphan initiative at USAID, increased vaccine research funding from the NIH, and a delegation to Africa led by Sandy Thurman.

-- Minority initiative announcement on October 28th at which you declared HIV/AIDS to be an ongoing and severe crisis in racial and ethnic minorities and announced $156 million in additional funding to address the crisis.

-- Historic HIV/AIDS funding achievements in the FY99 budget negotiations with Congress.

## III. PARTICIPANTS

Briefing Participants:
Bruce Reed
Virginia Appuzo
Karen Tramontano
Chris Jennings
Sandy Thurman
Richard Socarides

Program Participants:
**YOU**
Sandy Thurman
Bruce Reed
Virginia Appuzo
Karen Tramontano
Chris Jennings
Sandy Thurman
Richard Socarides
Dr. Scott Hitt, Council Chairperson
Members of the Council

## IV. PRESS PLAN

Pool still before start of meeting; closed press thereafter. Transcript to be provided to press following end of meeting.

## V. SEQUENCE OF EVENTS

-- Sandy Thurman will introduce **YOU** to members of the Council.
-- Dr. Scott Hitt will make a brief opening statement.
-- Council member Rabbi Joseph Edelheit will provide an overview of the message of the Council to you.
-- Four members of the Council will provide brief background statements and identify specific issues on which they seek Administration action. (You will have the option to seek clarification or respond--see attached Q & A.)
-- **YOU** will make brief closing remarks, thanking the Council for its hard work and reaffirming your commitment to continuing the fight against AIDS--see attached talking points.

## VI. REMARKS

Talking points provided by the Office of National AIDS Policy.

## VII. ATTACHMENTS

-- Talking points for closing remarks.
-- Q & A for discussion purposes.
-- List of Council members and brief biographies.

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**President's Advisory Council on HIV/AIDS**

**Member List**

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**CHAIR**

**R. Scott Hitt, M.D.**
Dr. Hitt, is a physician at the Pacific Oaks Medical Group in Beverly Hills, California. He is the Chair of PACHA.

**Stephen Neal Abel, D.D.S.**
Dr. Abel is the former Director of Dentistry at the Spellman Center of St. Clare's Hospital in New York City. Dr. Abel now serves as the Oral Health Policy Liaison in the Office of the Medical Director at the New York State Department of Health/AIDS Institute.

**Terje Anderson**
Mr. Anderson is the Chair of the Health Resources Services Administration Advisory Committee and is currently the Deputy Executive Director of the National Association of People with AIDS (NAPWA). He was an attendee of the 1995 White House Conference on AIDS.

**Regina Aragón**
Ms. Aragon serves as the Public Policy Director for the San Francisco AIDS Foundation. She was an attendee of the 1995 White House Conference on AIDS.

**Barbara Aranda Naranjo, Ph.D., R.N.**
Dr. Aranda Naranjo serves at the University of the Incarnate Word, School of Nursing in San Antonio, Texas. She was an attendee of the 1995 White House Conference on AIDS.

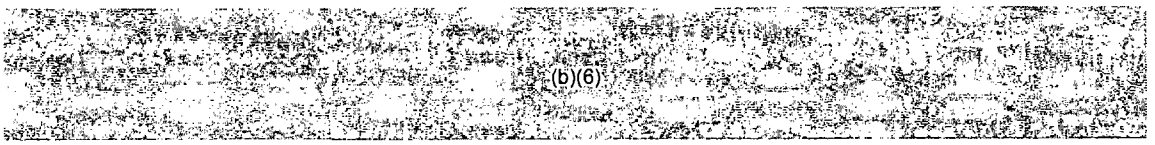
**Judith Billings, J.D.**
Ms. Billings, a woman living with HIV, is the former superintendent of schools for a Washington State school system. She now serves at Targeted Alliances, Education Consulting Services.

**Ambassador Charles W. Blackwell**
Charles W. Blackwell is the founder of Native Affairs and Development Group and serves as its President and Director. He is also the Chickasaw National Ambassador to the United States of America by appointment of the Chickasaw Governor with confirmation by the Chickasaw Legislature.

**Nicholas Bollman** [NOT ATTENDING]
Mr. Bollman is presently a Senior Program Director for the James Irvine Foundation. He was an attendee of the 1995 White House Conference on AIDS.

**Jerry Cade, M.D.**

[001]




**Lynne M. Cooper, D.MIN.**
Dr. Cooper has served as the President of Doorways, an interfaith AIDS residence program, for the past nine years. She is also the director of the National AIDS Housing Coalition Board.

**Rabbi Joseph Edelheit**
Rabbi Edelheit serves at the Temple Israel in Minneapolis, Minnesota.

**Robert Fogel**
Mr. Fogel is an attorney at Hilfman and Fogel in Chicago, Illinois. He is the Chair of the International Subcommittee of the PACHA.

**Debra Fraser-Howze**
Ms. Fraser-Howze is the founder/director of the National Black Leadership Commission on AIDS in New York City. She is also the Co-Chair of the Racial Ethnic Populations Subcommittee of the PACHA.

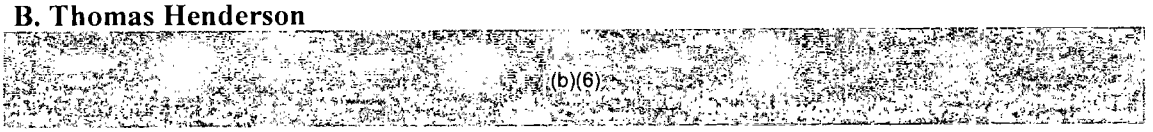
**Kathleen Gerus**
Ms. Gerus, a person living with HIV, currently serves at the Midwest AIDS Prevention Project in Sterling Heights, Michigan. She has served as co-chair of the Women's Advisory Committee of the National Hemophilia Foundation.

**Phyllis Greenberger**
Ms. Greenberger is currently serving at the Society for the Advancement of Women's Health Research in Washington, D.C. She is the former Associate Director for Government Relations at the American Pscychriatic Association.

**Nilsa Gutierrez, M.D., M.P.H.**
Dr. Gutierrez is the former director of the New York State AIDS Institute, and is currently the medical director of the Health Care Financing Administration's New York Regional Office.

**Bob Hattoy**
Mr. Hattoy, a person living with AIDS, currently serves as the White House Liaison at the U.S. Department of Interior.

**B. Thomas Henderson**




**Michael T. Isbell, J.D.**

Mr. Isbell is the former deputy executive director of the Gay Men's Health Crisis in New York City, and currently practices law at a private law firm in New York City. He is the Co-Chair for the Prevention Subcommittee of the PACHA.

**Ronald Johnson**
Mr. Johnson, a person living with HIV, is currently managing director for public policy, communications, and community relations at the Gay Men's Health Crisis in New York City. He formerly served as the Citywide coordinator for AIDS policy in the Office of the Mayor, City of New York.

**Jeremy Landau**
Mr. Landau, a person living with HIV, resides in Santa Fe, New Mexico. He is currently the Chair of the Prisons Subcommittee of the PACHA. He is the former director of the National Rural AIDS Network.

**Alexandra Mary Levine, M.D.** [NOT ATTENDING]
Dr. Levine serves as a Professor of Medicine, Chief of Hematology, and Medical Director at the University of Southern California School of Medicine in Los Angeles, California. She is the Chair for the Research Subcommittee of the PACHA.

**Steve Lew**
Mr. Lew, a person living with HIV, is the Director of Research and Technical Assistance at the Asian and Pacific Islander Wellness Center in San Francisco. He is the co-chair of San Francisco's Ryan White HIV Services Planning Council.

**Miguel Milanes**
Mr. Milanes is the former HIV/AIDS Program Coordinator and current Executive Assistant to the District Administrator for Dade/Monroe Counties (Miami), in the Office of HIV/AIDS Services, Florida Department of Health.

**Helen Miramontes, M.S.N., R.N., FAAN**
Ms. Miramontes is an Associate Clinical Professor and Deputy Director of the International Center for HIV/AIDS Research and Clinical Training in Nursing, at the School of Nursing at the University of California at San Francisco. She has a son living with AIDS.

**Reverend Altagracia Perez, STM**
Reverend Perez is currently serving at the Church of Saint Phillip the Evangelist in Los Angeles, California. She is also the Co-Chair for the Racial Ethnic Populations Subcommittee of the PACHA.

**Michael Rankin, M.D., M.P.H.**
Dr. Rankin is Chief, Psychiatry and Mental Health Services, VA Northern California Health Care System in San Francisco, California.
**H. Alexander Robinson, M.B.A., C.P.A.**

Mr. Robinson, a person living with HIV, is the Director of Public Policy at the Drug Policy Foundation. He formerly served as the ACLU's chief lobbyist for AIDS, gay/lesbian civil rights, disability issues. He serves as the Co-Chair for the Prevention Subcommittee of the PACHA.

**Debbie Runions**
Ms. Runions is a person living with HIV, is a community advocate from Nashville, Tennessee. She serves on numerous boards and advisory commissions.

**Sean Sasser**
Mr. Sasser, a person living with HIV, tested positive for HIV at the age of 19. Mr. Sasser is the former partner of Pedro Zamora, who was cast on MTV's *The Real World*, which featured both individuals as positive role models of youth with HIV. He was an attendee of the 1995 White House Conference on AIDS.

**Benjamin Schatz, J.D.**
Mr. Schatz is currently at the Gay and Lesbian Medical Association in San Francisco, California. He was a founder/director of the AIDS Civil Rights Project a the National Gay Rights Advocates.

**Richard Stafford**
Mr. Stafford, a person living with HIV, is from Minneapolis, Minnesota.

**Denise Stokes**
Ms. Stokes, a person living with HIV, is a community activist dedicated to HIV education, awareness and prevention. Ms. Stokes has been featured in two television and radio advertisement campaigns as part of the America Responds to AIDS campaign. Ms. Stokes was a keynote speaker at the October White House event announcing $156 million in funding targeted to African American and other minority populations.

**Bruce Weniger, M.D.**
Dr. Weniger is a physician at the National Immunization Program in the federal Centers for Disease Control and Prevention in Atlanta, Georgia.

December 16, 1998

## MEETING WITH THE PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS

## QUESTIONS AND ANSWERS

**Q: Current HHS guidelines encourage early treatment of HIV to forestall the onset of AIDS, yet access to Medicaid coverage for that treatment is generally restricted to those who have progressed to AIDS. How are you going to help increase access to treatment?**

A: This is a difficult challenge and we are taking steps to address it. You know I tried to solve this problem with universal health care. We wouldn't be talking about this problem and a lot of other problems had that been successful.

The Vice President has taken leadership in this area, asking HCFA to look at solutions. Unfortunately, what we thought might be fixed quickly has turned out to be more difficult than expected. While we are committed to continuing our work to look at increasing Medicaid coverage, we've also been working on interim solutions:

- Sandy Thurman has set up an internal task force to develop solutions
- we've succeeded in getting significant increases in the AIDS Drug Assistance Program--$175 million (61%) increase in FY99--and the Ryan White CARE Act overall--$271 million (23%) increase in FY99 and 266% since FY93
- we strongly supported the Jeffords-Kennedy legislation, which includes a demonstration program that helps states provide Medicaid coverage to people with HIV before they get AIDS - I hope you'll continue to work with us to get legislation like this passed in the coming year
- HCFA has been working with States that are seeking to develop waivers to expand their coverage to people living with HIV. We have talked with HCFA, and they have assured us that they will continue to aggressively provide support and assistance to States that want to develop demonstration programs that work.

I recognize the need and promise you that I and the Vice President will stay on top of this issue and do everything in our power to see that people with HIV don't have to get sick before they get treatment.

**Q: We are concerned that our national effort to stop the spread of HIV is not working, and that the number of new HIV infections in this country has stayed at 40,000 per year. In addition, at least 30% of those that are HIV positive don't know it, which means they are likely to continue the activities that spread the infection. The Council would like to recommend a new national "get tested" campaign to**

**encourage people at risk to seek HIV counseling and testing services. Will you support that request?**

A: I think it sounds like a good idea. Let me ask Sandy to take a look at the proposal and give me her recommendations. I do believe we need to do a better job with our work on prevention, not only for HIV but for a variety of preventable illnesses. Secretary Shalala and Surgeon General Satcher have been focusing a great deal of energy on prevention, particularly in racial and ethnic minorities. Dr. Satcher has been helping to lead their Race and Health Disparities initiative, which includes HIV and AIDS as one of six targeted illnesses.

Young people are also in need of greater attention. I believe that some of the impact of the anti-drug campaign by our Office of National Drug Control Policy will help since the abuse of drugs and alcohol plays a key role in young people taking risks with HIV.

Q: **Last March, you announced your commitment to finding a vaccine for HIV within ten years. That was 18 months ago. The Council is concerned that the effort to develop a vaccine is not progressing fast enough. NIH has yet to hire a director for its new vaccine center and the different Federal agencies that are involved in vaccine research aren't coordinated. Will you encourage NIH Director Varmus to get the vaccine center director position filled? Will you support Sandy Thurman's office in facilitating cross-agency coordination?**

A: I certainly appreciate the need for an HIV vaccine. This past World AIDS Day we did an event here that focused on the international epidemic, and I am just staggered by the impact that AIDS is having on so many nations around the world. I have asked Sandy to go to Africa in January to look at the AIDS orphan issue and to report back to me with recommendations on further actions we might consider. I know that a vaccine is our best and maybe only hope of stopping this terrible disease.

As for the vaccine center director, we have talked with Dr. Varmus and he has assured us that he is being very aggressive in his efforts to find just the right person for the position. Part of the delay has been his commitment to finding the very best person. He also assures us that the vaccine research effort has not been slowed down by this vacancy, and that in fact they are very pleased with their progress. NIH is increasing its vaccine research funding this year, up $47 million (33%) to $200 million. I also know that Dr. Nathanson, the new director of the Office of AIDS Research at NIH, is very committed to vaccine research and is providing great leadership.

As for the interagency coordination, Sandy and Dr. Varmus have talked about that. I understand that they're initiating regular vaccine research meetings that will be open to all the different agencies, and the community groups working on this issue. I will talk with Sandy about this and see if there is more that we can do.

Q: **While we have had great success in AIDS funding with your leadership, the Council is concerned that there are still a great many unmet needs. We are particularly concerned that HIV prevention activities at the CDC and international assistance through USAID have not received needed increases. Will you commit to increasing AIDS funding in FY2000, particularly in prevention and international relief?**

A: We are working on developing the FY2000 budget now, so it is a work-in-progress. I do know that you have a great team of advocates at OMB. Jack Lew, Josh Gotbaum, Sylvia Matthews, and Dan Mendelson are all committed to doing the best that we can in addressing the need for additional AIDS funding.

With respect to prevention funding, I can say that we fully understand the need to increase and improve our HIV prevention activities, and to pay particular attention to communities of color, to women, and to young people who are at highest risk. We're taking a look not only at the need for increased funding, but making sure that what we are already investing is being used most effectively.

As for international funding, we've gotten good support from USAID although I know Brian Atwood would like more. This is going to be a very challenging budget year for us, and I don't want to be overly optimistic about our ability to repeat the kind of increases we were able to obtain in FY99. Nevertheless, we will do our very best to support appropriate funding levels for our international AIDS efforts, and the other AIDS programs as well.

| SELECTED HIV/AIDS INVESTMENTS | FY99 | Increase from FY98 | Increase from FY93 |
|---|---|---|---|
| **Ryan White CARE Act** | **$1.4 billion** | **23%** | **266%** |
| *AIDS Drug Assistance* | *$461 million* | *61%* | *787%** |
| **HIV Prevention (CDC)** | **$657 million** | **5%** | **34%** |
| **AIDS Research (NIH)** | **$1.8 billion** | **12%** | **67%** |
| *Vaccine Research* | *$200 million* | *33%* | *145%* |
| **Housing (HUD)** | **$225 million** | **10%** | **125%** |
| **International (USAID)** | **$131 million**** | **8%** | **64%** |

*since FY96, when separate program established

**includes $10 million emergency funding for AIDS orphan initiative

December 16, 1998

MEETING WITH THE
PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS

TALKING POINTS FOR CLOSING COMMENTS

- **Thank you for all of the good work that you have been doing.**

- **We have made a lot of progress, and I appreciate your recognition of that. Together, we have helped get the resources that have made an incredible difference in the lives of so many.**

- **Yet I know that there is much more to do, particularly on prevention and international support. I especially understand the importance of the HIV vaccine and will make sure that everyone in this Administration understands that it is a top priority for us.**

- **You've made a number of good suggestions, and I'm going to ask Sandy to help us move forward on them.**

- **You have a lot of friends here - the First Lady, the Vice President, Mrs. Gore, Secretaries Shalala and Cuomo, and certainly Sandy - you have lots of advocates here who have done a tremendous amount to increase awareness of AIDS. I want you to know that we are committed to the fight.**

- **We may not always agree on how to get there, but you can be assured that we all share your determination to bring an end to this epidemic both here and across the globe.**

# THE CLINTON-GORE ADMINISTRATION: A RECORD OF RESPONDING TO HIV AND AIDS

*"Eleven years ago, on the first World AIDS Day, we vowed to put an end to the AIDS epidemic. Eleven years from now, I hope we can say that the steps we took today made that end come about."*

-- President Clinton, December 1, 1998 (World AIDS Day)

*"We are united in the fight for research, care, and prevention. And we will not stop until all who need it have access to the treatment they need. We will not rest until we have a vaccine -- and a cure."*

--Vice President Gore, September 19, 1998

## Improving Health Care Quality and Increasing Access

**Providing National Leadership.** President Clinton has worked hard to invigorate the response to HIV and AIDS, providing new national leadership, substantially greater resources and a closer working relationship with affected communities. Since taking office, funding for AIDS research has increased by over 65 percent, and funding for HIV prevention has increased 34 percent; funding for the Ryan White CARE Act has increased by over 240 percent.

Although much work remains to find a cure, progress has been made. In 1996, the first time in the history of the AIDS epidemic, the number of Americans diagnosed with AIDS declined. And between 1996 and 1997, HIV/AIDS mortality declined 47 percent, falling from the leading cause of death among 25-44 year olds in 1995 to the fifth leading cause of death in that age group. There has been a decline in the number of AIDS cases overall and a sharp decline in new AIDS cases in infants and children.

**Leading the Global Fight Against HIV/AIDS.** On December 1, 1998 (World AIDS Day), the President announced a new $10 million initiative at USAID to address the growing crisis of children orphaned by AIDS. The United States has invested over $1 billion in international AIDS relief since the

start of the epidemic and funds 25% of UNAIDS. In fiscal year 1999, the NIH will invest over $164 million in critical research projects aimed at reducing the number of AIDS orphans by preventing and treating HIV/AIDS internationally.

**Historic $156 Million Effort to Address HIV/AIDS in Communities of Color.** African Americans and other racial and ethnic minorities make up the fastest growing portion of the HIV/AIDS caseload. As part of the FY99 budget, the Clinton Administration fought for a comprehensive new initiative that invests an unprecedented $156 million to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African American, Hispanic and other minority communities.

**Protecting Medicaid and Social Security Coverage**. The President fought for and won the preservation of the Medicaid guarantee of coverage which serves more than 50 percent of people living with AIDS -- and 92% of children with AIDS -- who rely on Medicaid for health coverage. He also revised eligibility rules for Social Security Disability Insurance to increase the number of HIV+ persons who qualify for benefits.

**Focusing National Efforts on an AIDS Vaccine**. In May of 1997, the President challenged the nation to develop an AIDS vaccine within the next ten years. He announced a number of initiatives to help fulfill this goal, including: dedicating an AIDS vaccine research center at the National Institutes of Health and encouraging domestic and international collaboration among governments, medical communities and service organizations. On World AIDS Day 1998, the President announced $200 million in funding for vaccine research at the NIH, a $47 million (33%) increase over the previous fiscal year.

**Dramatically Increasing Overall AIDS Funding.** The Clinton Administration has responded aggressively to the significant threat posed by HIV/AIDS with increased attention to research, prevention and treatment. President Clinton increased public health spending for major HIV/AIDS programs by over 100 percent, funding for the Ryan White CARE programs has increased 266 percent and support for AIDS-related research has increased by 67 percent.

**Increasing AIDS Drug Assistance and Accelerating AIDS Drug Approvals.** Funding for AIDS drug assistance has increased from $52 million per year to $385 million per year during the Clinton Administration. This program provides new life-prolonging drugs to people with HIV and AIDS. In addition, President Clinton convened the National Task Force on AIDS Drug Development, and removed dozens of bureaucratic obstacles to the effective and decent treatment of people with AIDS. *Since 1993, the Food and Drug Administration has approved more than a dozen new AIDS drugs and important diagnostic tests.*

**Making Research a Priority**. In one of his first acts in office, President Clinton signed the National Institutes of Health Revitalization Act of 1993, placing full responsibility for planning, budgeting and evaluation of the AIDS research program at NIH in the Office of AIDS Research. *The Administration has increased NIH AIDS research funds by 67% in five years.*

**Focusing on Prevention: *Supporting the Centers for Disease Control and Prevention.*** *The Administration has increased funds for HIV prevention at the CDC by 34% in five years. Under the leadership of the Clinton Administration, the CDC reorganized its AIDS prevention efforts to foster greater overall coordination and enhance efforts to reduce sexually transmitted diseases and tuberculosis.*

**Educating Young People about the Dangers of AIDS.** The Clinton Administration launched the Prevention Marketing Initiative, focusing on the risk to young adults (18-25) with frank public service announcements recommending the correct and consistent use of latex condoms for those who are sexually active.

**Requiring the Federal Workforce to Understand AIDS.** The Administration issued a directive on September 30, 1993, that requires every Federal employee to receive comprehensive education on HIV/AIDS.

**Established a White House AIDS Office and Created a Presidential Advisory Council.** President Clinton created a White House Office of National AIDS Policy to bring greater direction and visibility to the war on AIDS. Sandy Thurman, the current director of the office, has broad experience in both domestic and international AIDS services. At the same time, the Administration has sharpened the focus of its AIDS programs. The President also created the Presidential Advisory Council on HIV and AIDS to provide him and his Administration with expert outside advice on the ways in which the Federal government should respond to the HIV/AIDS epidemic. Dr. R. Scott Hitt, a California physician specializing in HIV/AIDS care, chairs the panel.

**Convened the First Ever White House Conference on HIV and AIDS.** On December 6, 1995, the President convened the first White House Conference on HIV and AIDS in the history of the epidemic, bringing together more than 300 experts, activists and citizens from across the country for a discussion of key issues.

| SELECTED HIV/AIDS INVESTMENTS | FY99 | Increase from FY98 | Increase from FY93 |
|---|---|---|---|
| **Ryan White CARE Act** | **$1.4 billion** | **23%** | **266%** |
| *AIDS Drug Assistance* | *$461 million* | *61%* | *787%** |
| **HIV Prevention (CDC)** | **$657 million** | **5%** | **34%** |
| **AIDS Research (NIH)** | **$1.8 billion** | **12%** | **67%** |
| *Vaccine Research* | *$200 million* | *33%* | *145%* |
| **Housing (HUD)** | **$225 million** | **10%** | **125%** |
| **International (USAID)** | **$131 million**** | **8%** | **64%** |

*since FY96, when separate program established

**includes $10 million emergency funding for AIDS orphan initiative

# ATTACHMENTS

# REMARKS BY THE PRESIDENT ON WORLD AIDS DAY 1998

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release December 1, 1998

**REMARKS BY THE PRESIDENT**
**AT WORLD AIDS DAY EVENT**
Room 450
Old Executive Office Building

THE PRESIDENT: Thank you, Amy, for your magnificent remarks and the power of your example. Thank you, Cynthia, for coming to this big, scary crowd. (Laughter.) She was nervous. I said, well, look at the bright side -- at least you got out of school for a day. (Laughter.)

I thank the other children who are here with us. And I want to thank all the members of our administration who have helped so much in this cause -- Secretary Albright; Brian Atwood; Dr. Satcher; our AIDS Policy Director, Sandy Thurman; members of the Council on HIV and AIDS. We're glad to have Nafis Sadik here, the Director of the U.N. Population Fund. Richard Socaridies from the White House, I thank you and all the other members of the administration. And I, too, want to join in expressing my appreciation to the members of Congress who Brian mentioned for their support for AIDS funding.

But I especially want to thank Amy for being here and reminding us of what this is all about. When she was speaking my mind wandered back to an incident that occurred when I was running for President in 1992. Some of you have heard me say this before, but I was in Cedar Rapids, Iowa, a place largely known for its enormous percentage of Czech and Slovak citizens. And there was in the crowd at this rally where I was speaking a woman who was either Czech or Slovak, probably, holding an African American baby. And I said, whose baby is this? She said, this is my baby. And I said, where is this baby from? She said, Florida, I got her from Florida. (Laughter.)

And it was October in Cedar Rapids and she should have been in Florida, probably. (Laughter.) She said, this baby was born with AIDS and abandoned and no one would take this baby. This woman had her marriage had dissolved, she was raising her own children alone. But because she heard about children like this wonderful little girl, she adopted this baby.

And every year since, about once a year, I see this young child. I've watched her grow up now and I'm happy to tell you that six years later she's still alive and doing pretty well. She comes to the NIH for regular check-ups and she comes by the White House to see her friend. And every time I see Jimiya I am reminded of what this whole thing is about.

And I think I should tell you one other thing. When Amy was standing up here with me and I was telling her what a fine job she did, she said, I'm so glad that Cynthia could be here, and that I could say Carla's name in your presence.

This is, I think, very important for people who have not been touched in some personal way -- who have never been at the bedside of a dying friend, who have never looked into the eyes of a child orphaned by AIDS or infected with HIV -- to understand. And I believe, always, that if somehow we could reach to the heart of people, we would always do better in dealing with problems, for our mind always conjures a million excuses in dealing with any great difficulty.

Let me begin, even in this traumatic moment, to say we have a lot to celebrate on this AIDS Day. We celebrate the example of Amy and Cynthia. Just think, a decade ago people really believed that AIDS was unstoppable; the diagnosis was a virtual death sentence; there was an enormous amount of ignorance and prejudice and fear about HIV transmission. Most of us knew people who couldn't get into apartment houses or were being kicked out or otherwise -- their children couldn't be in school because of fears that people had about it.

Every day, for people who had HIV or AIDS and their families -- every day was a struggle a decade ago. A struggle for basic information, for treatment, for funding, and all too often, for simple compassion.

For six years, thanks to many of you, we have worked hard to change this picture -- and so have tens of thousands of other people across our country and across the globe. We've worked hard to draw attention to AIDS and to better direct our resources by creating the Office of National AIDS Policy and the President's Council on HIV and AIDS. We had the first ever White House conference on AIDS. We helped to ensure that people with HIV and AIDS cannot be denied health benefits for preexisting conditions. We accelerated the approval of more than a dozen new AIDS drugs, helping hundreds of thousands of people with AIDS to live longer and more productive lives.

Working together with members of both parties in the Congress, we increased our investment in AIDS research to an historic $1.8 billion. This year we secured $262 million in new funding for the Ryan White CARE Act, providing medical treatment, medication, even transportation to families coping with AIDs. This October we declared that AIDS had reached crisis proportions in the African American, Hispanic American and other minority communities, and fought for $156 million initiative to address that. Today the Vice President is announcing $200 million in new grants for communities around the country to provide housing for people with AIDS.

The results of these and other efforts have been remarkable. For the first time since the epidemic began, the number of Americans diagnosed with AIDS has begun to decline. For the first time, deaths due to AIDS in the United States have declined. For the first time, therefore, there is hope that we can actually defeat AIDS.

But all around us there is, as we have heard from all the previous speakers, fresh evidence that the epidemic is far from over, our work is far from finished, that there are rising numbers of AIDS in countries like Zimbabwe, where 11 men, women, and children become infected every minute of every day. There are still too many children orphaned by AIDS, tens of thousands here in America, tens of millions in developing nations around the world.

And when so many people are suffering, and with HIV transmission disproportionately high, still, among our own young people here in America, it's all right to celebrate our progress, but we cannot rest until we have actually put a stop to AIDS. I believe we can do it -- by developing a vaccine, by increasing our investment in other forms of research, by improving our care for those who are infected and our support for their families.

Last year at Morgan State University, I declared that we should redouble our efforts to develop an AIDS vaccine within a decade. Today I am pleased to announce a $200 million investment in cutting edge research at the NIH to develop a vaccine. That's a 33 percent increase over last year. With this historic investment, we are one step closer to putting an end to the epidemic for all people.

I'm also pleased to say that there will be more than $160 million for other new research critical to fighting AIDS around the world, from new strategies to prevent and treat AIDS in children, to new clinical trials to reduce transmission.

And as hard as we are working to stop the spread of AIDS we cannot forget our profound obligation for the heartbreaking youngest victims of the disease -- the orphaned children left in its wake. Around the world, as we have heard, millions of children have lost their parents. Their number is expected to rise to 40 million over the next 10 to 15 years. Some of them are free of AIDS, others are not. But sick or well, too many are left without parents to protect them, to teach them right from wrong, to guide them through life and make them believe that they can live their lives to the fullest.

We cannot restore to them all they have lost, but we can give them a future -- a foster family, enough food to eat, medical care, a chance to make the most of their lives by helping them to stay in school. Today, through Mr. Atwood's agency, we are committing another $10 million in emergency relief that will, though seemingly a small amount, actually make a huge difference for many thousands of children in need around the world.

I'm also directing Sandy Thurman to lead a fact-finding mission to Africa, where 90 percent of the AIDS orphans live. Following the mission she will report back to me with recommendations on what more we can do to help these children and give them something not only to live for, but to hope for.

Eleven years ago, on the first World AIDS Day, we vowed to put an end to the AIDS epidemic.

Eleven years from now, I hope we can say that the steps we took today made that end come about. If it happens, it will be in no small measure because of people like you in this room, by your unfailing, passionate devotion to this cause -- a cause we see most clearly expressed in the two people sitting right behind me.

Thank you all, and God bless you. (Applause.)

END 1:26 P.M. EST

# REMARKS BY THE PRESIDENT ON HIV CRISIS IN MINORITY COMMUNITIES

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release October 28, 1998

## REMARKS BY THE PRESIDENT ON HIV CRISIS IN MINORITY COMMUNITIES

**Old Executive Office Building**

5:16 P.M. EST

THE PRESIDENT: Thank you and welcome, every one of you. I'd like to begin by welcoming the Mayor of Baltimore, Kurt Schmoke, and the Mayor of East St. Louis, Gordon Bush. I'd like to thank the members of Congress here behind me who are so responsible for the purpose for which we are called today. (Applause.)

I want to acknowledge Congresswoman Donna Christian Green, Congressman Elijah Cummings, Congresswoman Eleanor Holmes Norton, Congressman Donald Payne. I will say more about Congresswoman Maxine Waters and Representative Lou Stokes in a moment. (Laughter.) But I want to thank them and all the members of the Congressional Black Caucus, including all the House members and Senator Carol Moseley Braun, for what they did.

And then I would like to offer a special word of appreciation to senator Arlen Specter and Congresswoman Nancy Pelosi, who helped us so much to get this done. Thank you very much. (Applause.)

I want to thank everyone in our administration who has worked so hard on the issue of HIV and AIDS, beginning with the Vice President who couldn't be here today, but who has worked very hard on all these issues; and Secretary Shalala; our wonderful Surgeon General, David Satcher; the Director of our AIDS Policy Office, Sandy Thurman, who has literally spent months sounding the alarm about the growing crisis in communities of color, and working to help achieve these dramatic funding increases. There is no stronger or more effective advocate. And I think we ought to thank Sandy Thurman for what she's done. (Applause.)

Finally, I want to thank Denise Stokes for being here. As you will hear in a few moments, she has been living with HIV for 15 years, and has been giving so much of herself to educate others. If we are to stop this cruel disease we'll have to have brave people like Denise to reach out with candor and compassion to those at risk. I really admire her very much. And you'll hear from her in a moment, but I

think we ought to give her a hand for showing up today. (Applause.)

We have good reason to feel encouraged that so many HIV-positive men and women are living longer and healthier lives. We should be proud that we've helped to speed the development of lifesaving therapies and nearly tripled to support those with HIV and AIDS.

But the AIDS epidemic is far from over in any community in our country. Today, we're here to send out a word loud and clear:

AIDS is a particularly severe and ongoing crisis in the African-American and Hispanic communities and in other communities of color. African Americans represent only 13 percent of our population, but account for almost half the new AIDS cases reported last year. Hispanics represent 10 percent of our population; they account for more than 20 percent of the new AIDS cases. And AIDS is becoming a critical concern in some Native American and Asian American communities, as well.

Like other epidemics before it, AIDS is now hitting hardest in areas where knowledge about the disease is scarce and poverty is high. In other words, as so often happens, it is picking on the most vulnerable among us.

The fact is HIV infection is one of the most deadly health disparities between African Americans, Hispanics, and white Americans. And just as we have committed to help build one America by ending the racial and ethnic disparities in infant mortality and cancer and other diseases, we must use all our power to end the growing disparities in HIV and AIDS.

The AIDS crisis in our communities of color is a national one, and that is why we are greatly increasing our national response. Today I am proud to announce we are launching an unprecedented $156 million initiative to stem the AIDS crisis in minority communities. (Applause.)

It is one of the greatest victories in the balanced budget law I just signed. It never could have happened without the passionate and compassionate leadership of Maxine Waters, Lou Stokes, and the rest of the Congressional Black Caucus -- (applause) -- or the support of senator Specter and Congresswoman Pelosi and so many others.(Applause.)

Now, this initiative will allow thousands of cities, churches, schools, and grass-roots organizations to expand prevention efforts and target them to the specific needs of specific minority communities such as young men, students, pregnant mothers. It will allow minority communities to expand treatment for substance abuse.

It will increase access to protease inhibitors and other new therapies, because lifesaving therapies cannot be a luxury reserved only for the rich.(Applause.) It will increase access to skilled doctors and other health care providers. And finally, it will help us to assemble teams of public health experts from the Centers for Disease Control and other federal agencies to visit individual communities and provide whatever technical assistance those communities need. (Applause.)

This new initiative will build on the other historic funding increases in HIV/AIDS funding we won in the new balanced budget, which Secretary Shalala will talk about in greater detail in a moment. I'm also pleased that it will build on our race and health initiative. Congress has taken a first step to fund this initiative, but we must do more. We are not one America when some of our communities lag so far behind in health.

Of course, this room looks nothing like a house of worship except for a few collars I see. (Laughter.) But I'd like to end my remarks today with what I think is quite an appropriate passage from the First letter of Paul to the Corinthians. "The body is a unit, though it is made up of many parts. And though all its parts are many, they form one body. If one part suffers, every part suffers with it. If one part is honored, every part rejoices with it."

