Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Mary Hoffmann to Jennifer Klein re Children's Hospital Event [Personally Identifiable Information] [partial] (1 page)	01/27/1999	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Jennifer Klein
OA/Box Number: 13533

FOLDER TITLE:
PAF [Pediatric AIDS Foundation] 10th Anniversary - 1/28/99

2014-0536-S
kc1595

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]
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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]

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[001]

Marty J. Hoffmann 01/27/99 04:25:35 PM

Record Type: Record

To: Jennifer L. Klein/OPD/EOP, Margaret L. Buford/WHO/EOP

cc:

Subject: Children's Hospital Event

EVENT:	Children's Hospital Event
DATE:	Thursday, January 28
TIME:	9:45 AM-10:45 AM
LOCATION:	National Press Club, Holeman Lounge, 14th Floor
PARTICIPANTS:	First Lady

***The First Lady will announce the President's budget proposal to help children's hospitals cover the costs of medical education at a speech to the Pediatric AIDS Foundation.

***Please have Members arrive at 9:30 AM at the Holeman Lounge on the 14th Floor of the National Press Club, as they will be meeting with the First Lady preceding the event. (We will get back to them on parking if they ask).

ATTENDING:
Suanna Bruinooge, Sr. Health Policy Advisor to Rep. Nancy Johnson (b)(6)

MEMBERS PENDING:
Sen. Bond
Sen. Durbin
Rep. Moakley

MEMBER REGRETS:
Sen. Kennedy
Sen. Moynihan
Sen. DeWine
Rep. Sherrod Brown
Rep. Nancy Johnson
Rep. Greenwood
Rep. Stark
Rep. Dingell

w/ Revisions

FIRST LADY HILLARY RODHAM CLINTON
PEDIATRIC AIDS FOUNDATION
WASHINGTON, D.C.
JANUARY 28, 1999

THANK YOU, PAUL, FOR THOSE KIND WORDS -- BUT ALSO FOR YOUR COURAGE, AND FOR YOUR FRIENDSHIP. I AM HONORED TO BE HERE TODAY TO JOIN YOU IN RECOGNIZING THE OUTSTANDING WORK OF THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION, AND THE CONTRIBUTIONS THAT THESE TALENTED AND DEDICATED SCIENTISTS -- AND ALL OF YOU -- HAVE MADE TO THIS CAUSE OVER THE YEARS.

I WANT TO BEGIN BY THANKING THE REMARKABLE LEADERSHIP OF THIS FOUNDATION, WHICH HAS HELPED BUILD THIS ORGANIZATION INTO THE FORCE THAT IT IS TODAY: SUZIE ZEEGAN; KATE CAR; AND JANIS SPIRE. I ALSO WANT TO RECOGNIZE MARY FISHER, FOR HER TIRELESS WORK AT THE FAMILY AIDS NETWORK.

NONE OF US, OF COURSE, WOULD BE HERE TODAY, WERE IT NOT FOR THE LIFE AND INSPIRATION OF ELIZABETH GLASER, WHOSE SPIRIT SO ANIMATES THIS GATHERING. NO ONE FOUGHT HARDER -- OR DID MORE -- TO BRING ATTENTION AND RESOURCES TO THE ISSUE OF PEDIATRIC AIDS. AND NO ONE WHO EVER MET HER -- OR HEARD HER VOICE -- WILL EVER FORGET HER HEARTY LAUGH, HER GRACE AND PERSUASIVENESS, AND HER PASSIONATE COMMITMENT TO DOING EVERYTHING POSSIBLE TO HELP END THE EPIDEMIC OF AIDS, AND HELP DIMINISH THE SUFFERING OF THOSE LIVING WITH HIV AND AIDS -- PARTICULARLY CHILDREN. SHE TRANSFORMED ALL OF US. AND IN THE PROCESS, SHE HELPED TRANSFORM HOW THE WORLD RESPONDED TO THIS TERRIBLE EPIDEMIC.

TEN YEARS AGO, SITTING AROUND A KITCHEN TABLE, SHE AND SUZIE [ZEEGAN] AND SUSAN [DELAURENTIS] DECIDED TO UNDERTAKE WHAT MUST HAVE SEEMED TO BE AN IMPOSSIBLE TASK. TO FIND A CURE FOR AIDS -- SO THAT NO ONE WOULD EVER HAVE TO SUFFER THE UNSPEAKABLE PAIN AND DESPAIR THAT THIS TERRIBLE DISEASE CAN BRING. NOT MOTHERS, NOT FATHERS, NOT CHILDREN, NOT ANYONE. THAT YOU HAVE CHOSEN AS THE THEME FOR YOUR 10TH ANNIVERSARY CELEBRATION "DECADE OF PROGRESS, DECADE OF PROMISE" IS A TRIBUTE NOT ONLY TO THE IMPORTANT ADVANCEMENTS THAT HAVE BEEN MADE -- BUT ALSO TO THE DETERMINATION, DEVOTION, AND BOUNDLESS TALENTS OF THE PEOPLE IN THIS ROOM.

TEN YEARS AGO, THERE WAS NO ORGANIZED EFFORT DEVOTED TO STOPPING PEDIATRIC AIDS. TODAY, THIS FOUNDATION IS THE LEADING ORGANIZATION IN THE COUNTRY COMMITTED TO THIS MISSION.

TEN YEARS AGO, THERE WAS NO PEDIATRIC AIDS RESEARCH AGENDA ANYWHERE IN THE WORLD. TODAY, THERE IS AN ENTIRE RESEARCH COMMUNITY WORKING COLLABORATEVLY ON MAKING SCIENTIFIC ADVANCES ON PEDIATRIC AIDS. AND AS A RESULT, WE CAN LOOK BACK ON A DECADE OF BREAKTHROUGHS THAT HAVE DRAMATICALLY REDUCED MOTHER-TO-CHILD TRANSMISSION AND GREATLY IMPROVED THE QUALITY OF LIFE AND LIFE EXPECTANCY OF INFECTED CHILDREN. IN 1988, THERE WERE OVER _____ NEW PEDIATRIC AIDS CASES; IN 19998, THERE WERE LESS THAN ____. THAT IS A TREMENDOUS ACCOMPLISHMENT OF WHICH ALL OF YOU CAN BE VERY, VERY PROUD.

THERE ARE ALSO MORE DRUGS AVAILABLE TO ADULTS THAT ARE BECOMING AVAILABLE TO CHILDREN -- THANKS TO MANY OF YOU -- AND THANKS TO THOSE IN THE SCENTIFIC COMMUNITY WHOM WE HONOR TODAY.

I WANT TO UNDERSCORE HOW PLEASED I AM -- AND I KNOW ALL OF YOU ARE -- WITH THE PROGRESS WE'VE MADE ON PEDIATRIC LABELLING. THANKS TO THE LEADERSHIP OF THE PRESIDENT, WE WILL HAVE MUCH BETTER INFORMATION ABOUT HOW AIDS DRUGS WORK IN CHILDREN.

TEN YEARS AGO, ALMOST NO ONE KNEW ABOUT AIDS -- LET ALONE THAT IT COULD BE TRANSMITTED FROM MOTHER TO CHILD. THERE WAS ONLY IGNORANCE AND FEAR. TODAY, THE FOUNDATION IS AT THE FOREFRONT IN DEVELOPING PROGRAMS THAT EDUCATE, RAISE AWARENESS, AND PROMOTE COMPASSION.

