Major Clinton Administration Accomplishments in HIV/AIDS

- Increased funding for AIDS research, prevention, and care by more than 50% in first four years.
- Increased funding for the Ryan White CARE Act by 158 percent and increased number of cities eligible for CARE Act funds from 34 to 49.
- Tripled funding for the AIDS Drug Assistance Programs, which helps low-income uninsured people with AIDS purchase needed therapies.
- Created the Office of National AIDS Policy at the White House to direct Federal AIDS policy.
- Signed the NIH Revitalization Act of 1993, creating a strengthened Office of AIDS Research at NIH and vesting it with authority to plan and carry out the AIDS research agenda.
- Accelerated AIDS drug approval to record times. Since 1993, the Food and Drug Administration has approved 16 new AIDS drugs and two new diagnostic tests.
- Facilitated creation of the Forum for Collaborative HIV Research to identify research opportunities to improve care for people with HIV.
- Preserved the Medicaid guarantee of coverage for people living with AIDS. Nearly 50 percent of people with AIDS and 92 percent of children with AIDS rely on Medicaid for health coverage.
- Launched the community planning partnership, which empowers local communities to make decisions about the distribution of AIDS prevention funding.
- Vigorously enforced the Americans with Disabilities Act, which prohibits discrimination against people with HIV/AIDS.

Friday Announcement

MMWR AIDS Death Rate Report

The February 28 issue of the Morbidity and Mortality Weekly Report (MMWR) will include an article detailing the latest trends in AIDS cases and deaths. Highlights of that article are:

AIDS Deaths

- Overall, AIDS-related deaths in the U.S. declined 12 percent in the first six months of 1996 compared with the same time period in 1995. This is the first decline in deaths in the history of the epidemic.
- AIDS-related deaths declined in all regions of the country with the biggest declines in the Northeast and West and the smallest in the South).
- AIDS deaths were down among men (15%), gay/bisexual men (18%), and IV drug users (6%).
- AIDS deaths were up among women (3%) and heterosexuals (3%).
- While all races experienced a decline in AIDS deaths, the declines were greatest among Whites (21%), Hispanics (10%), and Asian-Pacific Islanders (6%) and smallest among African-Americans (2%).

AIDS Cases

- The number of Americans diagnosed with AIDS increased by only 2 percent in 1995 versus 1994 (63,000 vs. 61,600).
- The incidence of AIDS cases has been virtually level since 1992 (increasing less than 5% each year).
- Reductions in incidence have been greatest among men, gay/bisexual men, and IV drug users.
- AIDS incidence has been rising among women, African-Americans, and heterosexuals.
- Because of longer life expectancy, the number of Americans living with AIDS increased 10 percent from mid-1995 to mid-1996 to 223,000.

DRAFT

FOR IMMEDIATE RELEASE
(upon clearance)

CONTACT: HRSA Press Office
301-443-3376

#43

HHS AWARDS NEARLY $202 MILLION FOR HIV/AIDS CARE

Health and Human Services Secretary Donna E. Shalala today announced the award of nearly $202 million to 49 eligible metropolitan areas (EMAs) with a high incidence of HIV/AIDS to provide primary health care and support services to low-income, uninsured and underinsured individuals and families affected by the disease.

Funded under Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, the awards supplement November 1996 formula grants to the same 49 EMAs, and provide a wide range of ambulatory health and support services, including primary health care, case management, housing and transportation assistance, respite care, and substance abuse and mental health services, as well as inpatient case management services to expedite discharge and prevent unnecessary hospitalization.

"These new funds boost the ability of heavily impacted communities to give people with HIV/AIDS the range of essential health care and support services they need to live better, longer lives," said Secretary Shalala. "CARE Act funds are a major element in the Clinton Administration's stand against the HIV/AIDS health care crisis in communities across America."

The Ryan White CARE Act is administered by HHS' Health Resources and Services Administration (HRSA). HRSA administrator Ciro V. Sumaya, M.D., M.P.H.T.M., said, "These awards help bridge the gap that communities experience in providing services to people with HIV/AIDS who are without other resources. As medical research offers new hope in the fight against HIV/AIDS, the CARE Act program gives communities the funds to make hope a

- more -

 DRAFT #43

reality."

To be eligible for Title I funding, an EMA must have a population of at least 500,000 and have reported more than 2,000 AIDS cases in the preceding 5 years, except for previously-funded EMAs. More than $1.4 billion has been awarded in formula and supplemental grants under Title I since the CARE Act was first funded in FY 1991, including $372 million in FY 1996, and $429.3 million in FY 1997. The number of EMAs funded under Title I has grown from 16 in FY 1991 to 49 in FY 1997. An estimated 300,000 people received services from Title I grantees in 1995, the most recent year of reported data.

A list of the 49 EMAs and their grants is attached.

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Office of National AIDS Policy

National AIDS Strategy
Talking Points

What is the National AIDS Strategy?
This is a time of extraordinary change in the AIDS epidemic and it is essential that the government have its act together so that we can take advantage of these opportunities. The Strategy does three things: First, it establishes six long-term goals for the President's second term. Second, it establishes short-term opportunities for progress in the next 12 months to move us toward these goals. Third, it lays out dollar-for-dollar what the government is spending NOW on AIDS programs across the government.

What are those goals? When will you achieve them?
The goals are: to support research to find more effective treatments, a vaccine for the uninfected, and a care for those living with HIV/AIDS; to support prevention efforts to systematically reduce new HIV infections until there are no infections; to assist people with HIV/AIDS in obtaining affordable, high-quality care; to fight AIDS-related discrimination at every turn; to lead the international fight to end the epidemic; and to quickly translate research advances into new forms of treatment and prevention.

No one can guarantee that all of these goals can be met in four years but they must guide everything that is done from this moment forward. The President is determined to make as much progress as possible in each of these areas and, where possible, reach these goals.