So it is with the body of Americans, and a nation that strives tone one America. Every one of our communities is inextricably linked, in suffering and rejoicing, in sickness and in health. And that is why we must work together in every community to stop this cruel disease. Black or white, gay or straight, rich or poor, you name it, we have to stop it.

Now I'd like to present America's Surgeon General, our nation's family doctor, whose deep commitment to advancing our country's health is embodied in the 200-year-old guiding principle of our public health service that you best protect the health of the entire nation when you reach out to the most vulnerable people.

Dr. David Satcher. (Applause.)

END 5:30 P.M. EST

# PRESS RELEASE ON 1998 WORLD AIDS DAY EVENT

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release December 1, 1998

## PRESIDENT CLINTON COMMEMORATES WORLD AIDS DAY BY UNVEILING NEW STEPS TO ADDRESS THE GROWING CRISIS OF CHILDREN ORPHANED BY AIDS

Today, President Clinton will join Secretary of State Madeleine Albright and Brian Atwood, Administrator of the U.S. Agency for International Development (USAID), to commemorate World AIDS Day by launching a series of new initiatives to address the growing crisis of HIV/AIDS around the world, particularly the millions of children orphaned by AIDS. The President will unveil historic increases in funding for research at the National Institutes of Health (NIH) designed to develop an effective AIDS vaccine and prevention strategies to help address the problem of HIV/AIDS throughout the world. He will announce new emergency funding from USAID to support international AIDS orphan programs. In addition, he will direct his AIDS policy advisor, Sandra Thurman, to lead a delegation to Sub-Saharan Africa to assess the growing problem of AIDS orphans and recommend new strategies for responding to the crisis.

USAID projects that up to 40 million children will be orphaned by HIV/AIDS by the year 2010, over 90 percent of whom live in developing countries with few resources to provide for their care and support. Over 33 million people around the world are now living with HIV or AIDS, with another 5.8 million becoming infected every year. As with so many epidemics, children and young people bear much of the terrible burden of AIDS. In the United States, as many as 80,000 children already have been orphaned by AIDS.

Increases in funding by the National Institutes of Health for research to prevent and treat HIV around the world. The National Institutes of Health will undertake the largest single public investment in AIDS research in the world by supporting a comprehensive program of basic, clinical, and behavioral research on HIV infection and its related illnesses. This program will include:

- $200 million -- a 33 percent increase from last year's funding -- for research on AIDS vaccines to prevent transmission around the world. The development of a safe and effective AIDS vaccine is critical to stemming the growing problem of HIV/AIDS and AIDS orphans internationally. The President will announce that NIH will dedicate $200 million to vaccine research in Fiscal Year (FY) 1999, a $47 million or 33 percent increase

over FY 1998 and an 100 percent increase over FY 1995. This investment is critical in meeting the President's challenge to develop an effective AIDS vaccine.

- $164 million for other research critical to addressing the HIV/AIDS epidemic around the world. The President also will announce that NIH will invest $164 million in FY1999, a $38 million increase over last year, in critical research projects aimed at reducing the number of AIDS orphans by preventing and treating HIV/AIDS internationally. These projects will include: a new prevention trials network to reduce adult and perinatal transmission of HIV/AIDS; new strategies to prevent and treat HIV infection in children; funding to train more foreign scientists to collaborate on this epidemic; research on the prevention and treatment of the opportunistic infections, such as tuberculosis, that commonly kill people with HIV/AIDS; and research on topical microbicides and other female-controlled barrier methods of HIV prevention.

- $10 million in USAID emergency relief funding to provide support for AIDS orphans. USAID will make available $10 million in emergency funding to support community-based efforts for orphans in the countries most affected by this problem. These efforts will include training and support for foster families, initiatives to keep children in school, vocational training, and nutritional enhancements. In addition, USAID will take steps to help prevent the spread of HIV from mothers to children and to improve medical care for children already infected with HIV.

- AIDS Policy Advisor Sandra Thurman to lead fact-finding delegation to raise awareness and make recommendations to address growing problem of AIDS orphans. President Clinton will ask Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding delegation early next year to Sub-Saharan Africa, where 90 percent of AIDS orphans reside. The delegation will include representatives from key Congressional offices. Its goal will be to raise awareness of this emerging problem and to develop recommendations for action.

- New steps to address the continued needs of those living with HIV/AIDS in the United States. While the problem of HIV/AIDS is particularly acute internationally, the President will underscore the impact of HIV/AIDS on families in this country as well. The President will highlight an announcement today by Vice President Gore of more than $200 million in funds this year for the Housing Opportunities for People With AIDS (HOPWA) program to prevent individuals affected by HIV/AIDS and their families from becoming homeless. The Vice President will announce these grants at a meeting with local community leaders who provide housing and other support services for people living with HIV/AIDS and with several individuals and families who have benefited from these services.

- A solid record of achievement in HIV/AIDS. Today's announcements build on a deep and ongoing commitment by the Clinton Administration to respond to the AIDS crisis both in the United States and across the world. The Administration has fought for other critical

investments in HIV/AIDS. This year alone, the President:

- Declared HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis and unveiled a new $156 million initiative to address this problem. This initiative included crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies.

- Worked with Congress to secure historic increases in a wide range of effective HIV/AIDS programs. Increases this year alone include: a $262 million increase in the Ryan White CARE Act; a 12 percent increase in AIDS research funding at the NIH, totaling nearly $1.8 billion; a $32 million increase for HIV prevention programs at the Centers for Disease Control and Prevention; and a $21 million increase in the Housing Opportunities for People With AIDS (HOPWA) program at HUD.

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# PRESS RELEASE ON 1998 WORLD AIDS DAY EVENT
# VICE PRESIDENT GORE

THE WHITE HOUSE
Office of the Vice President

For Immediate Release December 1, 1998

## VICE PRESIDENT GORE ANNOUNCES $220 MILLION TO PROVIDE HOUSING, OTHER CRITICAL SUPPORT SERVICES FOR OVER 65,000 PEOPLE WITH HIV/AIDS

Washington, DC -- Vice President Gore commemorated World AIDS Day today by announcing that the federal government will provide $220 million in grants for housing and support services for over 65,000 low-income people with HIV/AIDS and members of their households.

The Vice President announced the new funds, which the Housing and Urban Development Department (HUD) will distribute under its Housing Opportunities for Persons with AIDS (HOPWA) program, at a meeting with people who receive and provide these critical housing and support services in Washington DC.

"For too many Americans living with AIDS, poverty is nearly as much of a threat as the disease itself," Vice President Gore said. "Without our help, many would be forced to live in unfit housing or become homeless. These grants will mean that people fighting AIDS won't have to also fight to keep a roof over their heads."

HUD Secretary Andrew Cuomo added, "We all know about the terrible toll of illness and death caused by the AIDS virus. On top of this, AIDS often destroys the financial health of those with the disease as well, hitting them with huge medical bills and leaving them too sick towork."

Today, the Vice President:

**Unveiled new HOPWA grants that provide critical support to communities in need.** Studies show that people with HIV/AIDS are at increased risk for homelessness and have more problems obtaining access to affordable housing. This $220 million in HOPWA funding, a 10 percent increase over last year, provides critical housing and other support services that:

- help people with HIV/AIDS remain in their homes by providing rental assistance and supportive services such as meals, transportation, and counseling; and

- provide housing to people with HIV/AIDS and their families facing homelessness. By

providing housing and other critical support services, this program helps keep families intact, and assures that individuals with HIV/AIDS have the support they need. Most people that HOPWA serves have incomes of under $1,000 a month.

Of the $220 million, $200 million will go to states, cities, and communities to develop effective programs. The remaining $20 million will go to programs nationwide that have developed particularly effective and innovative approaches to providing housing and other necessary support services for people with HIV/AIDS. For example, an innovative program in Savannah, GA enables people with HIV/AIDS to receive home-based care, and one in Illinois provides innovative services, including effective mental health services and daily livingservices.

**Highlighted Clinton/Gore Administration's ongoing progress in fighting HIV/AIDS.** The Vice President underscored other Administration efforts to improve prevention, treatment, and research for people with HIV/AIDS. He noted that the President is unveiling historic new steps today to help the up to 40 million children who will be orphaned by HIV/AIDS by 2010, including new emergency funding from USAID to support international, community-based AIDS orphan programs and historic new increases in AIDS research at the National Institutes of Health (NIH) dedicated to help address the global problem of HIV/AIDS.

These steps build on the historic progress to combat HIV/AIDS for which the Administration fought in this year's balanced budget, including: a new $156 million initiative to address the severe, ongoing health care crisis of HIV/AIDS in racial and ethnic minorities, including crisis response teams and enhanced prevention efforts across the nation; a $262 million increase in the Ryan White CARE Act; a 12 percent increase in AIDS research funding at the NIH, a $32 million increase HIV prevention programs at the CDC; and a $21 million increasein HOPWA.

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# 1998 WORLD AIDS DAY PROCLEMATION

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release December 1, 1998

**WORLD AIDS DAY, 1998**
**BY THE PRESIDENT OF THE UNITED STATES OF AMERICA**
**A PROCLAMATION**

On World AIDS Day, we are heartened by the knowledge that our unprecedented investments in AIDS research have resulted in new treatments that are prolonging the lives of many people living with the disease. Thousands of scientists, health care professionals, and patients themselves have joined together to advance our understanding of HIV and AIDS and improve treatment options. Because of the heroic efforts of these people, fewer and fewer Americans are losing their lives to AIDS, and for that we are immensely thankful.

But the AIDS epidemic is far from over. Within racial and ethnic minority communities, HIV and AIDS are a severe and ongoing crisis. While the number of deaths in our country attributed to AIDS has declined for 2 consecutive years, AIDS remains the leading killer of African American men aged 25-44 and the second leading killer of African American women in the same age group. African Americans, who comprise only 13 percent of the U.S. population, accounted for 43 percent of new AIDS cases in 1997 and 36 percent of all AIDS cases. Hispanic Americans represent just 10 percent of our population, but they account for more than 20 percent of new AIDS cases; and AIDS is also becoming a critical concern to Native American and Asian American communities. Young people of every racial and ethnic community are also disproportionately impacted by AIDS, both in the number of new AIDS cases and in the number of new HIV infections. In fact, the Centers for Disease Control and Prevention estimate that approximately half of all new HIV infections in the United States occur in people under age 25 and that one-quarter occur in people under age 22.

Across the world, the situation is even more grim. As with other epidemics before it, AIDS hits hardest in areas where knowledge about the disease is scarce and poverty is high. Of the nearly 6 million people newly infected with HIV each year, more than 90 percent live in the poorest nations of the world. Entire communities are threatened by

this epidemic, and the growing number of children who will lose parents to AIDS will have a devastating impact on these societies. By the year 2010, there may be as many as 40 million children who will have been orphaned by AIDS, and developing nations will have to struggle to deal with the overwhelming needs of a generation of young people left withoutparents.

This year's World AIDS Day theme, "Be A Force For Change," is a reminder that each of us has a role to play in bringing the AIDS epidemic to an end. Our response must be comprehensive and ongoing. It must also be a collaborative one, bringing together governments and communities in a shared effort to expand prevention efforts, raise awareness among young people of the risks of HIV infection and how to avoid it, increase access to lifesaving therapies, and ensure that those who are living with HIV and AIDS receive the care and services they need.

Developing a vaccine for HIV is perhaps our best hope of eradicating this terrible disease and stemming the tide of pain and desolation it has wrought. The global community has joined together in making the development of an HIV vaccine a top international priority. Within the next decade, we hope to have the means to stop this deadly virus, but until we reach that day we must remain strong in our crusade to prevent the spread of HIV and AIDS and to care for those living with the disease. In this way we can best honor the memory of the many loved ones we have lost to AIDS.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim December 1, 1998, as World AIDS Day. I invite the Governors of the States, the Commonwealth of Puerto Rico, officials of the other territories subject to the jurisdiction of the United States, and the American people to join me in reaffirming our commitment to defeating HIV and AIDS. I encourage every American to participate in appropriate commemorative programs and ceremonies in workplaces, houses of worship, and other community centers and to reach out to protect and educate our children and to help and comfort all people who are living with HIV and AIDS.

IN WITNESS WHEREOF, I have hereunto set my hand this first day of December, in the year of our Lord nineteen hundred and ninety-eight, and of the Independence of the United States of America the two hundred and twenty-third.

WILLIAM J. CLINTON

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Daniel C. Montoya ( CN=Daniel C. Montoya/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:17-DEC-1998 18:20:36.00

SUBJECT: cabinet seating

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D43]MAIL46184645T.326 to ASCII,
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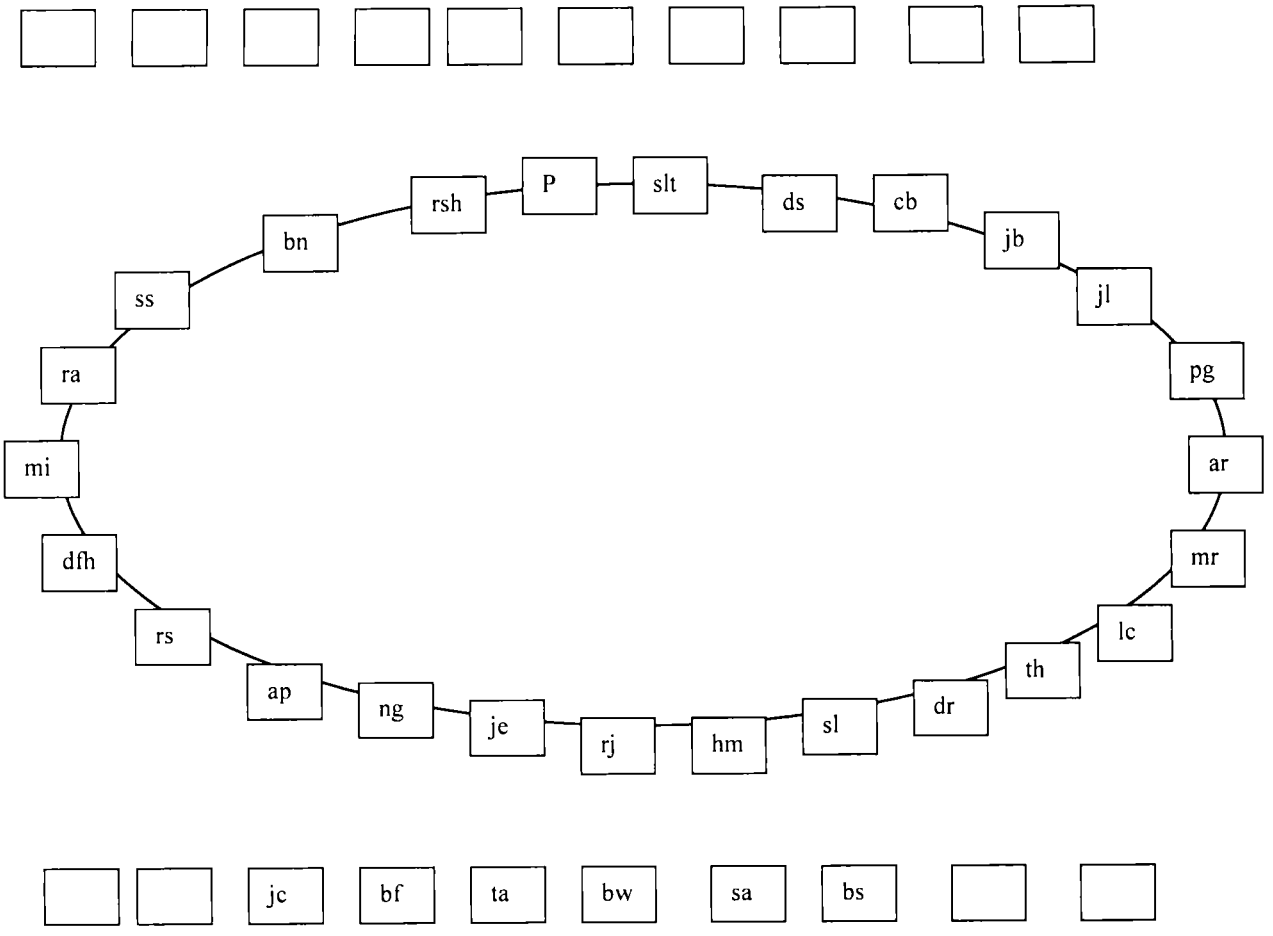
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RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:17-DEC-1998 17:49:14.00

SUBJECT: draft press

TO: Sarah A. Bianchi ( CN=Sarah A. Bianchi/O=OVP @ OVP [ UNKNOWN ] )
READ:UNKNOWN

TEXT:
========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
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**PRESIDENT CLINTON ANNOUNCES $479 MILLION IN NEW AIDS GRANTS, MEETS WITH PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS**
**December 18, 1998**

Today, President Clinton announced the release of $479 million in grants under Title I of the Ryan White CARE Act to fund primary health care and supportive services for people living with HIV/AIDS. These grants serve low-income individuals and families in 50 elegible metropolitan areas hardest hit by the AIDS epidemic. Included within these grants are special funds targeting African Americans and other racial and ethnic minorities.

✓ **Working with the community to improve the Nation's response to HIV/AIDS.** The President, accompanied by Sandra Thurman, Director of the Office of National AIDS Policy, met with his Advisory Council on HIV/AIDS to hear a report on their work and to respond to their advice on ways to improve the Nation's response to the HIV/AIDS epidemic. Members of the Council expressed appreciation for AIDS initiatives recently announced by the President, and historic funding increases achieved for fiscal year 1999. In addition, the Council suggested ways to improve the Nation's HIV prevention activities, broadening access to treatment for low-income persons, and strengthening the response to the international epidemic.

The President's Advisory Council on HIV/AIDS was created by the President in 1995 to provide guidance on the Nation's efforts to care for those living with HIV/AIDS, to stop the spread of the disease, and to improve vaccine and treatment research. It is chaired by Dr. Scott Hitt, a physician from Los Angeles specializing in AIDS care. The Council has 35 members, 13 of which are HIV-positive and 13 of which are persons of color. They come from around the country, sharing a broad range of perspectives that reflect the diversity of the epidemic.

✓ **Building on recent efforts to address the HIV/AIDS epidemic.** Today's activities build on a deep ongoing commitment by the Clinton/Gore Administration to respond to the AIDS crisis both in the United States and across the world. The Administration has fought for other critical investments in HIV/AIDS. This year alone, the President:

- Joined Secretary Albright and USAID Administrator Atwood in commemoration of World AIDS Day 1998 (December 1) and announced new initiatives including: a 12% increase in NIH AIDS research funding, $200 million (a 33% increase) in HIV vaccine research, a $10 million effort to address the growing crisis of AIDS orphans in developing nations, and a fact-finding delegation to Africa by Sandra Thurman, Director of the Office of National AIDS Policy.

- Declared HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis and unveiled a new $156 million initiative to address this problem, including crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies all targeted toward ethnic and racial minorities in communities across the country;

- Worked with Congress to secure historic increases in a wide range of effective HIV/AIDS programs. Increases this year alone include: a $262 million increase in the Ryan White CARE Act; a 12 percent increase in AIDS research funding at the NIH, a $32 million increase in HIV prevention programs at the CDC; and a $21 million increase in the Housing Opportunities for People With AIDS program at HUD.

✓ **A solid record of progress in HIV/AIDS.** The Clinton/Gore Administration has a proud record of accomplishment in its response to HIV/AIDS, including:

- **Increasing funding for major HIV/AIDS programs by over 100%:**

  -- a 266% increase in the Ryan White CARE Act
  -- a 67% increase in AIDS research at the National Institutes of Health
  -- a 125% increase in the Housing Opportunities for People With AIDS (HOPWA) program at HUD
  -- a 64% increase in international AIDS funding at the U.S. Agency for International Development (USAID), and
  -- a 34% increase in HIV prevention at the Centers for Disease Control and Prevention (CDC)

- **Protecting Medicaid and Social Security Coverage.** The President fought for and won the preservation of the Medicaid guarantee of coverage which serves more than 50 percent of people living with AIDS -- and 92% of children with AIDS -- who rely on Medicaid for health coverage. He also revised eligibility rules for Social Security Disability Insurance to increase the number of HIV+ persons who qualify for benefits.

- **Focusing National Efforts on an AIDS Vaccine.** In May of 1997, the President challenged the nation to develop an AIDS vaccine within the next ten years. He announced a number of initiatives to help fulfill this goal, including: dedicating an AIDS vaccine research center at the National Institutes of Health and encouraging domestic and international collaboration among governments, medical communities and service organizations. On World AIDS Day 1998, the President announced $200 million in funding for vaccine research at the NIH, a $47 million (33%) increase over the previous fiscal year.

- **Convened the First Ever White House Conference on HIV and AIDS.** On December 6, 1995, the President convened the first White House Conference on HIV and AIDS in the history of the epidemic, bringing together more than 300 experts, activists and citizens from across the country for a discussion of key issues.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Lana Dickey ( CN=Lana Dickey/OU=WHO/O=EOP [ WHO ] )

CREATION DATE/TIME:17-DEC-1998 16:36:53.00

SUBJECT: Re: Small question

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
There are envelopes that go with this proclamations, They are 12x16 White House envelopes. I only have 38 on hand. Maybe the mailroom, rm. 49, will have them or Records Managment,
rm. 80. If you can't find any in those places you can have what I have, but I would like you to replace them when the supply office gets a shipment. Thanks.

Todd A. Summers
12/17/98 01:48:06 PM

Record Type: Record

To: Lana Dickey/WHO/EOP
cc:
Subject: Small question

Are there WH envelopes that work with the proclemations? Those supply people say that they only have plain ones. I want to give out 40 tomorrow afternoon at a meeting between the POTUS and his AIDS advisory council. Any suggestions?

Todd

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:17-DEC-1998 14:00:22.00

SUBJECT: Small question

TO: Lana Dickey ( CN=Lana Dickey/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

TEXT:
Are there WH envelopes that work with the proclemations? Those supply people say that they only have plain ones. I want to give out 40 tomorrow afternoon at a meeting between the POTUS and his AIDS advisory council. Any suggestions?

Todd

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Laura Emmett ( CN=Laura Emmett/OU=WHO/O=EOP [ WHO ] )

CREATION DATE/TIME:17-DEC-1998 18:00:58.00

SUBJECT: Re: Again - Q and A

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
Thanks- will you send me the talking points again too. Thanks!

Todd A. Summers
12/17/98 05:59:14 PM

Record Type: Record

To: Laura Emmett/WHO/EOP
cc:
Subject: Again - Q and A

Q and A

========== ATTACHMENT 1 ==========
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December 16, 1998

## MEETING WITH THE PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS

## QUESTIONS AND ANSWERS

**Q: Current HHS guidelines encourage early treatment of HIV to forestall the onset of AIDS, yet access to Medicaid coverage for that treatment is generally restricted to those who have progressed to AIDS. How are you going to help increase access to treatment?**

A: This is a difficult challenge and we are taking steps to address it. You know I tried to solve this problem with universal health care.

The Vice President has taken leadership in this area, asking HCFA to look at solutions. Unfortunately, what we thought might be fixed quickly has turned out to be more difficult than expected. While we are committed to continuing our work to look at long term responses, we've also been working on interim solutions:

- Sandy Thurman has set up an internal task force to develop solutions
- we've succeeded in getting significant increases in the AIDS Drug Assistance Program--$175 million (61%) increase in FY99--and the Ryan White CARE Act overall--$271 million (23%) increase in FY99 and 266% since FY93
- we strongly supported the Jeffords-Kennedy legislation, which includes a demonstration program that helps states provide Medicaid coverage to people with HIV before they get AIDS - I hope you'll continue to work with us to get legislation like this passed in the coming year
- HCFA has been working with States that are seeking to develop waivers to expand their coverage to people living with HIV. We have talked with HCFA, and they have assured us that they will continue to aggressively provide support and assistance to States that want to develop demonstration programs that work.

I recognize the need and promise you that I and the Vice President will stay on top of this issue and do everything in our power to see that people with HIV don't have to get sick before they get treatment.

**Q: We are concerned that our national effort to stop the spread of HIV is not working, and that the number of new HIV infections in this country has stayed at 40,000 per year. In addition, at least 30% of those that are HIV positive don't know it, which means they are likely to continue the activities that spread the infection. The Council would like to recommend a new national "get tested" campaign to encourage people at risk to seek HIV counseling and testing services. Will you**

**support that request?**

A: I think it sounds like a good idea. Let me ask Sandy to take a look at the proposal and give me her recommendations. I do believe we need to do a better job with our work on prevention, not only for HIV but for a variety of preventable illnesses. Secretary Shalala and Surgeon General Satcher have been focusing a great deal of energy on prevention, particularly in racial and ethnic minorities. Dr. Satcher has been helping to lead their Race and Health Disparities initiative, which includes HIV and AIDS as one of six targeted illnesses.

Young people are also in need of greater attention. I believe that some of the impact of the anti-drug campaign by our Office of National Drug Control Policy will help since the abuse of drugs and alcohol plays a key role in young people taking risks with HIV.

Q: **Last March, you announced your commitment to finding a vaccine for HIV within ten years. That was 18 months ago. The Council is concerned that the effort to develop a vaccine is not progressing fast enough. NIH has yet to hire a director for its new vaccine center and the different Federal agencies that are involved in vaccine research aren't coordinated. Will you encourage NIH Director Varmus to get the vaccine center director position filled? Will you support Sandy Thurman's office in facilitating cross-agency coordination?**

A: I certainly appreciate the need for an HIV vaccine. This past World AIDS Day we did an event here that focused on the international epidemic, and I am just staggered by the impact that AIDS is having on so many nations around the world. I have asked Sandy to go to Africa in January to look at the AIDS orphan issue and to report back to me with recommendations on further actions we might consider. I know that a vaccine is our best and maybe only hope of stopping this terrible disease.

As for the vaccine center director, we have talked with Dr. Varmus and he has assured us that he is being very aggressive in his efforts to find just the right person for the position. Part of the delay has been his commitment to finding the very best person. He also assures us that the vaccine research effort has not been slowed down by this vacancy, and that in fact they are very pleased with their progress. NIH is increasing its vaccine research funding this year, up $47 million (33%) to $200 million. I also know that Dr. Nathanson, the new director of the Office of AIDS Research at NIH, is very committed to vaccine research and is providing great leadership.

As for the interagency coordination, Sandy and Dr. Varmus have talked about that. I understand that they're initiating regular vaccine research meetings that will be open to all the different agencies, and the community groups working on this issue. I will talk with Sandy about this and see if there is more that we can do.

Q: **While we have had great success in AIDS funding with your leadership, the Council**

**is concerned that there are still a great many unmet needs. We are particularly concerned that HIV prevention activities at the CDC and international assistance through USAID have not received needed increases. Will you commit to increasing AIDS funding in FY2000, particularly in prevention and international relief?**

A: We are working on developing the FY2000 budget now, so it is a work-in-progress. I do know that you have a great team of advocates at OMB. Jack Lew, Josh Gotbaum, Sylvia Matthews, and Dan Mendelson are all committed to doing the best that we can in addressing the need for additional AIDS funding.

With respect to prevention funding, I can say that we fully understand the need to increase and improve our HIV prevention activities, and to pay particular attention to communities of color, to women, and to young people who are at highest risk. We're taking a look not only at the need for increased funding, but making sure that what we are already investing is being used most effectively.

As for international funding, we've gotten good support from USAID although I know Brian Atwood would like more. This is going to be a very challenging budget year for us, and I don't want to be overly optimistic about our ability to repeat the kind of increases we were able to obtain in FY99. Nevertheless, we will do our very best to support appropriate funding levels for our international AIDS efforts, and the other AIDS programs as well.

| SELECTED HIV/AIDS INVESTMENTS | FY99 | Increase from FY98 | Increase from FY93 |
|---|---|---|---|
| **Ryan White CARE Act** | **$1.4 billion** | **23%** | **266%** |
| *AIDS Drug Assistance* | *$461 million* | *61%* | *787%** |
| **HIV Prevention (CDC)** | **$657 million** | **5%** | **34%** |
| **AIDS Research (NIH)** | **$1.8 billion** | **12%** | **67%** |
| *Vaccine Research* | *$200 million* | *33%* | *145%* |
| **Housing (HUD)** | **$225 million** | **10%** | **125%** |
| **International (USAID)** | **$131 million**** | **8%** | **64%** |

*since FY96, when separate program established

**includes $10 million emergency funding for AIDS orphan initiative

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:17-DEC-1998 19:09:30.00

SUBJECT: POTUS Briefing Paper

TO: David R. Goodfriend ( CN=David R. Goodfriend/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

TEXT:
Here's the final - I corrected a few typos and switched the order of issues to correspond to the order in which they'll be presented to the President. I'm going to run over to your office to drop off a seating chart and a copy of this file.

Todd

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
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========== END ATTACHMENT 1 ==========

December 17, 1998

**MEETING WITH THE**
**PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS**

| | |
|---|---|
| **DATE:** | December 18, 1998 |
| **LOCATION:** | Cabinet Room |
| **BRIEFING TIME:** | 5:15 pm to 5:45 pm |
| **EVENT:** | 5:45 pm to 6:15 pm |
| **FROM:** | Bruce Reed/Chris Jennings/Sandy Thurman |

## I. PURPOSE

You will be meeting with members of the President's Advisory Council on HIV/AIDS to discuss the Administration's progress in addressing the AIDS epidemic.

## II. BACKGROUND

The Council requested a meeting with you to address its recommendations on ways to improve the Administration's response to the HIV/AIDS epidemic. The Council recognizes your commitment to improving HIV/AIDS care, research, and prevention. They support recent efforts to highlight international efforts to fight HIV/AIDS, the new initiative on HIV/AIDS in the minority communities, and on increases in research investments. However, the Council has been publicly critical of the Administration in some areas, particularly its commitment to HIV prevention. This meeting provides an opportunity for you to personally reaffirm your commitment to the Council and the seriousness with which you take the issue.

Questions from the Council will focus on four areas:

-- **Access to Treatment**: The Council will seek your leadership on expanding access to

treatment for indigent persons with HIV who under current law must wait until they reach a level of disability to qualify for Medicaid, which covers the treatments that would likely have forestalled their progression to AIDS. Initial reviews, prompted by a request by the Vice President, determined that such an expansion is not cost neutral and therefore cannot be done administratively through a Medicaid 1115 waiver. However, the Administration has worked extremely hard to expand access to promising HIV/AIDS therapies by supporting substantial increases in the AIDS Drug Assistance Program and advocating for the Jeffords-Kennedy legislation (which includes a demonstration program that would allow states to define disability, substantially increasing access to Medicaid by persons who would become disabled but for care). Support of this legislation by the Council and the AIDS community would be very beneficial. [Council presenter: Thomas Henderson]

-- **Vaccine Research**: Last spring, you announced your desire to find a vaccine for HIV within ten years. Two weeks ago, on World AIDS Day, you announced a 33% increase in vaccine research funding at the NIH (up $47 million to $200 million). The Council is highly supportive of your ongoing leadership on this issue, but has some concern about the 18 months it is taking to find a director for NIH's new vaccine research center and about the need for increased inter-agency coordination. NIH has assured us that its progress on vaccine research has not been hampered by this vacancy and that filling the position is a top priority for NIH Director Dr. Varmus. [Council presenter: Helen Miramontes]

-- **Promoting HIV Testing**: Approximately 30% of persons infected with HIV do not know they are infected, complicating prevention efforts and delaying helpful treatments. The Council will ask for your support of a national "get tested" campaign focusing on higher-risk populations (youth, persons of color, women). This is a reasonable proposal, and one which is already under consideration through the budget process. [Council presenter: Alexander Robinson]

-- **Increased AIDS Funding**: Funding for HIV/AIDS programs has more than doubled during your Administration, with Ryan White funding up 266% and AIDS research up 67%. The Council is concerned that prevention and international funding have not benefited from similar increases. CDC's prevention budget is over $640 million and has increased 34% since you took office; the Administration is focusing on insuring that prevention funds are used effectively and are targeted to those at highest risk. As for international funding, USAID's AIDS budget has increased 64% during your Administration. You also just announced on World AIDS Day a new $10 million effort to help developing countries respond to the needs of children orphaned by AIDS. Finally, you may announce $479 million in Ryan White Title I grants to 50 metropolitan areas most heavily impacted by HIV/AIDS; these grants include extra funds for minorities that are part of your recently announced initiative on HIV/AIDS in racial and ethnic minorities. [Council presenters: Regina Aragón and Mike Isbell]

In your closing remarks (see attached talking points), you may highlight recent Administration activities on HIV/AIDS, including:

-- World AIDS Day event at which you announced an AIDS orphan initiative at USAID, increased vaccine research funding from the NIH, and a delegation to Africa led by Sandy Thurman.

-- Minority initiative announcement on October 28th at which you declared HIV/AIDS to be an ongoing and severe crisis in racial and ethnic minorities and announced $156 million in additional funding to address the crisis.

-- Historic HIV/AIDS funding achievements in the FY99 budget negotiations with Congress.

-- Strongly advocated for other policies that help people with HIV/AIDS, including an enforceable patient bill of rights; the Jeffords-Kennedy legislation that allows people with disabilities -- including people with AIDS -- to stay in or return to work; and substantial increases in research funding at the NIH.

## III. PARTICIPANTS

Briefing Participants:
Bruce Reed
Virginia Appuzo
Karen Tramontano
Chris Jennings
Sandy Thurman
Richard Socarides

Program Participants:
**YOU**
Sandy Thurman
Bruce Reed
Virginia Appuzo
Karen Tramontano
Chris Jennings
Sandy Thurman
Richard Socarides
Dr. Scott Hitt, Council Chairperson
Members of the Council

## IV. PRESS PLAN

Pool still photographers at the top of meeting; single print reporter thereafter. Verbatim transcript to be provided to press following meeting.

## V. SEQUENCE OF EVENTS

-- Sandy Thurman will introduce **YOU** to members of the Council.
-- Dr. Scott Hitt will make a brief opening statement.

-- Council member Rabbi Joseph Edelheit will provide an overview of the message of the Council to you.
-- Four members of the Council will provide brief background statements and identify specific issues on which they seek Administration action. (**YOU** will have the option to seek clarification or respond--see attached Q & A.)
-- **YOU** will make brief closing remarks, thanking the Council for its hard work and reaffirming your commitment to continuing the fight against AIDS--see attached talking points.

## VI. REMARKS

Talking points provided by the Office of National AIDS Policy.

## VII. ATTACHMENTS

-- Talking points for closing remarks.
-- Q & A for discussion purposes.
-- List of Council members and brief biographies.

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 002. email | From Todd Summers to David Goodfriend Re: POTUS Briefing Paper [personal] [partial] (2 pages) | 12/17/1998 | b(6) |

**COLLECTION:**
Clinton Presidential Records
Automated Records Management System [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

**FOLDER TITLE:**
[12/17/1998 - 12/21/1998]

2018-0758-F
jn553

**RESTRICTION CODES**

**Presidential Records Act - [44 U.S.C. 2204(a)]**

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

**President's Advisory Council on HIV/AIDS**

**Member List**

**CHAIR**

**R. Scott Hitt, M.D.**

Dr. Hitt, is a physician at the Pacific Oaks Medical Group in Beverly Hills, California. He is the Chair of PACHA.