WE'VE COME TOGETHER THIS AFTERNOON TO CELEBRATE THE PROGRESS THAT'S BEEN MADE -- THAT CHILDREN WITH HIV WHO HAVE ACCESS TO HEATLH CARE LIVE LONGER AND HEALTHIER LIVES THANKS BOTH TO THE SCIENTIFIC BREAKTHROUGHS AND TO GREATER PUBLIC UNDERSTANDING OF THIS DISEASE. YET WE ALSO COME TOGETHER TO PLEDGE OURSELVES TO THE GREAT UNFINISHED WORK AHEAD.

HERE AND AROUND THE WORLD, NEW INFECTIONS ARE INCREASING, AND WOMEN OF COLOR AND YOUNG PEOPLE ARE AMONG THE MOST VULNERABLE. EVERY HOUR OF EVERY DAY, TWO MORE AMERICAN ADOLESCENTS ARE INFECTED WITH HIV. AND 1600 CHILDREN ARE INFECTED WITH HIV EVERY SINGLE DAY AROUND THE WORLD. AS WE ALL KNOW, THE RAVAGES OF PEDIATRIC AIDS IS MOST SEVERE IN THE DEVELOPING COUNTRIES WHERE OVER 90% OF NEW INFECTIONS OCCUR. BY THE END OF THIS YEAR, 40 MILLION PEOPLE WILL BE LIVING WITH HIV OR AIDS. BY THE END OF THE NEXT DECADE, AIDS WILL HAVE ORPHANED OVER 40 MILLION CHILDREN. WHO HASN'T GRIEVED AT THE STARK PHOTOGRAPHS OF CHILDREN DYING OF AIDS IN POOR VILLAGES OF AFRICA AND SO MANY OTHER COUNTRIES -- ALREADY ORPHANS FROM AIDS. SOON TO BE ITS VICTIMS.

WHEN CONFRONTED WITH THESE STATISTICS AND HEARTBREAKING IMAGES -- IT'S NEARLY IMPOSSIBLE NOT TO FEEL OVERWHELMED. BUT THE FOUNDERS OF THIS ORGANIZATION HAVE GIVEN US A DIFFERENT KIND OF LEGACY. A LEGACY THAT IS DRIVEN BY HOPE, NOT DISPAIR. ONE THAT CHOOSES ACTION OVER INACTION. ONE THAT IS DETERMINED -- REGARDLESS OF THE ODDS -- TO FIND EFFECTIVE TREATMENTS, A VACCINE, AND EVENTUALLY A CURE TO END THIS DEADLY EPIDEMIC. WHEN WE THINK ABOUT ELIZABETH -- AND PAUL -- AND THE MILLIONS OF PARENTS OF CHILDREN LIVING WITH HIV AND AIDS -- WHAT'S IMPOSSIBLE IS THE IDEA OF GIVING UP.

I AM PROUD OF THE COMMITMENT OF THE PRESIDENT, VICE PRESIDENT, AND TIPPER GORE ON FIGHTING THIS EPIDEMIC. IN JUST THE PAST SEVERAL MONTHS, WE HAVE LAUNCHED NEW INITIATIVES TO ADDRESS AIDS IN MINORITY COMMUNITIES, STRENGTHENED OUR EFFORTS TO FIND A VACCINE, AND BOOSTER OUR INTERNATIONAL EFFORTS TO CARE FOR CHILDREN ORPHANED BY AIDS. BUT WE ALL KNOW THAT DESPITE THESE GOOD EFFORTS, THERE IS STILL MUCH MORE TO DO.

ELIZABETH ONCE WROTE ABOUT SITTING IN HER LIVING ROOM, RELIEVED THAT SHE HAD FINALLY FOUND A DRUG THAT COULD HELP HER DAUGHTER, ARIEL, BUT FURIOUS THAT THE SYSTEM BACK THEN CARED MORE ABOUT RULES THAN LIVES. SHE SAID SHE ASKED HERSELF: "DID I LOVE LOVE MY CHILD ANY MORE THAN THE MOTHER IN HARLEM, MIAMI, OR NEWARK LOVED HER CHILD? ABSOLUTELY NOT. DID ARI DESERVE A CHANCE ANY MORE THAN THEIR CHILDREN? NO. EVERY CHILD WITH AIDS DESERVES A CHANCE."

TODAY, WE HONOR FOUR INDIVIDUALS WHO BELIEVE -- LIKE ELIZABETH -- THAT EVERY CHILD WITH LIVING WITH AIDS DESERVES A CHANCE TO LIVE A LIFE FREE FROM AIDS

THIS FOUNDATION -- AND EVERYONE HERE TODAY -- BELIEVES THAT PROGRESS ON PEDIATRIC AIDS CAN BE MADE MORE QUICKLY IF THE BRIGHTEST MINDS IN SCIENCE WORK TOGETHER. IN FACT, THE FOUNDATION'S FOCUS ON COLLABORATION REMAINS UNIQUE IN THE SCIENTIFIC COMMUNITY. TOGETHER, WE HAVE MADE A DIFFERENCE, AND TOGETHER, WE WILL -- WE MUST -- BRING AN END TO AIDS.

I WANT TO NOW ASK OUR FOUR HONOREES TO STAND, AND JOIN ME AT THE PODIUM. THESE FOUR TALENTED INDIVIDUALS REPRESENT SOME OF THE BRIGHTEST INVESTIGATORS FROM THE INTERNATIONAL RESEARCH COMMUNITY. THEY WORK AT DIFFERENT INSTITUTIONS -- BUT SHARE A DEEP COMMITMENT TO BRING HOPE TO CHILDREN LIVING WITH HIV AND AIDS. THEY WORK IN DIFFERENT SCIENTIFIC FIELDS -- BUT WHAT THEY HOLD IN COMMON IS THE FIRE OF ELIZABETH GLAZER, THE STRENGTH AND DETERMINATION TO

NEVER, EVER, GIVE UP ON ENDING THE SUFFERING, AND FINDING A CURE FOR AIDS.

[SHE INTROS EACH ONE]

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Jen Klein	Todd Summers
COMPANY:	DATE:
DPC	January 27, 1999
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
6-2878	
PHONE NUMBER:	
6-2599	
RE:	
FLOTUS Pediatric AIDS speech	

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Here are the statistics I got from CDC - I sent you an email with a suggestion on language.

Todd

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

JAN-27-99 12:24 From:NCSEHSTP/COMMUNICATION OFFICE 4048398910 T-044 P.01/03 Job-193

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

NCSTD
National Center for HIV, STD & TB PREVENTION

Office of the Director

Facsimile Transmittal Cover Sheet

To: TODD SUMMERS	**From:** Office of Communications
Phone: 202-456-2439	**Phone:** 404/639-8895
Fax: 202-456-2438	**Fax:** 404/639-8910

Date: 1/27 **Number of Pages:** 3 (Including cover)

Subject: Pediatric aids cases

Comments: Please call if you have any questions or need additional information.