What are some of those opportunities for progress?
One example is the new coordinated AIDS vaccine initiative at NIH headed by Nobel Laureate Dr. David Baltimore. A second example is the recent progress in reducing the number of infants born with HIV in this country. That number has declined by 27 percent since the President took office and we want to make further progress in the year ahead. Third, we are experiencing very high rates of infection among women, intravenous drug users, and young people. The CDC will target those three population groups with intensive prevention programs. Finally, the Department of Health and Human Services is coordinating the development of better information for patients and their doctors on the best use of the new combination drug therapies.

How is this different from the myriad of other plans that have been issued in the past?
This is the first time the Federal government -- and the President of the United States -- has put together a comprehensive planning document. All of the commissions established in the past have called for the development of such a strategy. This is not a report to be studied, it is a plan that will guide this Administration's activities for the next four years.

Critics say the Strategy doesn't go far enough, that it's too vague, and that it dodges all the controversial issues. Your response?
The National AIDS Strategy is a far-reaching document that covers every Department of the Federal government involved with AIDS. It lists specific opportunities for progress in the year ahead and provides a framework our efforts to combat the epidemic. The implementation of this Strategy will involve the relevant Federal Agencies, the private sector, community-based organizations, the Presidential Advisory Council on HIV/AIDS, and people who are living with HIV and AIDS. It will be directed by the Office of National AIDS Policy.

What about needle exchange programs?
The report clearly identifies drugs users and their sexual partners as a population that requires priority attention. The question of how to specifically address those issues is part of the implementation process. The Congress has asked the Department of Health and Human Services to prepare a report on this issue that is due in mid-February. It would be inappropriate for this Strategy to interfere with or pre-empt that process.

Why did it take so long?
The development of this Strategy began a little more than a year ago. It required the involvement of all relevant Federal Agencies. But more importantly it also required outreach to those who are on the front lines of the epidemic. The Office of National AIDS Policy conducted 13 town hall meetings around the country to ask the affected communities what they would like to see in a National AIDS Strategy and what kind of goals the President should set. This input was extremely valuable to the creation of this document. We also sought the advice of the Presidential Advisory Council on HIV/AIDS and national AIDS organizations.

What difference with this Strategy make in the lives of people with AIDS?
It is our hope that it will make a significant difference in terms of better treatments for people living with AIDS not only in this country but for people around the world. They will have better information about the way those treatments should be used and better prevention programs to protect people from infection.

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THE WHITE HOUSE

WASHINGTON

For Immediate Release

Contact: Richard Sorian
Office of National AIDS Policy
(202) 632-1090

President Clinton Releases First-Ever National AIDS Strategy

On December 16, 1996, President Clinton released the first-ever National AIDS Strategy, establishing six "broad but vital goals" to guide Federal AIDS policy for his second term in office. The document also outlines numerous "opportunities for progress" under each of the goals to be accomplished in the next 12 months.

The National AIDS Strategy is the product of more than a year of work by the Office of National AIDS Policy, directed by Patricia S. Fleming. The Office was created in 1993 by the President to provide greater focus to the national response to the challenges presented by HIV and AIDS.

In a letter accompanying the Strategy, the President said, "We have made tremendous progress in our understanding of HIV and HIV disease, improving treatments and preventing infections, and we have increased federal funding for AIDS research, prevention, care, and housing by more than 50 percent in the past four years. But we have much more work to do."

As of September 30, 1996, the Centers for Disease Control and Prevention had received reports of 566,002 cases of AIDS among persons in the U.S. More than 343,000 of these persons were reported to have died as a result of complications related to HIV. An estimated 40,000 to 80,000 Americans become infected with HIV each year.

According to the Strategy, the epidemic of HIV and AIDS "presents unique social, economic, and public health challenges to governments and individuals here in the United States and around the world. While significant progress has been made in understanding the disease and developing treatment, HIV remains a deadly infections for which there is no vaccine, no cure, and for which there is an expanding, but still limited, inventory of available treatments."

Development of the National AIDS Strategy required the participation of 28 Federal Agencies involved in AIDS programs including the Departments of Health and Human Services, Housing and Urban Development, Veterans Affairs, Defense, State, Energy, Justice, and others. The Strategy also reflects the input of numerous national and community-based AIDS organizations and the proceedings of 13 regional town hall meetings that sought the input of people living with HIV/AIDS, their families and caregivers, and other concerned citizens.

- more -

The National AIDS Strategy sets forth six national goals:

- To develop more effective treatments for people living with HIV/AIDS, a preventive vaccine for the uninfected, and a cure for those who are currently infected through strong, continuing support for HIV-related research;

- To reduce the number of new HIV infections in adults and children in the U.S. until the rate of new infections reaches zero by providing strong, continuing support for effective HIV prevention efforts;

- To ensure that people living with HIV have access to services, from health care to housing and supportive services, that are affordable, of high quality, and responsive to their needs;

- To ensure that all people living with HIV are not subject to discrimination;

- To provide strong, continuing support for international efforts to address the HIV epidemic; and,

- To ensure that research advances are translated into improved HIV prevention programs and enhanced care for HIV-positive persons.

In each of these target areas, the National AIDS Strategy includes specific opportunities for progress in the year ahead. These actions are intended to move us toward the goals enunciated by the President. They include:

PREVENTION

- **Targeting vulnerable populations.**

  The HIV epidemic continues to have a disproportionate impact on certain populations where infection rates are rising at a rapid pace. Congress has approved the President's request for an additional $32 million in AIDS prevention funding specifically for programs targeting such vulnerable populations as adolescents, women, gay men of color, and substance abusers and their sexual partners.

- **Strengthening community-based programs.**

  Community prevention planning is one of the key innovations in CDC's prevention programming. This partnership with local communities puts Federal funds to work based on locally-designed priorities. This year, CDC will be providing its partners with additional technical assistance and resources needed to improve the performance of this vital initiative.