**PRESENTERS (in order)**

**Rabbi Joseph Edelheit**

Rabbi Edelheit serves at the Temple Israel in Minneapolis, Minnesota.

[0023]

**B. Thomas Henderson**

(b)(6)

**Helen Miramontes, M.S.N., R.N., FAAN**

Ms. Miramontes is an Associate Clinical Professor and Deputy Director of the International Center for HIV/AIDS Research and Clinical Training in Nursing, at the School of Nursing at the University of California at San Francisco. She has a son living with AIDS.

**H. Alexander Robinson, M.B.A., C.P.A.**

Mr. Robinson, a person living with HIV, is a private consultant. He formerly served as the ACLU's chief lobbyist for AIDS, gay/lesbian civil rights, disability issues. He serves as the Co-Chair for the Prevention Subcommittee of the PACHA.

**Regina Aragón**

Ms. Aragon serves as the Public Policy Director for the San Francisco AIDS Foundation. She was an attendee of the 1995 White House Conference on AIDS.

**Michael T. Isbell, J.D.**

Mr. Isbell is the former deputy executive director of the Gay Men's Health Crisis in New York City, and currently practices law at a private law firm in New York City. He is the Co-Chair for the Prevention Subcommittee of the PACHA.

**ATTENDEES**

**Stephen Neal Abel, D.D.S.**

Dr. Abel is the former Director of Dentistry at the Spellman Center of St. Clare's Hospital in New York City. Dr. Abel now serves as the Oral Health Policy Liaison in the Office of the Medical Director at the New York State Department of Health/AIDS Institute.

**Terje Anderson**
Mr. Anderson is the Chair of the Health Resources Services Administration Advisory Committee and is currently the Deputy Executive Director of the National Association of People with AIDS (NAPWA). He was an attendee of the 1995 White House Conference on AIDS.

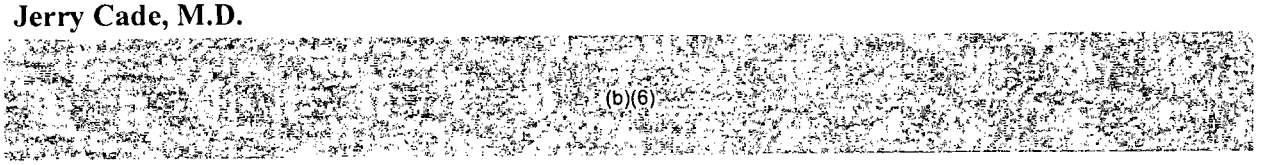
**Barbara Aranda Naranjo, Ph.D., R.N.**
Dr. Aranda Naranjo serves at the University of the Incarnate Word, School of Nursing in San Antonio, Texas. She was an attendee of the 1995 White House Conference on AIDS.

**Judith Billings, J.D.**
Ms. Billings, a woman living with HIV, is the former superintendent of schools for a Washington State school system. She now serves at Targeted Alliances, Education Consulting Services.

**Ambassador Charles W. Blackwell**
Charles W. Blackwell is the founder of Native Affairs and Development Group and serves as its President and Director. He is also the Chickasaw National Ambassador to the United States of America by appointment of the Chickasaw Governor with confirmation by the Chickasaw Legislature.

**Nicholas Bollman** [NOT ATTENDING]
Mr. Bollman is presently a Senior Program Director for the James Irvine Foundation. He was an attendee of the 1995 White House Conference on AIDS.

**Jerry Cade, M.D.**




**Lynne M. Cooper, D.MIN.**
Dr. Cooper has served as the President of Doorways, an interfaith AIDS residence program, for the past nine years. She is also the director of the National AIDS Housing Coalition Board.

**Robert Fogel**
Mr. Fogel is an attorney at Hilfman and Fogel in Chicago, Illinois. He is the Chair of the International Subcommittee of the PACHA.

**Debra Fraser-Howze**
Ms. Fraser-Howze is the founder/director of the National Black Leadership Commission on AIDS in New York City. She is also the Co-Chair of the Racial Ethnic Populations Subcommittee of the PACHA.

**Kathleen Gerus**
Ms. Gerus, a person living with HIV, currently serves at the Midwest AIDS Prevention Project in Sterling Heights, Michigan. She has served as co-chair of the Women's Advisory Committee of the National Hemophilia Foundation.

**Phyllis Greenberger**
Ms. Greenberger is currently serving at the Society for the Advancement of Women's Health Research in Washington, D.C. She is the former Associate Director for Government Relations at the American Psychiatric Association.

**Nilsa Gutierrez, M.D., M.P.H.**
Dr. Gutierrez is the former director of the New York State AIDS Institute, and is currently the medical director of the Health Care Financing Administration's New York Regional Office.

**Bob Hattoy**
Mr. Hattoy, a person living with AIDS, currently serves as the White House Liaison at the U.S. Department of Interior.

**Ronald Johnson**
Mr. Johnson, a person living with HIV, is currently managing director for public policy, communications, and community relations at the Gay Men's Health Crisis in New York City. He formerly served as the Citywide coordinator for AIDS policy in the Office of the Mayor, City of New York.

**Jeremy Landau**
Mr. Landau, a person living with HIV, resides in Santa Fe, New Mexico. He is currently the Chair of the Prisons Subcommittee of the PACHA. He is the former director of the National Rural AIDS Network.

**Alexandra Mary Levine, M.D.** [NOT ATTENDING]
Dr. Levine serves as a Professor of Medicine, Chief of Hematology, and Medical Director at the University of Southern California School of Medicine in Los Angeles, California. She is the Chair for the Research Subcommittee of the PACHA.

**Steve Lew**
Mr. Lew, a person living with HIV, is the Director of Research and Technical Assistance at the Asian and Pacific Islander Wellness Center in San Francisco. He is the co-chair of San Francisco's Ryan White HIV Services Planning Council.

**Miguel Milanes**
Mr. Milanes is the former HIV/AIDS Program Coordinator and current Executive Assistant to the District Administrator for Dade/Monroe Counties (Miami), in the Office of HIV/AIDS Services, Florida Department of Health.

**Reverend Altagracia Perez, STM**
Reverend Perez is currently serving at the Church of Saint Phillip the Evangelist in Los Angeles, California. She is also the Co-Chair for the Racial Ethnic Populations Subcommittee of the PACHA. Rev. Perez gave an opening prayer at the 1996 Democratic National Convention.

**Michael Rankin, M.D., M.P.H.**
Dr. Rankin is Chief, Psychiatry and Mental Health Services, VA Northern California Health Care System in San Francisco, California.

**Debbie Runions**
Ms. Runions is a person living with HIV, is a community advocate from Nashville, Tennessee. She serves on numerous boards and advisory commissions. Ms. Runions spoke as a person living with HIV at the 1996 Democratic National Convention.

**Sean Sasser**
Mr. Sasser, a person living with HIV, tested positive for HIV at the age of 19. He was an attendee of the 1995 White House Conference on AIDS.

**Benjamin Schatz, J.D.**
Mr. Schatz is currently executive director of the Gay and Lesbian Medical Association in San Francisco, California. He was a founder/director of the AIDS Civil Rights Project at the National Gay Rights Advocates.

**Richard Stafford**
Mr. Stafford, a person living with HIV, is from Minneapolis, Minnesota.

**Denise Stokes**
Ms. Stokes, a person living with HIV, is a community activist dedicated to HIV education, awareness and prevention. Ms. Stokes joined **YOU** as keynote speaker at the October White House event announcing $156 million in funding targeted to African American and other minority populations.

**Bruce Weniger, M.D.**
Dr. Weniger is a physician at the National Immunization Program in the federal Centers for Disease Control and Prevention in Atlanta, Georgia.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sarah A. Bianchi ( CN=Sarah A. Bianchi/O=OVP [ UNKNOWN ] )

CREATION DATE/TIME:18-DEC-1998 09:58:40.00

SUBJECT: press paper revised

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D64]MAIL461141553.326 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 1 ==========

**PRESIDENT CLINTON UNVEILS $479 MILLION IN NEW AIDS GRANTS, MEETS WITH PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS**
**December 18, 1998**

Today, President Clinton announced the release of $479 million in new Ryan White funding to improve primary health care and supportive services for people with HIV/AIDS. The President unveiled these grants in a meeting with his Advisory Council on HIV/AIDS to hear a report on their work and to seek their advice on ways to improve the Nation's response to the HIV/AIDS epidemic. Today the President is:

✓ **Announcing new Title I grants for Ryan White.** The President announced that $479 million in grants are being released today under Title I of the Ryan White CARE Act to fund primary health care and supportive services for people living with HIV/AIDS. These grants serve low-income individuals and families in 50 eligible metropolitan areas hardest hit by the AIDS epidemic. These grants include special funds targeting African Americans and other racial and ethnic minorities.

✓ **Working with the community to improve the Nation's response to HIV/AIDS.** The President, accompanied by Sandra Thurman, Director of the Office of National AIDS Policy, met with his Advisory Council on HIV/AIDS to hear a report on their work and their advice on ways to improve the Nation's response to the HIV/AIDS epidemic. The President urged the Council to work to with the Congress to take new steps in the fight against HIV/AIDS, including passing a strong enforceable patients' bill of rights, passing the Jeffords-Kennedy legislation that helps people with disabilities access affordable health care coverage so they can return to work, and enhancing efforts to find an AIDS vaccine.

The President's Advisory Council on HIV/AIDS was created by the President in 1995 to provide guidance on the Nation's efforts to care for those living with HIV/AIDS, to stop the spread of the disease, and to improve vaccine and treatment research. It is chaired by Dr. Scott Hitt, a physician from Los Angeles specializing in AIDS care. The Council has 35 members, 13 of which are HIV-positive and 13 of which are persons of color. They come from around the country, sharing a broad range of perspectives that reflect the diversity of the epidemic.

✓ **Building on recent efforts to address the HIV/AIDS epidemic.** Today's activities build on a deep ongoing commitment by the Clinton/Gore Administration to respond to the AIDS crisis both in the United States and across the world. The Administration has fought for other critical investments in HIV/AIDS. In the last few months alone, the President:

- **Unveiled new initiative on World AIDS Day 1998 to address crisis of AIDS orphans and international HIV/AIDS.** The President joined Secretary Albright and USAID Administrator Atwood to unveil a new initiative including: a 12 percent increase in NIH AIDS research funding, $200 million (a 33% increase) in HIV vaccine research, a $10 million effort to address the growing crisis of AIDS orphans in developing nations, and a fact-finding delegation to Africa by Sandra Thurman, Director of the Office of National AIDS Policy.

- **Declared HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis and unveiled a new $156 million initiative to**

**address this problem**, including crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies all targeted toward ethnic and racial minorities in communities across the country;

- **Worked with Congress to secure historic increases in a wide range of effective HIV/AIDS programs.** Increases this year alone include: a $262 million increase in the Ryan White CARE Act; a 12 percent increase in AIDS research funding at the NIH, a $32 million increase in HIV prevention programs at the CDC; and a $21 million increase in the Housing Opportunities for People With AIDS program at HUD.

✓ **A solid record of progress in HIV/AIDS.** The Clinton/Gore Administration has a proud record of accomplishment in its response to HIV/AIDS, including:

- **Increasing funding for major HIV/AIDS programs by over 100 percent:**

  -- a 266 percent increase in the Ryan White CARE Act
  -- a 67 percent increase in AIDS research at the National Institutes of Health
  -- a 125 percent increase in the Housing Opportunities for People With AIDS (HOPWA) program at HUD
  -- a 64 percent increase in international AIDS funding at the U.S. Agency for International Development (USAID), and
  -- a 34 percent increase in HIV prevention at the Centers for Disease Control and Prevention (CDC)

- **Protecting Medicaid and Social Security.** The President fought to preserve Medicaid's guarantee of coverage which serves more than 50 percent of people living with AIDS -- and 92 percent of children with AIDS -- who rely on Medicaid for health coverage. He also revised eligibility rules for Social Security Disability Insurance to increase the number of HIV+ persons who qualify for benefits.

- **Focusing National Efforts on an AIDS Vaccine.** In May of 1997, the President challenged the nation to develop an AIDS vaccine within the next ten years. He announced a number of initiatives to help fulfill this goal, including: dedicating an AIDS vaccine research center at the National Institutes of Health and encouraging domestic and international collaboration among governments, medical communities and service organizations. On World AIDS Day 1998, the President announced $200 million in funding for vaccine research at the NIH, a $47 million (33 percent) increase over the previous fiscal year.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Joseph C. Fanaroff ( CN=Joseph C. Fanaroff/OU=WHO/O=EOP [ WHO ] )

CREATION DATE/TIME:18-DEC-1998 08:31:48.00

SUBJECT: paper?

TO: Sarah A. Bianchi ( CN=Sarah A. Bianchi/O=OVP @ OVP [ UNKNOWN ] )
READ:UNKNOWN

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
I did not receive your background paper. Can you let me know when you can send? thanks.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:18-DEC-1998 10:59:06.00

SUBJECT: Re: draft TP

TO: Joseph C. Fanaroff ( CN=Joseph C. Fanaroff/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

CC: Sarah A. Bianchi ( CN=Sarah A. Bianchi/O=OVP @ OVP [ UNKNOWN ] )
READ:UNKNOWN

TEXT:
I just talked to Sarah - I'm fine with your changes - on the second bulleted paragraph ("Renew his call..."), the tense of the third verb (enhancing) is not consistent with the previous verb - should be "enhanced"

Other than that, it's fine with me - Sarah's going to look at it and give you any changes she suggests.

Todd

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:18-DEC-1998 10:49:32.00

SUBJECT:

TO: SARAH (Pager) #BIANCHI ( SARAH (Pager) #BIANCHI [ UNKNOWN ] )
READ:UNKNOWN

TEXT:
Call Todd re press paper = 6-2444

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Joseph C. Fanaroff ( CN=Joseph C. Fanaroff/OU=WHO/O=EOP [ WHO ] )

CREATION DATE/TIME:18-DEC-1998 10:43:54.00

SUBJECT: draft TP

TO: Sarah A. Bianchi ( CN=Sarah A. Bianchi/O=OVP @ OVP [ UNKNOWN ] )
READ:UNKNOWN

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
Attached is a draft of today's talking points. Pls. give me your ASAP
review (by e-mail or phone 6-5688). thanks.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D78]MAIL48053265N.326 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 1 ==========

# PRESIDENT CLINTON:
# LEADING THE FIGHT AGAINST HIV/AIDS

December 18, 1998

*"We all know there is much to do, in boosting prevention and international support, and in developing an HIV vaccine. I will make sure this vaccine remains a top priority for my Administration."*

President Bill Clinton
December 18, 1998

Today, President Clinton announces the release of $479 million in new Ryan White funding to improve primary health care and supportive services for people with HIV/AIDS. The President will unveil these grants in a meeting with his Advisory Council on HIV/AIDS to hear a report on their work and to seek their advice on ways to improve the Nation's response to the HIV/AIDS epidemic.

**PRESIDENTIAL LEADERSHIP IN THE BATTLE AGAINST HIV/AIDS.** The President's Advisory Council on HIV/AIDS was created by the President in 1995 to provide guidance on the Nation's efforts to care for those living with HIV/AIDS, to stop the spread of the disease, and to improve vaccine and treatment efforts. Today, President Clinton will:

- **Announce $479 million in grants are being released under Title I of the Ryan White CARE Act** to fund primary health care and supportive services for people living with HIV/AIDS. These grants serve low-income individuals and families in 50 eligible metropolitan areas hardest hit by the AIDS epidemic, and include special funds targeting African-Americans and other racial and ethnic minorities;

- **Renew his call on Congress to pass legislation that will assist us in the fight against HIV/AIDS**, including passage of: a strong, enforceable Patients' Bill of Rights, Jeffords/Kennedy legislation that helps people with disabilities access affordable health care coverage so they can return to work, and enhancing efforts to find an AIDS vaccine.

**BUILDING ON EFFORTS TO ADDRESS THE HIV/AIDS EPIDEMIC.** Today's activities build on Administration efforts in the past few months to gain critical investments in HIV/AIDS research and treatment, including:

- Launching a new initiative on World AIDS Day 1998 to address the crisis of AIDS orphans and international HIV/AIDS. This initiative increases NIH AIDS research funding by 12 percent, HIV vaccine research by 33 percent, and designates $10 million in an effort to address the growing crisis of AIDS orphans in developing countries;

- Declaring HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis, and unveiling a new $156 million initiative to address this problem, including crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies, all targeted toward ethnic and racial minorities in communities across the country;

- Working with Congress to secure historic increases in a wide range of effective HIV/AIDS programs.

**A SOLID RECORD OF PROGRESS IN THE FIGHT AGAINST HIV/AIDS.** The Clinton/Gore Administration has a proud record of accomplishment in its response to HIV/AIDS, including:

- **Increasing funding for major HIV/AIDS programs by over 100 percent;**
- **Protecting Medicaid and Social Security**. The President fought to preserve the guarantee of coverage under Medicaid, which serves more that 50 percent of people living with AIDS -- and 92 percent of children -- and revised eligibility rules for Social Security Disability Insurance to increase the number of HIV-positive persons who qualify for benefits;
- **Focusing National Efforts on an AIDS Vaccine**. In 1997, the President challenged the nation to develop an HIV vaccine within the next ten years. The President has fought to increase research funding to help achieve this goal.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: TERESA WILDMAN <WILDMAN.TERESA@epamail.epa.gov> ( TERESA WILDMAN <WILDMAN.TERESA@epamail.epa.gov> [ UNKNOWN ] )

CREATION DATE/TIME:18-DEC-1998 11:59:15.00

SUBJECT: Re: Detailee from EPA -Reply -Reply -Reply

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TEXT:
No problem. I was just checking in. I understand that you guys are preoccupied. Thanks so much. - Teresa

>>> <Todd_A._Summers@opd.eop.gov> 12/17/98 06:00pm >>>
I'm going to see Karen tomorrow at a POTUS meeting - I'll ask her then - things have been a little tense around here, as you can imagine!

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Joshua S. Gottheimer ( CN=Joshua S. Gottheimer/OU=WHO/O=EOP [ WHO ] )

CREATION DATE/TIME:18-DEC-1998 08:54:34.00

SUBJECT: Re: Need New Cards!

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
june -- i'll take care of this asap

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Ashley L. Raines ( CN=Ashley L. Raines/OU=OA/O=EOP [ OA ] )

CREATION DATE/TIME:18-DEC-1998 16:36:12.00

SUBJECT: Cable - it's on its way!

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
DC Cablevision is coming to do a site survey next week and will be contacting you with the date and time they will come. They hope to come before Christmas. They are going to start billing us for Sandy's cable which is $50 per month. The additional cable connection is $15 per month.

Merry Christmas!

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:18-DEC-1998 14:51:11.00

SUBJECT: POTUS Briefing Memo for AIDS Council Meeting

TO: Richard Socarides ( CN=Richard Socarides/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

TO: Virginia Apuzzo ( CN=Virginia Apuzzo/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

TO: Daniel N. Mendelson ( CN=Daniel N. Mendelson/OU=OMB/O=EOP @ EOP [ OMB ] )
READ:UNKNOWN

TO: Christopher C. Jennings ( CN=Christopher C. Jennings/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TO: Karen Tramontano ( CN=Karen Tramontano/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

CC: Devorah R. Adler ( CN=Devorah R. Adler/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

CC: Carolyn T. Wu ( CN=Carolyn T. Wu/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

CC: Sandra Thurman ( CN=Sandra Thurman/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
Sandy asked that I forward to you the POTUS briefing memo and Q & A
prepared for this afternoon's meeting with the HIV/AIDS Advisory Council.
Please let me know if you have any questions.

Todd

Briefing Memo

Q & A
========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D77]MAIL448945658.326 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 1 ==========

========== ATTACHMENT 2 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D77]MAIL468945659.326 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 2 ==========

December 17, 1998

**MEETING WITH THE**
**PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS**

| | |
|---|---|
| **DATE:** | December 18, 1998 |
| **LOCATION:** | Cabinet Room |
| **BRIEFING TIME:** | 5:15 pm to 5:45 pm |
| **EVENT:** | 5:45 pm to 6:15 pm |
| **FROM:** | Bruce Reed/Chris Jennings/Sandy Thurman |

## I. PURPOSE

*You will be meeting with members of the President's Advisory Council on HIV/AIDS to discuss the Administration's progress in addressing the AIDS epidemic.*

## II. BACKGROUND

*The Council requested a meeting with you to address its recommendations on ways to improve the Administration's response to the HIV/AIDS epidemic. The Council recognizes your commitment to improving HIV/AIDS care, research, and prevention. They support recent efforts to highlight international efforts to fight HIV/AIDS, the new initiative on HIV/AIDS in minority communities, and increases in research investments. However, the Council has been publicly critical of the Administration in some areas, particularly the Administration's commitment to HIV prevention. This meeting provides an opportunity for you to personally reaffirm your commitment to the Council and your seriousness about the issue.*

Questions from the Council will focus on four areas:

-- **Access to Treatment**: The Council will seek your leadership on expanding access to

treatment for indigent persons with HIV who under current law must wait until they reach a level of disability to qualify for Medicaid, which covers the treatments that would likely have forestalled their progression to AIDS. Initial reviews, prompted by a request by the Vice President, determined that such an expansion is not cost neutral and therefore cannot be done administratively through a Medicaid section 1115 waiver. However, the Administration has worked extremely hard to expand access to promising HIV/AIDS therapies by supporting substantial increases in the AIDS Drug Assistance Program and advocating passage of the Jeffords-Kennedy legislation (which includes a demonstration program that would allow states to define disability, substantially increasing access to Medicaid by persons who would become disabled but for care). Support of this legislation by the Council and the AIDS community would be very beneficial. [Council presenter: Thomas Henderson]

-- **Vaccine Research**: Last spring, you announced your desire to find a vaccine for HIV within ten years. Two weeks ago, on World AIDS Day, you announced a 33% increase in vaccine research funding at the NIH (up $47 million to $200 million). The Council is highly supportive of your ongoing leadership on this issue, but has some concern about the 18 months it has taken so far to find a director for NIH's new vaccine research center and about the need for increased inter-agency coordination. NIH has assured us that its progress on vaccine research has not been hampered by this vacancy and that filling the position is a top priority for NIH Director Dr. Varmus. [Council presenter: Helen Miramontes]

-- **Promoting HIV Testing**: Approximately 30% of persons infected with HIV do not know they are infected, complicating prevention efforts and delaying helpful treatments. The Council will ask for your support of a national "get tested" campaign focusing on higher-risk populations (youth, persons of color, women). This is a reasonable proposal, and one which is already under consideration through the budget process. [Council presenter: Alexander Robinson]

-- **Increased AIDS Funding**: Funding for HIV/AIDS programs has more than doubled during your Administration, with Ryan White funding up 266% and AIDS research up 67%. The Council is concerned that prevention and international funding have not benefited from similar increases. CDC's prevention budget is over $640 million and has increased 34% since you took office; the Administration is focusing on ensuring that prevention funds are used effectively and are targeted to those at highest risk. As for international funding, USAID's AIDS budget has increased 64% during your Administration. You also just announced on World AIDS Day a new $10 million effort to help developing countries respond to the needs of children orphaned by AIDS. Finally, you can also announce the release of $479 million in Ryan White Title I grants (FY1999) to 50 metropolitan areas that are most heavily impacted by HIV/AIDS; these grants include extra funds for minorities that are part of your recently announced initiative on HIV/AIDS in racial and ethnic minorities. [Council

presenters: Regina Aragón and Mike Isbell]

In your closing remarks, you may highlight recent Administration activities on HIV/AIDS, including:

-- World AIDS Day event at which you announced an AIDS orphan initiative at USAID, increased vaccine research funding from the NIH, and a delegation to Africa led by Sandy Thurman.

-- Minority initiative announcement on October 28th at which you declared HIV/AIDS to be an ongoing and severe crisis in racial and ethnic minorities and announced $156 million in additional funding to address the crisis.

-- Historic HIV/AIDS funding achievements in the FY99 budget negotiations with Congress.

-- Other initiatives including an enforceable patient bill of rights; the Jeffords-Kennedy legislation that allows people with disabilities -- including people with AIDS -- to stay in or return to work; and substantial increases in research funding at the NIH.

## III. PARTICIPANTS

Briefing Participants:
Bruce Reed
Virginia Appuzo
Karen Tramontano
Chris Jennings
Sandy Thurman
Richard Socarides

Program Participants:
**YOU**
Sandy Thurman
Bruce Reed
Virginia Appuzo
Karen Tramontano
Chris Jennings
Sandy Thurman
Richard Socarides
Dr. Scott Hitt, Council Chairperson
Members of the Council

## IV. PRESS PLAN

Pool still photographers at the top of meeting; single print reporter thereafter. Verbatim transcript to be provided to press following meeting.

## V. SEQUENCE OF EVENTS

-- Sandy Thurman will introduce **YOU** to members of the Council.
-- Dr. Scott Hitt will make a brief opening statement.
-- Council member Rabbi Joseph Edelheit will provide an overview of the message of the Council to you.
-- Four members of the Council will provide brief background statements and identify specific issues on which they seek Administration action. (**YOU** will have the option to seek clarification or respond--see attached Q & A.)
-- **YOU** will make brief closing remarks, thanking the Council for its hard work and reaffirming your commitment to continuing the fight against AIDS--see attached talking points.

## VI. REMARKS

Talking points provided by the Office of National AIDS Policy.

## VII. ATTACHMENTS

-- Q & A for discussion purposes.
-- List of Council members and brief biographies.

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 003. email | From Todd Summers to Multiple Recipients Re: POTUS Briefing Memo for AIDS Council Meeting [personal] [partial] (2 pages) | 12/18/1998 | b(6) |

**COLLECTION:**
Clinton Presidential Records
Automated Records Management System [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

**FOLDER TITLE:**
[12/17/1998 - 12/21/1998]

2018-0758-F
jn553

**RESTRICTION CODES**

**Presidential Records Act - [44 U.S.C. 2204(a)]**

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

**President's Advisory Council on HIV/AIDS**

**Member List**

**CHAIR**

**R. Scott Hitt, M.D.**

Dr. Hitt, is a physician at the Pacific Oaks Medical Group in Beverly Hills, California. He is the Chair of PACHA.

**PRESENTERS (in order)**

**Rabbi Joseph Edelheit**

Rabbi Edelheit serves at the Temple Israel in Minneapolis, Minnesota.

[003]

**B. Thomas Henderson**

(b)(6)

**Helen Miramontes, M.S.N., R.N., FAAN**

Ms. Miramontes is an Associate Clinical Professor and Deputy Director of the International Center for HIV/AIDS Research and Clinical Training in Nursing, at the School of Nursing at the University of California at San Francisco. She has a son living with AIDS.

**H. Alexander Robinson, M.B.A., C.P.A.**

Mr. Robinson, a person living with HIV, is a private consultant. He formerly served as the ACLU's chief lobbyist for AIDS, gay/lesbian civil rights, disability issues. He serves as the Co-Chair for the Prevention Subcommittee of the PACHA.

**Regina Aragón**

Ms. Aragon serves as the Public Policy Director for the San Francisco AIDS Foundation. She was an attendee of the 1995 White House Conference on AIDS.

**Michael T. Isbell, J.D.**

Mr. Isbell is the former deputy executive director of the Gay Men's Health Crisis in New York City, and currently practices law at a private law firm in New York City. He is the Co-Chair for the Prevention Subcommittee of the PACHA.

**ATTENDEES**

**Stephen Neal Abel, D.D.S.**

Dr. Abel is the former Director of Dentistry at the Spellman Center of St. Clare's Hospital in New York City. Dr. Abel now serves as the Oral Health Policy Liaison in the Office of the Medical Director at the New York State Department of Health/AIDS Institute.

**Terje Anderson**
Mr. Anderson is the Chair of the Health Resources Services Administration Advisory Committee and is currently the Deputy Executive Director of the National Association of People with AIDS (NAPWA). He was an attendee of the 1995 White House Conference on AIDS.

**Barbara Aranda Naranjo, Ph.D., R.N.**
Dr. Aranda Naranjo serves at the University of the Incarnate Word, School of Nursing in San Antonio, Texas. She was an attendee of the 1995 White House Conference on AIDS.

**Judith Billings, J.D.**
Ms. Billings, a woman living with HIV, is the former superintendent of schools for a Washington State school system. She now serves at Targeted Alliances, Education Consulting Services.

**Ambassador Charles W. Blackwell**
Charles W. Blackwell is the founder of Native Affairs and Development Group and serves as its President and Director. He is also the Chickasaw National Ambassador to the United States of America by appointment of the Chickasaw Governor with confirmation by the Chickasaw Legislature.

**Jerry Cade, M.D.**


**Lynne M. Cooper, D.MIN.**
Dr. Cooper has served as the President of Doorways, an interfaith AIDS residence program, for the past nine years. She is also the director of the National AIDS Housing Coalition Board.

**Robert Fogel**
Mr. Fogel is an attorney at Hilfman and Fogel in Chicago, Illinois. He is the Chair of the International Subcommittee of the PACHA.

**Debra Fraser-Howze**
Ms. Fraser-Howze is the founder/director of the National Black Leadership Commission on AIDS in New York City. She is also the Co-Chair of the Racial Ethnic Populations Subcommittee of the PACHA.

**Kathleen Gerus**
Ms. Gerus, a person living with HIV, currently serves at the Midwest AIDS Prevention Project in Sterling Heights, Michigan. She has served as co-chair of the Women's Advisory Committee of the National Hemophilia Foundation.

**Phyllis Greenberger**
Ms. Greenberger is currently serving at the Society for the Advancement of Women's Health Research in Washington, D.C. She is the former Associate Director for Government Relations at the American Psychiatric Association.

**Nilsa Gutierrez, M.D., M.P.H.**
Dr. Gutierrez is the former director of the New York State AIDS Institute, and is currently the medical director of the Health Care Financing Administration's New York Regional Office.

**Bob Hattoy**
Mr. Hattoy, a person living with AIDS, currently serves as the White House Liaison at the U.S. Department of Interior.

**Ronald Johnson**
Mr. Johnson, a person living with HIV, is currently managing director for public policy, communications, and community relations at the Gay Men's Health Crisis in New York City. He formerly served as the Citywide coordinator for AIDS policy in the Office of the Mayor, City of New York.

**Jeremy Landau**
Mr. Landau, a person living with HIV, resides in Santa Fe, New Mexico. He is currently the Chair of the Prisons Subcommittee of the PACHA. He is the former director of the National Rural AIDS Network.

**Steve Lew**
Mr. Lew, a person living with HIV, is the Director of Research and Technical Assistance at the Asian and Pacific Islander Wellness Center in San Francisco. He is the co-chair of San Francisco's Ryan White HIV Services Planning Council.

**Miguel Milanes**
Mr. Milanes is the former HIV/AIDS Program Coordinator and current Executive Assistant to the District Administrator for Dade/Monroe Counties (Miami), in the Office of HIV/AIDS Services, Florida Department of Health.

**Reverend Altagracia Perez, STM**
Reverend Perez is currently serving at the Church of Saint Phillip the Evangelist in Los Angeles, California. She is also the Co-Chair for the Racial Ethnic Populations Subcommittee of the PACHA. Rev. Perez gave an opening prayer at the 1996 Democratic National Convention.

**Michael Rankin, M.D., M.P.H.**
Dr. Rankin is Chief, Psychiatry and Mental Health Services, VA Northern California Health Care System in San Francisco, California.

**Debbie Runions**
Ms. Runions is a person living with HIV, is a community advocate from Nashville, Tennessee. She serves on numerous boards and advisory commissions. Ms. Runions spoke as a person living with HIV at the 1996 Democratic National Convention.

**Sean Sasser**
Mr. Sasser, a person living with HIV, tested positive for HIV at the age of 19. He was an attendee of the 1995 White House Conference on AIDS.

**Benjamin Schatz, J.D.**
Mr. Schatz is currently executive director of the Gay and Lesbian Medical Association in San Francisco, California. He was a founder/director of the AIDS Civil Rights Project at the National Gay Rights Advocates.

**Richard Stafford**
Mr. Stafford, a person living with HIV, is from Minneapolis, Minnesota.

**Denise Stokes**
Ms. Stokes, a person living with HIV, is a community activist dedicated to HIV education, awareness and prevention. Ms. Stokes joined **YOU** as keynote speaker at the October White House event announcing $156 million in funding targeted to African American and other minority populations.

**Bruce Weniger, M.D.**
Dr. Weniger is a physician at the National Immunization Program in the federal Centers for Disease Control and Prevention in Atlanta, Georgia.

December 17, 1998

## MEETING WITH THE PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS

## QUESTIONS AND ANSWERS

**Q: People with HIV/AIDS often become eligible for Medicaid (unless they meet a separate Medicaid criteria) once they have reached a certain level of disability, far after new HIV/AIDS treatments would be helpful. How are you going to help increase access to treatment?**

A: Assuring that people with HIV/AIDS have access to cutting edge treatments is a difficult and an important challenge. Both the Vice President and I are committed to taking steps to address this important issue.

- Sandy Thurman has set up an internal task force to develop solutions to this problem.
- We have fought for and succeeded in getting significant increases in the AIDS Drug Assistance Program -- $175 million (61 percent) increase in FY99 -- and the Ryan White CARE Act overall -- $271 million (23 percent) increase in FY99 and 266 percent since FY93. These programs have proven effective at helping many people with HIV/AIDS get the treatment and care they need.
- We also strongly supported the Jeffords-Kennedy legislation, which helps people with disabilities, including people with HIV/AIDS, buy into Medicaid when they return to work. This legislation also includes a demonstration program that allows states to develop their own definition of disability for Medicaid that could help people with HIV get Medicaid earlier. I hope you'll continue to work with us to get legislation like this passed in the coming year.
- HCF has been working with States that are seeking to develop waivers to expand their coverage to people living with HIV. HCF has assured us that they will continue to aggressively provide support and assistance to States that want to develop demonstration programs that work.

I recognize the importance of this issue and promise you that the Vice President and I will stay on top of this issue and move this issue forward.

**Q: The Council would like to recommend a new national "get tested" campaign to encourage people at risk to seek HIV counseling and testing services. Will you support that request?**

Background: The Council is concerned that our national effort to stop the spread of HIV is not working, and that the number of new HIV infections in this country has stayed at 40,000 per year. In addition, at least 30 percent of those that are HIV positive don't know it, which means they are likely to continue the activities that spread the infection.