* TODD,

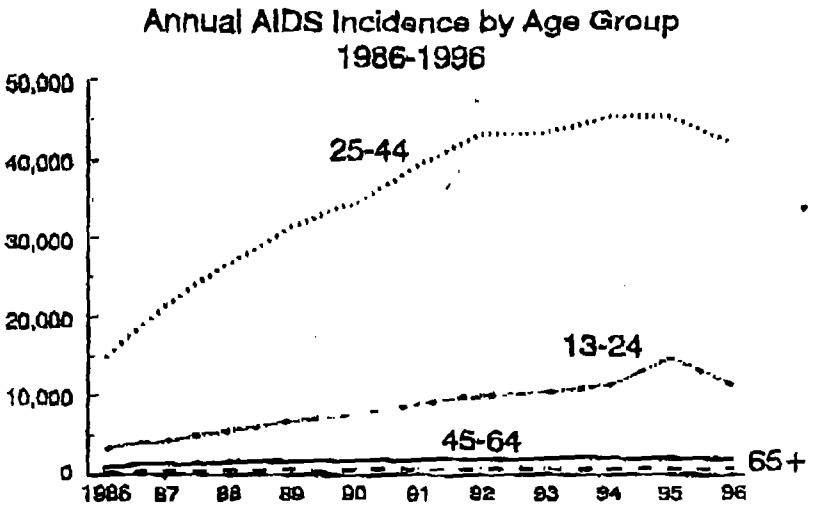
1999 figures are not available, but here is '87 - '97. It doesn't show a huge decline (comparing 87 to 97) since pediatric cases peaked in 92. Let me know if you need anything else, Thanks,

Kitty

Estimated Pediatric AIDS Incidence by Year of Diagnosis, 1987 through 1997, United States

YEAR	CASES
1987	332
1988	595
1989	645
1990	800
1991	800
1992	947
1993	905
1994	806
1995	669
1996	500
1997	299

By age • The greatest proportion of AIDS cases has always been among Americans ages 25-44. In 1996, an estimated 57,260 Americans were diagnosed with AIDS. Of these, almost 75% (42,460) were among people 25-44 years old, 21% were among Americans over the age of 44 (12,260), and less than 4% (2,040) were among people 13-24 years of age. The remainder were pediatric (less than age 13) AIDS cases.



Among children: Perinatal AIDS declines • Trends in AIDS incidence among children continued to demonstrate the dramatic success of efforts to reduce perinatal (mother-to-child) HIV transmission. In 1994, clinical trials showed that HIV-infected women could reduce the risk of transmitting the virus to their babies by as much as two-thirds through administration of zidovudine (ZDV or AZT) during pregnancy, labor, and delivery, and by giving their babies AZT for the first 6 weeks after birth. In 1994, the Public Health Service (PHS) issued guidelines for using AZT during pregnancy, and in 1995, published guidelines for routinely counseling all pregnant women about HIV and offering them an HIV test. As health care providers across the country incorporated these guidelines into clinical practice, perinatal AIDS incidence dropped dramatically. Between 1992 and 1996, the number of children with perinatally acquired AIDS dropped 43%. But despite declines in all racial/ethnic groups, the majority of perinatally acquired AIDS cases continue to occur among African-American and Hispanic children. This indicates the need for intensified efforts to prevent infection among minority women and to reach women who are infected with early prenatal care and preventive treatment.

Estimated Number of Children With Perinatally Acquired AIDS, 1992 - 1996						
Race/Ethnicity	**1992**	**1993**	**1994**	**1995**	**1996**	**% Change**
White	133	126	92	95	67	-50
African American	566	531	522	415	331	-42
Hispanic	195	195	166	146	111	-43

PRESIDENT CLINTON DECLARES HIV/AIDS IN RACIAL AND ETHNIC MINORITY COMMUNITIES TO BE A "SEVERE AND ONGOING HEALTH CARE CRISIS" AND UNVEILS NEW INITIATIVE TO ADDRESS THIS PROBLEM
October 28, 1998

Today, the President will declare HIV/AIDS in racial and ethnic minority communities to be a "severe and ongoing health care crisis" and will unveil a series of initiatives that invest $156 million to address this urgent problem. Citing the chronic and overwhelmingly disproportionate burden of HIV/AIDS on minorities, the President will outline a new comprehensive initiative that includes unprecedented efforts to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American and Hispanic communities. The President will also highlight other important increases to fight HIV/AIDS in the budget as well as new funding for his initiative to address racial health disparities for a range of diseases, including HIV/AIDS.

HIV/AIDS in the minority community is a "severe and ongoing health care crisis." While overall AIDS deaths have declined for two years in a row, AIDS remains the leading killer of African American men age 25-44 and the second leading killer of African American women in the same age group. African Americans comprise more than 40 percent of all new HIV/AIDS cases, and African-American women make up 60 percent of female cases. Hispanics represent over 20 percent of new HIV/AIDS cases and only about 10 percent of the population. This is also a critical concern in Asian American communities, as well as Native American communities, where many are high risk and hard to reach.

Historic initiatives invest $156 million for HIV/AIDS prevention and treatment in the minority community. During the recent budget negotiations, the Clinton Administration and the Congressional Black Caucus fought successfully to secure a major commitment of funds to address the urgent problem of HIV/AIDS among minorities through new prevention efforts, improved access to HIV/AIDS drug treatments, and training for health professionals who treat this disease. Over two-thirds of this funding is from new resources appropriated through the Omnibus Appropriations Act. The rest will be dedicated from the Department of Health and Human Services' budget.

-- **Crisis response teams.** HHS will make available Crisis Response Teams to a number of highly affected areas. These teams of public health and HIV prevention and treatment experts, doctors, nurses, and epidemiologists -- from a range of agencies including the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, the Centers for Disease Control and Prevention -- will help assess existing prevention and treatment services for racial and ethnic minorities and develop

innovative, effective strategies that best meet the needs of these communities. This effort will take place within a period of several weeks after a request for a crisis response team is received.

-- **Enhanced HIV/AIDS prevention efforts in racial and ethnic minority communities.** These funds will be used for HIV prevention purposes at the Centers for Disease Control such as grants for minority, community-based organizations to work with local health clinics, make testing and counseling available, conduct community workshops, and develop HIV and substance abuse prevention programs on the campuses of Historically Black Colleges and Universities and in institutions of higher learning that predominantly serve Hispanics. The funding also will help provide comprehensive substance abuse treatment programs for African American and Hispanic women with or at risk for HIV/AIDS and their children.

-- **Reducing disparities in treatment and health outcomes for minorities with HIV/AIDS.** Studies show that African Americans and Hispanics are much less likely to receive treatments that meet federally recommended treatment guidelines. This new funding, which supplements the already large increase in the Ryan White program, will help minorities get access to cutting-edge HIV/AIDS drug treatments as well as the range of primary health services needed to treat this disease. Funds also will be used to educate health care providers who treat largely minority populations on treatment guidelines for HIV/AIDS.

Unprecedented Increases in Effective HIV/AIDS Treatment, Prevention, and Research Programs. Substantial and critical funding increases in a wide range of effective HIV/AIDS programs, include:

-- **An historic $262 million increase in the Ryan White Care Act,** which provides primary HIV health care services, treatments, and training for health care professionals on HIV treatment guidelines. The treatment funding in this investment includes a more than 60 percent increase for the AIDS drug assistance program that provides protease inhibitors and other life-saving HIV/AIDS treatments to those who cannot afford the cost, which can run as high as $20,000 a year.

-- **A 12 percent increase for HIV/AIDS research at NIH.** In FY 1999, research on HIV/AIDS at the National Institutes of Health (NIH) will total $1.8 billion, a 12 percent increase. This increase will enhance both basic research to further our understanding of the HIV virus as well as applied research that includes clinical testing of new HIV/AIDS pharmacological therapies.

A Commitment to Eliminate Racial Health Disparities. Minorities suffer from a number of critical diseases, including HIV/AIDS, at higher rates than white Americans. Hispanics are more than four times as likely to get HIV/AIDS than whites, while African Americans are more than eight times as likely. The Congress has taken a first step in investing in the President's proposal to address racial health disparities by funding $65 million of this initiative. Congress partially funded the proposed grants for communities to develop new strategies to address these disparities and for increases in other critical public health programs, such as heart disease and diabetes prevention at CDC, that have shown promise in attacking these disparities.

Calling on Congress to Pass an Unfinished Agenda for People With HIV/AIDS.