- **Reducing transmission of HIV from mother to child.**

  There has been a significant reduction in the number of infants diagnosed with AIDS as a result of perinatal (mother-to-child) transmission of HIV. Between 1991 and 1995, the number of such infants declined 27 percent, including a 17 percent drop in 1994-95 alone. Research sponsored by the National Institutes of Health determined that the use of AZT by HIV-positive pregnant women and their newborns can reduce the risk of perinatal transmission by two-thirds. In the coming year, the Public Health Service will be working in conjunction with major medical and public health organizations to reduce this number further.

RESEARCH

- **Accelerating AIDS Vaccine Development**

  The National Institutes of Health will establish a restructured AIDS vaccine effort headed by Nobel Laureate David Baltimore of MIT to accelerate progress in research and development of an effective AIDS vaccine. Vice President Gore will continue his high-level work with the pharmaceutical industry, researchers, clinicians, and patient advocates to move increase private-sector research and development of AIDS vaccines.

- **Maintaining the Office of AIDS Research**

  One of the most important developments of the past four years was the enactment of legislation strengthening the Office of AIDS Research (OAR) at the National Institutes of Health. In the year ahead, the Administration will seek reauthorization of the OAR and retention of the Office's authority to develop and carry out the AIDS research budget at NIH.

- **Developing Topical Microbicides**

  The National Institutes of Health and the Centers for Disease Control and Prevention will begin a four-year $100 million effort to accelerate research and development of safe and effective barriers to HIV transmission for women and men.

- **Advancing Prevention Science**

  The National Institutes of Health is developing a comprehensive prevention science agenda that will address the biomedical, behavioral, and social approaches to AIDS prevention interventions.

HHS NEWS

EMBARGOED: 4 P.M. EST
Thursday, Nov. 21, 1996

Contact: CDC, National Center
for HIV, STD and TB Prevention
Office of Health Communication
(404) 639-8895

CDC REPORT SHOWS SHARP DROP IN AIDS IN INFANTS

The number of reported cases of perinatally acquired (mother-to-infant) AIDS declined by 27 percent between 1992 and 1995, according to information released today by the Centers for Disease Control and Prevention (CDC). Increased use of perinatal zidovudine (AZT) therapy by HIV-infected pregnant women and their newborns is the most likely factor leading to this reduction, CDC said.

"This is a dramatic example of the power we have to conduct world-class scientific research and then to quickly and effectively put new research findings to work saving lives," said HHS Secretary Donna E. Shalala.

The National Institutes of Health (NIH) sponsored an AIDS clinical trial, ACTG-076, that was concluded in early 1994 after it proved successfully ahead of schedule, that the risk of perinatal transmission of HIV could be reduced by as much as two-thirds with the use of AZT therapy by HIV-positive pregnant women during pregnancy and childbirth and by newborns for six weeks after birth. Following release of those results, a consortium of Public Health Service agencies including CDC, NIH, and the Health Resources and Services Administration (HRSA) immediately began to coordinate efforts designed to capitalize on this research. Guidelines were drafted and issued by the Public Health Service to promote routine and universal HIV

counseling and voluntary testing for all pregnant women. CDC and the Agency for Health Care Policy and Research (AHCPR) also developed and released educational materials for health care professionals and women of childbearing age.

Today's report by CDC in the *Morbidity and Mortality Weekly Report* clearly demonstrates that these efforts are paying off, health experts say.

"This information confirms that our approach to perinatal HIV prevention is working," said CDC Director David Satcher, M.D., Ph.D. "As a direct result of these efforts, babies' lives are being saved."

The report shows that the incidence of perinatally acquired AIDS peaked in 1992, followed by a short period of stabilization. Cases began to decline in 1992 and 1993 and dropped dramatically in 1994. Researchers believe the small initial reduction indicates possible effects of other preventive and medical factors including an increase in the number of childbearing women receiving AZT therapy for their own health.

More dramatic declines in reported AIDS cases in children followed release of the PHS guidelines with a decline of 8 percent from 1993 to 1994 and a drop of 17 percent from 1994 to 1995, making it clear that routine and universal HIV counseling and voluntary testing, combined with AZT therapy is highly effective in preventing HIV.

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Note: HHS press releases are available on the World Wide Web at: http://www.dhhs.gov.

FY 1997 Ryan White CARE Act
Title I Emergency Relief Supplemental Grants

#43

DRAFT

(To be filled-in)

EMA	FY 1997 Supplemental Award $
Atlanta, Ga.	
Austin, Texas	
Baltimore, Md.	
Bergen-Passaic, N.J.	
Boston, Mass.	
Caguas, Puerto Rico	
Chicago, Ill.	
Cleveland, Ohio	
Dallas, Texas	
Denver, Colo.	
Detroit, Mich.	
Dutchess County, N.Y.	
Ft. Lauderdale, Fla.	
Ft. Worth, Texas	
Hartford, Conn.	
Houston, Texas	
Jacksonville, Fla.	
Jersey City, N.J.	
Kansas City, Mo.	
Los Angeles, Calif.	
Miami, Fla.	
Middlesex-Somerset-Hunterdon, N.J.	
Minneapolis-St. Paul, Minn.	
Nassau-Suffolk, N.Y.	
New Haven, Conn.	
New Orleans, La.	
New York, N.Y.	
Newark, N.J.	
Oakland, Calif.	
Orange County, Calif.	
Orlando, Fla.	
Philadelphia, Pa.	
Phoenix, Ariz.	
Ponce, Puerto Rico	
Portland, Ore.	
Riverside-San Bernardino, Calif.	
Sacramento, Calif.	
St. Louis, Mo.	
San Antonio, Texas	
San Diego, Calif.	
San Francisco, Calif.	
San Jose, Calif.	
San Juan, Puerto Rico	
Santa Rosa, Calif.	
Seattle, Wash.	
Tampa-St. Petersburg, Fla.	
Vineland-Millville-Bridgeton, N.J.	
Washington, D.C.	
West Palm Beach, Fla.	
Total	$

FAX TRANSMISSION

U.S. Department of Health and Human Services
Office of the Secretary

DATE: 2/24/97

TO: Pauline Abernathy

FAX: 456-2878

PHONE:

FROM: **Richard Sorian**
Office of Public Affairs
Phone: 202-690-7470
Fax: 202-690-7318
rsorian@os.dhhs.gov

TOTAL NUMBER OF PAGES TRANSMITTED: ~~2~~ 5

COMMENTS:

Draft info on AIDS deaths

Draft HRSA press release

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Pauline Abernathy / June

FAX NUMBER: 456-2223

FROM: Patsy Fleming

DATE: 1/15/97

PAGES INCLUDING COVER SHEET:

COMMENTS:

This is about the AIDS strategy and other issues. I have sent a copy to June along with other documents.