**A:** I think it sounds like a good idea. Let me ask Sandy to take a look at the proposal and give me her recommendations. I do believe we need to do a better job with our work on prevention, not only for HIV but for a variety of preventable illnesses. Secretary Shalala and Surgeon General Satcher have been focusing a great deal of energy on prevention, particularly in racial and ethnic minorities. Dr. Satcher has been helping to lead their Race and Health Disparities initiative, which includes HIV and AIDS as one of six targeted illnesses.

Young people are also in need of greater attention. I believe that some of the impact of the anti-drug campaign by our Office of National Drug Control Policy will help since the abuse of drugs and alcohol plays a key role in young people taking risks with HIV.

**Q: Last March, you announced your commitment to finding a vaccine for HIV within ten years. That was 18 months ago. Will you encourage NIH Director Varmus to get the vaccine center director position filled? Will you support Sandy Thurman's office in facilitating cross-agency coordination?**

Background: The Council is concerned that the effort to develop a vaccine is not progressing fast enough. NIH has yet to hire a director for its new vaccine center and the different Federal agencies that are involved in vaccine research aren't coordinated. The Council is also interested in more interagency collaboration to assure that a wider range of agencies are committed to HIV/AIDS and that these efforts are better coordinated.

**A:** I certainly appreciate the need for an HIV vaccine. This past World AIDS Day we did an event here that focused on the international epidemic, and I am just staggered by the impact that AIDS is having on so many nations around the world. I have asked Sandy to go to Africa in January to look at the AIDS orphan issue and to report back to me with recommendations on further actions we might consider. I know that a vaccine is our best and maybe only hope of stopping this terrible disease.

As for the vaccine center director, we have talked with Dr. Varmus and he has assured us that he is being very aggressive in his efforts to find just the right person for the

position. Part of the delay has been his commitment to finding the very best person. He also assures us that the vaccine research effort has not been slowed down by this vacancy, and that in fact they are very pleased with their progress. NIH is increasing its vaccine research funding this year, up $47 million (33%) to $200 million. I also know that Dr. Nathanson, the new director of the Office of AIDS Research at NIH, is very committed to vaccine research and is providing great leadership.

As for the interagency coordination, Sandy and Dr. Varmus have talked about that. I understand that they're initiating regular vaccine research meetings that will be open to all the different agencies, and the community groups working on this issue. I will talk with Sandy about this and see if there is more that we can do.

**Q: While we have had great success in AIDS funding with your leadership, the Council is concerned that there are still a great many unmet needs. We are particularly concerned that HIV prevention activities at the CDC and international assistance through USAID have not received needed increases. Will you commit to increasing AIDS funding in FY2000, particularly in prevention and international relief?**

**A:** We are working on developing the FY2000 budget now, so it is a work-in-progress. I do know that you have a great team of advocates at OMB and throughout the White House are all committed to doing the best that we can in addressing the need for additional AIDS funding.

With respect to prevention funding, I can say that we fully understand the need to increase and improve our HIV prevention activities, and to pay particular attention to communities of color, to women, and to young people who are at highest risk. We're taking a look not only at the need for increased funding, but making sure that what we are already investing is being used most effectively.

As for international funding, we've gotten good support from USAID although I know Brian Atwood would like more. This is going to be a very challenging budget year for us, and I don't want to be overly optimistic about our ability to repeat the kind of increases we were able to obtain in FY99. Nevertheless, we will do our very best to support appropriate funding levels for our international AIDS efforts, and the other AIDS programs as well.

| SELECTED HIV/AIDS INVESTMENTS | FY99 | Increase from FY98 | Increase from FY93 |
|---|---|---|---|
| **Ryan White CARE Act** | **$1.4 billion** | **23%** | **266%** |
| *AIDS Drug Assistance* | *$461 million* | *61%* | *787%** |
| **HIV Prevention (CDC)** | **$657 million** | **5%** | **34%** |
| **AIDS Research (NIH)** | **$1.8 billion** | **12%** | **67%** |
| *Vaccine Research* | *$200 million* | *33%* | *145%* |
| **Housing (HUD)** | **$225 million** | **10%** | **125%** |
| **International (USAID)** | **$131 million**** | **8%** | **64%** |

*since FY96, when separate program established
**includes $10 million emergency funding for AIDS orphan initiative

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Lotus Pager Gateway ( Lotus Pager Gateway [ UNKNOWN ] )

CREATION DATE/TIME:18-DEC-1998 10:55:42.00

SUBJECT:

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
To: SARAH (Pager) #BIANCHI
cc:
From: Todd A. Summers
Date: 12/18/1998
Time: 10:48:53
Subject:
Body:

Call Todd re press paper = 6-2444

Priority:
---
Message history for recipient SARAH BIANCHI [Pager]
Friday 18 Dec 1998 10:50:47 Eastern Standard Time - Message received by Pager Gateway
Friday 18 Dec 1998 10:51:32 Eastern Standard Time - Message received by Paging Service

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Lotus Pager Gateway ( Lotus Pager Gateway [ UNKNOWN ] )

CREATION DATE/TIME:18-DEC-1998 08:38:44.00

SUBJECT:

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
To: SARAH (Pager) #BIANCHI
cc:
From: Todd A. Summers
Date: 12/18/1998
Time: 08:36:26
Subject:
Body:

Good Morning - need press paper ASAP - call Todd 62444

Priority:
---
Message history for recipient SARAH BIANCHI [Pager]
Friday 18 Dec 1998 08:37:18 Eastern Standard Time - Message received by Pager Gateway
Friday 18 Dec 1998 08:37:54 Eastern Standard Time - Message received by Paging Service

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Christa Robinson ( CN=Christa Robinson/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:18-DEC-1998 14:08:27.00

SUBJECT:

TO: TODD (Pager) #SUMMERS ( TODD (Pager) #SUMMERS [ UNKNOWN ] )
READ:UNKNOWN

TEXT:
Ushers sd. no to tour-Christa

RECORD TYPE: PRESIDENTIAL (NOTES NONDELIVERY RECEIPT )

CREATOR: MailRouter ( MailRouter [ SYS ] )

CREATION DATE/TIME:18-DEC-1998 15:22:28.00

SUBJECT: DELIVERY FAILURE: Host connect failed - destination host not responding

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TEXT:
DELIVERY FAILURE REPORT

Your Document:
Hi
could not be delivered to:
carolyn.Bartholomew @ mail.house.gov
because:
Host connect failed - destination host not responding
Routing Path:
CN=Mail2/O=EOP;CN=LNGATE3/O=EOP;CN=LNGATE3/O=EOP%lngate3.eop.gov(SMTP/MIME
MTA);CN=LNGATE3/O=EOP;CN=Mail2/O=EOP

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:18-DEC-1998 15:12:42.00

SUBJECT: Hi

TO: carolyn.Bartholomew@mail.house.gov ( carolyn.Bartholomew@mail.house.gov [ UNKNOWN ] )
READ:UNKNOWN

TEXT:
Here's the deal with the trip. Sandy's taking a small group in January (probably from the 12th or 13th) for ten days. The larger CoDel will hopefully be arranged for Easter break.

She'd love to have you on the first trip - we'll need to find some way to pay for your trip, but we're happy to help with that.

If you're unable to stay the entire ten days, you could always return earlier - we're going to use commercial transport.

Let me know if you're still interested!!

Todd

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Mail Delivery Subsystem <MAILER-DAEMON@gatekeeper.eop.gov> ( Mail Delivery Subsystem <MAILER-DAEMON@gatekeeper.eop.gov> [ UNKNOWN ] )

CREATION DATE/TIME:18-DEC-1998 20:27:03.00

SUBJECT: Returned mail: Cannot send message for 4 hours

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TEXT:
----- Transcript of session follows -----
421 mail.house.gov (smtp)... Deferred: Connection refused by
chlorine.house.gov

----- Unsent message follows -----
Received: from lngate3.eop.gov by gatekeeper.eop.gov;
(5.65v3.2/1.1.8.2/17Oct95-0424PM)
id AA01640; Fri, 18 Dec 1998 16:15:20 -0500
Received: by lngate3.eop.gov(Lotus SMTP MTA SMTP v4.6 (462.2 9-3-1997))
id 852566DE.0074C3C2 ; Fri, 18 Dec 1998 16:15:22 -0500
X-Lotus-Fromdomain: EOP
From: Todd_A._Summers@opd.eop.gov
To: carolyn.Bartholomew@mail.house.gov
Message-Id: <852566DE.006F773F.00@lngate3.eop.gov>
Date: Fri, 18 Dec 1998 16:04:34 -0500
Subject: Hi
Mime-Version: 1.0
Content-Type: text/plain; charset=us-ascii

Here's the deal with the trip. Sandy's taking a small group in January (probably from the 12th or 13th) for ten days. The larger CoDel will hopefully be arranged for Easter break.

She'd love to have you on the first trip - we'll need to find some way to pay for your trip, but we're happy to help with that.

If you're unable to stay the entire ten days, you could always return earlier - we're going to use commercial transport.

Let me know if you're still interested!!

Todd

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:18-DEC-1998 08:51:59.00

SUBJECT: Need New Cards!

TO: Joshua S. Gottheimer ( CN=Joshua S. Gottheimer/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

TO: June Shih ( CN=June Shih/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

CC: David R. Goodfriend ( CN=David R. Goodfriend/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

TEXT:
Attached is a revised talking point document - it includes one more bullet with an announcement of Ryan White AIDS Funding. Please print these on cards and have them delivered to Staff Secretary ASAP. Thank you for all of your help.

Todd

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D94]MAIL469850553.326 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 1 ==========

**PRESIDENT WILLIAM J. CLINTON**
**MEETING WITH THE**
**PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS**
**DECEMBER 18, 1998**

**Talking Points**

- Thank you for all of the good work that you have been doing.

- Over the past six years, we have made a lot of progress, and I appreciate your recognition of that. Together, we have steered resources toward research, prevention and treatment efforts that have made an incredible difference in the lives of so many.

- We all know there is much more to do, in boosting prevention and international support, and in developing an HIV vaccine. I will make sure this vaccine remains a top priority for my administration.

- I am pleased that today we are releasing $479 million in grants under Title I of the Ryan White CARE Act. We fought hard for this funding that will help provide critical health care and supportive services for people living with HIV/AIDS all over the country.

- You've made a number of good suggestions, and I'm going to ask Sandy to help us move forward on them.

- You have a lot of friends and advocates here - the First Lady, the Vice President, Mrs. Gore, Secretaries Shalala and Cuomo, and certainly Sandy - who have done a tremendous amount to increase awareness of AIDS. I want you to know that we will always be committed to the fight.

- Together, we will fight until the day when we beat this epidemic both here at home and around the world.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:18-DEC-1998 14:14:14.00

SUBJECT: POTUS AIDS Accomplishments

TO: Dag Vega ( CN=Dag Vega/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

TO: Chandler G. Spaulding ( CN=Chandler G. Spaulding/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

TEXT:
Here's the condensed version of an accomplishments document to use if you
want.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D34]MAIL40001565R.326 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 1 ==========

# The Clinton/Gore Administration

# A Record of Progress on HIV and AIDS

**December 1998**

## THE CLINTON-GORE ADMINISTRATION: A RECORD OF PROGRESS ON HIV AND AIDS

*"How can we be one America if a ravaging disease like this is being brought under control in part of our population, but not in another?"*

-- President Clinton, November 2, 1998

*"We are united in the fight for research, care, and prevention. And we will not stop until all who need it have access to the treatment they need. We will not rest until we have a vaccine -- and a cure."*

--Vice President Gore, September 19, 1998

**Providing National Leadership.** President Clinton has worked hard to invigorate the response to HIV and AIDS, providing new national leadership, substantially greater resources and a closer working relationship with affected communities. Since taking office, funding for AIDS research has increased by over 65 percent, and funding for HIV prevention has increased 34 percent; funding for the Ryan White CARE Act has increased by over 240 percent.

**Although much work remains to find a cure, progress has been made.** In 1996, the first time in the history of the AIDS epidemic, the number of Americans diagnosed with AIDS declined. And between 1996 and 1997, HIV/AIDS mortality declined 47 percent, falling from the leading cause of death among 25-44 year olds in 1995 to the fifth leading cause of death in that age group. There has been a decline in the number of AIDS cases overall and a sharp decline in new AIDS cases in infants and children.

**Leading the Global Fight Against HIV/AIDS.** On December 1, 1998 (World AIDS Day), the President announced a new $10 million initiative at USAID to address the growing crisis of children orphaned by AIDS. The United States has invested over $1 billion in international AIDS relief since the start of the epidemic and funds 25% of UNAIDS. In fiscal year 1999, the NIH will invest over $164 million in critical research projects aimed at reducing the number of AIDS orphans by preventing and treating HIV/AIDS internationally.

**Historic $156 Million Effort to Address HIV/AIDS in Communities of Color.** African Americans and other racial and ethnic minorities make up the fastest growing portion of the HIV/AIDS caseload. As part of the FY99 budget, the Clinton Administration fought for a comprehensive new initiative that invests an unprecedented $156 million to improve the Nation's effectiveness in preventing and treating HIV/AIDS in the African American, Hispanic and other minority communities.

**Protecting Medicaid and Social Security**. The President fought for and won the preservation of the Medicaid guarantee of coverage which serves more than 50 percent of people living with AIDS -- and 92% of children with AIDS -- who rely on Medicaid for health coverage. He also revised eligibility rules for Social Security Disability Insurance to increase the number of persons living with HIV who qualify for benefits.

**Focusing National Efforts on an AIDS Vaccine**. In May of 1997, the President challenged the nation to develop an AIDS vaccine within the next ten years. He announced a number of initiatives to help fulfill this goal, including: dedicating an AIDS vaccine research center at the National Institutes of Health and encouraging domestic and international collaboration among governments, medical communities and service organizations. On World AIDS Day 1998, the President announced $200 million in funding for vaccine research at the NIH, a $47 million (33%) increase over the previous fiscal year.

**Dramatically Increasing Overall AIDS Funding.** The Clinton Administration has responded aggressively to the significant threat posed by HIV/AIDS with increased attention to research, prevention and treatment. President Clinton increased public health spending for major HIV/AIDS programs by over 100 percent, funding for the Ryan White CARE programs has increased 266 percent and support for AIDS-related research has increased by 67 percent.

**Increasing AIDS Drug Assistance and Accelerating AIDS Drug Approvals.** Funding for AIDS drug assistance has increased from $52 million per year to $385 million per year during the Clinton Administration. This program provides new life-prolonging drugs to people with HIV and AIDS. In addition, President Clinton convened the National Task Force on AIDS Drug Development, and removed dozens of bureaucratic obstacles to the effective and decent treatment of people with AIDS. Since 1993, the Food and Drug Administration has approved more than a dozen new AIDS drugs and important diagnostic tests.

**Making Research a Priority**. In one of his first acts in office, President Clinton signed the National Institutes of Health Revitalization Act of 1993, placing full responsibility for planning, budgeting and evaluation of the AIDS research program at NIH in the Office of AIDS Research. The Administration has increased NIH AIDS research funds by 67% in five years.

**Focusing on Prevention: Supporting the Centers for Disease Control and Prevention.** The Administration has increased funds for HIV prevention at the CDC by 34% in five years. Under the leadership of the Clinton Administration, the CDC reorganized its AIDS prevention efforts to foster greater overall coordination and enhance efforts to reduce sexually transmitted diseases and tuberculosis.

**Educating Young People about the Dangers of AIDS.** The Clinton Administration launched the Prevention Marketing Initiative, focusing on the risk to young adults (18-25) with frank public service announcements recommending the correct and consistent use of latex condoms for those who are sexually active.

**Requiring the Federal Workforce to Understand AIDS.** The Administration issued a directive on September 30, 1993 that requires every Federal employee to receive comprehensive education on HIV/AIDS.

**Established a White House AIDS Office and Created a Presidential Advisory Council.** President Clinton created a White House Office of National AIDS Policy to bring greater direction and visibility to the war on AIDS. Sandy Thurman, the current director of the office, has broad experience in both domestic and international AIDS services. At the same time, the Administration has sharpened the focus of its AIDS programs. The President also created the Presidential Advisory Council on HIV and AIDS to provide him and his Administration with expert outside advice on the ways in which the Federal government should respond to the HIV/AIDS epidemic. Dr. R. Scott Hitt, a California physician specializing in HIV/AIDS care, chairs the panel.

**Convened the First Ever White House Conference on HIV and AIDS.** On December 6, 1995, the President convened the first White House Conference on HIV and AIDS in the history of the epidemic, bringing together more than 300 experts, activists and citizens from across the country for a discussion of key issues.

| SELECTED HIV/AIDS INVESTMENTS | FY99 | Increase from FY98 | Increase from FY93 |
|---|---|---|---|
| **Ryan White CARE Act**<br>*AIDS Drug Assistance* | **$1.4 billion**<br>*$461 million* | **23%**<br>*61%* | **266%**<br>*787%** |
| **HIV Prevention (CDC)** | **$657 million** | **5%** | **34%** |
| **AIDS Research (NIH)**<br>*Vaccine Research* | **$1.8 billion**<br>*$200 million* | **12%**<br>*33%* | **67%**<br>*145%* |
| **Housing (HUD)** | **$225 million** | **10%** | **125%** |
| **International (USAID)** | **$131 million**** | **8%** | **64%** |

*since FY96, when separate program established

**includes $10 million emergency funding for AIDS orphan initiative

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Carolyn T. Wu ( CN=Carolyn T. Wu/OU=WHO/O=EOP [ WHO ] )

CREATION DATE/TIME:18-DEC-1998 15:12:05.00

SUBJECT: Re: POTUS Briefing Memo for AIDS Council Meeting

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
thank you.....

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Cathy R. Mays ( CN=Cathy R. Mays/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:18-DEC-1998 17:24:17.00

SUBJECT:

TO: TODD (Pager) #SUMMERS ( TODD (Pager) #SUMMERS [ UNKNOWN ] )
READ:UNKNOWN

TEXT:
ARE WE ON TIME FOR BRIEFING (Cathy 66515)

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sarah A. Bianchi ( CN=Sarah A. Bianchi/O=OVP [ UNKNOWN ] )

CREATION DATE/TIME:18-DEC-1998 10:06:29.00

SUBJECT: press paper

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TO: Laura Emmett ( CN=Laura Emmett/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

TEXT:
========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D47]MAIL46725155Y.326 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 1 ==========

**PRESIDENT CLINTON UNVEILS $479 MILLION IN NEW AIDS GRANTS, MEETS WITH PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS**
**December 18, 1998**

Today, President Clinton announced the release of $479 million in new Ryan White funding to improve primary health care and supportive services for people with HIV/AIDS. The President unveiled these grants in a meeting with his Advisory Council on HIV/AIDS to hear a report on their work and to seek their advice on ways to improve the Nation's response to the HIV/AIDS epidemic. Today the President is:

✓ **Announcing new Title I grants for Ryan White.** The President announced that $479 million in grants are being released today under Title I of the Ryan White CARE Act to fund primary health care and supportive services for people living with HIV/AIDS. These grants serve low-income individuals and families in 50 eligible metropolitan areas hardest hit by the AIDS epidemic. These grants include special funds targeting African Americans and other racial and ethnic minorities.

✓ **Working with the community to improve the Nation's response to HIV/AIDS.** The President, accompanied by Sandra Thurman, Director of the Office of National AIDS Policy, met with his Advisory Council on HIV/AIDS to hear a report on their work and their advice on ways to improve the Nation's response to the HIV/AIDS epidemic. The President urged the Council to work with Congress to take new steps in the fight against HIV/AIDS, including passing a strong enforceable patients' bill of rights, passing the Jeffords-Kennedy legislation that helps people with disabilities access affordable health care coverage so they can return to work, and enhancing efforts to find an AIDS vaccine.

The President's Advisory Council on HIV/AIDS was created by the President in 1995 to provide guidance on the Nation's efforts to care for those living with HIV/AIDS, to stop the spread of the disease, and to improve vaccine and treatment research. It is chaired by Dr. Scott Hitt, a physician from Los Angeles specializing in AIDS care. The Council has 35 members, 13 of which are HIV-positive and 13 of which are persons of color. They come from around the country, sharing a broad range of perspectives that reflect the diversity of the epidemic.

✓ **Building on recent efforts to address the HIV/AIDS epidemic.** Today's activities build on a deep ongoing commitment by the Clinton/Gore Administration to respond to the AIDS crisis both in the United States and across the world. The Administration has fought for other critical investments in HIV/AIDS. In the last few months alone, the President:

- **Unveiled new initiative on World AIDS Day 1998 to address crisis of AIDS orphans and international HIV/AIDS.** The President joined Secretary Albright and USAID Administrator Atwood to unveil a new initiative including: a 12 percent increase in NIH AIDS research funding, $200 million (a 33 percent increase) in HIV vaccine research, a $10 million effort to address the growing crisis of AIDS orphans in developing nations, and a fact-finding delegation to Africa by Sandra Thurman, Director of the Office of National AIDS Policy.

- **Declared HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis and unveiled a new $156 million initiative to**

**address this problem**, including crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies all targeted toward ethnic and racial minorities in communities across the country;

- **Worked with Congress to secure historic increases in a wide range of effective HIV/AIDS programs.** Increases this year alone include: a $262 million increase in the Ryan White CARE Act; a 12 percent increase in AIDS research funding at the NIH, a $32 million increase in HIV prevention programs at the CDC; and a $21 million increase in the Housing Opportunities for People With AIDS program at HUD.

✓ **A solid record of progress in HIV/AIDS.** The Clinton/Gore Administration has a proud record of accomplishment in its response to HIV/AIDS, including:

- **Increasing funding for major HIV/AIDS programs by over 100 percent:**

  -- a 266 percent increase in the Ryan White CARE Act
  -- a 67 percent increase in AIDS research at the National Institutes of Health
  -- a 125 percent increase in the Housing Opportunities for People With AIDS (HOPWA) program at HUD
  -- a 64 percent increase in international AIDS funding at the U.S. Agency for International Development (USAID), and
  -- a 34 percent increase in HIV prevention at the Centers for Disease Control and Prevention (CDC)

- **Protecting Medicaid and Social Security.** The President fought to preserve the guarantee of coverage under Medicaid, which serves more than 50 percent of people living with AIDS -- and 92 percent of children with AIDS -- who rely on Medicaid for health coverage. He also revised eligibility rules for Social Security Disability Insurance to increase the number of HIV-positive persons who qualify for benefits.

- **Focusing National Efforts on an AIDS Vaccine.** In May of 1997, the President challenged the nation to develop an AIDS vaccine within the next ten years. He announced a number of initiatives to help fulfill this goal, including: dedicating an AIDS vaccine research center at the National Institutes of Health and encouraging domestic and international collaboration among governments, medical communities and service organizations. On World AIDS Day 1998, the President announced $200 million in funding for vaccine research at the NIH, a $47 million (33 percent) increase over the previous fiscal year.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: a1.eop.gov@hattrick.qrc.com@INET@LNGTWY ( prevention-news-return-129-SUMMERS_T=a1.eop.gov@hattrick.qrc.com@INET@LNGTWY [ UNKNOWN ] )

CREATION DATE/TIME:18-DEC-1998 10:36:39.00

SUBJECT: [CDC News] CDC HIV/STD/TB Prevention News Update 12/18/98

TO: Todd A. Summers@eop ( Todd A. Summers@eop [ OPD ] )
READ:UNKNOWN

TEXT:
CDC HIV/STD/TB Prevention News Update
Friday, December 18, 1998

The CDC National Center for HIV, STD, and TB Prevention provides the following information as a public service only. Providing synopses of key scientific articles and lay media reports on HIV/AIDS, other sexually transmitted diseases and tuberculosis does not constitute CDC endorsement. This daily update also includes information from CDC and other government agencies, such as background on Morbidity and Mortality Weekly Report (MMWR) articles, fact sheets, press releases, and announcements. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC HIV/STD/TB Prevention News Update should be cited as the source of the information.

HEADLINES

PEER-REVIEWED JOURNALS
"Potential for the Transmission of HIV-1 Despite Highly Active Antiretroviral Therapy"
"Community Based Study of Treatment Seeking Among Subjects With Symptoms of Sexually Transmitted Disease in Rural Uganda"
"Syphilis in Pregnant Women and Their Children in the United Kingdom: Results From National Clinician Reporting Surveys 1994-1997"

GENERAL MEDIA
"Report Warns About TB Risk on Long Flights"
"D.C. Urged to Improve Efforts Against STDs"
"Amphetamines, Cocaine Use Rise in EU, Report Says"
"Medical Notebook: Rise in TB Risk Seen in Certain Itineraries"
"Africa--Women and AIDS Conference"
"Genital Ulcer Patients Should Be Focus of HIV Prevention Programs"
"New Strategy to Rapidly Assess Efficacy of AIDS Drugs in Children"

INFORMATION FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION
"Impact of Closure of a Sexually Transmitted Disease Clinic on Public Health Surveillance of Sexually Transmitted Diseases -

Washington, D.C., 1995 Clinic closing impacts reporting of syphilis cases in Washington, D.C."
"Outbreak of Primary and Secondary Syphilis - Guilford County, North Carolina, 1996-1997 Syphilis outbreak in North Carolina points to need for increased vigilance."

**********
PEER-REVIEWED JOURNALS
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"Potential for the Transmission of HIV-1 Despite Highly Active Antiretroviral Therapy"
New England Journal of Medicine (12/17/98) Vol. 339, No. 25, P. 1846; Haase, Ashley T.; Schacker, Timothy W.

In an editorial appearing in the New England Journal of Medicine, Drs. Ashley T. Haase and Timothy W. Schacker of the University of Minnesota comment on recent findings by Zhang et al. that men receiving highly active antiretroviral therapy and who have undetectable levels of HIV RNA may be able to transmit the virus through sexual contact. Zhang and colleagues detected replication-competent proviruses in the seminal cells of two men. They hypothesize that viral replication might continue in the male genital tract because the blood-testes endothelial barrier may prevent the entry of antiretroviral drugs in high concentrations. They also found that the recovered viruses in seminal cells were still sensitive to antiretroviral drugs and that sequences differed between the recovered viruses found in the peripheral blood and those found in seminal cells. This suggests that latently infected cells from an earlier stage of HIV-1 infection entered and remained in the male genital tract. Haase and Schacker state that while the genital secretions from these patients are not likely to transmit infection since the degree of infectiousness is correlated with the stage of HIV-1 and the levels of the virus and infected cells in the genital tract, efforts to foster preventive behavior should still be pursued. They assert that sexually transmitted diseases could increase the reactivation of latently infected cells in donor semen and could, therefore, increase incidence. The authors conclude that "it is clearly time not only to renew efforts to prevent sexually transmitted diseases, and to treat them when present, but also, more fundamentally, to increase our commitment to sustain the behavioral and social changes that are the surest guarantee against HIV-1 infection."

"Community Based Study of Treatment Seeking Among Subjects With Symptoms of Sexually Transmitted Disease in Rural Uganda"
British Medical Journal Online (12/12/98) Vol. 317, No. 7173, P. 1630; Paxton, L.A.; Kiwanuka, N.; Nalugoda, F.; et al.

Researchers for the Rakai Project Study Group investigated treatment seeking among people with symptoms for sexually transmitted diseases residing in the Rakai District of Uganda. Baseline prevalence of infection was taken for over 12,000 people in the study: 10 percent had syphilis, 1.6 percent had gonorrhea,

3.1 percent had chlamydia, 24.3 percent of women had trachomonas, and 49.9 percent of women had bacterial vaginosis. Most of the subjects were asymptomatic. After 10 months of follow up, over 9,000 of the original subjects were surveyed for symptoms, with 30.4 percent of women and 9.7 percent of men experiencing genital tract symptoms, including vaginal itching, pelvic pain, genital ulcer, vaginal discharge, urethral discharge, and dysurea. Over 40 percent of the subjects reported that they had not done anything to treat the symptoms or prevent transmission. Only about 17 percent of men and 4 percent of women notified their partners of their symptoms. Approximately 75 percent of those who sought treatment did so at government health care centers or private clinics, with the rest choosing self treatment or traditional healers. Over 50 percent reported sexual intercourse, with just 4.5 percent of men and 0.5 percent of women reporting condom use while showing symptoms. The study shows "that relying on treatment of only those with symptoms would reach only a small proportion of the infected population and that many would be unlikely to receive effective care," the authors concluded.

"Syphilis in Pregnant Women and Their Children in the United Kingdom: Results From National Clinician Reporting Surveys 1994-1997"
British Medical Journal Online (12/12/98) Vol. 317, No. 7137, P. 1617; Hurtig, A.-K.; Nicoll, A.; Carne, C.; et al.

Researchers from the Sexually Transmitted Disease Section of the United Kingdom's Public Health Laboratory Service Communicable Disease Surveillance Center in London have concluded that "current [routine antenatal] screening prevents congenital syphilis and that some fetuses and infants would be placed at risk if routine screening was stopped." The researchers conducted a study of syphilis rates in pregnant women and their children in Britain; the study is intended to inform the National Screening Committee in their formulation of national policy on routine antenatal screening for syphilis. According to the report, 139 women were diagnosed and treated for syphilis in pregnancy between 1994 and 1997, with 121 detected through antenatal screening. Of these women, 31 showed confirmed or probable congenitally transmissible syphilis. The authors note that these are minimum levels. They estimate that, at maximum, 18,600 women would have to be screened to detect one woman needing treatment for syphilis in pregnancy and 55,700 women would need to be screened for the prevention of one case of congenital syphilis. Over the course study the scientists recorded nine presumptive cases of children born with congenital syphilis in the United Kingdom. While pregnant women who were treated for the disease were found in every region, the Thames region was over-represented, at 73 percent. Additionally, minority ethnic groups and women born outside of the United Kingdom were over-represented.

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GENERAL MEDIA

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"Report Warns About TB Risk on Long Flights"
Boston Globe Online (12/18/98) P. A25

The World Health Organization cautioned Thursday that there is a small but possible risk of contracting tuberculosis on flights over eight hours in length. While the WHO reported that there were no recorded cases of passengers contracting the disease during flight with a TB-infected passenger, there have been cases where people have caught the bacterium that causes TB while on an airplane. According to WHO estimates, one in three people worldwide carry the tuberculosis bacterium, which is treatable but still kills up to 3 million people annually. In response to the possible risk of transmission while in flight, the agency released guidelines to help decrease the risks. The WHO recommends that people with infectious TB postpone travel and that anyone with a known case "can and should be" barred from flights. The WHO further advised the use of efficient air filters on flights longer than eight hours.

"D.C. Urged to Improve Efforts Against STDs"
Washington Post (12/18/98) P. C3

The Centers for Disease Control and Prevention has urged the District of Columbia to increase sexually transmitted disease prevention efforts, specifically recommending that the city increase syphilis screening and partner notification and improve patient education projects. According to the CDC, some cases of syphilis went undiagnosed in the District due to the closing of one of the city's two syphilis clinics in 1995. The only remaining public clinic showed a drop in STD services in the next 12 months. During that time, reported syphilis cases in the Northwest part of the city decreased; however, cases rose 10 percent in Southeast, the region of the city in which the other clinic was located. CDC officials note that the trend indicates that some residents in the area with the closed clinic may be going undiagnosed for syphilis.

"Amphetamines, Cocaine Use Rise in EU, Report Says"
Reuters (12/18/98)

The 1998 annual report of the European Monitoring Center for Drugs and Drug Addiction indicates that the number of AIDS cases is decreasing on the continent due to progression-delaying drugs. The agency noted that AIDS is now more of an indicator of treatment uptake and less of an indicator of HIV infection. According to the report, HIV prevalence is stable or declining in most countries in Europe. The agency also reported that amphetamine and cocaine use was increasing in Europe, with drug use spreading from cities to small towns and rural areas.

"Medical Notebook: Rise in TB Risk Seen in Certain Itineraries"
Boston Globe Online (12/17/98) P. A3; Tye, Larry

A new study published by the American Lung Association found that California children who had traveled to places with high

tuberculosis rates--including Mexico, China, India, and Haiti--were 3.9 times more likely to have tested positive for TB compared to children who had not traveled. The study of 953 children also indicated that children who had a household visitor from a country with a high TB prevalence were 2.4 times more likely to test positive for the disease. Dr. Mark N. Lobato, from the Division of Tuberculosis Prevention at the Centers for Disease Control and Prevention and lead author of the study, noted, "This is the first time anyone has actually shown there's an increased risk." He added that the study applies to adults as well as children.

"Africa--Women and AIDS Conference"
PANA Wire Service (12/17/98); Adeyemi, Segun

The Society of Women and AIDS in Africa concluded at its seventh conference, which ended Thursday in Senegal, that pregnant women should be given access to AZT to prevent mother-to-child transmission of HIV. The scientific committee of the society also called for a reduction in the price of female condoms, asserting that the price of 50 cents per condom was too high for people in Africa. Other recommendations included greater investigation into the use of vaginal microbicides, the earlier introduction of sex education in school, and the acceleration of vaccine efforts.

"Genital Ulcer Patients Should Be Focus of HIV Prevention Programs"
Reuters Health Information Services (12/17/98)

Dr. Kristen Mertz of the Centers for Disease Control and Prevention and others recommend that people with genital ulcers be treated quickly to prevent the spread of ulcerative sexually transmitted diseases and HIV. The researchers, who report their findings in the December issue of the Journal of Infectious Diseases, noted a high prevalence of genital ulcers among patients attending urban STD clinics in 10 cities in the United States. They also found a 6 percent rate of HIV infection among these patients. Elevated rates of Haemophilus ducreyi, herpes simplex virus, and Treponema pallidum were seen as well.

"New Strategy to Rapidly Assess Efficacy of AIDS Drugs in Children"
Infectious Disease News (11/98) Vol. 11, No. 11, P. 22

Scientists from the National Cancer Institute have found a method that may be able to predict whether the use of ritonavir in children will be successful after only the first week of treatment. The researchers, led by Dr. Brigitta Mueller, now at Harvard Medical School, used pre-treatment levels of CD4 cells, HIV RNA in the blood, plasma drug concentration at the end of the first week of therapy, and the rate of virus elimination from the blood to accurately predict treatment success in almost 90 percent of the 41 children involved in the study. Senior author Dr. Dimiter Dimitrov explains, "The essence of our analysis is that only a combination of multiple parameters reflecting the function of the immune system, level of viral replication, and

drug pharmacology contains sufficient information to robustly [predict] long-term treatment efficacy from short-term measurements." The authors note that the method may be useful in predicting the success of combination therapy and could have implications for HIV-infected adults. Dimitrov cautioned, though, that the study needs to be repeated with a larger number of subjects.