-- **A Patients' Bill of Rights.** The President and Vice President have repeatedly urged the Congress to pass a strong, enforceable Patients' Bill of Rights that contains critical protections for people with HIV/AIDS, including access to specialists and continuity of care to prevent abrupt changes in critical treatment when an employer changes health plans.

-- **A Work Incentives Bill for People with Disabilities.** Congress also failed to pass the bipartisan Jeffords-Kennedy bill that would have enabled people with disabilities and other disabling conditions, such as HIV/AIDS, to return or to remain at work by expanding options to buy into Medicaid and Medicare and by offering other pro-work initiatives. This bill was on the list of top Administration priorities in the final budget negotiations.

###

PRESIDENT CLINTON UNVEILS NEW STEPS TO ADDRESS EMERGING CRISIS OF THE UP TO 40 MILLION CHILDREN WHO WILL BE ORPHANED BY HIV/AIDS BY 2010, COMMEMORATES WORLD AIDS DAY
December 1, 1998

Today, President Clinton, commemorating World AIDS Day, joined Secretary of State Madeleine Albright and U.S. Agency for International Development (USAID) Administrator Brian Atwood, to launch a series of new initiatives to address the growing crisis of children orphaned by AIDS. The President unveiled historic new increases at the National Institutes of Health dedicated to fund research aimed at developing an effective AIDS vaccine and new prevention strategies to help address the problem of HIV/AIDS throughout the world; announced new emergency funding from USAID to support international community-based AIDS orphan programs; and directed his AIDS policy advisor Sandra Thurman to lead a delegation to Africa to assess the growing problem of AIDS orphans and recommend new strategies for responding. The President:

✓ **Highlighted USAIDS projection that up to 40 million children who will be orphaned by HIV/AIDS by 2010,** over 90 percent of which live in developing countries that have too few resources to provide for their care and support. Globally, there are over 33 million people with HIV or AIDS, with another 5.8 million becoming infected every year. As with so many epidemics, children and young people are bearing much of the burden of AIDS. In the United States, as many as 80,000 children have already been orphaned by AIDS.

✓ **Announced 12 percent increase this year in funding by the National Institutes of Health on research to prevent and treat HIV around the world.** The National Institutes of Health, representing the largest single public investment in AIDS research in the world, will support a comprehensive program of basic, clinical, and behavioral research on HIV infection and its related illnesses. These will include:

- **$200 million investment in research on AIDS vaccines to prevent transmission around the world, a thirty-three percent increase this year alone.** The development of a safe and effective AIDS vaccine is critical to stemming the growing problem of HIV/AIDS and AIDS orphans across the world. The President announced that NIH will dedicate $200 million in vaccine research in Fiscal Year (FY) 1999, a $47 million increase from FY1998 and an 100 percent increase since FY1995. This investment is critical in supporting the President's challenge to make AIDS vaccine research a national and international priority.

- **$164 million for other research critical to addressing the HIV/AIDS epidemic across the world.** The President also announced that the NIH will invest $164 million, in FY1999, a $38 million increase over last year for critical projects to reduce the number of AIDS orphans by preventing and treating HIV/AIDS internationally, including: 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.

✓ **Unveiled $10 million in emergency relief funding at USAID to provide support for AIDS orphans.** USAID will make available $10 million in emergency funding to support community-based efforts for orphans, including 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.

✓ **Directed 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 asked Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding delegation to southern Africa, where 90 percent of AIDS orphans reside. The delegation will include representatives from across the Clinton Administration, key Congressional offices, and the national media to raise awareness about this emerging problem and to develop recommendations for action.

✓ **Unveiled new steps to address the continued needs of those living with HIV/AIDS in the United States.** While the problem of AIDS orphans is most acute internationally, the President also underscored that HIV/AIDS impacts and displaces families in this country as well. The President highlighted that today the Vice President will be unveiling over $200 million in funds for the Housing Opportunities for People With AIDS program this year to assist communities around the country to keeping 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, as well as several individuals and families who have benefited from their services.

✓ **Built on a solid record of achievement in HIV/AIDS.** Today's announcements build on a deep 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, 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.

Todd A. Summers
01/25/99 05:18:47 PM

Record Type: Record

To: Jennifer L. Klein/OPD/EOP

cc:
Subject: Info for speech

attaches is the World AIDS Day 98 Proclamation - I'm also going to separately send you the press release for that day's events, and the press release for the 10/28 event on AIDS in minority communities

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

30-30-30

THE WHITE HOUSE
WASHINGTON

OFFICE OF THE FIRST LADY

TO Linda Marson

FROM Jennifer Klein

FAX # 371-2044

PHONE #

OF PAGES (including cover)

COMMENTS

List of invites if possible:

Ann Langley, 452-8290
Ned Zuchman, Children's National Medical Center, 202-884-5402
Randel O'Donnell, 816-234-3650
Calvin Bland, St. Christ Children's Hospital, Philadephia, 215-427-5337
Blanche Moore, Arkansas Children's Hospital, 501-320-1481
Larry McAndrews, President, National Association of Children's Hospitals, 703-684-1355

Policy that the First Lady will mention:

The President's fiscal year 2000 budget includes a proposal to create a new $40 million grant program to provide federal financing for graduate medical education (GME) for freestanding children's hospitals. Children's hospitals would be paid on a per resident basis to support the costs of graduate medical education. The 53 freestanding children's hospitals across the country are in desperate need of this funding. While other teaching hospitals receive support for their training and research costs through Medicare, children's hospitals receive very little Medicare funding; teaching hospitals receive an average of $76,000 in federal GME funding per resident, while children's hospitals receive an average of $400 per resident. In addition, while some states have funded GME through Medicaid, most of those programs are ending as more states move to Medicaid managed care programs. This proposal is designed to address the current inequity.

Paul Glaser should just say something about how those of us who know how vital children's hospitals are to children with HIV and AIDS are grateful for this important investment.

Thanks –

Jennifer

To: Jen Klein

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION
805 15th Street NW, Suite 500, Washington, DC 20005
Tel: 202-371-0099 Fax: 202-371-2044

FAX TRANSMISSION SHEET

TO: **Marsha Berry, Press Office**
Julie Mason, Press Office
Noa Meyer, Speechwriting Office
15th **Patty Solis, Scheduling Office**

FROM: **Linda Marson, Communications Director**
PHONE: 202-371-0099 (work) 301-983-8274 (home) and
FAX: 202-371-2044

DATE: **January 22, 1999**

RE: **ELIZABETH GLASER SCIENTIST AWARDS –**
PRESENTED BY FIRST LADY HILLARY RODHAM CLINTON
AT THE NATIONAL PRESS CLUB, JANUARY 28, 1999

Number of pages (including this page):

Hello and thank you to all of you. We are really excited about having the First Lady present the Foundation's Scientist Awards.

ATTACHMENTS:
- O THIS TWO PAGE COVER SHEET
- LOGISTIC MEMO – Labeled A through G
- BACKGROUND MATERIALS – labeled 1-24

I am sending you all the same background information. Do you need proposed talking points? ? Please note that this year commemorates the Foundation's 10th Anniversary and also the attached release on the recently announced FDA regulations involving drugs for children. Paul Glaser will note the Administration's efforts in his introductory remarks for Mrs. Clinton.

Please let me know each of your needs beyond the attached material and we will accommodate you every step of the way!
(page one of two, cover memo)

Cover Memo 1 of 2

Attached is an updated agenda/logistical memo that reflects confirmation of the First Lady's arrival time at the National Press Club. This is a PROPOSED agenda and timeline, please let me know your questions, concerns, changes.

I tried to provide as much detail as possible in this memo, particularly the logistics of her actually presenting the four awards to the scientists. Please advise us on what you need from us to accommodate security clearance re: staff, guests and media.