These are the most often heard criticisms, not only of the Strategy but also of the ~~Administration~~ generally vis-a-vis AIDS.

[6] From: Rex Wockner::(WCKNRR) at ~FABRIK 1/11/97 10:59AM (9272 bytes: 156 ln)
To: Jay Blotcher at AMFAR-NY, WCKNRR at ~FABRIK
Subject: NC2458: National AIDS Strategy Op ed
---------- Message Contents ----------
From: Rex Wockner
Date: Sat, Jan 11, 1997 10:59 AM
Subject: NC2458: National AIDS Strategy Op ed
To: Jay Blotcher; Rex Wockner
Forwarded message:
From: kanastasi@ngltf.org
Date: 97-01-10 15:12:51 EST

Hi Jess - I hope you and Rex had a good Christmas and a Happy New Year. My holidays were nice. Things here are very busy and very cold. I thought you might be interested in this. Pass it on to Rex if you would. Thanks, Keith

A DECADE LATE

By Keith A. Anastasi
NGLTF Policy Institute

Fifteen years into the AIDS epidemic and over 300,000 lives lost, and the federal government recently released its first National Aids Strategy. Outgoing National AIDS Policy Director Patricia Fleming boasts in the foreword; "the appendices to this report lay out, for the first time, detailed descriptions of the objectives and goals... involved in the Federal response to HIV." Nearly two decades of sickness and death and the government is praising the release of its first strategy to deal with the worst public health crisis in modern history. Our government should be embarrassed that it has taken over a decade to produce a National AIDS Strategy. I have lived with HIV, dealt with our federal system of care, and fought for the needs of people with HIV/AIDS and those struggling to remain uninfected for over 10 years. I had hope the report would outline the programs and funding we desperately need and that our government was finally getting serious about a solution for the complex problems of the epidemic. The report falls well short of that hope.

The report shows that HIV infection among young people, people of color- particularly women of color, and the poor continues to rise in disproportionate numbers. With HIV spreading dramatically in the South the strategy to deal with these problems remains inadequate. Letting local communities determine and create "innovative prevention efforts " is not sufficient when racism, sexism and homophobia continue to interfere with HIV/AIDS education efforts. The federal government working with HIV/AIDS educators from all communities must develop a basic standard of accurate, explicit, cultural and language appropriate education information that schools and communities are required to provide.

The report contains virtually no mention of how the government plans to deal with the increasing spread of HIV in prisons and the specific needs of prisoners living with HIV/AIDS. Condoms and latex dams are still not available in state and federal prisons and inmates with HIV/AIDS struggle to get proper medical care, nutritious food, and medication. Ignoring that sex and Intravenous Drug use is going on in our prisons will not make the problem go away. The government needs to develop a strategy to deal with these problems; and this report does not offer a plan.

In the area of research the report proposes some of the strategies the AIDS community has demanded for years. For example, The Forum for Collaborative HIV Research, a new group designed "to catalyze

collaborations among government researchers, pharmaceutical companies, third party payers, and the community," is an idea similar to one veteran AIDS Activist Larry Kramer suggested over a decade ago. I supported Larry Kramer's "Manhattan Project" then and I support the government's watered down version now. We have waited too long for the government to take the lead in developing a collaborative effort to fight AIDS.

The development of a vaccine to prevent further infection must remain a top priority but cannot overshadow the need to provide care for those already infected. Care for people living with HIV/AIDS along with the development of a cure must be our nation's top priority. Continued funding of the Ryan White Care Act is an integral part of providing care for people with HIV/AIDS but it alone does not meet the needs of those infected. Mr. Clinton must continue the fight to preserve Medicaid coverage for the more than 50 percent of adults and 90 percent of children with AIDS who rely upon it. The struggle to provide housing for people with HIV/AIDS is an ongoing problem yet the report does not support strongly enough the reauthorization of Housing Opportunities for People With AIDS (HOPWA) set to go before the 105th Congress. With this important program up for reauthorization in 1997, the Clinton administration must commit itself to protecting HOPWA's funding. Without HOPWA thousands of people with

HIV/AIDS could go homeless.

The preservation of these and other existing programs is not enough. No strategy is complete until the people it means to help receive all the help they need. The federal government increased funding for State AIDS Drug Assistance Programs (ADAP) yet they still remain underfunded with many programs on the verge of collapse. As a person that depends on ADAP for my HIV treatment, I wait on additional funding to expand this program while my life hangs in the balance. The fact is, thousands of people with HIV/AIDS are not receiving life saving drugs like Protease Inhibitors, the latest and most effective treatments for HIV, because they are not available through state or federal programs like ADAP and are too expensive to afford otherwise. The government's contribution in the development of these treatments must include a guarantee that every man, women and child with HIV/AIDS in America will receive them regardless of their ability to pay. The National AIDS Strategy does not do that and it should.

The rise in infection among Intravenous Drug users indicates the government's failure to design and fund programs that work to prevent addicts and their partners from becoming infected. The report states, "HIV transmission is closely related to substance abuse" but its strategy fails to provide a National Needle Exchange Program. The Clinton administration has failed to display the political will to approve a program the governments own studies indicate will dramatically reduce the number of HIV infections. In explaining that "substance abuse treatment is a major form of HIV prevention" the report fails to mention that major cuts in funding for substance abuse treatment programs in 1996 make it more difficult to educate addicts and help them recover.