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INFORMATION FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION
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"Impact of Closure of a Sexually Transmitted Disease Clinic on Public Health Surveillance of Sexually Transmitted Diseases - Washington, D.C., 1995 Clinic closing impacts reporting of syphilis cases in Washington, D.C."
Morbidity and Mortality Weekly Report: December 18, 1998/ Vol. 47/ No. 49/ p. 1067

Although national syphilis rates have declined to historically low levels, syphilis remains a major problem in Washington, D.C. Currently, the city's primary and secondary syphilis rates rank 7th among major U.S. cities. In 1995, the D.C. Department of Health's Northwest (NW) Sexually Transmitted Diseases (STD) clinic closed, leaving one public STD clinic to serve the entire city. In the NW area, after the clinic closing, the number of reported syphilis cases declined nearly 57%. However, the clinic that remained opened reported a 9.6% increase in the number of reported syphilis cases during the same period. This study suggests that the closing of the STD clinic may have resulted in cases of syphilis remaining unreported and untreated. Reporting of syphilis cases and other STDs is essential for health departments to ensure that patients and their partners are properly treated and counseled. Access to adequate screening and treatment remains a major barrier to syphilis control. In order to respond to gaps in screening and treatment in areas previously served by public clinics, increased efforts are needed to reach high-risk populations in other settings (jails, substance abuse facilities, community organizations).

"Outbreak of Primary and Secondary Syphilis - Guilford County, North Carolina, 1996-1997 Syphilis outbreak in North Carolina points to need for increased vigilance."
Morbidity and Mortality Weekly Report: December 18, 1998/ Vol. 47/ No. 49/ p. 1070

Despite dramatic declines in the national rate of primary and secondary syphilis cases to an all time low of 3.2 per 100,000 in 1997, the rate (40.5) for Guilford County was over 10 times higher than the Healthy People 2000 goal for the nation. From 1994 to 1997, Guilford County experienced a 147% increase in primary and secondary syphilis cases. In response to this outbreak, the Guilford County Health Department, North Carolina Division of Epidemiology, and CDC found that missed opportunities for syphilis screening and treatment in jails, increased exchange of sex for money or drugs, and substantial rates of co-infection with syphilis and HIV among those tested were associated with the increases in syphilis rates. These findings

underscore the critical need for increased screening and treatment in jails and other high-risk settings. Sustained efforts for targeted local outreach, treatment, and prevention are necessary to achieve the goal of syphilis elimination in the United States.

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The PreventioNews Mailing List is maintained by the CDC National Center for HIV, STD, and TB Prevention. Regular postings include the CDC HIV/STD/TB Prevention News Update, conference announcements, current funding opportunities, and selected MMWR articles. To SUBSCRIBE, send a blank message to the address preventionews-subscribe@cdcnpin.org. To UNSUBSCRIBE, send a blank message to the address preventionews-unsubscribe@cdcnpin.org. If you need assistance, please contact info@cdcnpin.org.

Back issues of the CDC HIV/STD/TB Prevention News Update can be found at the CDC NPIN FTP site at ftp://ftp.cdcnpin.org/PrevNews. Back issues are searchable from the CDC HIV/STD/TB Prevention News Update Database at http://www.cdcnpin.org/db/public/dnmain.htm.
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========== ATTACHMENT 1 ==========
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18 Dec 1998 10:29:38 EST
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with ESMTP id <01J5HAFJVX4000C1LX@PMDF.EOP.GOV> for SUMMERS_T@a1.eop.gov; Fri,

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Precedence: bulk
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Delivered-to: moderator for prevention-news@hattrick.qrc.com
Mailing-List: contact prevention-news-help@hattrick.qrc.com; run by ezmlm
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Barbara A. Menard ( CN=Barbara A. Menard/OU=OMB/O=EOP [ OMB ] )

CREATION DATE/TIME:18-DEC-1998 09:43:40.00

SUBJECT: Re: Semi-Final Drafts

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP@EOP [ OPD ] )
READ:UNKNOWN

TEXT:
Todd-

Thanks for doing this. I assume he did not have any additional comments, but it provides us all with cover.

I hope today (Friday) goes well with the Commission.

Have a good weekend.

Barb

Todd A. Summers
12/17/98 05:37:26 PM

Record Type: Record

To: Daniel N. Mendelson/OMB/EOP@EOP
cc: Richard J. Turman/OMB/EOP@EOP, Barbara A. Menard/OMB/EOP@EOP
Subject: Semi-Final Drafts

Attached are semi-final drafts of documents related to tomorrow's activities, just in case you want to peruse them one last time.

Todd

POTUS BRIEFING PAPER

POTUS Q AND A

POTUS TALKING POINTS

ADMINISTRATION ACCOMPLISHMENTS DOCUMENT

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========== END ATTACHMENT 4 ==========

# DRAFT

December 17, 1998

## MEETING WITH THE PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

| | |
|---|---|
| **DATE:** | December 18, 1998 |
| **LOCATION:** | Cabinet Room |
| **BRIEFING TIME:** | 5:15 pm to 5:45 pm |
| **EVENT:** | 5:45 pm to 6:15 pm |
| **FROM:** | Bruce Reed/Chris Jennings/Sandy Thurman |

## I. PURPOSE

*You will be meeting with members of the President's Advisory Council on HIV/AIDS to discuss the Administration's progress in addressing the AIDS epidemic.*

## II. BACKGROUND

*The Council requested a meeting with you to address its recommendations on ways to improve the Administration's response to the HIV/AIDS epidemic. The Council recognizes your commitment to improving HIV/AIDS care, research, and prevention. They support recent efforts to highlight international efforts to fight HIV/AIDS, the new initiative on HIV/AIDS in the minority communities, and on increases in research investments. However, the Council has been publicly critical of the Administration in some areas, particularly its commitment to HIV prevention. This meeting provides an opportunity for you to personally reaffirm your commitment to the Council and the seriousness with which you take the issue.*

Questions from the Council will focus on four areas:

-- **Access to Treatment**: The Council will seek your leadership on expanding access to treatment for indigent persons with HIV who under current law must wait until they

reach a level of disability to qualify for Medicaid, which covers the treatments that would likely have forestalled their progression to AIDS. Initial reviews, prompted by a request by the Vice President, determined that such an expansion is not cost neutral and therefore cannot be done administratively through a Medicaid 1115 waiver. However, the Administration has worked extremely hard to expand access to promising HIV/AIDS therapies by supporting substantial increases in the AIDS Drug Assistance Program and advocating for the Jeffords-Kennedy legislation (which includes a demonstration program that would allow states to define disability, substantially increasing access to Medicaid by persons who would become disabled but for care). Support of this legislation by the Council and the AIDS community would be very beneficial. [Council presenter: Thomas Henderson]

-- **Promoting HIV Testing**: Approximately 30% of persons infected with HIV do not know they are infected, complicating prevention efforts and delaying helpful treatments. The Council will ask for your support of a national "get tested" campaign focusing on higher-risk populations (youth, persons of color, women). This is a reasonable proposal, and one which is already under consideration through the budget process. [Council presenter: Alexander Robinson]

-- **Vaccine Research**: Last spring, you announced your desire to find a vaccine for HIV within ten years. Two weeks ago, on World AIDS Day, you announced a 33% increase in vaccine research funding at the NIH (up $47 million to $200 million). The Council is highly supportive of your ongoing leadership on this issue, but has some concern about the 18 months it is taking to find a director for NIH's new vaccine research center and about the need for increased inter-agency coordination. NIH has assured us that its progress on vaccine research has not been hampered by this vacancy and that filling the position is a top priority for NIH Director Dr. Varmus. [Council presenter: Helen Miramontes]

-- **Increased AIDS Funding**: Funding for HIV/AIDS programs has more than doubled during your Administration, with Ryan White funding up 266% and AIDS research up 67%. The Council is concerned that prevention and international funding have not benefited from similar increases. CDC's prevention budget is over $640 million and has increased 34% since you took office; the Administration is focusing on insuring that prevention funds are used effectively and are targeted to those at highest risk. As for international funding, USAID's AIDS budget has increased 64% during your Administration. You also just announced on World AIDS Day a new $10 million effort to help developing countries respond to the needs of children orphaned by AIDS. Finally, may announce $479 million in Ryan White Title I grants to 50 metropolitan areas most heavily impacted by HIV/AIDS; these grants include extra funds for minorities that are part of your recently announced initiative on HIV/AIDS in racial and ethnic minorities. [Council presenter: Regina Aragón]

In your closing remarks (see attached talking points), you may highlight recent Administration activities on HIV/AIDS, including:

-- World AIDS Day event at which you announced an AIDS orphan initiative at USAID, increased vaccine research funding from the NIH, and a delegation to Africa led by Sandy Thurman.

-- Minority initiative announcement on October 28th at which you declared HIV/AIDS to be an ongoing and severe crisis in racial and ethnic minorities and announced $156 million in additional funding to address the crisis.

-- Historic HIV/AIDS funding achievements in the FY99 budget negotiations with Congress.

-- Strongly advocated for other policies that help people with HIV/AIDS, including an enforcable patient bill of rights; the Jeffords-Kennedy legislation that allows people with disabilities--including people with AIDS--to stay in or return to work; and substantial increases in research funding at the NIH.

## III. PARTICIPANTS

Briefing Participants:
Bruce Reed
Virginia Appuzo
Karen Tramontano
Chris Jennings
Sandy Thurman
Richard Socarides

Program Participants:
**YOU**
Sandy Thurman
Bruce Reed
Virginia Appuzo
Karen Tramontano
Chris Jennings
Sandy Thurman
Richard Socarides
Dr. Scott Hitt, Council Chairperson
Members of the Council

## IV. PRESS PLAN

Pool still photographers at the top of meeting; single print reporter thereafter. Verbatim transcript to be provided to press following meeting.

## V. SEQUENCE OF EVENTS

-- Sandy Thurman will introduce **YOU** to members of the Council.
-- Dr. Scott Hitt will make a brief opening statement.
-- Council member Rabbi Joseph Edelheit will provide an overview of the message of the Council to you.
-- Four members of the Council will provide brief background statements and identify specific issues on which they seek Administration action. (You will have the option to seek clarification or respond--see attached Q & A.)
-- **YOU** will make brief closing remarks, thanking the Council for its hard work and reaffirming your commitment to continuing the fight against AIDS--see attached talking points.

## VI. REMARKS

Talking points provided by the Office of National AIDS Policy.

## VII. ATTACHMENTS

-- Talking points for closing remarks.
-- Q & A for discussion purposes.
-- List of Council members and brief biographies.

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 004. email | From Barbara Menard to Todd Summers Re: Semi-Final Drafts [personal] [partial] (2 pages) | 12/18/1998 | b(6) |

**COLLECTION:**
Clinton Presidential Records
Automated Records Management System [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

**FOLDER TITLE:**
[12/17/1998 - 12/21/1998]

2018-0758-F
jn553

**RESTRICTION CODES**

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

## President's Advisory Council on HIV/AIDS

### Member List

**CHAIR**

**R. Scott Hitt, M.D.**

Dr. Hitt, is a physician at the Pacific Oaks Medical Group in Beverly Hills, California. He is the Chair of PACHA.

**PRESENTERS**

**Regina Aragón**

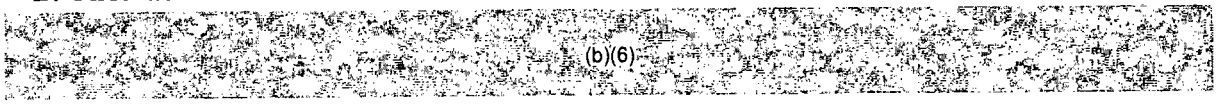
Ms. Aragon serves as the Public Policy Director for the San Francisco AIDS Foundation. She was an attendee of the 1995 White House Conference on AIDS.

**Rabbi Joseph Edelheit**

Rabbi Edelheit serves at the Temple Israel in Minneapolis, Minnesota.

[004]

**B. Thomas Henderson**




**Helen Miramontes, M.S.N., R.N., FAAN**

Ms. Miramontes is an Associate Clinical Professor and Deputy Director of the International Center for HIV/AIDS Research and Clinical Training in Nursing, at the School of Nursing at the University of California at San Francisco. She has a son living with AIDS.

**H. Alexander Robinson, M.B.A., C.P.A.**

Mr. Robinson, a person living with HIV, is a private consultant. He formerly served as the ACLU's chief lobbyist for AIDS, gay/lesbian civil rights, disability issues. He serves as the Co-Chair for the Prevention Subcommittee of the PACHA.

**ATTENDEES**

**Stephen Neal Abel, D.D.S.**

Dr. Abel is the former Director of Dentistry at the Spellman Center of St. Clare's Hospital in New York City. Dr. Abel now serves as the Oral Health Policy Liaison in the Office of the Medical Director at the New York State Department of Health/AIDS Institute.

**Terje Anderson**

Mr. Anderson is the Chair of the Health Resources Services Administration Advisory Committee and is currently the Deputy Executive Director of the National Association of People with AIDS (NAPWA). He was an attendee of the 1995 White House Conference on AIDS.

**Barbara Aranda Naranjo, Ph.D., R.N.**

Dr. Aranda Naranjo serves at the University of the Incarnate Word, School of Nursing in San Antonio, Texas. She was an attendee of the 1995 White House Conference on AIDS.

**Judith Billings, J.D.**

Ms. Billings, a woman living with HIV, is the former superintendent of schools for a Washington State school system. She now serves at Targeted Alliances, Education Consulting Services.

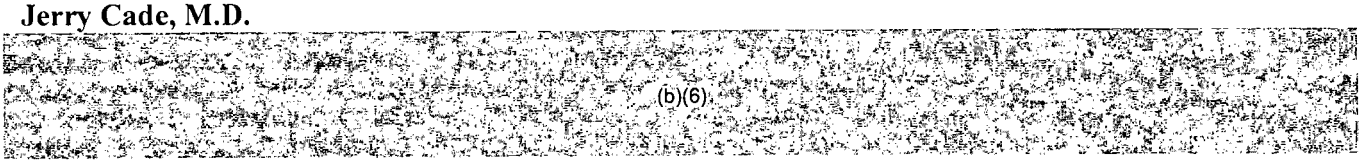
**Ambassador Charles W. Blackwell**

Charles W. Blackwell is the founder of Native Affairs and Development Group and serves as its President and Director. He is also the Chickasaw National Ambassador to the United States of America by appointment of the Chickasaw Governor with confirmation by the Chickasaw Legislature.

**Nicholas Bollman** [NOT ATTENDING]

Mr. Bollman is presently a Senior Program Director for the James Irvine Foundation. He was an attendee of the 1995 White House Conference on AIDS.

**Jerry Cade, M.D.**




**Lynne M. Cooper, D.MIN.**

Dr. Cooper has served as the President of Doorways, an interfaith AIDS residence program, for the past nine years. She is also the director of the National AIDS Housing Coalition Board.

**Robert Fogel**

Mr. Fogel is an attorney at Hilfman and Fogel in Chicago, Illinois. He is the Chair of the International Subcommittee of the PACHA.

**Debra Fraser-Howze**

Ms. Fraser-Howze is the founder/director of the National Black Leadership Commission on AIDS in New York City. She is also the Co-Chair of the Racial Ethnic Populations Subcommittee of the PACHA.

**Kathleen Gerus**

Ms. Gerus, a person living with HIV, currently serves at the Midwest AIDS Prevention Project in Sterling Heights, Michigan. She has served as co-chair of the Women's Advisory Committee of the National Hemophilia Foundation.

**Phyllis Greenberger**
Ms. Greenberger is currently serving at the Society for the Advancement of Women's Health Research in Washington, D.C. She is the former Associate Director for Government Relations at the American Pscychriatic Association.

**Nilsa Gutierrez, M.D., M.P.H.**
Dr. Gutierrez is the former director of the New York State AIDS Institute, and is currently the medical director of the Health Care Financing Administration's New York Regional Office.

**Bob Hattoy**
Mr. Hattoy, a person living with AIDS, currently serves as the White House Liaison at the U.S. Department of Interior.

**Michael T. Isbell, J.D.**
Mr. Isbell is the former deputy executive director of the Gay Men's Health Crisis in New York City, and currently practices law at a private law firm in New York City. He is the Co-Chair for the Prevention Subcommittee of the PACHA.

**Ronald Johnson**
Mr. Johnson, a person living with HIV, is currently managing director for public policy, communications, and community relations at the Gay Men's Health Crisis in New York City. He formerly served as the Citywide coordinator for AIDS policy in the Office of the Mayor, City of New York.

**Jeremy Landau**
Mr. Landau, a person living with HIV, resides in Santa Fe, New Mexico. He is currently the Chair of the Prisons Subcommittee of the PACHA. He is the former director of the National Rural AIDS Network.

**Alexandra Mary Levine, M.D.** [NOT ATTENDING]
Dr. Levine serves as a Professor of Medicine, Chief of Hematology, and Medical Director at the University of Southern California School of Medicine in Los Angeles, California. She is the Chair for the Research Subcommittee of the PACHA.

**Steve Lew**
Mr. Lew, a person living with HIV, is the Director of Research and Technical Assistance at the Asian and Pacific Islander Wellness Center in San Francisco. He is the co-chair of San Francisco's Ryan White HIV Services Planning Council.

**Miguel Milanes**
Mr. Milanes is the former HIV/AIDS Program Coordinator and current Executive Assistant to the District Administrator for Dade/Monroe Counties (Miami), in the Office of HIV/AIDS Services, Florida Department of Health.

**Reverend Altagracia Perez, STM**
Reverend Perez is currently serving at the Church of Saint Phillip the Evangelist in Los Angeles, California. She is also the Co-Chair for the Racial Ethnic Populations Subcommittee of the PACHA.

**Michael Rankin, M.D., M.P.H.**
Dr. Rankin is Chief, Psychiatry and Mental Health Services, VA Northern California Health Care System in San Francisco, California.

**Debbie Runions**
Ms. Runions is a person living with HIV, is a community advocate from Nashville, Tennessee. She serves on numerous boards and advisory commissions.

**Sean Sasser**
Mr. Sasser, a person living with HIV, tested positive for HIV at the age of 19. He was an attendee of the 1995 White House Conference on AIDS.

**Benjamin Schatz, J.D.**
Mr. Schatz is currently executive director of the Gay and Lesbian Medical Association in San Francisco, California. He was a founder/director of the AIDS Civil Rights Project at the National Gay Rights Advocates.

**Richard Stafford**
Mr. Stafford, a person living with HIV, is from Minneapolis, Minnesota.

**Denise Stokes**
Ms. Stokes, a person living with HIV, is a community activist dedicated to HIV education, awareness and prevention. Ms. Stokes joined **YOU** as keynote speaker at the October White House event announcing $156 million in funding targeted to African American and other minority populations.

**Bruce Weniger, M.D.**
Dr. Weniger is a physician at the National Immunization Program in the federal Centers for Disease Control and Prevention in Atlanta, Georgia.

December 16, 1998

**MEETING WITH THE**
**PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS**

**QUESTIONS AND ANSWERS**

Q: **Current HHS guidelines encourage early treatment of HIV to forestall the onset of AIDS, yet access to Medicaid coverage for that treatment is generally restricted to those who have progressed to AIDS. How are you going to help increase access to treatment?**

A: This is a difficult challenge and we are taking steps to address it. You know I tried to solve this problem with universal health care.

The Vice President has taken leadership in this area, asking HCFA to look at solutions. Unfortunately, what we thought might be fixed quickly has turned out to be more difficult than expected. While we are committed to continuing our work to look at long term responses, we've also been working on interim solutions:

- Sandy Thurman has set up an internal task force to develop solutions
- we've succeeded in getting significant increases in the AIDS Drug Assistance Program--$175 million (61%) increase in FY99--and the Ryan White CARE Act overall--$271 million (23%) increase in FY99 and 266% since FY93
- we strongly supported the Jeffords-Kennedy legislation, which includes a demonstration program that helps states provide Medicaid coverage to people with HIV before they get AIDS - I hope you'll continue to work with us to get legislation like this passed in the coming year
- HCFA has been working with States that are seeking to develop waivers to expand their coverage to people living with HIV. We have talked with HCFA, and they have assured us that they will continue to aggressively provide support and assistance to States that want to develop demonstration programs that work.

I recognize the need and promise you that I and the Vice President will stay on top of this issue and do everything in our power to see that people with HIV don't have to get sick before they get treatment.

Q: **We are concerned that our national effort to stop the spread of HIV is not working, and that the number of new HIV infections in this country has stayed at 40,000 per year. In addition, at least 30% of those that are HIV positive don't know it, which means they are likely to continue the activities that spread the infection. The Council would like to recommend a new national "get tested" campaign to encourage people at risk to seek HIV counseling and testing services. Will you**

**support that request?**

A: I think it sounds like a good idea. Let me ask Sandy to take a look at the proposal and give me her recommendations. I do believe we need to do a better job with our work on prevention, not only for HIV but for a variety of preventable illnesses. Secretary Shalala and Surgeon General Satcher have been focusing a great deal of energy on prevention, particularly in racial and ethnic minorities. Dr. Satcher has been helping to lead their Race and Health Disparities initiative, which includes HIV and AIDS as one of six targeted illnesses.

Young people are also in need of greater attention. I believe that some of the impact of the anti-drug campaign by our Office of National Drug Control Policy will help since the abuse of drugs and alcohol plays a key role in young people taking risks with HIV.

Q: **Last March, you announced your commitment to finding a vaccine for HIV within ten years. That was 18 months ago. The Council is concerned that the effort to develop a vaccine is not progressing fast enough. NIH has yet to hire a director for its new vaccine center and the different Federal agencies that are involved in vaccine research aren't coordinated. Will you encourage NIH Director Varmus to get the vaccine center director position filled? Will you support Sandy Thurman's office in facilitating cross-agency coordination?**

A: I certainly appreciate the need for an HIV vaccine. This past World AIDS Day we did an event here that focused on the international epidemic, and I am just staggered by the impact that AIDS is having on so many nations around the world. I have asked Sandy to go to Africa in January to look at the AIDS orphan issue and to report back to me with recommendations on further actions we might consider. I know that a vaccine is our best and maybe only hope of stopping this terrible disease.

As for the vaccine center director, we have talked with Dr. Varmus and he has assured us that he is being very aggressive in his efforts to find just the right person for the position. Part of the delay has been his commitment to finding the very best person. He also assures us that the vaccine research effort has not been slowed down by this vacancy, and that in fact they are very pleased with their progress. NIH is increasing its vaccine research funding this year, up $47 million (33%) to $200 million. I also know that Dr. Nathanson, the new director of the Office of AIDS Research at NIH, is very committed to vaccine research and is providing great leadership.

As for the interagency coordination, Sandy and Dr. Varmus have talked about that. I understand that they're initiating regular vaccine research meetings that will be open to all the different agencies, and the community groups working on this issue. I will talk with Sandy about this and see if there is more that we can do.

Q: **While we have had great success in AIDS funding with your leadership, the Council**

**is concerned that there are still a great many unmet needs. We are particularly concerned that HIV prevention activities at the CDC and international assistance through USAID have not received needed increases. Will you commit to increasing AIDS funding in FY2000, particularly in prevention and international relief?**

A: We are working on developing the FY2000 budget now, so it is a work-in-progress. I do know that you have a great team of advocates at OMB. Jack Lew, Josh Gotbaum, Sylvia Matthews, and Dan Mendelson are all committed to doing the best that we can in addressing the need for additional AIDS funding.

With respect to prevention funding, I can say that we fully understand the need to increase and improve our HIV prevention activities, and to pay particular attention to communities of color, to women, and to young people who are at highest risk. We're taking a look not only at the need for increased funding, but making sure that what we are already investing is being used most effectively.

As for international funding, we've gotten good support from USAID although I know Brian Atwood would like more. This is going to be a very challenging budget year for us, and I don't want to be overly optimistic about our ability to repeat the kind of increases we were able to obtain in FY99. Nevertheless, we will do our very best to support appropriate funding levels for our international AIDS efforts, and the other AIDS programs as well.

| SELECTED HIV/AIDS INVESTMENTS | FY99 | Increase from FY98 | Increase from FY93 |
|---|---|---|---|
| **Ryan White CARE Act** | **$1.4 billion** | **23%** | **266%** |
| *AIDS Drug Assistance* | *$461 million* | *61%* | *787%** |
| **HIV Prevention (CDC)** | **$657 million** | **5%** | **34%** |
| **AIDS Research (NIH)** | **$1.8 billion** | **12%** | **67%** |
| *Vaccine Research* | *$200 million* | *33%* | *145%* |
| **Housing (HUD)** | **$225 million** | **10%** | **125%** |
| **International (USAID)** | **$131 million**** | **8%** | **64%** |

*since FY96, when separate program established

**includes $10 million emergency funding for AIDS orphan initiative

**PRESIDENT WILLIAM J. CLINTON**
**MEETING WITH THE**
**PRESIDENT'S ADVISORY COUNCIL ON HIV/AIDS**
**DECEMBER 18, 1998**

**Talking Points**

- Thank you for all of the good work that you have been doing.

- Over the past six years, we have made a lot of progress, and I appreciate your recognition of that. Together, we have steered resources toward research, prevention and treatment efforts that have made an incredible difference in the lives of so many.

- We all know there is much more to do, in boosting prevention and international support, and in developing an HIV vaccine. I will make sure this vaccine remains a top priority for my administration.

- You've made a number of good suggestions, and I'm going to ask Sandy to help us move forward on them.

- You have a lot of friends and advocates here - the First Lady, the Vice President, Mrs. Gore, Secretaries Shalala and Cuomo, and certainly Sandy - who have done a tremendous amount to increase awareness of AIDS. I want you to know that we will always be committed to the fight.

- Together, we will beat this epidemic both here at home and around the world.

# THE CLINTON-GORE ADMINISTRATION: A RECORD OF PROGRESS ON HIV AND AIDS

*"Eleven years ago, on the first World AIDS Day, we vowed to put an end to the AIDS epidemic. Eleven years from now, I hope we can say that the steps we took today made that end come about."*

-- President Clinton, December 1, 1998 (World AIDS Day)

*"We are united in the fight for research, care, and prevention. And we will not stop until all who need it have access to the treatment they need. We will not rest until we have a vaccine -- and a cure."*

--Vice President Gore, September 19, 1998

## Improving Health Care Quality and Increasing Access

**Providing National Leadership.** President Clinton has worked hard to invigorate the response to HIV and AIDS, providing new national leadership, substantially greater resources and a closer working relationship with affected communities. Since taking office, funding for AIDS research has increased by over 65 percent, and funding for HIV prevention has increased 34 percent; funding for the Ryan White CARE Act has increased by over 240 percent.

Although much work remains to find a cure, progress has been made. In 1996, the first time in the history of the AIDS epidemic, the number of Americans diagnosed with AIDS declined. And between 1996 and 1997, HIV/AIDS mortality declined 47 percent, falling from the leading cause of death among 25-44 year olds in 1995 to the fifth leading cause of death in that age group. There has been a decline in the number of AIDS cases overall and a sharp decline in new AIDS cases in infants and children.

**Leading the Global Fight Against HIV/AIDS.** On December 1, 1998 (World AIDS Day), the President announced a new $10 million initiative at USAID to address the growing crisis of children orphaned by AIDS. The United States has invested over $1 billion in international AIDS relief since the

start of the epidemic and funds 25% of UNAIDS. In fiscal year 1999, the NIH will invest over $164 million in critical research projects aimed at reducing the number of AIDS orphans by preventing and treating HIV/AIDS internationally.

**Historic $156 Million Effort to Address HIV/AIDS in Communities of Color.** African Americans and other racial and ethnic minorities make up the fastest growing portion of the HIV/AIDS caseload. As part of the FY99 budget, the Clinton Administration fought for a comprehensive new initiative that invests an unprecedented $156 million to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African American, Hispanic and other minority communities.

**Protecting Medicaid and Social Security Coverage.** The President fought for and won the preservation of the Medicaid guarantee of coverage which serves more than 50 percent of people living with AIDS -- and 92% of children with AIDS -- who rely on Medicaid for health coverage. He also revised eligibility rules for Social Security Disability Insurance to increase the number of HIV+ persons who qualify for benefits.

**Focusing National Efforts on an AIDS Vaccine.** In May of 1997, the President challenged the nation to develop an AIDS vaccine within the next ten years. He announced a number of initiatives to help fulfill this goal, including: dedicating an AIDS vaccine research center at the National Institutes of Health and encouraging domestic and international collaboration among governments, medical communities and service organizations. On World AIDS Day 1998, the President announced $200 million in funding for vaccine research at the NIH, a $47 million (33%) increase over the previous fiscal year.

**Dramatically Increasing Overall AIDS Funding.** The Clinton Administration has responded aggressively to the significant threat posed by HIV/AIDS with increased attention to research, prevention and treatment. President Clinton increased public health spending for major HIV/AIDS programs by over 100 percent, funding for the Ryan White CARE programs has increased 266 percent and support for AIDS-related research has increased by 67 percent.

**Increasing AIDS Drug Assistance and Accelerating AIDS Drug Approvals.** Funding for AIDS drug assistance has increased from $52 million per year to $385 million per year during the Clinton Administration. This program provides new life-prolonging drugs to people with HIV and AIDS. In addition, President Clinton convened the National Task Force on AIDS Drug Development, and removed dozens of bureaucratic obstacles to the effective and decent treatment of people with AIDS. *Since 1993, the Food and Drug Administration has approved more than a dozen new AIDS drugs and important diagnostic tests.*

**Making Research a Priority**. In one of his first acts in office, President Clinton signed the National Institutes of Health Revitalization Act of 1993, placing full responsibility for planning, budgeting and evaluation of the AIDS research program at NIH in the Office of AIDS Research. *The Administration has increased NIH AIDS research funds by 67% in five years.*

**Focusing on Prevention: *Supporting the Centers for Disease Control and Prevention.*** *The Administration has increased funds for HIV prevention at the CDC by 34% in five years. Under the leadership of the Clinton Administration, the CDC reorganized its AIDS prevention efforts to foster greater overall coordination and enhance efforts to reduce sexually transmitted diseases and tuberculosis.*

**Educating Young People about the Dangers of AIDS.** The Clinton Administration launched the Prevention Marketing Initiative, focusing on the risk to young adults (18-25) with frank public service announcements recommending the correct and consistent use of latex condoms for those who are sexually active.

**Requiring the Federal Workforce to Understand AIDS.** The Administration issued a directive on September 30, 1993, that requires every Federal employee to receive comprehensive education on HIV/AIDS.

**Established a White House AIDS Office and Created a Presidential Advisory Council.** President Clinton created a White House Office of National AIDS Policy to bring greater direction and visibility to the war on AIDS. Sandy Thurman, the current director of the office, has broad experience in both domestic and international AIDS services. At the same time, the Administration has sharpened the focus of its AIDS programs. The President also created the Presidential Advisory Council on HIV and AIDS to provide him and his Administration with expert outside advice on the ways in which the Federal government should respond to the HIV/AIDS epidemic. Dr. R. Scott Hitt, a California physician specializing in HIV/AIDS care, chairs the panel.

**Convened the First Ever White House Conference on HIV and AIDS.** On December 6, 1995, the President convened the first White House Conference on HIV and AIDS in the history of the epidemic, bringing together more than 300 experts, activists and citizens from across the country for a discussion of key issues.

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# ATTACHMENTS

# REMARKS BY THE PRESIDENT ON WORLD AIDS DAY 1998

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release December 1, 1998

**REMARKS BY THE PRESIDENT**
**AT WORLD AIDS DAY EVENT**
Room 450
Old Executive Office Building

THE PRESIDENT: Thank you, Amy, for your magnificent remarks and the power of your example. Thank you, Cynthia, for coming to this big, scary crowd. (Laughter.) She was nervous. I said, well, look at the bright side -- at least you got out of school for a day. (Laughter.)

I thank the other children who are here with us. And I want to thank all the members of our administration who have helped so much in this cause -- Secretary Albright; Brian Atwood; Dr. Satcher; our AIDS Policy Director, Sandy Thurman; members of the Council on HIV and AIDS. We're glad to have Nafis Sadik here, the Director of the U.N. Population Fund. Richard Socaridies from the White House, I thank you and all the other members of the administration. And I, too, want to join in expressing my appreciation to the members of Congress who Brian mentioned for their support for AIDS funding.

But I especially want to thank Amy for being here and reminding us of what this is all about. When she was speaking my mind wandered back to an incident that occurred when I was running for President in 1992. Some of you have heard me say this before, but I was in Cedar Rapids, Iowa, a place largely known for its enormous percentage of Czech and Slovak citizens. And there was in the crowd at this rally where I was speaking a woman who was either Czech or Slovak, probably, holding an African American baby. And I said, whose baby is this? She said, this is my baby. And I said, where is this baby from? She said, Florida, I got her from Florida. (Laughter.)

And it was October in Cedar Rapids and she should have been in Florida, probably. (Laughter.) She said, this baby was born with AIDS and abandoned and no one would take this baby. This woman had her marriage had dissolved, she was raising her own children alone. But because she heard about children like this wonderful little girl, she adopted this baby.

And every year since, about once a year, I see this young child. I've watched her grow up now and I'm happy to tell you that six years later she's still alive and doing pretty well. She comes to the NIH for regular check-ups and she comes by the White House to see her friend. And every time I see Jimiya I am reminded of what this whole thing is about.

And I think I should tell you one other thing. When Amy was standing up here with me and I was telling her what a fine job she did, she said, I'm so glad that Cynthia could be here, and that I could say Carla's name in your presence.

This is, I think, very important for people who have not been touched in some personal way -- who have never been at the bedside of a dying friend, who have never looked into the eyes of a child orphaned by AIDS or infected with HIV -- to understand. And I believe, always, that if somehow we could reach to the heart of people, we would always do better in dealing with problems, for our mind always conjures a million excuses in dealing with any great difficulty.

Let me begin, even in this traumatic moment, to say we have a lot to celebrate on this AIDS Day. We celebrate the example of Amy and Cynthia. Just think, a decade ago people really believed that AIDS was unstoppable; the diagnosis was a virtual death sentence; there was an enormous amount of ignorance and prejudice and fear about HIV transmission. Most of us knew people who couldn't get into apartment houses or were being kicked out or otherwise -- their children couldn't be in school because of fears that people had about it.

Every day, for people who had HIV or AIDS and their families -- every day was a struggle a decade ago. A struggle for basic information, for treatment, for funding, and all too often, for simple compassion.

For six years, thanks to many of you, we have worked hard to change this picture -- and so have tens of thousands of other people across our country and across the globe. We've worked hard to draw attention to AIDS and to better direct our resources by creating the Office of National AIDS Policy and the President's Council on HIV and AIDS. We had the first ever White House conference on AIDS. We helped to ensure that people with HIV and AIDS cannot be denied health benefits for preexisting conditions. We accelerated the approval of more than a dozen new AIDS drugs, helping hundreds of thousands of people with AIDS to live longer and more productive lives.

Working together with members of both parties in the Congress, we increased our investment in AIDS research to an historic $1.8 billion. This year we secured $262 million in new funding for the Ryan White CARE Act, providing medical treatment, medication, even transportation to families coping with AIDs. This October we declared that AIDS had reached crisis proportions in the African American, Hispanic American and other minority communities, and fought for $156 million initiative to address that. Today the Vice President is announcing $200 million in new grants for communities around the country to provide housing for people with AIDS.