I've attached our DRAFT MEDIA ADVISORY and DRAFT PRESS RELEASE. We would love a quote from the First Lady, if possible

THANK YOU!

(Page two of two, cover memo)

Cover memo 2 of 2

#

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

January 22, 1999 – UPDATED MEMO

To: **Marsha Berry, Julie Mason,**
Noa Meyer, Patti Solis
Office of First Lady
Hillary Rodham Clinton

From: Linda Marson,
Communications Director
CONTACT: 202-371-0099 (work) and
301-983-8274 (home)
FAX: 202-371-2044

RE: **FIRST LADY**
HILLARY RODHAM CLINTON'S
PRESENTATION
OF THE ELIZABETH GLASER
SCIENTIST AWARDS ON
JANUARY 28, 1999

Thank you!

Below is a proposed rundown for the event. Please tell us what you need regarding background, talking points, security needs, etc. We will accommodate you as requested.

I have also attached a draft media advisory and a draft press release. We will get you background information on all the participants at the award ceremony, including a description of the scientists work in layperson's terms, which will be helpful since Mrs. Clinton will be presenting them with their award and describing, in layperson terms, their work.

The audience for this event will include approximately 75 members of the scientific community, as well as staff and friends of the Foundation. In addition, the media is being invited to attend

A

the awards presentation. There will be no Q&A while the First Lady is in attendance. We plan to have an informal Q&A session with the press, our Foundation members and our scientists, following her departure.

Here is a proposed rundown for the event:

EVENT: The Elizabeth Glaser Pediatric AIDS Foundation's Scientist Awards ceremony will take place at the National Press Club, 14th and F Streets, NW, 13th floor, Holeman Lounge, on Thursday, January 28, 1999.

GREETING: It is our understanding, per Patti Solis, that Mrs. Clinton will arrive at the Press Club at 9:50 a.m. She will be greeted (please advise us on where you wish this to take place?) by Foundation Chairman of the Board, Paul Glaser, Foundation CEO, Kate Carr, and Foundation Co-Chair Susie Zeegen.

PHOTOS: We have a "holding room" adjacent to the Holeman Lounge, where the award ceremony is taking place, available for the purposes of photos with our the three Foundation members listed above, as well as the four scientists (and, if possible, their spouses?). Please advise us on what you need for security purposes.

PROPOSED TIMELINE:

9:50 a.m.	**Mrs. Clinton arrives at the National Press Club, 14th and F Streets, NW. Greeted by Foundation contacts, Paul Glaser, Kate Carr and Susie Zeegen. Location: ?**

(B)

9:53 a.m.	**Photo session (White House photographer and a Foundation photographer) with Paul Glaser, Kate Carr, Susie Zeegen, Janis Spire, Executive Director of the Pediatric AID Foundation and the four awardees/scientists: Dr. Doms, Dr. Goulder, Dr. Johnson, Dr. Overbaugh and their spouses?** **Location: "holding room" adjacent to Holeman Lounge.** ***Please note that a few board members may also request photos, if that is possible?**
9:59 a.m.	**Enter Holeman Lounge. Mrs. Clinton can enter through the adjacent "holding room" and proceed directly to a seat next to the podium. She can remain seated until formally introduced for remarks and the award presentation.**

10:00 –10:02 a.m.	Begin Award Ceremony – Opening remarks and welcome by Kate Carr, Chief Executive Officer, Elizabeth Glaser Pediatric AIDS Foundation. Introduces Susie Zeegen.
10:02-10:04	Remarks by Susie Zeegen, Co-Founder, Elizabeth Glaser Pediatric AIDS Foundation. Introduces Mary Fisher.
10:04-10:08	Remarks by Mary Fisher, Founder of Family AIDS Network. Introduces Paul Glaser.
10:08-10:13	Remarks by Paul Glaser, Chairman of the Board, Elizabeth Glaser Pediatric AIDS Foundation
10:13-10:14	PAUL GLASER INTRODUCES THE FIRST LADY
10:14 – 10:24	FIRST LADY delivers her remarks from the podium. We will provide suggested talking points: - Her history with the Foundation

D

- the work of the Foundation,need to promote innovative, collaborative research, impact of Foundation's research on Pediatric HIV/AIDS and the meaning of the award

10:24 – 10:35

ASKS THE AWARDEES TO JOIN HER AT THE PODIUM, two on each side of her.
Mrs. Clinton continues her remarks – introducing each of the scientists in turn, providing a

- layperson description of the four who are being honored. She gives each of them their award in turn. (the awards themselves will be on a small table, adjacent to the podium). All 4 scientists remain standing until she has concluded.

AWARDEES:

Robert Doms, M.D., Ph. D., University of Pennsylvania

E

Philip J.R. Goulder, M.R.C.P., D. Phil., Massachusetts General Hospital

Paul Johnson, M.D. Harvard Medical School

Julie Overbaugh, M.D., Fred Hutchinson Cancer Center

10:35	**Mrs. Clinton Concludes the awards presentation. Paul Glaser joins her at the podium.**
10:35	**Paul Glaser thanks Mrs. Clinton, who departs through the adjacent holding room.**
10:40	**Mrs. Clinton departs Press Club**
10:36 a.m.	**Paul Glaser introduces Paula Apsell, Executive Producer, NOVA, who** Introduces clip from PBS Special "Surviving AIDS," featuring Foundation Scientist Catherine Luzuriaga

F

Our 10th anniversary - 1999

10

A decade of progress, a decade of promise

(Theme)

1

This year marks the Elizabeth Glaser Pediatric AIDS Foundation's tenth anniversary. Today, children with HIV who have access to health care are living longer, healthier lives thanks to progress made this past decade. However, the HIV epidemic still rages. In the U.S. and worldwide, new infections are increasing and women and children are the fastest rising group. As we look toward the next decade, we have great hope that the promising work we fund will result in effective treatments and eventually a vaccine to end this deadly epidemic.

This Notecard Program has been generously underwritten by:

TENET

Team Healthcare Foundation

For more information please contact:
Elizabeth Glaser Pediatric AIDS Foundation
2950 31st Street Suite 125 Santa Monica, CA 90405

A BRIEF HISTORY OF THE FOUNDATION

The Pediatric AIDS Foundation was co-founded in 1988 by Elizabeth Glaser, Susan DeLaurentis and Susie Zeegen. As mothers, the three friends were compelled to take action when Elizabeth discovered that she, her daughter Ariel and her son Jake were all HIV-infected. At the time, it was not yet widely known that HIV/AIDS was affecting children, so the issues pertaining to them were not clearly understood. Elizabeth, Susan and Susie dedicated themselves to creating a future of hope for children and families affected by this disease. The alliance they formed drew international attention to the issue of pediatric HIV/AIDS.

Today, the Elizabeth Glaser Pediatric AIDS Foundation is the leading national non-profit organization dedicated to identifying, funding and conducting basic pediatric AIDS research. Through the work of the Foundation, there is now an entire research community focused on pediatric HIV/AIDS so that children are no longer forgotten. The Foundation has raised more than $60 million to fund research as well as to develop programs that educate, raise awareness and promote compassion.

2

OUR MISSION

The mission of the Elizabeth Glaser Pediatric AIDS Foundation is to identify, fund and conduct critical pediatric AIDS research that will lead to the prevention and treatment of HIV infection in infants and children. Our commitment to stimulating collaborative and focused research is unique in the scientific community.

Our goals are to prevent transmission from an infected mother to her newborn, to prolong and improve the lives of children living with HIV, and to eliminate HIV in infected children. The Foundation takes a leadership role in establishing a national pediatric AIDS research agenda, as well as promoting education, awareness and compassion about HIV/AIDS in children.