The national strategy's section dealing with civil rights does not go far enough. We still battle discriminatory legislation such as measures that criminalize sex by HIV positive people or deny them the opportunity to serve in the armed services. Access to comprehensive, affordable health insurance for uninsured people with HIV/AIDS is still not a legally protected right. There is no strategy to deal with cross- border HIV/AIDS issues, a problem that severely taxes communities trying to coordinate

education and service efforts with neighboring countries and deal with complex immigration issues. Our government should take the lead in dealing with these issues but again fails to do so.

The 1997 National AIDS Strategy is a long awaited and alarming beginning. It simply provides a framework from which a complete and thorough strategy can develop. It is often a rehashing of information and ideas that the HIV/AIDS community has been discussing and trying to grapple with for years. The budgetary appendices of the report make it clear that our work is far from over. Our communities will continue to struggle to care for people with HIV and AIDS. At times the report devotes as much space to praising the Clinton administration for its past accomplishments as it does to laying out an effective plan for the future. We now must continue to fight for our lives and for the funding and programs the government, with over a decade of experience and information to work with, has failed to provide.

The National Gay and Lesbian Task Force is a progressive organization that has supported grassroots organizing and pioneered in national advocacy since 1973. Since its inception, NGLTF has been at the forefront of virtually every major initiative for lesbian and gay rights. In all its efforts, NGLTF helps to strengthen the gay, lesbian, bisexual and transgender movement at the state level while connecting these activities to a national vision for change.

Received: from netcom13.netcom.com by portia.fabrik.com
with SMTP (Fabrik F07.0-000)
id SIMN.5604687@portia.fabrik.com ; Sat, 11 Jan 1997 11:02:07 -0800
Received: (from rwockner@localhost) by netcom13.netcom.com (8.6.13/Netcom)
id KAA29765; Sat, 11 Jan 1997 10:59:26 -0800
Date: Sat, 11 Jan 1997 10:59:26 -0800 (PST)
From: Rex Wockner <rwockner@netcom.com>
Subject: NC2458: National AIDS Strategy Op ed
To: rwockner@netcom.com
Message-ID: <Pine.3.89.9701111029.A28625-0100000@netcom13>
MIME-Version: 1.0
Content-Type: TEXT/PLAIN; charset=US-ASCII

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Pauline Abernathy

FAX NUMBER: 456-2878

FROM: T.C. Tarjan

DATE:

PAGES INCLUDING COVER SHEET: 4

COMMENTS:

AIDS Spending: Health and Human Services Discretionary Programs (in thousands)

Program	FY93	FY96	FY97	97 v. 96	97 v. 93
FDA	$72,628	$72,745	$72,745	...	+1.6%
HRSA	$390,341	$763,526	$996,252	+30.5%	+186.3%
Ryan White CARE	($348,013)	($738,465)	($996,252)	(+31.5%)	(+186.3%)
Title I	($184,757)	($391,700)	($449,943)	(+14.9%)	(+143.5%)
Title II	($115,288)	($260,847)	($416,954)[c]	(+60%)	(+262%)
Title IIIB	($47,968)	($56,568)	($69,568)	(+23%)	(+45%)
Title IV[a]	....	($29,000)	($36,000)	(+24%)	NA
Title VA (AETCs)		($12,287)	($16,287)	(+33%)	NA
Title VB (Dental)		($6,937)	($7,500)	(+8.1%)	NA
Other HRSA AIDS	($42,328)	($25,061)	NA	NA	NA
IHS	$3,303	$3,660		+5%	
CDC	$498,263	$583,433	$616,981	+6%	24%
NIH	$1,071,457	$1,407,824	$1,502,000	+6.7%	+40.2%
SAMHSA[b]	$25,656	$14,300			
AHCPR	$9,824	$6,634		-28%	
OHAP/OMH/OCR	$7,930	$4,523		+5%	
Total, HHS	$2,079,191	$2,856,645	$3,213,251	+12.4%	+54.5%
HOPWA	$100,000	$171,000	$196,000	+14.6%	+96%
DOMESTIC DISCRETIONARY	$2,179,191	$3,027,645	$3,409,251	+12.6%	+56.4%

[a]The HRSA pediatric demonstration projects were not incorporated into Title IV until FY94 at $22 million.
[b]The FY97 request for substance abuse and treatment overall at SAMHSA is $1.6billion, an increase of $207 million over FY96.
[c]This includes an earmark of $167 million for the AIDS Drug Assistance Program

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMBARGOED: 4 P.M. EST
Thursday, Nov., 21, 1996

Contact: CDC, National Center
for HIV, STD and TB Prevention
Office of Health Communications
(404) 639-8895

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and universal HIV counseling and voluntary testing for all pregnant women. CDC and the Agency for Health Care Policy and Research (AHCPR) also developed and released educational materials for health care professionals and women of childbearing age.

Today's report by CDC in the *Morbidity and Mortality Weekly Report* clearly demonstrates that these efforts are paying off, health experts say.

"This information confirms that our approach to perinatal HIV prevention is working," said CDC Director David Satcher, M.D., Ph.D. "As a direct result of these efforts, thousands of babies' lives are being saved."

The report shows that the incidence of perinatally acquired AIDS peaked in 1992, followed by a short period of stabilization. Cases began to decline in 1992 and 1993 and dropped dramatically in 1994. Researchers believe the small initial reduction indicates possible effects of other preventive and medical factors including an increase in the number of childbearing women receiving AZT therapy for their own health and an increased use of preventive therapy for AIDS-related opportunistic infections among HIV-infected children.

More dramatic declines in reported AIDS cases in children followed release of the PHS guidelines with a decline of 8 percent from 1993 to 1994 and a drop of 17 percent from 1994 to 1995, making it clear that routine and universal HIV counseling and voluntary testing, combined with AZT therapy is highly effective in preventing HIV.

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Note: HHS press releases are available on the World Wide Web at: http://www.dhhs.gov.