The results of these and other efforts have been remarkable. For the first time since the epidemic began, the number of Americans diagnosed with AIDS has begun to decline. For the first time, deaths due to AIDS in the United States have declined. For the first time, therefore, there is hope that we can actually defeat AIDS.

But all around us there is, as we have heard from all the previous speakers, fresh evidence that the epidemic is far from over, our work is far from finished, that there are rising numbers of AIDS in countries like Zimbabwe, where 11 men, women, and children become infected every minute of every day. There are still too many children orphaned by AIDS, tens of thousands here in America, tens of millions in developing nations around the world.

And when so many people are suffering, and with HIV transmission disproportionately high, still, among our own young people here in America, it's all right to celebrate our progress, but we cannot rest until we have actually put a stop to AIDS. I believe we can do it -- by developing a vaccine, by increasing our investment in other forms of research, by improving our care for those who are infected and our support for their families.

Last year at Morgan State University, I declared that we should redouble our efforts to develop an AIDS vaccine within a decade. Today I am pleased to announce a $200 million investment in cutting edge research at the NIH to develop a vaccine. That's a 33 percent increase over last year. With this historic investment, we are one step closer to putting an end to the epidemic for all people.

I'm also pleased to say that there will be more than $160 million for other new research critical to fighting AIDS around the world, from new strategies to prevent and treat AIDS in children, to new clinical trials to reduce transmission.

And as hard as we are working to stop the spread of AIDS we cannot forget our profound obligation for the heartbreaking youngest victims of the disease -- the orphaned children left in its wake. Around the world, as we have heard, millions of children have lost their parents. Their number is expected to rise to 40 million over the next 10 to 15 years. Some of them are free of AIDS, others are not. But sick or well, too many are left without parents to protect them, to teach them right from wrong, to guide them through life and make them believe that they can live their lives to the fullest.

We cannot restore to them all they have lost, but we can give them a future -- a foster family, enough food to eat, medical care, a chance to make the most of their lives by helping them to stay in school. Today, through Mr. Atwood's agency, we are committing another $10 million in emergency relief that will, though seemingly a small amount, actually make a huge difference for many thousands of children in need around the world.

I'm also directing Sandy Thurman to lead a fact-finding mission to Africa, where 90 percent of the AIDS orphans live. Following the mission she will report back to me with recommendations on what more we can do to help these children and give them something not only to live for, but to hope for.

Eleven years ago, on the first World AIDS Day, we vowed to put an end to the AIDS epidemic.

Eleven years from now, I hope we can say that the steps we took today made that end come about. If it happens, it will be in no small measure because of people like you in this room, by your unfailing, passionate devotion to this cause -- a cause we see most clearly expressed in the two people sitting right behind me.

Thank you all, and God bless you. (Applause.)

END 1:26 P.M. EST

# REMARKS BY THE PRESIDENT ON HIV CRISIS IN MINORITY COMMUNITIES

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release October 28, 1998

## REMARKS BY THE PRESIDENT ON HIV CRISIS IN MINORITY COMMUNITIES

**Old Executive Office Building**

5:16 P.M. EST

THE PRESIDENT: Thank you and welcome, every one of you. I'd like to begin by welcoming the Mayor of Baltimore, Kurt Schmoke, and the Mayor of East St. Louis, Gordon Bush. I'd like to thank the members of Congress here behind me who are so responsible for the purpose for which we are called today. (Applause.)

I want to acknowledge Congresswoman Donna Christian Green, Congressman Elijah Cummings, Congresswoman Eleanor Holmes Norton, Congressman Donald Payne. I will say more about Congresswoman Maxine Waters and Representative Lou Stokes in a moment. (Laughter.) But I want to thank them and all the members of the Congressional Black Caucus, including all the House members and Senator Carol Moseley Braun, for what they did.

And then I would like to offer a special word of appreciation to senator Arlen Specter and Congresswoman Nancy Pelosi, who helped us so much to get this done. Thank you very much. (Applause.)

I want to thank everyone in our administration who has worked so hard on the issue of HIV and AIDS, beginning with the Vice President who couldn't be here today, but who has worked very hard on all these issues; and Secretary Shalala; our wonderful Surgeon General, David Satcher; the Director of our AIDS Policy Office, Sandy Thurman, who has literally spent months sounding the alarm about the growing crisis in communities of color, and working to help achieve these dramatic funding increases. There is no stronger or more effective advocate. And I think we ought to thank Sandy Thurman for what she's done. (Applause.)

Finally, I want to thank Denise Stokes for being here. As you will hear in a few moments, she has been living with HIV for 15 years, and has been giving so much of herself to educate others. If we are to stop this cruel disease we'll have to have brave people like Denise to reach out with candor and compassion to those at risk. I really admire her very much. And you'll hear from her in a moment, but I think we ought to give her a hand for showing up today. (Applause.)

We have good reason to feel encouraged that so many HIV-positive men and women are living longer and healthier lives. We should be proud that we've helped to speed the development of lifesaving therapies and nearly tripled to support those with HIV and AIDS.

But the AIDS epidemic is far from over in any community in our country. Today, we're here to send out a word loud and clear:

AIDS is a particularly severe and ongoing crisis in the African-American and Hispanic communities and in other communities of color. African Americans represent only 13 percent of our population, but account for almost half the new AIDS cases reported last year. Hispanics represent 10 percent of our population; they account for more than 20 percent of the new AIDS cases. And AIDS is becoming a critical concern in some Native American and Asian American communities, as well.

Like other epidemics before it, AIDS is now hitting hardest in areas where knowledge about the disease is scarce and poverty is high. In other words, as so often happens, it is picking on the most vulnerable among us.

The fact is HIV infection is one of the most deadly health disparities between African Americans, Hispanics, and white Americans. And just as we have committed to help build one America by ending the racial and ethnic disparities in infant mortality and cancer and other diseases, we must use all our power to end the growing disparities in HIV and AIDS.

The AIDS crisis in our communities of color is a national one, and that is why we are greatly increasing our national response. Today I am proud to announce we are launching an unprecedented $156 million initiative to stem the AIDS crisis in minority communities. (Applause.)

It is one of the greatest victories in the balanced budget law I just signed. It never could have happened without the passionate and compassionate leadership of Maxine Waters, Lou Stokes, and the rest of the Congressional Black Caucus -- (applause) -- or the support of senator Specter and Congresswoman Pelosi and so many others.(Applause.)

Now, this initiative will allow thousands of cities, churches, schools, and grass-roots organizations to expand prevention efforts and target them to the specific needs of specific minority communities such as young men, students, pregnant mothers. It will allow minority communities to expand treatment for substance abuse.

It will increase access to protease inhibitors and other new therapies, because lifesaving therapies cannot be a luxury reserved only for the rich.(Applause.) It will increase access to skilled doctors and other health care providers. And finally, it will help us to assemble teams of public health experts from the Centers for Disease Control and other federal agencies to visit individual communities and provide whatever technical assistance those communities need. (Applause.)
This new initiative will build on the other historic funding increases in HIV/AIDS funding we won in

the new balanced budget, which Secretary Shalala will talk about in greater detail in a moment. I'm also pleased that it will build on our race and health initiative. Congress has taken a first step to fund this initiative, but we must do more. We are not one America when some of our communities lag so far behind in health.

Of course, this room looks nothing like a house of worship except for a few collars I see. (Laughter.) But I'd like to end my remarks today with what I think is quite an appropriate passage from the First letter of Paul to the Corinthians. "The body is a unit, though it is made up of many parts. And though all its parts are many, they form one body. If one part suffers, every part suffers with it. If one part is honored, every part rejoices with it."

So it is with the body of Americans, and a nation that strives tone one America. Every one of our communities is inextricably linked, in suffering and rejoicing, in sickness and in health. And that is why we must work together in every community to stop this cruel disease. Black or white, gay or straight, rich or poor, you name it, we have to stop it.

Now I'd like to present America's Surgeon General, our nation's family doctor, whose deep commitment to advancing our country's health is embodied in the 200-year-old guiding principle of our public health service that you best protect the health of the entire nation when you reach out to the most vulnerable people.

Dr. David Satcher. (Applause.)

END 5:30 P.M. EST

# PRESS RELEASE ON 1998 WORLD AIDS DAY EVENT

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release December 1, 1998

## PRESIDENT CLINTON COMMEMORATES WORLD AIDS DAY BY UNVEILING NEW STEPS TO ADDRESS THE GROWING CRISIS OF CHILDREN ORPHANED BY AIDS

Today, President Clinton will join Secretary of State Madeleine Albright and Brian Atwood, Administrator of the U.S. Agency for International Development (USAID), to commemorate World AIDS Day by launching a series of new initiatives to address the growing crisis of HIV/AIDS around the world, particularly the millions of children orphaned by AIDS. The President will unveil historic increases in funding for research at the National Institutes of Health (NIH) designed to develop an effective AIDS vaccine and prevention strategies to help address the problem of HIV/AIDS throughout the world. He will announce new emergency funding from USAID to support international AIDS orphan programs. In addition, he will direct his AIDS policy advisor, Sandra Thurman, to lead a delegation to Sub-Saharan Africa to assess the growing problem of AIDS orphans and recommend new strategies for responding to the crisis.

USAID projects that up to 40 million children will be orphaned by HIV/AIDS by the year 2010, over 90 percent of whom live in developing countries with few resources to provide for their care and support. Over 33 million people around the world are now living with HIV or AIDS, with another 5.8 million becoming infected every year. As with so many epidemics, children and young people bear much of the terrible burden of AIDS. In the United States, as many as 80,000 children already have been orphaned by AIDS.

Increases in funding by the National Institutes of Health for research to prevent and treat HIV around the world. The National Institutes of Health will undertake the largest single public investment in AIDS research in the world by supporting a comprehensive program of basic, clinical, and behavioral research on HIV infection and its related illnesses. This program will include:

- $200 million -- a 33 percent increase from last year's funding -- for research on AIDS vaccines to prevent transmission around the world. The development of a safe and effective AIDS vaccine is critical to stemming the growing problem of HIV/AIDS and AIDS orphans internationally. The President will announce that NIH will dedicate $200 million to vaccine research in Fiscal Year (FY) 1999, a $47 million or 33 percent increase

over FY 1998 and an 100 percent increase over FY 1995. This investment is critical in meeting the President's challenge to develop an effective AIDS vaccine.

- $164 million for other research critical to addressing the HIV/AIDS epidemic around the world. The President also will announce that NIH will invest $164 million in FY1999, a $38 million increase over last year, in critical research projects aimed at reducing the number of AIDS orphans by preventing and treating HIV/AIDS internationally. These projects will include: a new prevention trials network to reduce adult and perinatal transmission of HIV/AIDS; new strategies to prevent and treat HIV infection in children; funding to train more foreign scientists to collaborate on this epidemic; research on the prevention and treatment of the opportunistic infections, such as tuberculosis, that commonly kill people with HIV/AIDS; and research on topical microbicides and other female-controlled barrier methods of HIV prevention.

- $10 million in USAID emergency relief funding to provide support for AIDS orphans. USAID will make available $10 million in emergency funding to support community-based efforts for orphans in the countries most affected by this problem. These efforts will include training and support for foster families, initiatives to keep children in school, vocational training, and nutritional enhancements. In addition, USAID will take steps to help prevent the spread of HIV from mothers to children and to improve medical care for children already infected with HIV.

- AIDS Policy Advisor Sandra Thurman to lead fact-finding delegation to raise awareness and make recommendations to address growing problem of AIDS orphans. President Clinton will ask Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding delegation early next year to Sub-Saharan Africa, where 90 percent of AIDS orphans reside. The delegation will include representatives from key Congressional offices. Its goal will be to raise awareness of this emerging problem and to develop recommendations for action.

- New steps to address the continued needs of those living with HIV/AIDS in the United States. While the problem of HIV/AIDS is particularly acute internationally, the President will underscore the impact of HIV/AIDS on families in this country as well. The President will highlight an announcement today by Vice President Gore of more than $200 million in funds this year for the Housing Opportunities for People With AIDS (HOPWA) program to prevent individuals affected by HIV/AIDS and their families from becoming homeless. The Vice President will announce these grants at a meeting with local community leaders who provide housing and other support services for people living with HIV/AIDS and with several individuals and families who have benefited from these services.

- A solid record of achievement in HIV/AIDS. Today's announcements build on a deep and ongoing commitment by the Clinton Administration to respond to the AIDS crisis both in the United States and across the world. The Administration has fought for other critical

investments in HIV/AIDS. This year alone, the President:

- Declared HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis and unveiled a new $156 million initiative to address this problem. This initiative included crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies.

- Worked with Congress to secure historic increases in a wide range of effective HIV/AIDS programs. Increases this year alone include: a $262 million increase in the Ryan White CARE Act; a 12 percent increase in AIDS research funding at the NIH, totaling nearly $1.8 billion; a $32 million increase for HIV prevention programs at the Centers for Disease Control and Prevention; and a $21 million increase in the Housing Opportunities for People With AIDS (HOPWA) program at HUD.

###

# PRESS RELEASE ON 1998 WORLD AIDS DAY EVENT
# VICE PRESIDENT GORE

THE WHITE HOUSE
Office of the Vice President

For Immediate Release December 1, 1998

## VICE PRESIDENT GORE ANNOUNCES $220 MILLION TO PROVIDE HOUSING, OTHER CRITICAL SUPPORT SERVICES FOR OVER 65,000 PEOPLE WITH HIV/AIDS

Washington, DC -- Vice President Gore commemorated World AIDS Day today by announcing that the federal government will provide $220 million in grants for housing and support services for over 65,000 low-income people with HIV/AIDS and members of their households.

The Vice President announced the new funds, which the Housing and Urban Development Department (HUD) will distribute under its Housing Opportunities for Persons with AIDS (HOPWA) program, at a meeting with people who receive and provide these critical housing and support services in Washington DC.

"For too many Americans living with AIDS, poverty is nearly as much of a threat as the disease itself," Vice President Gore said. "Without our help, many would be forced to live in unfit housing or become homeless. These grants will mean that people fighting AIDS won't have to also fight to keep a roof over their heads."

HUD Secretary Andrew Cuomo added, "We all know about the terrible toll of illness and death caused by the AIDS virus. On top of this, AIDS often destroys the financial health of those with the disease as well, hitting them with huge medical bills and leaving them too sick towork."

Today, the Vice President:

**Unveiled new HOPWA grants that provide critical support to communities in need.** Studies show that people with HIV/AIDS are at increased risk for homelessness and have more problems obtaining access to affordable housing. This $220 million in HOPWA funding, a 10 percent increase over last year, provides critical housing and other support services that:

- help people with HIV/AIDS remain in their homes by providing rental assistance and supportive services such as meals, transportation, and counseling; and

- provide housing to people with HIV/AIDS and their families facing homelessness. By

providing housing and other critical support services, this program helps keep families intact, and assures that individuals with HIV/AIDS have the support they need. Most people that HOPWA serves have incomes of under $1,000 a month.

Of the $220 million, $200 million will go to states, cities, and communities to develop effective programs. The remaining $20 million will go to programs nationwide that have developed particularly effective and innovative approaches to providing housing and other necessary support services for people with HIV/AIDS. For example, an innovative program in Savannah, GA enables people with HIV/AIDS to receive home-based care, and one in Illinois provides innovative services, including effective mental health services and daily livingservices.

**Highlighted Clinton/Gore Administration's ongoing progress in fighting HIV/AIDS.** The Vice President underscored other Administration efforts to improve prevention, treatment, and research for people with HIV/AIDS. He noted that the President is unveiling historic new steps today to help the up to 40 million children who will be orphaned by HIV/AIDS by 2010, including new emergency funding from USAID to support international, community-based AIDS orphan programs and historic new increases in AIDS research at the National Institutes of Health (NIH) dedicated to help address the global problem of HIV/AIDS.

These steps build on the historic progress to combat HIV/AIDS for which the Administration fought in this year's balanced budget, including: a new $156 million initiative to address the severe, ongoing health care crisis of HIV/AIDS in racial and ethnic minorities, including crisis response teams and enhanced prevention efforts across the nation; a $262 million increase in the Ryan White CARE Act; a 12 percent increase in AIDS research funding at the NIH, a $32 million increase HIV prevention programs at the CDC; and a $21 million increasein HOPWA.

###

# 1998 WORLD AIDS DAY PROCLEMATION

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release December 1, 1998

**WORLD AIDS DAY, 1998**
**BY THE PRESIDENT OF THE UNITED STATES OF AMERICA**
**A PROCLAMATION**

On World AIDS Day, we are heartened by the knowledge that our unprecedented investments in AIDS research have resulted in new treatments that are prolonging the lives of many people living with the disease. Thousands of scientists, health care professionals, and patients themselves have joined together to advance our understanding of HIV and AIDS and improve treatment options. Because of the heroic efforts of these people, fewer and fewer Americans are losing their lives to AIDS, and for that we are immensely thankful.

But the AIDS epidemic is far from over. Within racial and ethnic minority communities, HIV and AIDS are a severe and ongoing crisis. While the number of deaths in our country attributed to AIDS has declined for 2 consecutive years, AIDS remains the leading killer of African American men aged 25-44 and the second leading killer of African American women in the same age group. African Americans, who comprise only 13 percent of the U.S. population, accounted for 43 percent of new AIDS cases in 1997 and 36 percent of all AIDS cases. Hispanic Americans represent just 10 percent of our population, but they account for more than 20 percent of new AIDS cases; and AIDS is also becoming a critical concern to Native American and Asian American communities. Young people of every racial and ethnic community are also disproportionately impacted by AIDS, both in the number of new AIDS cases and in the number of new HIV infections. In fact, the Centers for Disease Control and Prevention estimate that approximately half of all new HIV infections in the United States occur in people under age 25 and that one-quarter occur in people under age 22.

Across the world, the situation is even more grim. As with other epidemics before it, AIDS hits hardest in areas where knowledge about the disease is scarce and poverty is high. Of the nearly 6 million people newly infected with HIV each year, more than 90 percent live in the poorest nations of the world. Entire communities are threatened by

this epidemic, and the growing number of children who will lose parents to AIDS will have a devastating impact on these societies. By the year 2010, there may be as many as 40 million children who will have been orphaned by AIDS, and developing nations will have to struggle to deal with the overwhelming needs of a generation of young people left withoutparents.

This year's World AIDS Day theme, "Be A Force For Change," is a reminder that each of us has a role to play in bringing the AIDS epidemic to an end. Our response must be comprehensive and ongoing. It must also be a collaborative one, bringing together governments and communities in a shared effort to expand prevention efforts, raise awareness among young people of the risks of HIV infection and how to avoid it, increase access to lifesaving therapies, and ensure that those who are living with HIV and AIDS receive the care and services they need.

Developing a vaccine for HIV is perhaps our best hope of eradicating this terrible disease and stemming the tide of pain and desolation it has wrought. The global community has joined together in making the development of an HIV vaccine a top international priority. Within the next decade, we hope to have the means to stop this deadly virus, but until we reach that day we must remain strong in our crusade to prevent the spread of HIV and AIDS and to care for those living with the disease. In this way we can best honor the memory of the many loved ones we have lost to AIDS.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim December 1, 1998, as World AIDS Day. I invite the Governors of the States, the Commonwealth of Puerto Rico, officials of the other territories subject to the jurisdiction of the United States, and the American people to join me in reaffirming our commitment to defeating HIV and AIDS. I encourage every American to participate in appropriate commemorative programs and ceremonies in workplaces, houses of worship, and other community centers and to reach out to protect and educate our children and to help and comfort all people who are living with HIV and AIDS.

IN WITNESS WHEREOF, I have hereunto set my hand this first day of December, in the year of our Lord nineteen hundred and ninety-eight, and of the Independence of the United States of America the two hundred and twenty-third.

WILLIAM J. CLINTON

## REMARKS BY SECRETARY ALBRIGHT ON WORLD AIDS DAY 1998

**Secretary of State Madeleine K. Albright**
Remarks at World AIDS Day 1998, The White House
Washington, D.C., December 1, 1998
As released by the Office of the Spokesman
U.S. Department of State

Mr. President, Brian Atwood, Amy Slemmer of Mothers' Voices Against AIDS, Carol Bellamy of UNICEF, Nafis Sadik of the UN Population Fund, distinguished colleagues, guests and friends. I am pleased to participate in this program but saddened by its necessity.

For today we observe World AIDS day for the eleventh time. And we can expect many more.

I look around this room and I see many valiant members of the global network that is fighting the causes and consequences of HIV/AIDS. That network is strong and deeply motivated; it is growing; it is active almost everywhere; but it is not yet winning the war against this disease of awful and shattering power.

Thirty-three million people are now infected with HIV. And up to forty million children will be orphaned by AIDS by the end of the next decade.

It is a deep human tragedy that 90 percent of AIDS orphans live in sub-saharan Africa. But this highly mobile disease has migrated to every

corner of the earth.

So directly or indirectly, HIV/AIDS threatens us all -- whether as individuals, as family, friends and neighbors, or as members of the global community.

For we cannot build dynamic economies where one in five or even one in twenty adults is being struck down. We cannot create vibrant democratic institutions where communities are preoccupied with suffering and sorrow. We cannot count on stability where the ranks of military and political leadership are decimated. And we cannot expect a strong sense of social responsibility in the young where too many children have no parents.

All this is why fighting HIV/AIDS, and helping its victims, is a foreign policy imperative.

Soon, I will be releasing a report entitled the 1999 U.S. International Response to HIV/AIDS. This is an interagency effort to document the full range of U.S. resources engaged in the struggle against AIDS. We will use it to launch a diplomatic initiative designed to mobilize and energize others around the world -- both from the top down and the bottom up -- so that international organizations, governments and grassroots reinforce each other and pull in the same direction.

If we are to make progress, governments must understand what you and your overseas counterparts already understand. And that is that HIV/AIDS cannot be denied or ignored or patronized or put off until tomorrow.

This is an urgent, deadly, global threat. It cannot be appeased; it must be confronted.

And as Secretary of State, I will do all I can to see that this imperative is raised as a matter of international security, at the highest levels, at every opportunity, in every region, on every continent.

On this day of special dedication, let us vow to work together across all lines of profession, culture and national borders so that we may bring closer the day when nations and people everywhere are aware of the dangers of this disease; all act to prevent its spread; all afflicted are helped and their human rights respected; and none rest until HIV/AIDS is conquered or controlled.

Thank you. And now I'd like to introduce the head of the agency whose employees have long been on the front lines of this fight, my good friend, the Administrator of the Agency for International Development, Brian Atwood.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:18-DEC-1998 10:59:57.00

SUBJECT: Final POTUS Briefing Document

TO: Dag Vega ( CN=Dag Vega/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

TO: Chandler G. Spaulding ( CN=Chandler G. Spaulding/OU=WHO/O=EOP @ EOP [ WHO ] )
READ:UNKNOWN

TEXT:
Here's the final POTUS briefing document - it includes a list of Council participants in the meeting.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D99]MAIL46235265C.326 to ASCII,
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========== END ATTACHMENT 1 ==========

December 17, 1998

**MEETING WITH THE**
**PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS**

| | |
|---|---|
| **DATE:** | December 18, 1998 |
| **LOCATION:** | Cabinet Room |
| **BRIEFING TIME:** | 5:15 pm to 5:45 pm |
| **EVENT:** | 5:45 pm to 6:15 pm |
| **FROM:** | Bruce Reed/Chris Jennings/Sandy Thurman |

## I. PURPOSE

You will be meeting with members of the President's Advisory Council on HIV/AIDS to discuss the Administration's progress in addressing the AIDS epidemic.

## II. BACKGROUND

The Council requested a meeting with you to address its recommendations on ways to improve the Administration's response to the HIV/AIDS epidemic. The Council recognizes your commitment to improving HIV/AIDS care, research, and prevention. They support recent efforts to highlight international efforts to fight HIV/AIDS, the new initiative on HIV/AIDS in minority communities, and increases in research investments. However, the Council has been publicly critical of the Administration in some areas, particularly the Administration's commitment to HIV prevention. This meeting provides an opportunity for you to personally reaffirm your commitment to the Council and your seriousness about the issue.

Questions from the Council will focus on four areas:

-- **Access to Treatment**: The Council will seek your leadership on expanding access to

treatment for indigent persons with HIV who under current law must wait until they reach a level of disability to qualify for Medicaid, which covers the treatments that would likely have forestalled their progression to AIDS. Initial reviews, prompted by a request by the Vice President, determined that such an expansion is not cost neutral and therefore cannot be done administratively through a Medicaid section 1115 waiver. However, the Administration has worked extremely hard to expand access to promising HIV/AIDS therapies by supporting substantial increases in the AIDS Drug Assistance Program and advocating passage of the Jeffords-Kennedy legislation (which includes a demonstration program that would allow states to define disability, substantially increasing access to Medicaid by persons who would become disabled but for care). Support of this legislation by the Council and the AIDS community would be very beneficial. [Council presenter: Thomas Henderson]

-- **Vaccine Research**: Last spring, you announced your desire to find a vaccine for HIV within ten years. Two weeks ago, on World AIDS Day, you announced a 33% increase in vaccine research funding at the NIH (up $47 million to $200 million). The Council is highly supportive of your ongoing leadership on this issue, but has some concern about the 18 months it has taken so far to find a director for NIH's new vaccine research center and about the need for increased inter-agency coordination. NIH has assured us that its progress on vaccine research has not been hampered by this vacancy and that filling the position is a top priority for NIH Director Dr. Varmus. [Council presenter: Helen Miramontes]

-- **Promoting HIV Testing**: Approximately 30% of persons infected with HIV do not know they are infected, complicating prevention efforts and delaying helpful treatments. The Council will ask for your support of a national "get tested" campaign focusing on higher-risk populations (youth, persons of color, women). This is a reasonable proposal, and one which is already under consideration through the budget process. [Council presenter: Alexander Robinson]

-- **Increased AIDS Funding**: Funding for HIV/AIDS programs has more than doubled during your Administration, with Ryan White funding up 266% and AIDS research up 67%. The Council is concerned that prevention and international funding have not benefited from similar increases. CDC's prevention budget is over $640 million and has increased 34% since you took office; the Administration is focusing on ensuring that prevention funds are used effectively and are targeted to those at highest risk. As for international funding, USAID's AIDS budget has increased 64% during your Administration. You also just announced on World AIDS Day a new $10 million effort to help developing countries respond to the needs of children orphaned by AIDS. Finally, you can also announce the release of $479 million in Ryan White Title I grants (FY1999) to 50 metropolitan areas that are most heavily impacted by HIV/AIDS; these grants include extra funds for minorities that are part of your recently announced initiative on HIV/AIDS in racial and ethnic minorities. [Council

presenters: Regina Aragón and Mike Isbell]

In your closing remarks, you may highlight recent Administration activities on HIV/AIDS, including:

-- World AIDS Day event at which you announced an AIDS orphan initiative at USAID, increased vaccine research funding from the NIH, and a delegation to Africa led by Sandy Thurman.

-- Minority initiative announcement on October 28th at which you declared HIV/AIDS to be an ongoing and severe crisis in racial and ethnic minorities and announced $156 million in additional funding to address the crisis.

-- Historic HIV/AIDS funding achievements in the FY99 budget negotiations with Congress.

-- Other initiatives including an enforceable patient bill of rights; the Jeffords-Kennedy legislation that allows people with disabilities -- including people with AIDS -- to stay in or return to work; and substantial increases in research funding at the NIH.

## III. PARTICIPANTS

Briefing Participants:
Bruce Reed
Virginia Appuzo
Karen Tramontano
Chris Jennings
Sandy Thurman
Richard Socarides

Program Participants:
**YOU**
Sandy Thurman
Bruce Reed
Virginia Appuzo
Karen Tramontano
Chris Jennings
Sandy Thurman
Richard Socarides
Dr. Scott Hitt, Council Chairperson
Members of the Council

## IV. PRESS PLAN

Pool still photographers at the top of meeting; single print reporter thereafter. Verbatim transcript to be provided to press following meeting.

## V. SEQUENCE OF EVENTS

-- Sandy Thurman will introduce **YOU** to members of the Council.
-- Dr. Scott Hitt will make a brief opening statement.
-- Council member Rabbi Joseph Edelheit will provide an overview of the message of the Council to you.
-- Four members of the Council will provide brief background statements and identify specific issues on which they seek Administration action. (**YOU** will have the option to seek clarification or respond--see attached Q & A.)
-- **YOU** will make brief closing remarks, thanking the Council for its hard work and reaffirming your commitment to continuing the fight against AIDS--see attached talking points.

## VI. REMARKS

Talking points provided by the Office of National AIDS Policy.

## VII. ATTACHMENTS

-- Q & A for discussion purposes.
-- List of Council members and brief biographies.

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 005. email | From Todd Summers to Chandler Spaulding, Dag Vega Re: Final POTUS Briefing Document [personal] [partial] (2 pages) | 12/18/1998 | b(6) |

**COLLECTION:**
Clinton Presidential Records
Automated Records Management System [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

**FOLDER TITLE:**
[12/17/1998 - 12/21/1998]

2018-0758-F
jn553

**RESTRICTION CODES**

**Presidential Records Act - [44 U.S.C. 2204(a)]**

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

**President's Advisory Council on HIV/AIDS**

**Member List**

**CHAIR**

**R. Scott Hitt, M.D.**

Dr. Hitt, is a physician at the Pacific Oaks Medical Group in Beverly Hills, California. He is the Chair of PACHA.

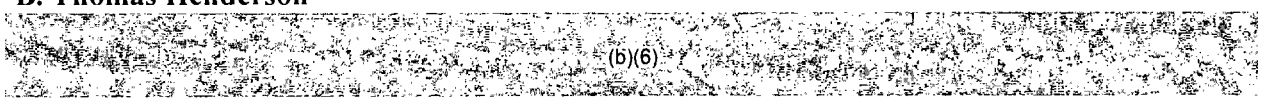
**PRESENTERS (in order)**

**Rabbi Joseph Edelheit**

Rabbi Edelheit serves at the Temple Israel in Minneapolis, Minnesota.

[005]

**B. Thomas Henderson**




**Helen Miramontes, M.S.N., R.N., FAAN**

Ms. Miramontes is an Associate Clinical Professor and Deputy Director of the International Center for HIV/AIDS Research and Clinical Training in Nursing, at the School of Nursing at the University of California at San Francisco. She has a son living with AIDS.

**H. Alexander Robinson, M.B.A., C.P.A.**

Mr. Robinson, a person living with HIV, is a private consultant. He formerly served as the ACLU's chief lobbyist for AIDS, gay/lesbian civil rights, disability issues. He serves as the Co-Chair for the Prevention Subcommittee of the PACHA.

**Regina Aragón**

Ms. Aragon serves as the Public Policy Director for the San Francisco AIDS Foundation. She was an attendee of the 1995 White House Conference on AIDS.

**Michael T. Isbell, J.D.**

Mr. Isbell is the former deputy executive director of the Gay Men's Health Crisis in New York City, and currently practices law at a private law firm in New York City. He is the Co-Chair for the Prevention Subcommittee of the PACHA.

**ATTENDEES**

**Stephen Neal Abel, D.D.S.**

Dr. Abel is the former Director of Dentistry at the Spellman Center of St. Clare's Hospital in New York City. Dr. Abel now serves as the Oral Health Policy Liaison in the Office of the Medical Director at the New York State Department of Health/AIDS Institute.

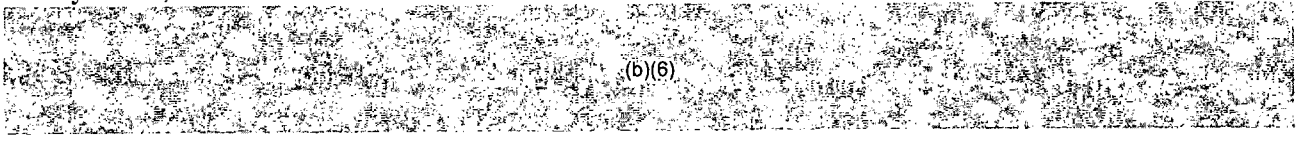
**Terje Anderson**
Mr. Anderson is the Chair of the Health Resources Services Administration Advisory Committee and is currently the Deputy Executive Director of the National Association of People with AIDS (NAPWA). He was an attendee of the 1995 White House Conference on AIDS.

**Barbara Aranda Naranjo, Ph.D., R.N.**
Dr. Aranda Naranjo serves at the University of the Incarnate Word, School of Nursing in San Antonio, Texas. She was an attendee of the 1995 White House Conference on AIDS.

**Judith Billings, J.D.**
Ms. Billings, a woman living with HIV, is the former superintendent of schools for a Washington State school system. She now serves at Targeted Alliances, Education Consulting Services.

**Ambassador Charles W. Blackwell**
Charles W. Blackwell is the founder of Native Affairs and Development Group and serves as its President and Director. He is also the Chickasaw National Ambassador to the United States of America by appointment of the Chickasaw Governor with confirmation by the Chickasaw Legislature.

**Jerry Cade, M.D.**




**Lynne M. Cooper, D.MIN.**
Dr. Cooper has served as the President of Doorways, an interfaith AIDS residence program, for the past nine years. She is also the director of the National AIDS Housing Coalition Board.

**Robert Fogel**
Mr. Fogel is an attorney at Hilfman and Fogel in Chicago, Illinois. He is the Chair of the International Subcommittee of the PACHA.

**Debra Fraser-Howze**
Ms. Fraser-Howze is the founder/director of the National Black Leadership Commission on AIDS in New York City. She is also the Co-Chair of the Racial Ethnic Populations Subcommittee of the PACHA.

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**Jerry Cade, M.D.**
Dr. Cade, a person living with HIV, is the Co-Founder and Medical Director of University Medical Center's HIV Inpatient Unit and Outpatient Clinic in Las Vegas, Nevada. He was an attendee of the 1995 White House Conference on AIDS.

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**Kathleen Gerus**
Ms. Gerus, a person living with HIV, currently serves at the Midwest AIDS Prevention Project in Sterling Heights, Michigan. She has served as co-chair of the Women's Advisory Committee of the National Hemophilia Foundation.

**Phyllis Greenberger**
Ms. Greenberger is currently serving at the Society for the Advancement of Women's Health Research in Washington, D.C. She is the former Associate Director for Government Relations at the American Psychiatric Association.

**Nilsa Gutierrez, M.D., M.P.H.**
Dr. Gutierrez is the former director of the New York State AIDS Institute, and is currently the medical director of the Health Care Financing Administration's New York Regional Office.

**Bob Hattoy**
Mr. Hattoy, a person living with AIDS, currently serves as the White House Liaison at the U.S. Department of Interior.

**Ronald Johnson**
Mr. Johnson, a person living with HIV, is currently managing director for public policy, communications, and community relations at the Gay Men's Health Crisis in New York City. He formerly served as the Citywide coordinator for AIDS policy in the Office of the Mayor, City of New York.