As a non-profit 501(c)(3) organization, the Foundation is committed to reaching our goals while maintaining a low administrative overhead, which is currently less than 6%. The Elizabeth Glaser Pediatric AIDS Foundation creates a future that offers hope through basic medical research.

3

ELIZABETH GLASER SCIENTIST AWARD

"Providing support for the Elizabeth Glaser Scientists is the best way I know to honor the legacy of our courageous friend, Elizabeth Glaser, who did so much in our Nation's response to the AIDS epidemic. By helping to create the Elizabeth Glaser Pediatric AIDS Foundation she gave hope for thousands of children across America."
Orrin G. Hatch
United States Senator

The Elizabeth Glaser Scientist Award reflects the dynamic qualities for which Elizabeth herself is remembered—a keen sense of mission, unswerving vision, and a passion for bringing hope to children with HIV/AIDS. Through these awards, her vision and resolve will continue to inspire researchers to join together and bring an end to pediatric HIV/AIDS.

This is the only named research award developed specifically and exclusively for work in HIV/AIDS, representing the best of both collaborative and individual research. It was created to establish a team of outstanding scientists who work together to share ideas and focus on resolving critical issues in pediatric HIV/AIDS research. Every year top scientists from the international research community are selected on the basis of their knowledge, innovation and dedication. ~~The five year award was given to five remarkable scientists in 1997, bringing~~ the total number of working Elizabeth Glaser Scientists to 10. 15
Already, groundbreaking work in exciting areas such as host genetic factors, immune response to HIV infection and gene therapy has emerged. This work has been published in 55 journal articles.

At the annual meeting, held in November, the Elizabeth Glaser Scientists met with the internationally renowned advisory board and shared their promising data which will help identify new treatments and may hold the key to finding an effective vaccine. Our distinguished scientists are profiled on the following pages.

"The Elizabeth Glaser Scientist Awards are a fitting tribute to a remarkable woman and to carry on her work and fulfill her commitment to ending this epidemic."
Donna E. Shalala
Secretary of Health and Human Services

4

Invitation

1999 Elizabeth Glaser Scientists

Robert W. Doms, M.D., Ph.D.
University of Pennsylvania

Philip J.R. Goulder, M.R.C.P., D.Phil.
Massachusetts General Hospital

Paul Johnson, M.D.
Harvard Medical School

Julie Overbaugh, Ph.D.
University of Washington

The Board of Directors of the Elizabeth Glaser Pediatric AIDS Foundation
requests the honor of your presence
as we celebrate the awarding of the

1999
Elizabeth Glaser Scientists

First Lady only attending

Thursday, January 28, 1999

10:00 a.m. press conference at the National Press Club
14th and F Streets, NW, 13th Floor

followed by

11:30 a.m. reception and luncheon at NationsBank Building
730 15th Street NW, 10th floor, Penthouse

This invitation is non-transferable and reseroations are limited.
Please RSVP to Prema at the Foundation 202-371-0099

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DRAFT 1/22
For Immediate Release
January 28, 1999

Linda Marson or Kelli O'Reilly
(202) 371-0099

First Lady Hillary Rodham Clinton, Paul Glaser, Mary Fisher, Announce '99 Elizabeth Glaser Pediatric AIDS Foundation Awards

Millions Targeted Toward Critical Research in Pediatric HIV/AIDS

Washington, D.C. – First Lady Hillary Rodham Clinton and the Elizabeth Glaser Pediatric AIDS Foundation have honored four of America's best and brightest researchers with the **1999 Elizabeth Glaser Scientist Award** for their innovative, collaborative and cutting-edge research in pediatric HIV/AIDS. The award recognizes outstanding individuals who embody co-founder Elizabeth Glaser's dedication and compassion in working tirelessly to improve the lives of children across the country and around the world and provides funding for their ongoing research.

(quote by First Lady?)

"This year, as the Foundation prepares to commemorate our 10th Anniversary, this award recognizes the research advances that have been made and anticipates the promise that the new decade holds by honoring four of the nation's most promising researchers in the fight against pediatric HIV/AIDS," said Paul Glaser, the Foundation's Chairman of the Board of Directors. **"These outstanding individuals offer us hope for research that will lead to more treatment options, to a vaccine that will protect against infection and eventually end this epidemic. We applaud their efforts to make this world a better place for children with HIV/AIDS."**

Draft release 1 of 2

(more)

b

The prestigious award, the only named research award developed specifically and exclusively for work in pediatric HIV/AIDS, was presented by First Lady Hillary Rodham Clinton to:

Robert Doms, M.D., Ph. D., University of Pennsylvania, who is investigating how HIV gets into a cell in an effort to discover how to block the infection and also provide insight into finding a vaccine.

Paul Johnson, M.D., Harvard Medical School, who is investigating an approach to help boost the immune system's response against HIV in infected children.

Philip Goulder, M.R.C.P., D. Phil., Massachusetts General Hospital, who is investigating the immune response of HIV-infected children in the U.S. and Africa to identify features which will be critical in the development of HIV vaccines.

Julie Overbaugh, M.D., Fred Hutchinson Cancer Research Center, Seattle, who is investigating methods to further reduce mother-to-infant HIV transmission, including during breast feeding.

(Quote from Mary Fisher)

Each scientist will receive approximately $700,000 for five years of research dedicated to the treatment and prevention of pediatric HIV/AIDS.

"The Elizabeth Glaser Scientist Award reflects the dynamic qualities for which Elizabeth herself is remembered – a keen sense of mission, unswerving vision and a passion for bringing hope to children with HIV/AIDS", said Susie Zeegen, co-founder of the Foundation. **"With the awarding of nineteen scientists to date, the Foundation is building an invaluable network of Elizabeth Glaser scientists whose efforts will help us to unlock the mysteries of this deadly disease and may hold the key to finding an effective vaccine."**

The Pediatric AIDS Foundation was co-founded ten years ago by Elizabeth Glaser, Susan DeLaurentis and Susie Zeegen. As mothers, the three friends were compelled to take action when Elizabeth discovered that she, her daughter and her son were all HIV-infected. Discovering that virtually nothing was being done when it came to pediatric AIDS issues, the three women formed an alliance to draw international attention to the issue of pediatric HIV/AIDS and to creating a future of hope for children and families affected by this disease. Today, the Elizabeth Glaser Pediatric AIDS Foundation is the leading national non-profit dedicated to funding and conducting research focused on pediatric HIV/AIDS so children are no longer forgotten. Elizabeth Glaser died in 1994.

Draft release 2 of 2 #

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Draft

****MEDIA ADVISORY FOR JANUARY 28****
Media Must Be In Place By ? *

Immediate Release
January 26, 1999

Linda Marson or Kelli O'Reilly
(202) 371-0099

First Lady Hillary Rodham Clinton,
Paul Glaser, Mary Fisher, Announce '99
Elizabeth Glaser Pediatric AIDS Foundation Awards

Millions Targeted Toward Critical Research in Pediatric HIV/AIDS

(Washington, D.C.) — **On Thursday, January 28th, 10:00 a.m, at the National Press Club, First Lady Hillary Rodham Clinton will honor four of the country's best and brightest researchers with the 1999 Elizabeth Glaser Scientist Award for their innovative, collaborative and cutting-edge work on pediatric HIV/AIDS.**

This award recognizes outstanding individuals who embody founder Elizabeth Glaser's dedication and compassion in working tirelessly to improve the lives of children across the country and around the world and provides funding for their ongoing research.

(quote by First Lady???)