PH - 96

NATIONAL INSTITUTES OF HEALTH

AIDS vs. Cancer Research

QUESTION:
In the face of higher rates of incidence and deaths from other diseases such as cancer and heart disease, is NIH's spending on AIDS research out of balance with that for other diseases?

ANSWER:

- I do not believe that research on AIDS is "out of balance" with other diseases. NIH research funding in 1997 for cancer ($2.4 B) exceeds research on AIDS ($1.4 B) and heart disease ($893 M). However, such comparisons can be a bit misleading.
  - The public health impact and the value of dollars spent on any disease must be assessed through a series of measures, including mortality and morbidity; incidence and prevalence rates; cause and mode of transmission; fatality rates, years of potential life lost; demographic factors, and research opportunities. It is inappropriate to use any one of these criteria independent of the others when making resource allocation decisions.
- What we spend on AIDS research is a vital and necessary investment in the Nation's public health. The following reasons help distinguish AIDS from cancer and heart disease:
  - AIDS is still a growing epidemic and remains one of the most serious threats to the Nation's public health.
  - AIDS is infectious and, because it mutates so quickly, future trends are not entirely predictable.
  - AIDS disproportionately kills younger people during their most productive years.
  - AIDS has a wide impact far beyond the diagnosis of a single disease, as it contributes to other public health crises in tuberculosis, other sexually transmitted diseases, drug abuse, and infant mortality.
  - AIDS is becoming a growing burden on the public sector as the demographics of AIDS and HIV infection are changing more and more to individuals in lower economic brackets.
  - AIDS research spin-offs are benefiting many other areas, such as cancer, lupus, diabetes, rheumatoid arthritis, multiple sclerosis, Alzheimer's disease, dementia, encephalitis, and meningitis.

PH - 97

National Institutes of Health	1995	1996	1997	% Chg
Dollars:				
AIDS	$1,333,875,000	$1,407,824,000	$1,431,908,000	+1.7%
Cancer*	$2,217,000,000	$2,351,000,000	$2,392,000,000	+1.8%
Heart Disease	$834,000,000	$877,000,000	$893,000,000	+1.8%
*[illegible]				
New Cases per Year:				
AIDS	73,000			
Cancer	1,252,000			
Heart Disease	n.a.			
Dollars per Case:				
AIDS	$18,272			
Cancer	$1,770			
Heart Disease	n.a.			
Deaths per Year:				
AIDS	41,930			
Cancer	547,000			
Heart Disease	955,000			
Dollars per Death:				
AIDS	$31,812			
Cancer	$4,053			
Heart Disease	$873			

ADDITIONAL INFORMATION:

- Growing Public Health Impact:
  - The pandemic of AIDS and HIV infection continues to grow - more persons in every geographic area and age group are becoming infected every day, despite what we have learned about it and its transmission. Unlike cancer or heart disease, AIDS is an expanding public health threat. In 1994, more than 80,000 new AIDS cases were reported to CDC. It is estimated that approximately 40,000 new HIV-infections occur yearly among adults and adolescents.
  - Since the disease was identified only 15 years ago, AIDS has killed over a quarter of a million Americans. In the U.S., one person dies from AIDS every 8 minutes.
  - Unknown in 1980, AIDS was the 15th leading cause of death overall in the U.S. in 1987. Today, it is the 8th ranked cause of death in the U.S., accounting for over 38,000 deaths per year. AIDS is the leading cause of death among persons between the ages of 25 and 44, representing nearly one in four deaths. During the same time, rates of cancer and heart disease have remained relatively stable.

- The World Health Organization (WHO) estimates that 18.5 million adults and 1.5 million children world-wide already have become HIV-infected and nearly 10,000 new infections occur each day. More than 2.5 million adults, children, and infants have died. Approximately 90% of HIV-infected individuals are in developing countries, with Africa and now Asia bearing the greatest burden of the epidemic.

▸ AIDS Research Spin-offs:

- AIDS research has accelerated study of the human immune system, contributing to our understanding and treatment of many other diseases, such as cancer and autoimmune diseases, including lupus, diabetes, rheumatoid arthritis, and multiple sclerosis.

- AIDS research has led to a better understanding of the mechanisms by which infectious agents and inflammatory cells gain access to the brain. This research has valuable implications for research on Alzheimer's disease, dementia, multiple sclerosis, neuropsychological disorders, encephalitis, and meningitis.

- AIDS research has enhanced the care of patients with other immunodeficiency states, such as cancer patients and patients who have received immunosuppressive therapy for bone marrow or solid organ transplants, who are susceptible to many of the same opportunistic pathogens.

THE WHITE HOUSE

WASHINGTON

The Clinton Administration and HIV/AIDS

In 1992, when he ran for President of the United States, Bill Clinton said he would "provide the leadership this country needs for a loud, clear, and consistent war on AIDS." In his first three years in office, the President has translated that pledge into action, turning around more than a decade of governmental policies that were regarded as at best apathetic and at worst hostile to those living with HIV/AIDS. Following are the highlights of the Administration's HIV/AIDS-related actions taken since January 20, 1993.

AIDS Advisory Council. The President has created a 30-member 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. Specifically, the Council is charged with making recommendations in the areas of AIDS-related research, prevention, and care.

AIDS Funding. The President has placed AIDS programs among his investment priorities. In the three budgets he has submitted to the Congress, the President has increased total government funding for AIDS research, prevention, and care by 40%, including a 108% increase for the Ryan White CARE Act programs.

Anti-Discrimination. The Justice Department and the Equal Employment Opportunity Commission have vigorously enforced provisions of the Americans with Disabilities Act that prohibit discrimination against people with HIV/AIDS. The EEOC has received more than 900 charges alleging employment discrimination against people with HIV and AIDS and has resolved 789 charges, obtaining monetary benefits of over $6.1 million. The Health Care Financing Administration (HCFA) has taken action on nearly 20 complaints of denial of care by health care facilities or providers to persons with HIV/AIDS and new efforts are being made to address discrimination in nursing homes.