**Jeremy Landau**
Mr. Landau, a person living with HIV, resides in Santa Fe, New Mexico. He is currently the Chair of the Prisons Subcommittee of the PACHA. He is the former director of the National Rural AIDS Network.

**Steve Lew**
Mr. Lew, a person living with HIV, is the Director of Research and Technical Assistance at the Asian and Pacific Islander Wellness Center in San Francisco. He is the co-chair of San Francisco's Ryan White HIV Services Planning Council.

**Miguel Milanes**
Mr. Milanes is the former HIV/AIDS Program Coordinator and current Executive Assistant to the District Administrator for Dade/Monroe Counties (Miami), in the Office of HIV/AIDS Services, Florida Department of Health.

**Reverend Altagracia Perez, STM**
Reverend Perez is currently serving at the Church of Saint Phillip the Evangelist in Los Angeles, California. She is also the Co-Chair for the Racial Ethnic Populations Subcommittee of the PACHA. Rev. Perez gave an opening prayer at the 1996 Democratic National Convention.

**Michael Rankin, M.D., M.P.H.**
Dr. Rankin is Chief, Psychiatry and Mental Health Services, VA Northern California Health Care System in San Francisco, California.

**Debbie Runions**
Ms. Runions is a person living with HIV, is a community advocate from Nashville, Tennessee. She serves on numerous boards and advisory commissions. Ms. Runions spoke as a person living with HIV at the 1996 Democratic National Convention.

**Sean Sasser**
Mr. Sasser, a person living with HIV, tested positive for HIV at the age of 19. He was an attendee of the 1995 White House Conference on AIDS.

**Benjamin Schatz, J.D.**
Mr. Schatz is currently executive director of the Gay and Lesbian Medical Association in San Francisco, California. He was a founder/director of the AIDS Civil Rights Project at the National Gay Rights Advocates.

**Richard Stafford**
Mr. Stafford, a person living with HIV, is from Minneapolis, Minnesota.

**Denise Stokes**
Ms. Stokes, a person living with HIV, is a community activist dedicated to HIV education, awareness and prevention. Ms. Stokes joined **YOU** as keynote speaker at the October White House event announcing $156 million in funding targeted to African American and other minority populations.

**Bruce Weniger, M.D.**
Dr. Weniger is a physician at the National Immunization Program in the federal Centers for Disease Control and Prevention in Atlanta, Georgia.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Joseph C. Fanaroff ( CN=Joseph C. Fanaroff/OU=WHO/O=EOP [ WHO ] )

CREATION DATE/TIME:18-DEC-1998 11:00:11.00

SUBJECT: Re: draft TP

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
thanks

Todd A. Summers
12/18/98 10:58:25 AM

Record Type: Record

To: Joseph C. Fanaroff/WHO/EOP
cc: Sarah A. Bianchi/OVP @ OVP
Subject: Re: draft TP

I just talked to Sarah - I'm fine with your changes - on the second bulleted paragraph ("Renew his call..."), the tense of the third verb (enhancing) is not consistent with the previous verb - should be "enhanced"

Other than that, it's fine with me - Sarah's going to look at it and give you any changes she suggests.

Todd

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Joseph C. Fanaroff ( CN=Joseph C. Fanaroff/OU=WHO/O=EOP [ WHO ] )

CREATION DATE/TIME:18-DEC-1998 09:37:02.00

SUBJECT: has your paper been signed off on yet???

TO: Sarah A. Bianchi ( CN=Sarah A. Bianchi/O=OVP @ OVP [ UNKNOWN ] )
READ:UNKNOWN

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
pls. forward when approved.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:18-DEC-1998 08:37:06.00

SUBJECT:

TO: SARAH (Pager) #BIANCHI ( SARAH (Pager) #BIANCHI [ UNKNOWN ] )
READ:UNKNOWN

TEXT:
Good Morning - need press paper ASAP - call Todd 62444

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:18-DEC-1998 12:40:01.00

SUBJECT: POTUS Meeting This Afternoon

TO: Daniel N. Mendelson ( CN=Daniel N. Mendelson/OU=OMB/O=EOP @ EOP [ OMB ] )
READ:UNKNOWN

TEXT:
Quick alert - the Council is planning on raising the OMB rules around analyzing 1115 waivers - they are going to argue that the way costs and savings are analyzed needs to be changed to reflect savings that my accrue outside of Medicaid, and to lengthen the time-frame (from 5 to 10 years). Just wanted to give you a heads-up since you're hopefully going to be there.

I don't expect that you'll be expected to respond, but didn't want you to get blind-sided.

Todd

# Clinton Presidential Records
# Automated Records Management System
# [EMAIL] and Tape Restoration Project [Email]

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies a responsive email, already made available within another collection.

Collection: 2015-0017-F Segment 2

Bucket: OPD

Creation Date: 1998-12-18

Subject: Gay reactions to impeachment

Creator: Richard Socarides CN=Richard Socarides/OU=WHO/O=EOP [ WHO ]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Tsummers@aol.com ( Tsummers@aol.com [ OPD ] )

CREATION DATE/TIME:19-DEC-1998 11:03:01.00

SUBJECT: Fwd: my new e-mail address

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TEXT:
In a message dated 12/19/98 2:34:01 AM Eastern Standard Time, MDSHRIVER writes:

<< MShriver@psg.ucsf.edu >>

Return-path: <MDSHRIVER@aol.com>
Date: Sat, 19 Dec 1998 02:34:01 EST
From: MDSHRIVER@aol.com
Subject: my new e-mail address
To: AUERBACJ@od31em1.od.nih.gov, julia_cohen@ppfa.org, chris.collins@mail.house.gov, fbeadle@aed.org, dorothy@familyplanning.org, kmd2@cdc.gov, bredlin@itsa.ucsf.edu, Fbdp@aol.com, ElisaLuna@aol.com, jfera@sfaf.org, SFolkman@psg.ucsf.edu, chuck@sirius.com, hdg1@cdc.gov, EGoldstein@psg.ucsf.edu, MarinaG@medicine.ucsf.edu, josephg@itsa.ucsf.edu, tholt@clw.org, dyn6@cdc.gov, KAKinder1@aol.com, MLangan@psg.ucsf.edu, Jeffs5999@aol.com, SteveLew2@aol.com, jel6@cdc.gov, ELongstreth@psg.ucsf.edu, hmoor1@mail.nih.gov, SMorin@psg.ucsf.edu, dhp8@cdc.gov, rhr1@columbia.edu, mroland@sfaids.ucsf.edu, LRoos@psg.ucsf.edu, mtschiffer@pe.net, spsvms@pop.ucr.edu, Tsummers@aol.com, TheLoratt@aol.com, laura_thomas@dph.sf.ca.us, JUnick@psg.ucsf.edu, rov1@cdc.gov, CWaldo@psg.ucsf.edu, jzw6@cdc.gov, Windleyj@aol.com, DWohlfei@dhs.ca.gov, swolfson@mail.41mad.com
MIME-version: 1.0
Content-type: text/plain; charset=US-ASCII
Content-transfer-encoding: 7BIT
Everyone:

I have finaly entered the world of an e-mail account at my desk from my agency's own address!

For work correspondence, please now send my mail to:

MShriver@psg.ucsf.edu

For personal e-mail (or to make sure a cc gets to my home, please note that this AOL account is NOT being de-activated!

Thanks!

mike

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: SHENOVICE@aol.com@INET@LNGTWY ( SHENOVICE@aol.com@INET@LNGTWY [ UNKNOWN ] )

CREATION DATE/TIME:19-DEC-1998 11:27:41.00

SUBJECT: Re: APs' Spin

TO: Todd A. Summers@eop ( Todd A. Summers@eop [ OPD ] )
READ:UNKNOWN

TO: Sandra Thurman@eop ( Sandra Thurman@eop [ OPD ] )
READ:UNKNOWN

TO: Daniel C. Montoya@eop ( Daniel C. Montoya@eop [ OPD ] )
READ:UNKNOWN

TEXT:
In a message dated 12/19/98 9:48:49 AM, Har n dc writes:
<<Not exactly the spin we were going for.
Clinton Scolded Over AIDS Vaccine>>

You gotta love the press' commitment to accuracy and their passion for
giving
the people the whole story ...

Denise Stokes
(P.S. Now look at what Washington has done to me - I'm cynical AND
sarcastic!
haha)========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
RFC-822-headers:
Received: from conversion.pmdf.eop.gov by PMDF.EOP.GOV (PMDF V5.1-9 #29131)
id <01J5IQHK8LO000EN25@PMDF.EOP.GOV>; Sat, 19 Dec 1998 11:20:02 EST
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with ESMTP id <01J5IQHI8J5C00D0SI@PMDF.EOP.GOV>; Sat,
19 Dec 1998 11:19:59 -0500 (EST)
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by EOP.GOV (PMDF V5.2-29 #34437) with ESMTP id <01J5IQGWWFWG00050Z@EOP.GOV>;
Sat, 19 Dec 1998 11:19:28 -0500 (EST)
Received: from SHENOVICE@aol.com by imo24.mx.aol.com (IMOv18.1)
id 1PXHa05996; Sat, 19 Dec 1998 11:15:05 -0500 (EST)
X-Mailer: AOL for Macintosh sub 189
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Harndc@aol.com@INET@LNGTWY ( Harndc@aol.com@INET@LNGTWY [ UNKNOWN ] )

CREATION DATE/TIME:19-DEC-1998 12:18:18.00

SUBJECT: Fwd 2nd AP Story: President Scolded Over AIDS Vaccine

TO: Todd A. Summers@eop ( Todd A. Summers@eop [ OPD ] )
READ:UNKNOWN

TO: Sandra Thurman@eop ( Sandra Thurman@eop [ OPD ] )
READ:UNKNOWN

TO: Daniel C. Montoya@eop ( Daniel C. Montoya@eop [ OPD ] )
READ:UNKNOWN

TEXT:
========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
From: AOLNews@aol.com@INET@EOPMRX@LNGTWY
Date: 12/18/98 10:08pm
Subject: President Scolded Over AIDS Vaccine
President Scolded Over AIDS Vaccine

.c The Associated Press

By SANDRA SOBIERAJ

WASHINGTON (AP) -- President Clinton's AIDS advisory council scolded him Friday for insufficiently following up his grandly announced plan to develop an AIDS vaccine within 10 years.

In turn, Clinton warned that 2000 will be tight budget year for AIDS research but he endorsed the council's proposal for a national media campaign to promote voluntary testing for the HIV virus that causes AIDS.

``It has been 19 months to the day since your announcement of the vaccine goal

and a director of the vaccine center at NIH has not yet been appointed," Helen Miramontes, a member of the president's HIV/AIDS advisory council, told Clinton in a meeting in the Cabinet Room.

She said just one preliminary vaccine meeting has been convened at the National Institutes of Health since Clinton, in a 1997 commencement address, invoked the legacy of John F. Kennedy's 1960s race to the moon and set a 10-year target for developing an AIDS vaccine.

``When President Kennedy announced that we were going to put a man on the moon, he appointed a person within the White House to oversee this endeavor,"

Miramontes said, asking Clinton to add a vaccine coordinator to the staff of the Office of National AIDS Policy.

Clinton responded with a vote of confidence in the office's director, Sandy Thurman, and with a promise that a vaccine director at NIH ``is about to be appointed."

The council requested additional AIDS research and treatment funds in his fiscal 2000 budget, particularly for an initiative targeting minority populations.

``This budget year will be more difficult than the last one because we got such big increases in everything last time and because of the global economy kind of slowing down," Clinton responded. ``But we'll do the best we can."

Dr. Scott Hitt, the council's chairman, told Clinton that 300,000 Americans do

not know they are infected with HIV. ``And contrary to your own stated goals, we are not decreasing the numbers of new people infected," Hitt said.

Clinton promised to work on creating a public/private outreach campaign to lessen the stigma of HIV testing. ``It offers the promise of sort of getting by the divisive arguments of the past and actually doing something. I like it," he said.

He also said he would consider asking Vice President Al Gore, in his ongoing discussions with the pharmaceutical industry, to press for price cuts on HIV-related drugs.

AP-NY-12-18-98 2208EST



To edit your profile, go to keyword <A HREF="aol://1722:NewsProfiles"> NewsProfiles</A>.
For all of today's news, go to keyword <A HREF="aol://1722:News">News</A>.
========== END ATTACHMENT 1 ==========

========== ATTACHMENT 2 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
RFC-822-headers:
Return-path: <AOLNews@aol.com>
========== END ATTACHMENT 2 ==========

========== ATTACHMENT 3 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:

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19 Dec 1998 12:13:48 -0500 (EST)
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Sat, 19 Dec 1998 12:13:14 -0500 (EST)
Received: from Harndc@aol.com by imo23.mx.aol.com (IMOv18.1)
id 1IBNa23538; Sat, 19 Dec 1998 12:09:31 -0500 (EST)
X-Mailer: AOL 4.0 for Windows 95 sub 205
========== END ATTACHMENT 3 ==========

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Harndc@aol.com@INET@LNGTWY ( Harndc@aol.com@INET@LNGTWY [ UNKNOWN ] )

CREATION DATE/TIME:19-DEC-1998 09:59:26.00

SUBJECT: APs' Spin

TO: Todd A. Summers@eop ( Todd A. Summers@eop [ OPD ] )
READ:UNKNOWN

TO: Sandra Thurman@eop ( Sandra Thurman@eop [ OPD ] )
READ:UNKNOWN

TO: Daniel C. Montoya@eop ( Daniel C. Montoya@eop [ OPD ] )
READ:UNKNOWN

TEXT:
Not exactly the spin we were going for.

Clinton Scolded Over AIDS Vaccine

.c The Associated Press

WASHINGTON (AP) -- President Clinton has not done enough to follow up his plan to develop an AIDS vaccine within 10 years, his AIDS advisory council charges.

Clinton warned Friday that 2000 will be tight budget year for AIDS research but he endorsed the council's proposal for a national media campaign to promote voluntary testing for the HIV virus that causes AIDS.

``It has been 19 months to the day since your announcement of the vaccine goal
and a director of the vaccine center at NIH has not yet been appointed,'' Helen Miramontes, a member of the president's HIV/AIDS advisory council, told
Clinton in a meeting in the Cabinet Room.

She said just one preliminary vaccine meeting has been convened at the National Institutes of Health since Clinton, in a 1997 commencement address,
invoked the legacy of John F. Kennedy's 1960s race to the moon and set a 10-year target for developing an AIDS vaccine.

The council requested additional AIDS research and treatment funds in his fiscal 2000 budget, particularly for an initiative targeting minority populations.

``This budget year will be more difficult than the last one because we got such big increases in everything last time and because of the global economy
kind of slowing down,'' Clinton responded. ``But we'll do the best we

can."========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

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19 Dec 1998 09:52:39 -0500 (EST)
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Sat, 19 Dec 1998 09:52:04 -0500 (EST)
Received: from Harndc@aol.com by imo16.mx.aol.com (IMOv18.1)
id 1Ua0011663; Sat, 19 Dec 1998 09:48:49 -0500 (EST)
X-Mailer: AOL 4.0 for Windows 95 sub 205
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: a1.eop.gov@hattrick.qrc.com@INET@LNGTWY ( prevention-news-return-127-SUMMERS_T=a1.eop.gov@hattrick.qrc.com@INET@LNGTWY [ UNKNOWN ] )

CREATION DATE/TIME:20-DEC-1998 18:54:04.00

SUBJECT: [CDC News] CDC HIV/STD/TB Prevention News Update 12/17/98

TO: Todd A. Summers@eop ( Todd A. Summers@eop [ OPD ] )
READ:UNKNOWN

TEXT:
CDC HIV/STD/TB Prevention News Update
Thursday, December 17, 1998

The CDC National Center for HIV, STD, and TB Prevention provides the following information as a public service only. Providing synopses of key scientific articles and lay media reports on HIV/AIDS, other sexually transmitted diseases and tuberculosis does not constitute CDC endorsement. This daily update also includes information from CDC and other government agencies, such as background on Morbidity and Mortality Weekly Report (MMWR) articles, fact sheets, press releases, and announcements. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC HIV/STD/TB Prevention News Update should be cited as the source of the information.

HEADLINES

PEER-REVIEWED JOURNALS
"Human Immunodeficiency Virus Type 1 in the Semen of Men Receiving Highly Active Antiretroviral Therapy"
"Italian Health Ministry Found Guilty in Tainted-Blood-Product Scandal"
"Hepatitis Meeting Suggests End of 'Carrier' Status"
"P53 Polymorphism and Risk of Cervical Cancer"

GENERAL MEDIA
"Babies With Disease Abandoned by Mothers"
"Misguided Beliefs Seen in AIDS in Kenya"
"Smog, Smokes, STDs to Blame for Sterility in China, Reports Say"
"S.F. AIDS Programs to Get $36 Million"
"Glimmer of Hope to Restore Damage Immune Systems"
"Nonintravenous Injections Associated With Low HIV Transmission Risk"

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PEER-REVIEWED JOURNALS
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"Human Immunodeficiency Virus Type 1 in the Semen of Men

Receiving Highly Active Antiretroviral Therapy"
New England Journal of Medicine (12/17/98) Vol. 339, No. 25, P. 1803; Zhang, Hui; Geethanjali, Dornadula; Beumont, Maria; et al.

Researchers from Thomas Jefferson University in Philadelphia, Pa., detected proviral DNA from HIV in the seminal cells of HIV-1-infected men receiving highly active antiretroviral therapy who had no detectable levels of viral RNA in their plasma. The finding suggests that the virus can be sexually transmitted by infected men who appear to be in remission. The researchers, led by Dr. Hui Zhang, found proviral DNA in the seminal cells of four of seven men tested. Two men showed replication-competent viruses in their seminal cells. According to the researchers, "the viruses recovered from the seminal cells had no genotypic mutations suggestive of resistance to antiretroviral drugs and were macrophage-tropic, a feature that is characteristic of HIV-1 strains that are capable of being sexually transmitted."

"Italian Health Ministry Found Guilty in Tainted-Blood-Product Scandal"
Lancet (12/12/98) Vol. 352, No. 9144, P. 1916; Simini, Bruno

An Italian civil court recently found the country's Ministry of Health negligent of its responsibility to protect patients from HIV- and hepatitis C virus (HCV)-contaminated blood products. The ministry did not require virus-inactivating treatment of human plasma until 1985. Untreated plasma drugs already in stock were not removed from the shelves until 1988, and systemic screening of donors did not begin before 1994. About 2,000 hemophiliacs were infected with HIV after receiving blood products in Italy in the 1980s, while another 5,000 contracted HCV. Barrister Mario Lana noted that the new civil ruling "condemns the Ministry of Health as an institution to pay compensations," the amounts of which have yet to be determined.

"Hepatitis Meeting Suggests End of 'Carrier' Status"
Lancet (12/12/98) Vol. 352, No. 9144, P. 1916; Sharma, Dinesh C.

Attendees of a two-day international conference in New Delhi dealing with Asian perspectives on hepatitis B and C released a consensus statement urging the replacement of the term "carrier" for patients with the viruses with the term "chronic hepatitis B virus infection" or "chronic hepatitis C virus infection." The change would help decrease complacency about the disease and would affect diagnostic and treatment strategies. Geoff McCaughan, of the University of Sydney, explains that "this [change] will make management strategies simpler, as definitions are now clearer."

"P53 Polymorphism and Risk of Cervical Cancer"
Nature (12/10/98) Vol. 396, No. 6711, P. 530; Helland, Aslaug; Josefsson, Agnetha; Hildensheim, Allan; et al.

Three separate groups of researchers respond to findings recently reported in Nature by Alan Storey and colleagues indicating that a polymorphism in the p53 gene at codon-72 represents a significant risk factor for cancers associated with human papillomavirus. In letters to the journal, all three research

groups report that people homozygous for arganine substitutions at the position were not at higher risk for the cancers, as Storey et al. reported. One group, from the National Cancer Institute and elsewhere, even found that the polymorphism was associated with a decreased risk of neoplasia. All of the groups had larger study sizes but were conducted among different populations than the original study by Storey. In response, Storey, of the Imperial Cancer Research Fund in London, and others state that sample sizes, study population, screening techniques, and control choice all could be responsible for the differences in findings. They state that "it is crucial that investigations should be extended to different populations, and we are encouraged that such studies are underway." The authors are now investigating the risk rates among populations with a higher percentage of the proline allele; findings thus far support their original results.

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GENERAL MEDIA

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"Babies With Disease Abandoned by Mothers"
Washington Times (12/17/98) P. A15; Selsky, Andrew

An estimated 1 million children are HIV-positive in sub-Saharan Africa and there are nearly 8 million African children orphaned by the disease. The Washington Times reports that HIV-infected children are increasingly being abandoned in the region. Social welfare officials say that in Johannesburg through the first half of 1998, there were 120 abandoned babies, two-thirds of whom were infected with HIV. The Salvation Army created a 60-bed shelter for abandoned children in 1995, but the shelter now only takes children with HIV due to the large number of orphans testing positive. The government is currently subsidizing the training of foster parents, and other shelters are being developed. Many of the orphans have a chance for adoption because two-thirds of the children who test positive for HIV at birth later test negative. Those children are often then adopted or go into a foster home, while the children who test positive the second time are rarely adopted and usually die young.

"Misguided Beliefs Seen in AIDS in Kenya"
Washington Times (12/17/98) P. A15

Kenya's Daily Nation reported Wednesday that some men in the country believe that they can cure themselves of HIV infection by having multiple sex partners. The Daily Nation noted reports of several dangerous misconceptions presented at an AIDS workshop in Nairobi. These include the belief by some that it is impossible to contract HIV from some women, including obese women, married women, and schoolgirls. Official reports indicate that 80,000 people have died from AIDS in Kenya; however, the national AIDS program estimates that almost 230,000 have died. An estimated 1.4 million of the country's 30 million people are infected with HIV.

"Smog, Smokes, STDs to Blame for Sterility in China, Reports Say"
AZ Starnet Online (12/17/98)

As many as one in eight men experiences sterility in China, according to the Xinhua news agency. In the past two decades, the percentage of couples unable to conceive has risen from 3 percent to 13 percent. Air pollution, heavy smoking, and sexually transmitted diseases have been blamed for the increased rate of infertility, the Beijing Morning Post said. STDs are currently the third most prevalent infectious disease in China, behind dysentery and hepatitis. Over 460,000 cases were reported last year--a 16 percent increase from 1996 levels.

"S.F. AIDS Programs to Get $36 Million"
San Francisco Examiner Online (12/16/98) P. A16; Brazil, Eric

Sixty-three San Francisco-area AIDS groups will receive a total of $36 million in grants as part of the Ryan White Comprehensive AIDS Resources Emergency Act, Rep. Nancy Pelosi (D-S.F.) announced. The money will also go for services in San Mateo and Marin counties, helping people living with HIV/AIDS. San Francisco has received funds from the Ryan White Act since it was passed in 1990. The San Francisco Health Department will be the grantee for the funds, with the distribution priorities set by the city's HIV Planning Services Council.

"Glimmer of Hope to Restore Damage Immune Systems"
Reuters (12/16/98); Reaney, Patricia

Scientists are investigating ways to increase production from the thymus gland in order to strengthen the immune system in people who experience immunodeficiency, including people with AIDS. It was originally believed that the thymus gland, which produces T-cells, lost most of its function due to aging; however, Dr. Richard Koup and colleagues from the University of Texas Southwestern Medical Center report in the journal Nature that the gland merely slows down after puberty. If researchers can develop a method to increase the output from the thymus, people with HIV or people who receive chemotherapy may be able to recover some T-cell output. They have not yet developed a method to accomplish this.

"Nonintravenous Injections Associated With Low HIV Transmission Risk"
Reuters Health Information Services (12/16/98)

A multicenter team, led by Dr. Josiah D. Rich of the Miriam Hospital in Providence, R.I., has found that the risk of HIV infection through intramuscular or subcutaneous injection is fairly low, but infection can still occur. The researchers, who report their findings in the Dec. 3 issue of the journal AIDS, assessed the risk of infection by evaluating the residual material extracted from disposable needles and syringes used by health care workers to administer subcutaneous or intramuscular infections to HIV-infected patients. Of 260 needles tested, 6.2 percent tested positive for HIV antibodies but had no HIV-specific DNA or human DNA, while 3.8 percent of 80 syringes

in another group tested showed HIV RNA. The scientists noted that the amount of blood found on the syringes was at least three orders of magnitude less than blood found in syringes used to give intravenous injections.

**********

The PreventioNews Mailing List is maintained by the CDC National Center for HIV, STD, and TB Prevention. Regular postings include the CDC HIV/STD/TB Prevention News Update, conference announcements, current funding opportunities, and selected MMWR articles. To SUBSCRIBE, send a blank message to the address preventionews-subscribe@cdcnpin.org. To UNSUBSCRIBE, send a blank message to the address preventionews-unsubscribe@cdcnpin.org. If you need assistance, please contact info@cdcnpin.org.

Back issues of the CDC HIV/STD/TB Prevention News Update can be found at the CDC NPIN FTP site at ftp://ftp.cdcnpin.org/PrevNews. Back issues are searchable from the CDC HIV/STD/TB Prevention News Update Database at http://www.cdcnpin.org/db/public/dnmain.htm.

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========== ATTACHMENT 1 ==========

ATT CREATION TIME/DATE: 0 00:00:00.00

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Received: from storm.eop.gov by PMDF.EOP.GOV (PMDF V5.1-9 #29131) with ESMTP id <01J5FTU0MI6O009EC9@PMDF.EOP.GOV> for SUMMERS_T@a1.eop.gov; Thu,

17 Dec 1998 09:24:01 -0500 (EST)

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SUMMERS_T@a1.eop.gov; Thu, 17 Dec 1998 09:23:42 -0500 (EST)

Received: (qmail 31889 invoked by uid 540); Thu, 17 Dec 1998 14:13:17 +0000

Received: (qmail 31850 invoked from network); Thu, 17 Dec 1998 14:12:00 +0000

X-Mailer: Internet Mail Service (5.5.1960.3)

Precedence: bulk

Delivered-to: mailing list prevention-news@hattrick.qrc.com

Delivered-to: moderator for prevention-news@hattrick.qrc.com

Mailing-List: contact prevention-news-help@hattrick.qrc.com; run by ezmlm

========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Paul Delay <pdelay@usaid.gov> ( Paul Delay <pdelay@usaid.gov> [ UNKNOWN ] )

CREATION DATE/TIME:21-DEC-1998 20:18:36.00

SUBJECT: fwd: Sandy Thurman visit to South Africa

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TEXT:
Todd, I will start routinely forwarding these e-mails on to you so that you see them when I do. Note Renee's concerns about the week of the 11th below. This still seems doable however.

Paul R. De Lay, Chief, HIV-AIDS Division
Tel:202 712 0683; FAX 202 216 3046;
Internet: pdelay@usaid.gov
---
Original Text
From: "Saunders, Renee" <rjs4@cdc.gov>, on 12/21/98 12:56 PM:
To: "'Delay, Paul'" <pdelay@usaid.gov>
Cc: "Saunders, Renee" <rjs4@cdc.gov>

Hi Paul - I'm glad I had an opportunity last week to finally see you. Ithas been a long time and many stories in-between. I spoke to Alex on Fridayto obtain an update on the planned visit of Sandy Thurman. I'm glad thatthe plans have changed and that we are no longer looking at a CODEL. I touched base with Ken Yamashita today and he will follow up with StaceyRhodes, Mission Director concerning the visit. One concern is that thevisit to South Africa will coincide with the Region PHN meeting on Nov. 14.If Sandy arrives in South Africa on the 12th, she will really only have oneday in KZN (13) and one day in JHB (15). The 14th would be spent with thePHN officers and the usual protocol stuff (Minister Zuma, the newDirectorate for HIV/AIDS, Ambassador and Stacey). We could probably includea visit to JHB on this day, depending on the meetings with Zuma et al.Further, she would see the "best scenario" first (if there is such a thingwith this epidemic) as opposed to a more "depressed" situation. Ken hassuggested that she may want to come to South Africa during the week of Jan.18th, but will check with Stacey to make sure that this does not conflictwith Vivian Derek's planned visit.Please let me know your thoughts and outcome of your briefing with Sandy. Ican be reached at (404) 639-6100 til Tuesday and at (804) 329-6481 fromWednesday (12/23 - 12/28). I will be in Washington, DC from 12/28 - 12/30at the Solidarity Center to work on the HIV/AIDS workplan for the SA tradeunions. That number is (202)778-4627.Talk to you soon.Renee

- ATTRIBS.BND========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:

Beyond Packed AttributesATT(fwd: Sandy Thurman visit to South AfricaPaul Delay+
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Internet: pdelay@usaid.gov$$8MS Sans Serif
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h Te========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Laura Emmett ( CN=Laura Emmett/OU=WHO/O=EOP [ WHO ] )

CREATION DATE/TIME:21-DEC-1998 17:37:47.00

SUBJECT: Re: Big X-Mas Cards

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
---------- Forwarded by Laura Emmett/WHO/EOP on 12/21/98 05:37 PM ----------

Brooks E. Scoville 12/21/98 05:26:02 PM

Record Type: Record

To: Laura Emmett/WHO/EOP
cc:
Subject: Re: Big X-Mas Cards

I have the two sets of cards for Mary May and Daniel Montoya . . . Can you send someone to pick them up?

THANKS

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Paul J. Weinstein Jr. ( CN=Paul J. Weinstein Jr./OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:21-DEC-1998 14:03:44.00

SUBJECT: Phone Numbers Over Holiday

TO: Teresa M. Jones ( CN=Teresa M. Jones/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TO: Essence P. Washington ( CN=Essence P. Washington/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Neera Tanden ( CN=Neera Tanden/OU=WHO/O=EOP [ WHO ] )
READ:UNKNOWN

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Mary L. Smith ( CN=Mary L. Smith/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Jonathan H. Schnur ( CN=Jonathan H. Schnur/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Cynthia A. Rice ( CN=Cynthia A. Rice/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Bruce N. Reed ( CN=Bruce N. Reed/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Nicole R. Rabner ( CN=Nicole R. Rabner/OU=WHO/O=EOP [ WHO ] )
READ:UNKNOWN

TO: Tanya E. Martin ( CN=Tanya E. Martin/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Jeanne Lambrew ( CN=Jeanne Lambrew/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Andrea Kane ( CN=Andrea Kane/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Jose Cerda III ( CN=Jose Cerda III/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Thomas L. Freedman ( CN=Thomas L. Freedman/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Julie A. Fernandes ( CN=Julie A. Fernandes/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Leanne A. Shimabukuro ( Leanne A. Shimabukuro @ EOP @ LNGTWY [ OPD ] )
READ:UNKNOWN

TO: Laura Emmett ( CN=Laura Emmett/OU=WHO/O=EOP [ WHO ] )
READ:UNKNOWN

TO: Michael Cohen ( CN=Michael Cohen/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Sarah A. Bianchi ( CN=Sarah A. Bianchi/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TO: Chantell S. Long ( CN=Chantell S. Long/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TO: Christa Robinson ( Christa Robinson @ EOP @ LNGTWY [ OPD ] )
READ:UNKNOWN

TO: Jennifer L. Klein ( CN=Jennifer L. Klein/OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TO: Cathy R. Mays ( Cathy R. Mays @ EOP @ LNGTWY [ OPD ] )
READ:UNKNOWN

CC: Christopher C. Jennings ( CN=Christopher C. Jennings/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

CC: Elena Kagan ( CN=Elena Kagan/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

CC: Bruce N. Reed ( CN=Bruce N. Reed/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TEXT:
WITHIN THE NEXT 25 MINUTES, EVERYONE, AND I MEAN EVERYONE, IS TO PROVIDE CATHY MAYS AND THE SIGNAL OPERATOR WITH NUMBERS WHERE YOU CAN BE REACHED OVER THE HOLIDAYS. THERE IS A STRONG LIKLIHOOD THAT BRUCE, ELENA, AND CHRIS WILL NEED TO REACH YOU BECAUSE OF BUDGET AND SOTU ISSUES.
GET THESE NUMBERS IN NOW. I DON'T WANT TO WASTE ANYMORE TIME BUGGING PEOPLE ABOUT THIS.

IN ADDITION, LEAVE EARNERS, DON'T PLAN ON GOING ANYWHERE FOR CHRISTMAS UNLESS YOU GIVE ME A LEAVE FORM. OTHERWISE, PLAN ON BEING HERE. I AM LEAVING AT 5:00 PM TOMORROW, YOU HAVE UNTIL THEN.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:21-DEC-1998 15:27:37.00

SUBJECT: Transcript of meeting between the President and HIV/AIDS Council

TO: hdg1@cdc.gov ( hdg1@cdc.gov [ UNKNOWN ] )
READ:UNKNOWN

TEXT:
FYI -

There's quite a bit in here about the "get tested" campaign.

Todd

---------- Forwarded by Todd A. Summers/OPD/EOP on 12/21/98 03:26 PM ----------

Richard Socarides 12/21/98 03:08:05 PM

Record Type: Record

To:
cc:
Subject: Transcript of meeting between the President and HIV/AIDS Council

THE WHITE HOUSE

Office of the Press Secretary

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For Immediate Release December 18, 1998

REMARKS OF THE PRESIDENT
IN HIV-AIDS ADVISORY COUNCIL MEETING

The Cabinet Room

5:45 P.M. EST

MS. THURMAN: Good afternoon, everybody. I want to thank you all for joining us this afternoon. Those of us who are gathered in this room today are partners in a battle that, while we've had significant successes in recent years, has no end in sight. Our victory over AIDS will require incredible resolve, persistence, and steadfast leadership.

This is a struggle which we all know has had all too few national leaders, but has always had the support of this leader. It is my distinct honor to present to you our leader, the President.

THE PRESIDENT: I want to get right to the subject of listening to all of you, but I would like to say that, as all of you know, we had a very good couple of days when we finally made the budget last year -- we've had a lot of good increases, a lot of things that I know you care so much about. But we've got a lot of work to do, especially in prevention and in the vaccine development I think we're going to -- (inaudible) -- pretty soon.

I would prefer, I think, because we've met before and I'm trying to stay familiar with your concerns -- I think we've done a good job of getting the money into the programs this time, but there's a lot more we can do -- (inaudible.) However you organized this -- (Laughter.)

DR. HITT: Okay, we want to start off by having Reverend Mother Altagracia Perez lead us in a short prayer.

REVEREND PEREZ: Thank you. Thank you, Mr. President, for this moment where we can gather our thoughts and especially bring to mind all those who today are in need of courage and strength, so if we could have a moment of silence.

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Spirit of life and justice and power, we welcome you in our midst. We've been brought together by a desire to improve the quality of life for all the people that we serve and represent. We're especially conscious at this moment of the men and women, that right now, are in harm's way. Our thoughts are with them and their families, as we await their safe return.