AWARD CEREMONY
JANUARY 28, 1999
NATIONAL PRESS CLUB
14th and F Streets, NW, Washington, D.C.
Holeman Lounge, 13th Floor

SPEAKERS:
--First Lady Hillary Rodham Clinton
--Paul Glaser, Elizabeth Glaser Pediatric AIDS Foundation
--Mary Fisher, Founder, Family AIDS Network
--Susie Zeegen, Co-Founder, EG Pediatric AIDS Foundation

Draft advisory 1 of 2

(4)

--Kate Carr, CEO, EG Pediatric AIDS Foundation
--Paula Apsell, Executive Producer, NOVA
Special "Surviving AIDS"

The Pediatric AIDS Foundation was co-founded ten years ago by Elizabeth Glaser, Susan DeLaurentis and Susie Zeegen. As mothers, the three friends were compelled to take action when Elizabeth discovered that she, her daughter and her son were all HIV-infected. Discovering that virtually nothing was being done when it came to pediatric AIDS issues, the three women formed an alliance to draw international attention to the issue of pediatric HIV/AIDS and to create a future of hope for children and families affected by this disease. Today, the Elizabeth Glaser Pediatric AIDS Foundation is the leading national non-profit dedicated to funding and conducting research focused on pediatric HIV/AIDS so children are no longer forgotten. Founder Elizabeth Glaser died in 1994.

#

Draft advisory 2 of 2

9

Holding Room for HRC + Scientists (Foundation members)

TV monitor + DECK 3/4"

Hotchkiss Lounge

1 Spire 2 Carr (chairs) 3 Zeegen 4 Fisher 5 Glaser 6 Mrs Clinton / Podium

Table for awards

5 4 3 2 scientists (chairs)

(Foundation Science Director)

Media

TABLE

TABLE

(Reserved seating)

(Reserved seating)

(Reserved seating)

TV cameras → still cameras

entrance to room

Fireplace

Mingling area

Coffee table

(10)

Elizabeth Glaser Pediatric AIDS Foundation

UPDATE: FALL 1998

As I sit down to write this I am overcome with gratitude and pride at how far we've come towards the prevention and treatment of HIV infection in children. You have been there with us and we cannot lose sight of the job we have come together to do.

We read and hear headlines that AIDS in the U.S has decreased. While this is hopeful news, the number of persons becoming infected has not decreased and there is still no cure. More women of childbearing age than ever before are acquiring infection in the U.S. as well as in developing nations. Reports from the recent International AIDS Conference tell us that while research advances continue to emerge, we are faced with 1600 children becoming infected with HIV each day worldwide. In the U.S. alone, two adolescents are infected with HIV every hour. These statistics are staggering.

This summer the Foundation once again served as a catalyst in bringing together clinicians, scientists, ethicists and government officials from around the world to discuss the future of research to prevent mother-to-infant transmission of HIV worldwide. The U.S. will continue to lead the world in HIV research in order to provide optimal treatment and hopefully a preventative vaccine.

To help us meet all of these challenges, and to lead us into a promising future, we are pleased to announce that Kate Carr has joined the Foundation as our new Chief Executive Officer. Prior to joining us, Kate was Chief Operating Officer of The Welfare to Work Partnership and also served in the White House as a Special Assistant to the President in the Office of Public Liaison. The Foundation will benefit from her wealth of experience in the non-profit, political, and business worlds. Together with Executive Director Janis Spire, our Board of Directors, the scientists and our dedicated advisors and staff, we will continue working to eradicate pediatric HIV/AIDS.

Thank you for continuing to help us create a future filled with hope.

Susie Zeegen
Co-founder

For Immediate Release
November 27, 1998

Contact: Kelli O'Reilly
(310) 314-1459

FDA REGULATIONS ON DRUGS FOR CHILDREN ANNOUNCED

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION: "THIS MEANS THAT, FINALLY, CHILDREN CAN SHARE IN RESEARCH PROGRESS"

(WASHINGTON, D.C.) – The Federal Food and Drug Administration (FDA) today released final regulations outlining its authority to require pharmaceutical manufacturers to study their products for safety and effectiveness for use by children.

The Elizabeth Glaser Pediatric AIDS Foundation, which has relentlessly pressed the FDA for such regulations, expressed its great pleasure at the release of the final regulations. "Simply put, these regulations mean that – finally -- children can share in the research progress against disease," said Paul Glaser, Chairman of the Board of the Foundation and the father of an HIV-infected child.

"Most of the time, children have been an afterthought in pharmaceutical research," said Susan DeLaurentis, a co-founder of the Foundation. ""Drug companies have failed to study drugs for safety in children for decades, largely because children are a very small market that doesn't make a big profit. My friend and fellow co-founder, Elizabeth Glaser, was shocked to find that the drugs that were available to treat her for AIDS were not available for her young daughter as well. The current drug company practice is that drugs are not studied for children unless there is a special reason to do so. These regulations will change that practice so that drugs for kids will be studied unless there is a reason not to do so. These regulations will make the future better for children with HIV and for all sick children."

The Foundation is grateful to President Clinton, First Lady Hillary Rodham Clinton and Vice President Gore for their help in making these regulations a reality," added Susan DeLaurentis.

"Separate pediatric studies are needed," said Catherine Wilfert, Medical Director of the Foundation. "Children are not simply little adults. Children – especially young children—metabolize drugs differently and have different reactions to drugs than grownups do. The failure of drug companies to do these studies means that parents and

FDA release 1 of 2

12

pediatricians have to choose between ignoring a drug that is effective in adults or exposing a child to a drug of unknown safety. They shouldn't have to make that choice."

The mission of the Elizabeth Glaser Pediatric AIDS Foundation is to identify, fund and conduct critical pediatric AIDS research that will lead to the prevention and treatment of HIV infection in infants and children. This commitment to stimulating collaborative and focused research is unique in the scientific community. #

FDA release 2 of 2

THE ELIZABETH GLASER SCIENTISTS AWARDS

> 1999 HONOREES - PROFILES AND INTERVIEWS

>
>
>

ROBERT DOMS, M.D., Ph. D.

University of Pennsylvania

Associate Professor, Pathology and Laboratory Medicine

>

Area of Investigation: Study the role of chemokine receptors in HIV infection.

>

Background: In 1996, Dr. Doms led one of five groups that independently >identified the chemokine receptor CCR5 as playing a critical role in the >entry of the most common types of HIV into cells. Working with colleagues >in Belgium, he subsequently found a polymorphism in the CCR5 gene that >renders approximately one percent of Caucasians CCR5 negative - explaining >why some people remain HIV-negative despite repeated exposure to the >virus. The Elizabeth Glaser Scientist Award will help Dr. Doms continue >his studies on HIV pathogensis in the pediatric population.

>

QUESTIONS AND ANSWERS

>

1. How would you explain the significance of your work to a layperson?

My team and I are focused on chemokine receptors - specialized proteins that function at the surface of cells and allow molecules to trigger internal cell processes without actually entering the cell - as tools to understand how the virus works and come up with new therapeutic strategies. If we can stop the virus from getting into the cells, obviously, we can stop the infection -- that is the point of vaccines.