Blood Safety. The Food and Drug Administration (FDA) held ground-breaking public meetings on the use of new technologies to reduce the risk of HIV transmission by blood product transfusion. The Administration has received the Institute of Medicine report examining the issues surrounding transmission of HIV throughout the blood supply before 1987. The Department of Health and Human Services has named the Assistant Secretary for Health to be the Department's blood safety director, with overall responsibility for ensuring the IOM's recommendations are carried out and the coordination and oversight of the Public Health Service's blood safety programs.

Consumer Protection. The FDA is working with community organizations to prevent fraudulent activities aimed at people living with HIV disease. To date, 10 FDA-funded coalitions throughout the country -- including representatives from the community, health professionals, and law enforcement agencies -- have been established to educate and protect people with HIV and AIDS from fraudulent products.

States to provide targeted home and community-based services to people with HIV/AIDS. In 1995, those programs will serve at least 21,170 individuals. HHS also is developing prototype waivers to help other States gain quick approval of future waiver applications.

Housing. In the last two years, the Department of Housing and Urban Development's (HUD) Housing Opportunities for People with AIDS (HOPWA) program has provided $300 million to communities with a high incidence of HIV infection to provide housing assistance to people living with HIV/AIDS. HUD also has established the National Office of HIV/AIDS Housing to assist low-income people with HIV/AIDS to pay for housing. President Clinton cited the proposal to cut $30 million from HOPWA as one of the reasons for his veto of the fiscal year 1995 rescissions bill.

International Cooperation. The U.S. is actively cultivating international cooperation in HIV/AIDS prevention and care through participation in the United Nations' new Joint Programme on HIV/AIDS. Representatives of the U.S. participated in the Tenth International HIV/AIDS Conference in Yokohama, Japan, and the World AIDS Summit in Paris and is participating in regional conferences for Latin America and the Caribbean, Asia, and Africa. The U.S. Agency for International Development sponsored the Third HIV/AIDS Prevention Conference in Washington DC, which allowed for an exchange of information among diverse prevention and care groups from around the world and resulted in an agenda of effective prevention measures to be pursued worldwide. Through USAID, the U.S. is the largest bilateral donor in international assistance for prevention HIV/AIDS transmission, providing more than $120 million annually.

Mental Health. HHS awarded the first Federal grants to develop mental health services for persons living with HIV/AIDS and their families and partners. Approximately 260,000 mental health counseling sessions for people with HIV were reported during the last six months of 1994. Approximately 100,000 individuals with HIV also received mental health services under the Ryan White CARE Act.

Minority Communities. The Public Health Service convened the National Congress on the State of HIV in Racial and Ethnic Communities, bringing together individuals and organizations to develop plans to alter the course of HIV in those communities. The National Institutes of Health (NIH) added four new sites to its AIDS Clinical Trials Group at institutions that serve predominantly minority populations.

Perinatal Transmission. An NIH-sponsored clinical trial (ACTG 076) provided strong evidence that use of AZT by HIV-positive pregnant women dramatically reduced the rate of HIV transmission from mother to infant. The FDA expeditiously approved changes in labelling indications for AZT to include treatment of HIV-infected pregnant women. The U.S. Public Health Service issued guidelines in August 1994 on using AZT during pregnancy to reduce the risk of perinatal HIV transmission. In July 1995, CDC published PHS recommendations for routine HIV counseling and voluntary HIV testing for all pregnant women in the U.S. Widespread implementation of these recommendations will enable women to seek and receive

Data Gathering. The Department of Health and Human Services (HHS) is supporting three major efforts directed at gathering and analyzing services provided to persons with HIV disease. The "AIDS Cost and Services Utilization Survey," the "HIV Cost and Services Utilization Survey," and the "Hospital Cost and Utilization Project," will provide an important data base on the cost of AIDS care and the use of health care services by people living with HIV.

Dental Care. The AIDS dental reimbursement program was expanded to address the lack of dental care available to low-income and under-insured individuals living with HIV/AIDS. The program, which reimburses accredited dental schools and post-doctoral dental training programs for uncompensated costs incurred in providing oral health care to HIV-positive individuals, includes 124 institutions in 35 states.

Disability Eligibility. The Social Security Administration published revised regulations expanding the list of health manifestations that will be considered in determining eligibility due to HIV/AIDS for Social Security and Supplemental Security Income disability benefits. The agency also revised its rules to allow physicians and other health professionals to provide information to Social Security field offices, which then can make immediate disability findings.

Drug Approval. The FDA has approved or provided new labelling indications for fifteen new products to treat HIV or HIV-related conditions while dramatically reducing the time it takes for drug review and approval.

Drug Development. HHS created the National Task Force on AIDS Drug Development, an historic partnership between government, industry, academia, medicine, and AIDS-affected community organizations to identify and eliminate barriers to the rapid development of drugs for HIV and HIV-related conditions. The Task Force has issued 45 specific recommendations, many of which are currently being implemented.

Early Intervention. The Agency for Health Care Policy and Research issued clinical practice guidelines for health care professionals to assist in the evaluation and management of early HIV infection. The guidelines stress the importance of prevention of HIV-related opportunistic infections and the link between prevention and early diagnosis and care. A quick reference guide for physicians and consumer guides for adults, adolescents, and the parents of children with HIV infection was also made available. The U.S. Public Health Service provided support for a new campaign by the National Minority AIDS Council to promote the use of prophylactic treatment to prevent the occurrence of pneumocystis carinii pneumonia in people with HIV.

Health Benefits. Federal medical assistance programs serve nearly 50% of people living with AIDS and more than 90% of children with AIDS. Medicaid is the largest single payer of direct medical services, paying an estimated 25% of the aggregate cost of AIDS-related care. Under Title II of the Ryan White CARE Act, 18 states operate health insurance continuation programs that allow low-income people with HIV to continue their private health insurance.