We're also ever-mindful of those who are gathered here with us and, through us, all those who struggle daily with a virus that has no cure and is hard to live with. They are here with us; the people who called us to this work; those who have gone and who have left us their legacy of courage and perseverance.

We especially gather in a spirit of gratitude for our President. We remember all too well those dark years, when a meeting like this would have never happened. We are grateful for his life and for his leadership, and we pray that you sustain him through the power of your spirit. Give him strength and courage, and stamina, and wisdom, as he continues to lead us through this dark time.

There's still so much that we have to do. Let us especially remember our communities of color and those most vulnerable throughout the world who today, and every day, are living in a state of emergency. May each of us leave this encounter with our vision of what we can do together restored, and our strength

renewed, to go forward and face the challenges that await us. In the name of the One who came with hope and brought us light, we pray. Amen.

DR. HITT: Mr. President, on behalf of the Council I want to thank you for meeting with us, especially so close to your recent high profile events regarding the Congressional Black Caucus HIV Initiative for communities of color and World AIDS Day spotlight on international crisis.

Six and a half years ago I was very honored to stand with you on the stage of the Palace Theater in Los Angeles, where you outlined your commitment and genuine care and concern for those living with HIV and a really good vision of how -- (inaudible.) In light of the efforts you made in securing unprecedented funding, for starting the Office of AIDS Research, Office of National AIDS Policy, convening the White House Conference on AIDS, establishing a goal of a vaccine -- which are all landmarks I think you can be very proud of -- I am just as honored to be with you here today.

THE PRESIDENT: Thank you.

DR. HITT: In addition, I want to thank you for the humbling honor of serving this Council of incredibly dedicated and committed individuals as its chair, and to tell you on behalf of all of us how honored we are to serve your administration.

Continuing with our task of offering advice to you, we recently adopted our priorities, which reflect the community realities, especially the urgent need for action in the racial and ethnic communities, and in the youth of our country. This epidemic has been full of changes and challenges and we're really at a crossroads in this epidemic. The media all the time tells us about how people are living longer and this is a chronic, manageable disease and less people are dying overall of AIDS.

What they often fail to mention is that curb-prevention efforts are not reaching the American public. Three hundred thousand Americans don't even know they're HIV positive. And contrary to your own stated goals, we are not decreasing the numbers of new people infected. And, in fact, in many communities the numbers are increasing.

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In addition, thousands of HIV individuals cannot get the early treatment the public health service guidelines tell them that they should get, but, rather, they have to wait until they become disabled from the disease before becoming eligible for treatment.

Out of all our recommendations to date, there are a few items we would like to discuss with you today that need your specific presidential intervention now if we are going to achieve these goals. Before we give you these few suggestions I want to emphasize to you

that none of what we're recommending to you today would be possible without the tireless efforts of several people who serve you, this Council and the people living with HIV and AIDS -- especially in the White House and across administration. It's because of them that you've had so many successes -- namely your own NAP Director, Sandy Thurman -- (applause) -- who made real your vision of a White House office that leads the national response to this epidemic, along with the Deputy Director Todd Summers and the Council's Executive Director, Dan Montoya. And we appreciate the efforts very much.

The Rabbi has a few words.

RABBI EDELHEIT: Mr. President, we're honored to be with you today, especially so soon after your recent trip to the Mideast, where you courageously engaged in the making of peace, where you brought the gift of hope to the land of the Bible.

During this week of Hanukkah, on the eve of Ramadan and one week before Christmas, we are all reminded that all these religious holidays promise us light in the darkest time of the year. As your Advisory Council, we want to help you fulfill your vision to bring the light of hope to those living with HIV/AIDS.

HIV/AIDS still darkens the path to that bridge that crosses into the 21st century to which you have prophetically led us. We want to help you illumine the darkness that still covers the path to that bridge. We must warn you that there are some Americans who are in danger of being unable to cross when you lead our nation to that bridge into the 21st century.

How can we be sure that the African American who has no access to clean needles, nor the newest combination of drug therapies will get to the other side? What do we need to do to make sure that the Latino youth who is not eligible for Medicaid will have access to primary care and still be able to work that he, too, can cross the bridge with other Americans?

Here is a gift, Mr. President, from my four children. It is a dreidel -- that's right. I'm impressed. (Laughter.) It is the traditional spinning top we play -- and the four letters on it, Mr. President, stand for "a great miracle happened there." But, Mr. President, we know that there will be no one great miracle that ends HIV-AIDS. So we are here to help revive your vision of zero rate of transmission and an equitable access of care to all persons battling HIV disease.

We are here with you today, Mr. President, when a terrible political darkness has fallen over this land, because we want you to know that we will do whatever it takes to cross that bridge with you into the 21st century.

DR. HITT: As I said, we fought through a lot of recommendations and tried to come up with some specific new initiatives that we wanted to bring to your attention. And to start

that off, I'm going to have Mr. Tom Henderson lead with one of the new initiatives.

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MR. HENDERSON: Mr. President, when I stood, with many others during the stirring speeches of Bob Latoy (phonetic) and Elizabeth Glaser at the 1992 Democratic National Convention, I truly believed it would be my last national convention. But because of the remarkable progress we've made under your leadership in fighting this disease, I'm still here today, alive and well.

That's primarily because I'm fortunate enough to be employed and adequately insured and, therefore, able to enjoy the benefits of the new combination drug therapies. For those who must rely on Medicaid, however, for their health care, the story is often much different.

On one hand, we have new public health service standard-of-care guidelines that call for early treatment of HIV prior to disability. But on the other hand, in many cases, accessing Medicaid requires individuals to be already disabled. Instead of being able to enjoy the benefits of living longer and better lives, many are still forced to wait until they're sick and unable to work before they can even begin treatment.

Not only is that inhumane, Mr. President, it's costly as well. Access to quality medical care for those living with HIV who are incarcerated is also a major problem. In most cases, there is no preparation for connecting those individuals to medical care, once they are released back into the community.

In April of 1997, the Vice President asked HCFA to evaluate the possibility of expanding access to Medicaid for poor HIV-positive individuals, prior to becoming disabled. HCFA/HHS has concluded that can't be done in a budget-neutral manner. Now, some would suggest that the only near-term solution is to rely on the demonstration programs called for in the Jeffords/Kennedy legislation. Mr. President, we reject those conclusions. We believe there are two things that can be done now, without legislation, to solve this problem. First, OMB currently requires finding offset cost savings within Medicaid only to determine budget neutrality. Any savings generated within other federal programs can't be considered to determine budget neutrality.

Also, current policy only allows looking at a five-year budget window. We believe those hurdles can be overcome, but only if you make the decision to include a broader look at cost savings, and a longer budget window, and then direct the Secretary of HHS, and the Director of the OMB, to modify current policy to account for any resulting savings.

Second is the issue of drug cost. Mr. President, the time to deal with crucial drug cost issues is while we're also dealing with expanding access to those drugs. The vastly increased

market for HIV drugs that would result from early access makes simultaneously negotiating drug cost reductions both reasonable and possible. We believe that asking the Vice President to include such drug cost issues in his ongoing discussions with the pharmaceutical industry could offer substantial potential for progress. Breaking the current gridlock, Mr. President, surrounding these issues will require your personal intervention. With that intervention, however, providing Medicaid access to early intervention therapies can be accomplished.

THE PRESIDENT: Well, I'll see what I can do about that. You know, generally, this whole medical coverage problem is getting worse in America. It reminds me of that joke that the Republicans used to tell on us -- they told me if I voted for Barry Goldwater we'd get involved in Vietnam too much. And I did, and sure enough, it happened. (Laughter.) And they said when they attacked Hillary and me for our health care plan, they said that if people supported it, things would get worse. And sure enough, they did. (Laughter.)

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We've had -- these coverage problems have gotten quite profound, and as a consequence, with fewer and fewer people getting medical coverage at work, what you've got is more and more people trying to find a way to get into Medicaid.

One of the things, for example, that I want to look at as a result of this is something we're doing with disabled people who get back into the workplace. I just started an initiative not very long ago to try and have people who have disabilities, including some people with HIV and AIDS when they get better -- if you have disabilities and you go back to work, it used to be automatically you lose your Medicaid. And now more and more people are working in small businesses where they don't have employer-based health insurance or they have small pools and they can't afford to take somebody with a preexisting conditions.

So we're trying to modify the rules so that when people are on disability, then they get off of it and they go back into the work force, they can keep their Medicaid for some period of time. And I want to go back and see exactly how we did that and what else we can do here.

Tom, I want to make sure what you said. You believe that there are savings in non-Medicaid areas that would come from keeping people off -- giving people the drugs before they get sick in the first place.

MR. HENDERSON: As you know, the process right now is for states to seek waivers. We've been working closely with a number of states who have been working on those waivers for submission at the present time. They believe there are significant savings in SSI and SSDI, in other areas, that would result --

THE PRESIDENT: -- all would be counted.

Q Yes, sir. And current rules don't allow that.

THE PRESIDENT: I've got to go back and look at that. Part of it is the way the law disaggregates money into mandatory and non-mandatory spending. I'll look at it and see if we can do something about that. I know it's very important.

I presume you still -- hello, Bob.

HATTOY: Hello, Mr. President. (Laughter.) Sorry I'm late.

THE PRESIDENT: I'm glad you're here. (Laughter.)

MR. HATTOY: I'm glad you're here. (Laughter and applause.)

THE PRESIDENT: --- notwithstanding what you said, you still think we ought to pass the Kennedy-Jeffords bill. It's a good bill.

MR. HENDERSON: Absolutely. We just think that there are some things that can be done in the near-term, though, within the administration that do not require legislation, that they would move this problem forward.

THE PRESIDENT: I'll do some work on it -- what you said.

MR. ROBINSON: Mr. President, as you said in your opening statement, prevention of new infections is an area where, although we've made some progress, we still have a great deal to do. In fact, this Council, the community at large, and your administration, has struggled with the challenge of preventing new infections.

Today we want to raise two issues related to prevention with you. First, as you know, this Council supported making federal funding available for needle-exchange programs. Today, we again want to ask you for your support in this area. We've made a request of Secretary Shalala and HHS to provide us -- the Council, the Office of National AIDS Policy, and other federal agencies -- with a summary of the scientific information that supports needle-exchange programs to prevent new infections. We believe that this would be an important first step in fulfilling the administration's commitment to assisting communities that chose to use these life-saving programs.

Second, we want to recommend to you that the White House Office of National AIDS Policy be directed to undertake a bold, national media campaign to promote voluntary HIV testing. Without a cure, preventing new infections is our best strategy. This is especially true for African-Americans and other people of color,

where the severe and ongoing health crisis has created a public health emergency.

One reason why stemming the tide of new infections has been so elusive is the fact that so many people don't know that they're infected. As a person who has thrived for the past 17 years, despite the fact that I'm living with HIV, I understand the importance of knowing one's -- status. It has offered me an opportunity to seek treatment for my HIV, and made me more aware of the need of protecting myself and others from infection.

Some members of Congress and others in the community have called for misguided measures, such as mandatory HIV testing, mandatory contact tracing, and mandatory partner notification -- measures that we believe will not be effective. However, like us, they are concerned that too many people living with HIV don't know it and, therefore, risk infecting others.

We believe that this campaign would demonstrate your administration's sound public health approach to this challenge. Modeled on ONDCP's national youth anti-drug media campaign, this voluntary HIV testing campaign would raise awareness about the continuing threat of HIV while lessening the stigma of HIV testing. Working with the CDC, national advertisors and other media concerns, ONAP would develop this campaign as a public/private partnership, which we believe would build on your legacy of an activist government and enhance your efforts to end racial and ethnic health disparities.

Mr. President, we hope you seriously consider undertaking this campaign of voluntary HIV testing, because we believe it is essential to our efforts of preventing infection.

THE PRESIDENT: It sounds like a good idea. I think Sandy is going to come up with a proposal of what we should do, but I think it's a good idea.

MS. THURMAN: We'll work with you and get one done.

THE PRESIDENT: And it offers the promise of sort of getting by the divisive arguments of the past and actually doing something. I like it.

Q Proactive.

MS. MIRAMONTES: Mr. President, I came here today as a mother with a son living with AIDS, to talk to you about vaccines. But before I speak to you about the vaccine issue, I want you to know that combination therapies, although valuable for many, are also failing some people -- some in this room -- as well as my son. So, therefore, I really want to stress the need for continuing research, both in vaccines and in therapeutics, is as important today as it ever was.

First, I want to thank you for what you have accomplished in moving the agenda on the AIDS vaccine issue and

establishing the 10-year goal. But there are several critical issues that only you can address if your goal is to be reached. And I have two examples I want to give you.

The first one, it has been 19 months to the day since your announcement of the vaccine goal, and a director of the vaccine center at NIH has not yet been appointed. We know that even though the center is only about 10 or 15 percent of the funding, this appointment really is important to be made and should be made as soon as possible.

Secondly, a preliminary vaccine meeting was held more than six months ago and, to date, there has been no follow-up meeting. When President Kennedy announced that we were going to put a man on the moon, he appointed a person within the White House to oversee this endeavor. After hearing almost 100 hours of testimony, we recommended a coordinator be placed within your Office of National AIDS Policy, with adequate resources -- and I need to really stress that -- with adequate resources to coordinate the vaccine effort. This is not that we want to tell any one agency what they are to do, but rather to coordinate vaccine activities across all relevant federal agencies. And I think the next piece is especially important: developing true partnerships with the international community and the private industry.

We also recommended that a comprehensive plan be developed and implemented, and this hasn't happened, either. I think we all need to remember that the person most at risk, worldwide, is a young person of color, and that the most effective strategy for stopping this pandemic is an effective vaccine.

So what I'm asking you, Mr. President, if you're willing to use your position to really address these critical issues.

THE PRESIDENT: Well, let me make a couple comments. First of all, I think the vaccine director is about to be appointed -- (inaudible.)

Secondly, I do think that -- the new Director of the Office of AIDS Research has been doing quite a good job. We got about a 33 percent increase in funds for vaccine research in the last budget, so that's good. And we're going to try to -- I just had a brief meeting, before I came in here, with our folks, talking about how we can expand Sandy's -- this kind of work and kind of ride herd on this thing -- (Applause.) I think that's important. It does make a difference just to have a sort of sustained White House involvement on any kind of project to keep cutting through the resistance.

MR. ROBINSON: Thank you very much.

MS. ARAGAN: Mr. President, the next issue we would like to discuss is the need for your FY 2000 budget to include meaningful and substantial increases in HIV funding. The Council is very grateful to you for your strong and public support for the record increases in funding in FY 1999. At the local level, these increases

will really make a difference in the real lives of the people who are struggling to live with this disease, and those who are at risk for infection.

In particular, we want to thank you for the active role that you and your staff played in successful efforts to secure $156 million for the Congressional Black Caucus Initiative. As you know, that initiative is designed to address the severe and ongoing health crisis affecting African Americans, Latinos and other communities of color in the United States.

But as you know, Mr. President, the emergency conditions that led to the need for the CBC Initiative require a sustained and expanded federal response. As you finalize your FY 2000 budget, we ask that you use this opportunity to build upon the momentum of FY'99. Specifically, we are asking that full funding for the CBC initiative be included in your base budget. As you know, some of it was one-time funded -- and that this funding be expanded in FY 2000. It is also critical that the distribution of these new funds be expedited, to reflect the fact that this is a response to a crisis situation.

As my colleagues have discussed, we are also requesting that you propose a bold funding for a bold national testing awareness media campaign, and that access to HIV treatments be expanded both through the Ryan White CARE Act and through Medicaid.

Finally, Mr. President, we ask that your budget reflect the leadership role the U.S. must play in efforts to address the global pandemic, and my colleague, Mike Isbell, will say a little bit more about that in a minute. This Council certainly understands the political dynamics of the budget process, in which you must consider what the Congress itself will fund in setting your own numbers. But the reality is that your budget really sets the stage for all future deliberations in FY 2000. We really need your initial budget request to include these AIDS funding increases so that congressional action can build upon the strongest base possible. In short, we need you to raise the bar.

Thank you.

MR. ISBELL: Mr. President, six million people become infected with HIV each year around the world, half of them under the age of 25. More than 90 percent of the infections in the world happen in the developing world where there is little or no access to the drugs that have made such a big difference to people in this country.

We were extremely impressed and heartened by your use of World AIDS Day to highlight the need for American leadership in the global fight against HIV. We strongly support the $10 million program that you announced to address the needs of women and orphans of AIDS. And we would strongly support you making this one-time funding a permanent part of USAID.

Despite this initiative, Mr. President, U.S. funding for global AIDS activities has declined in real dollar terms since 1993. Just last year the administration proposed a 10 percent cut in federal support for funding for infectious disease programs throughout the world. We believe that we cannot turn the tide against HIV throughout the world without the aggressive, bold, energetic leadership of the United States. And we would strongly encourage in your next budget, Mr. President, that you're about to send to the Hill, that you include substantial increases for international AIDS programs at USAID and the CDC.

Just also to close, we'd also strongly support an improved coordination of the many federal programs that happen all across the government that have a role to play in the international AIDS efforts. Secretary Albright has announced, as you know, a plan to draft a U.S. international AIDS strategy, and we would hope that you would look to this as a first step toward making sure that all the federal agencies are reading off the same page and that they're part of the same team -- because it's an urgent problem and it requires an urgency of the entire U.S. government.

THE PRESIDENT: Well, in general, let me say I think the budget should reflect better attention both to prevention at home and to the communities of color. And I've been trying to get more money for the USAID mission and we'll put some more money in there. I think I'd like to make two points.

One is that this budget year will be more difficult than the last one because we got such big increases in everything last time and because of the global economy kind of slowing down, we don't expect the same amount of revenues to come in this time. And we have to fund all the big increases we got last time again. But we'll do the best we can.

The second thing I would like to say is I think that it would be very helpful to have all of you using your, whatever influence you have, with members of Congress in both parties to support more global efforts, because eventually all this is going to a menace to the United States. So it's not only a moral imperative, it's also very practical over the long run.

One of the things that has kind of bothered me is that in the aftermath of the Cold War we were able for several years to reduce our defense budget, and that was a good thing and everyone --and even the Pentagon wanted to do it. There reduced like by about 300,000 the number of civilian employees. And they plan for further reductions there.

But during that time, we actually needed to make a larger commitment on the diplomatic front or in the non-defense security areas, if you will. And with the exception of the special efforts we made in the former Soviet Union to dismantle and destroy nuclear weapons, basically there's been a wholesale effort to cut

back on our diplomatic budget, even though, contrary to popular wisdom, the United States spends a smaller percentage of our income on international affairs than any other major country.

And one of the things that I have seen -- almost no one knows this, but it's true -- one of the things that I have -- now, to be fair, we also spend more on defense and a lot of our defense goes to protect other countries, as you see in the last couple of days. But, still, for the numbers -- are so much more modest, not only for -- if you just look at the USAID program, the health programs, the empowerment of women and children, especially young girls, initiative, the small scale microeconomic development -- all that stuff that doesn't cost much money and it has a huge impact. And especially a lot of the things we can do in public heath.

And, interestingly enough, a lot of the preventive activities that we would engage in with regard to AIDS, for example, would go quite well with other things we need to be doing out there with these large populations anyway in a lot of countries that have severe public health problems.

So we've been sitting here meeting in our -- I've been having each of the last three or four days rather long, detailed budget sessions, trying to figure out how to get more blood out of that turnip. And one of the things that I'm trying to do is to figure out how to make the case to the Congress in an effective way that the United States has enormous interest, as well as obligations, in making these kinds of investments beyond our borders.

And I think anything you can do to help that, I would appreciate it. I mean, there is this sort of general awareness in Congress that the world is becoming more interdependent. There's a much more sophisticated understanding of the economics, for example. But it's not just economics. It's the environment, it's the public health, it's all these other things where we are becoming more and more caught up with each other.

Our major military mission in the last six months, before the operation in Iran, has been to send several thousand of our uniformed personnel to Central America to help them rebuild after Hurricane Mitch. It's not only the right thing to do from a humanitarian point of view, it is in our national interest. Because if those countries don't rebuild they will become highly vulnerable to all the drug traffickers. And if they don't rebuild then all their people will have to come here. And if they can't get here legally will try to come illegally. So there's all these things that we need to begin to see our relationships beyond our borders, as more of an extension of our relationships with one another, rather than as something totally different and apart from our relations with one another.

And, anyway, I don't mean to give you a speech on that; I know you believe that. But the point I want to make is, most people who run for Congress never have to think about these things

unless they have a large immigrant population within their district from a particular place. So it doesn't -- this kind of discussion we're having, because you understand the HIV/AIDS issue -- I'm preaching to the choir here. But anything you can do to sort of just sit down and walk through this with congressional delegations, or their chiefs of staff, or whoever the appropriate people are from around the country, I would really appreciate.

Because I think there is a lot of support. For example, you can always get good support in Congress, bipartisan, for a big increase in the Ryan White Act. And now, we've finally got pretty good support in Congress, this whopping increase we had to help people purchase the drugs, the medicines. But it drops off markedly when you try to talk about the connection between what we're doing here at home and beyond our borders. And I really think you could help, because this is one example of a more general challenge the country will have to face -- more every year for the next 20 years. Maybe forever, but certainly for the next 20 years.

DR. HITT: Mr. President, we really have made -- probably hundreds of recommendations in the past few years, I mean -- (Laughter.) We've tried our best to narrow down --

THE PRESIDENT: This is the most energetic -- (Laughter.)

DR. HITT: But we have narrowed down a few specific initiatives we brought to your attention today and the reason is clear, that we've talked to many administration officials and this is where we feel that there's a logjam that you can really help and get involved in, and take it to heart.

THE PRESIDENT: I will.

DR. HITT: And thank you, again, for meeting with us.

THE PRESIDENT: Thank you for the dreidel, the book, the letters. Thank you very much. (Applause.)

END 6:40 P.M. EST

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:21-DEC-1998 08:55:45.00

SUBJECT: Re: Cable - it's on its way!

TO: Ashley L. Raines ( CN=Ashley L. Raines/OU=OA/O=EOP @ EOP [ OA ] )
READ:UNKNOWN

TEXT:
Why thank you Santa!! Now where are the elves with that scanner?

Ashley L. Raines
12/18/98 04:35:31 PM
Record Type: Record

To: Todd A. Summers/OPD/EOP
cc:
Subject: Cable - it's on its way!

DC Cablevision is coming to do a site survey next week and will be contacting you with the date and time they will come. They hope to come before Christmas. They are going to start billing us for Sandy's cable which is $50 per month. The additional cable connection is $15 per month.

Merry Christmas!

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:21-DEC-1998 15:26:02.00

SUBJECT: Re: Phone Numbers Over Holiday

TO: Paul J. Weinstein Jr. ( CN=Paul J. Weinstein Jr./OU=OPD/O=EOP @ EOP [ OPD ] )
READ:UNKNOWN

TEXT:
I like the way you used Christmas red in the message :) Happy holidays if
I don't see you before you leave.

Todd

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )

CREATION DATE/TIME:21-DEC-1998 15:27:03.00

SUBJECT: Post article

TO: Wendyw ( Wendyw @ nih.gov [ UNKNOWN ] )
READ:UNKNOWN

Helene Gayle ( Helene Gayle [ UNKNOWN ] )
READ:UNKNOWN

David Holtgrave ( David Holtgrave [ UNKNOWN ] )
READ:UNKNOWN

TEXT:
"AIDS Council Criticizes Clinton's Follow-Through"
Washington Post (12/20/98) P. A27

President Clinton's follow-up to his call for the development of an AIDS vaccine by the year 2007 has been criticized by his AIDS advisory council, which contends that little progress has been made in the 19 months following the announcement. Members noted that a director of the vaccine center at the National Institutes of Health has not yet been appointed. In response, Clinton expressed his confidence in Sandra Thurman, the director of the Office of National AIDS Policy, and said that a director of the NIH vaccine center will soon be appointed. However, the president warned that "this budget year [fiscal 2000] will be more difficult [for AIDS funding] than the last one because we got such big increases in everything last time and because of the global economy slowing down." Council chairman R. Scott Hitt told Clinton that 300,000 people in the United States are unaware that they are infected with HIV and he noted that the number of new infections is not decreasing--contrary to the president's stated goals. Clinton promised work on the creation of an outreach campaign addressing the stigma attached to HIV testing and said that he would consider asking Vice President Gore to discuss drug prices with pharmaceutical companies.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Meg Bryant <MBryant@kff.org> ( Meg Bryant <MBryant@kff.org> [ UNKNOWN ] )

CREATION DATE/TIME:21-DEC-1998 19:26:05.00

SUBJECT: Oops - We're Sorry!

TO: Todd A. Summers ( CN=Todd A. Summers/OU=OPD/O=EOP [ OPD ] )
READ:UNKNOWN

TEXT:
I am writing from the Kaiser Family Foundation about the mailing on STDs that we recently sent you.

Due to a technical mistake when we were preparing the labels, we placed an incorrect first name on your label.

We apologize for this mistake and assure you that your first name is correct in our database.

If do not receive your copy of the report "STDs in America: How Many Cases and at What Cost?" in the next few days, or have any further changes to your mailing information, please contact me at your earliest convenience. Again we are very sorry for this mistake.

Happy Holidays,

Meg Bryant
Database Manager
650-854-9400 xt 281
mbryant@kff.org

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: a1.eop.gov@hattrick.qrc.com@INET@LNGTWY ( prevention-news-return-130-SUMMERS_T=a1.eop.gov@hattrick.qrc.com@INET@LNGTWY [ UNKNOWN ] )

CREATION DATE/TIME:21-DEC-1998 09:30:37.00

SUBJECT: [CDC News] CDC HIV/STD/TB Prevention News Update 12/21/98

TO: Todd A. Summers@eop ( Todd A. Summers@eop [ OPD ] )
READ:UNKNOWN

TEXT:
CDC HIV/STD/TB Prevention News Update
Monday, December 21, 1998

The CDC National Center for HIV, STD, and TB Prevention provides the following information as a public service only. Providing synopses of key scientific articles and lay media reports on HIV/AIDS, other sexually transmitted diseases and tuberculosis does not constitute CDC endorsement. This daily update also includes information from CDC and other government agencies, such as background on Morbidity and Mortality Weekly Report (MMWR) articles, fact sheets, press releases, and announcements. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC HIV/STD/TB Prevention News Update should be cited as the source of the information.

HEADLINES

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"Rolling Up Their Sleeves to Tackle a Killer Virus"
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"Needle Exchange Returns to D.C."
"World Bank May Lift Bar on Aid for TB Control"
"Fighting AIDS in Africa"
"Ban Stays on 'Anti-AIDS Drug' Trials"
"Grant Funds Transgender HIV Prevention"

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PEER-REVIEWED JOURNALS
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"Antenatal Screening for Syphilis"
British Medical Journal Online (12/12/98) Vol. 317, No. 7173, P. 1605; Welch, Jan

Cases of congenital syphilis in the United Kingdom are rare, but syphilis is the only chronic infection for which women are

routinely screened during pregnancy, writes Jan Welch, of the Department of Sexual Health of King's Healthcare NHS Trust in London, in an editorial. Some healthcare centers are considering discontinuing screening due to the dearth of cases. However, Welch argues that instead of abandoning screening, "we should ensure that we have an effective national program, with standards for the screening, diagnosis, and management of expectant mothers and their infants." Welch cites a study appearing in the same journal which found that 139 women were treated for syphilis in pregnancy in Britain over the three-year course of the study. Thirty-one of the women had early, congenitally transmissible infections, and there were nine identified cases of congenital syphilis. From a financial standpoint, the author notes that cessation of antenatal screening would save about 660,000 pounds. However, at least 10 women with early syphilis would be missed annually, resulting in fetal deaths and congenital disease. The program also serves as an early warning system for adult infection, while cost-benefit analysis shows that antenatal screening is worthwhile even in the areas with the lowest syphilis prevalence.

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GENERAL MEDIA

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"Glaxo Wins Approval for New AIDS Drug Despite Serious Risks"
Wall Street Journal (12/21/98) P. B8

Glaxo Wellcome's newest AIDS drug, Ziagen, was approved for marketing by the Food and Drug Administration Thursday, even though clinical trials showed that about 5 percent of patients experienced significant, and in some cases, fatal side effects, including fever, nausea, abdominal pain, low blood pressure, and an enlarged liver. Despite the potential drawbacks, the FDA approved Ziagen because it is used to treat a life-threatening disease and may allow some patients to discontinue the use of drug "cocktails" that are the standard in AIDS treatment today. While many patients currently take as many as 20 pills a day, patients who can tolerate Ziagen in combination with another AIDS drug, such as Glaxo's Combivir, would have to only take about four pills a day. Ziagen, a nucleoside analogue reverse transcriptase inhibitor, is the fourth AIDS drug Glaxo has developed.

"Rolling Up Their Sleeves to Tackle a Killer Virus"
New York Times (12/21/98) P. A26; Richardson, Lynda

Across the United States, volunteers are being inoculated with the candidate HIV vaccine Aidsvax, developed by Vaxgen as part of the first large-scale HIV vaccine tests in the United States. The trial will include 5,000 subjects from the United States and 2,500 subjects from Thailand, many of whom are at high risk for the virus. According to developers, subjects cannot contract the virus from vaccine inoculation; however, they may test positive for HIV because the trial vaccine induces HIV antibody

production. Some scientists are not convinced that the candidate vaccine will be of any benefit at all. They also worry that the current trials will deplete the pool of people willing to participate in future vaccine tests. However, the trial represents a movement closer to the creation of an effective vaccine against the virus. Dr. Seth Berkley, president of the International AIDS Vaccine Initiative, notes that "up until this vaccine was moved forward, no other vaccine was tested for efficacy anywhere else in the world."

"AIDS Council Criticizes Clinton's Follow-Through"
Washington Post (12/20/98) P. A27

President Clinton's follow-up to his call for the development of an AIDS vaccine by the year 2007 has been criticized by his AIDS advisory council, which contends that little progress has been made in the 19 months following the announcement. Members noted that a director of the vaccine center at the National Institutes of Health has not yet been appointed. In response, Clinton expressed his confidence in Sandra Thurman, the director of the Office of National AIDS Policy, and said that a director of the NIH vaccine center will soon be appointed. However, the president warned that "this budget year [fiscal 2000] will be more difficult [for AIDS funding] than the last one because we got such big increases in everything last time and because of the global economy slowing down." Council chairman R. Scott Hitt told Clinton that 300,000 people in the United States are unaware that they are infected with HIV and he noted that the number of new infections is not decreasing--contrary to the president's stated goals. Clinton promised work on the creation of an outreach campaign addressing the stigma attached to HIV testing and said that he would consider asking Vice President Gore to discuss drug prices with pharmaceutical companies.

"Needle Exchange Returns to D.C."
Washington Post (12/19/98) P. B1; Montgomery, David

With the initiation of the Prevention Works needle-exchange program in Washington, D.C., the city again has a syringe exchange service designed to help decrease the spread of HIV among intravenous drug users. The program, which used to be run by the Whitman-Walker Clinic, was suspended in October following an act of Congress that prohibited the use of city money for needle exchanges. The new program runs on private funds and serves approximately 3,200 addicts.

"World Bank May Lift Bar on Aid for TB Control"
Hindu Online (12/21/98)

The World Bank may end its suspension of assistance for the National Tuberculosis Control Program in India, which it had imposed several months ago. The agency said that it would not lift the suspension until an efficient mechanism for the procurement of anti-TB drugs was established. According to World Bank officials, the sanction could be lifted within the next few weeks because the government appears to be moving towards the creation of an individual agency for the procurement of the

drugs.

"Fighting AIDS in Africa"
New York Times (12/19/98) P. A30; McLean, Mora

Many African nations have "some of the most far-reaching programs" to combat the spread of HIV, asserts Mora McLean, the president of the Africa-America Institute. In a letter to the editor of the New York Times, McLean responds to a series of front-page Times articles on the HIV epidemic in Africa, noting that the articles make it appear that many of the countries in the region are not addressing the problem. McLean cites extensive programs by Uganda, Senegal, Madagascar, and Zambia. She adds that, while there is misinformation and denial about the disease in Africa, these problems are certainly not unique to African populations.

"Ban Stays on 'Anti-AIDS Drug' Trials"
Hong Kong Standard Online (12/21/98)

A report in the Sunday Independent newspaper indicates that the South African Medicines Control Council will not allow clinical trials against HIV for the drug Virodene, which was banned last year because it contained a toxic solvent. The council recently barred testing following another application by South African developers. The rulings drew the ire of some South African officials, including Health Minister Nkosazana Zuma and the ruling African National Congress (ANC). ANC opposition claims that the party has a 6 percent stake in the drug, which others deny. Police reported in March that the drug was sold illegally to people with HIV.

"Grant Funds Transgender HIV Prevention"
Washington Blade (12/11/98) Vol. 29, No. 50,; Roundy, Bill

The HIV Community Coalition in Washington, D.C., will receive a $20,000 grant from the city's Administration for HIV/AIDS (AHA), a division of the District's Department of Health. The money will go toward the development of a four-month pilot program designed to promote AIDS education among the city's transgender community. The program is one of the first in the country to specifically target the transgender community for HIV prevention, notes Judith Johnson, communications director for the AHA. The AHA said that additional grants for HIV/AIDS prevention programs will soon be made available; the group is particularly interested in applications from programs targeting gay and bisexual African-American men, among other groups.

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you need assistance, please contact info@cdcnpin.org.

Back issues of the CDC HIV/STD/TB Prevention News Update can be
found at the CDC NPIN FTP site at ftp://ftp.cdcnpin.org/PrevNews.
Back issues are searchable from the CDC HIV/STD/TB Prevention
News Update Database at http://www.cdcnpin.org/db/public/dnmain.htm.
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========== ATTACHMENT 1 ==========
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21 Dec 1998 09:21:26 EST
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with ESMTP id <01J5LEX2H8HC009CA9@PMDF.EOP.GOV> for SUMMERS_T@a1.eop.gov; Mon,

21 Dec 1998 09:21:21 -0500 (EST)
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by EOP.GOV (PMDF V5.2-29 #34437) with SMTP id <01J5LEWJU78I0007ZF@EOP.GOV> for

SUMMERS_T@a1.eop.gov; Mon, 21 Dec 1998 09:20:51 -0500 (EST)
Received: (qmail 27271 invoked by uid 540); Mon, 21 Dec 1998 14:11:27 +0000
Received: (qmail 27206 invoked from network); Mon, 21 Dec 1998 14:08:33 +0000
X-Mailer: Internet Mail Service (5.5.1960.3)
Precedence: bulk
Delivered-to: mailing list prevention-news@hattrick.qrc.com
Delivered-to: moderator for prevention-news@hattrick.qrc.com
Mailing-List: contact prevention-news-help@hattrick.qrc.com; run by ezmlm
========== END ATTACHMENT 1 ==========