Home Care. AIDS-specific Medicaid home care waivers are in place in 15 states, allowing

the care they need for themselves and to reduce the risk of transmitting HIV to their infants by as much as two-thirds.

Policy Coordination. To provide a central focus for governmental efforts against HIV/AIDS, the President created the Office of National AIDS Policy within the White House, to advise him on AIDS policy issues and coordinate interdepartmental activities. An Interdepartmental Task Force on HIV/AIDS, chaired by National AIDS Policy Director Patricia Fleming, was created to assist in that effort.

Prevention. CDC has initiated a comprehensive community planning process for HIV prevention programs, placing control of such programs in the hands of local community organizations rather than having them dictated by the Federal government. CDC also initiated an unprecedented review of government-funded HIV/AIDS prevention activities conducted by panels of individuals from outside of the government. In January 1994, the Centers for Disease Control and Prevention (CDC) launched the Prevention Marketing Initiative aimed at young adults (ages 18-25) to change behaviors that contribute to the transmission of HIV. The initiative features production of frank, forward-thinking public service announcements promoting both abstinence and the consistent and correct use of latex condoms.

Research Organization. The President 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. Dr. William Paul, an internationally acclaimed immunologist, was appointed to head that office and has developed the first comprehensive plan and budget for AIDS research.

Ryan White CARE Act. In the three budgets he has sent to Congress, the President has increased funding for the Ryan White CARE Act by 108%, fulfilling the President's promise to fully fund that program. During the last two years, the number of metropolitan areas eligible for assistance under Title I of the Ryan White CARE Act has increased from 25 to 49. Preliminary data indicate that approximately 360,000 clients were served under Title I of the Act. Eighty percent of U.S. metropolitan areas report providing new or expanded Ryan White services to people living with HIV, including HIV/AIDS drug assistance; services for women, children, and other special needs populations; and expanded rural services. All 54 states and territories are currently funded under Ryan White Title II, serving an estimated 296,000 clients with those funds. Title III(b), which pays for counseling, testing, and early intervention services, including treatment, served more than 175,000 clients, including a large number of women and minorities. Currently, 144 community-based organizations, located in 33 states, the District of Columbia, and Puerto Rico, are supported with Title III(b) funds. Title IV develops comprehensive coordinated care systems linked to clinical research in more than 80 communities, meeting the unique needs of children, youth, women, and families. Reauthorization of the Ryan White CARE Act is a top priority for the Administration in 1995.

Treatment. The NIH Preclinical AIDS Drug Screening Program has screened 72,000 potential agents for treatment of HIV disease and approved six compounds for Phase I clinical trials. NIH

clinical trials involve more than 45,000 HIV-infected individuals. Several promising HIV protease inhibitors and potent combination drug regimens are slated to begin Phase III efficacy trials in the near future. Thousands of other HIV-positive individuals are receiving promising investigational therapies through clinical trials and various expanded access programs.

Vaccines. The NIH has significantly expanded its basic research efforts to design new approaches to developing AIDS vaccines. It is now evaluating 14 vaccine candidates to identify those that might be appropriate for efficacy trials. The Department of Defense is also developing and testing several candidate HIV vaccines to protect U.S. military personnel.

Veterans. The Department of Veterans Affairs (VA) provides care to nearly 17,000 veterans with HIV-related diseases. The VA operates four specialized AIDS Clinical Units in New York City, Miami, West Los Angeles, and San Francisco medical centers. AIDS research is conducted at 85 medical centers, comprising over 800 individual research projects Specialized AIDS Research Centers dedicated to conducting HIV research are located in New York City; Durham, NC; San Diego CA; and Atlanta. VA AIDS research is funded by about $6 million in VA research funds and over $24 million in extramural grants. VA also maintains a national AIDS data base to track the epidemic within the veterans' population.

Water Safety. The Centers for Disease Control and Prevention and the Environmental Protection Agency issued guidance for vulnerable populations recommending steps to purify drinking water to protect against Cryptosporidium, which can be fatal to those with compromised immune systems. These agencies have also conducted research and outreach about threats of water-borne diseases to such individuals through funding and hosting several workshops and training programs.

Women and AIDS. The NIH created a Women's Interagency HIV Study to identify the nature and rate of HIV disease progression in women. NIH requires that women and members of minority groups be included in all NIH supported biomedical and behavioral research involving human subjects. NIH has initiated a major research effort to develop female-controlled barrier methods, including vaginal compounds, to prevent HIV transmission.

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January 31, 1996

MEMORANDUM TO JENNIFER KLEIN

FROM: RICHARD SORIAN

SUBJECT: AIDS RESEARCH FUNDING HISTORY

Background

As discussed in brief in the "Administration Accomplishments" document, the President has sharply increased funding for AIDS research. In his three years in office, funding for AIDS research has increased by 26 percent. That includes a 6 percent increase in the FY1996 budget approved by the Congress.

The President also moved to strengthen the authority of the Office of AIDS Research (OAR) at NIH, as part of the NIH Revitalization Act of 1993. That law provides OAR with direct authority to determine the research budgets of each institute and allocate AIDS research funding accordingly. It also required the hiring of a separate director of OAR (Tony Fauci had been director while also running NIAID). Dr. William Paul, a noted immunologist, was named director in 1994.

Recent Action

Congress included NIH in the full-year CR approved at the beginning of January. In doing so, it actually exceeded the President's request for NIH by $175 million. Based on that, it is assumed that Congress approved at least the $1.4 billion for AIDS research that the President requested.

There is, however, continuing controversy about whether or not the Congress provided the OAR with authority to allocate the AIDS research dollars. The House version of the bill (which was approved by the full House) did not include such authority; the Senate version (which cleared committee but did not reach a floor vote) did include the authority. House staff believes the CR did not include the authority; Senate staff does believe it includes the authority; NIH isn't sure. We are, however, proceeding with plans to allocate the AIDS research funds according to the plan laid down by Dr. Paul. This is an issue of great concern to the AIDS community as a whole.