>

For HIV to get into a cell it has to do a couple of things, starting with latching on to the outside of the cell by binding to the CD4 molecule which is found on the surface of cells found in the immune system. It then has to get inside the cell through a process called

Doms lot 3

(14)

membrane fusion. It had been known for some time that CD4 by itself was enough for the virus to latch on to the cell, but was not enough for it to get inside the cell - the virus needed something else to get into cells, and this 'something else' eluded discovery for over a decade. However, in 1996, a molecule or co-receptor called CXCR4 was discovered. In conjunction with CD4 , CXCR4 that allows the virus to get into the cell to start an infection. Interestingly, it was also discovered that CXCR4 worked for some types of HIV but not others. Specifically, it was clear that CXCR4 didn't work for M-tropic viruses, the most common kinds of viruses that infect children and adults. Therefore, it was important
to find the co-receptor that worked for M-tropic viruses because then we can understand how these viruses get into cells and we could find new ways to block it.
>
In 1996, we found that the CCR5 molecule that holds the key for entry of these M-tropic viruses into cells. Then, continuing our work with Marc Parmentier and his colleagues in Belgium, we discovered that one- percent of Caucasians naturally lack CCR5 because of a naturally occurring mutation in the gene. Those individuals who lack CCR5 are highly resistant to HIV infection but are otherwise normal. The goal was then to come up with some kind of strategy to stop the virus from using CCR5 -- to develop an anti-viral drug.
>

2. How will your research under the Foundation grant be implemented in the pediatric HIV/AIDS population?

We now know that viruses throughout the world use CCR5.
That suggests a commonality that allows them to recognize the CCR5 molecule. Just this past summer it was discovered that gp120, the protein that coats the outside of HIV, has a very highly conserved region that interacts with CCR5.
We have discovered a way to trick the virus to expose this conserved region and hope to accomplish one of two things: make antibodies to this region and to then come up with new vaccines that target this region. Secondly, we want to expose the region and come up with drugs that will bind to this area and prevent HIV from using the CCR5 receptor.

Another component of our work will attempt to explain some of the differences in clinical symptoms in people with HIV on the basis of the kinds of co-receptors used by the viruses. We have been able to make antibodies to many of these receptors and we want to find out where these receptors are expressed in both children and adults. This will give us a clue as to which types of cells might potentially be infectable by different types of viruses. It may also help us explain some differences between pediatric and adult AIDS.
>

Doms 2 of 3

(15)

3. What does funding from a Foundation such as ours mean to your creativity as a scientist?

Historically, the system for getting grants almost forces people to be scientifically safe because they are worried that if they propose something too unique, too risky, they simply won't get funded. Funding from a private Foundation enables you to take more risky and creative approaches to new and interesting avenues of research. When you get funding from the Pediatric AIDS Foundation, it is a very substantive grant that allows you to move your research into new and challenging directions.

4. What does it mean to be an Elizabeth Glaser Scientist?

I remember hearing Elizabeth Glaser speak in 1992 at the Convention. It is quite an honor to receive an award named after her. When you ask yourself what you can do as a person to make a difference -- you look to her example as really showing the way. She demonstrated how one individual can make a positive difference.

5. We have come so far in the past decade, what does the next decade of >progress on pediatric HIV/AIDS research look like?

We are making progress and things are much more promising than they have been. There are some effective drug therapies helping a lot of people -- but people can develop resistance and the drugs are just too expensive. In Uganda, there are about a million HIV-positive individuals, but only very few can afford the triple-drug cocktail. We clearly need new therapeutic strategies.

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Through basic research we are beginning to unravel this very complicated virus. I think we will develop new drugs to target the virus or the chemokine receptors. Obviously, what we really need is a vaccine, but that is going to be a slow and complex process because this virus changes its spots so readily. I think in the next decade there will be more progress in developing drugs to help knock this virus down, but we have to keep working on new ways to come up with a vaccine. New approaches, such as the conserved region approach, are exactly the kind of new investigative angles we need on the vaccine front.

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THE ELIZABETH GLASER SCIENTISTS AWARDS

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>> 1999 HONOREES - PROFILES AND INTERVIEWS

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>> Philip Goulder, M.D., Ph.D.

>> Instructor in Medicine

>> Massachusetts General Hospital, Boston

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>> **Area of Investigation:** HIV-infected children progress to disease more
>>rapidly than adults. One possible explanation is that the immune response
>>to HIV is defective in children. This study aims to investigate the cells
>>normally responsible for eliminating virus infections known as Cytotoxic
>>"killer" T-lymphocytes.

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>> **Background:** Dr. Goulder began his investigative career at Oxford where
>>he developed a number of techniques to examine immune function in HIV-1
>>infected children, which is his main area of focus. His experience as
>>a pediatrician and the novel technologies he has developed place him in
>>a unique position to define the role of immune responses in children
>>infected with the virus and will impact our understanding of HIV
>>pathogenesis and the prospects for immunotherapy.

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>> **QUESTIONS AND ANSWERS**

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>> **1. How would you explain the significance of your work to a layperson?**

Our ultimate goal is to develop a vaccine designed especially for children. We know that HIV-infected children progress to disease more quickly than adults. We also believe that the cells normally responsible for eliminating virus infections, known as Cytotoxic "killer" T-lymphocytes (CTL) play a central role in controlling HIV in adult infection. One possible explanation for the rapid progression generally seen in HIV-infected children is that their "killer" T-cell response is defective in some way. Recent advances in the technology available have allowed us the opportunity for the first time to make a detailed study of the "killer" T cell response in children. The long-term

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goal is to identify components of the immune response that are important in protecting against HIV disease, and which may ultimately be important to vaccine design.

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2. How will your research under the Foundation grant be implemented in >>the pediatric HIV/AIDS population?

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We are already studying HIV-infected children here in North America, and we will continue with these studies. However, the global epidemic is concentrated elsewhere, and much of our research effort will focus on HIV-infected mothers and children in South Africa. Over one-third of the Zulu mothers in Durban, South Africa, where our collaborations are centered, are HIV-infected. One other important reason for directing our research effort towards this region is that the commonest strain of HIV worldwide ('clade C') is infecting this South African population, and this is likely to be relevant for vaccine design.

>>

3. What does funding from a Foundation such as ours mean to your >>creativity as a scientist?

Five years of funding provides the stability and support for ambitious and important projects to be planned and carried out. For a pediatrician who research focuses on pediatric HIV,the PAF has international recognition and the close association with it can only be helpful in developing collaborations and setting up studies with people whose priorities and goals overlap with those of the PAF.

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4. What does it mean to be an Elizabeth Glaser Scientist?

It is a great honor to be bracketed with the other EG Scientists, who are clearly highly creative and talented individuals. The Pediatric AIDS Foundation deservedly has a reputation for practicing scientific research the way it should be done - that is, in truly collaborative way, so that rapid progress may to be made towards eliminating HIV. I believe that this "team" approach is the right approach and I am very excited to be joining a team whose priorities and research interests overlap so much with my own.

>>

5. This year marks the Foundation's 10th Anniversary. We have come so >>far in the past decade, what might the next decade of progress on

>>pediatric HIV/AIDS research look like?

I would hope the next decade will put us squarely on the path toward developing a vaccine for HIV – for children as well as adults. Ultimately, a vaccine is our only real hope
for impacting this disease. While implementation of a successful vaccine is years away, if we wait to develop HIV vaccines for children until after they are proven effective for adults, we will lose millions of children to this pandemic.

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THE ELIZABETH GLASER SCIENTISTS AWARDS

1999 HONOREES - PROFILES AND INTERVIEWS

PAUL JOHNSON, M.D.
HARVARD MEDICAL SCHOOL
Associate Professor of Medicine,
Chairman of the Immunology Division,
Partners AIDS Research Center
Harvard Medical School.

Area of Investigation: CD4+ T helper Cell Function in Macaques to combat SIV infection in Pediatric patients.
CD4+T lymphocytes play a central role in the war between the AIDS virus and the body's immune system.

Background: Dr. Johnson has focused on analysis of HIV-specific cytotoxic T lymphocytes (CTL), research that has established him as a leading investigator in the field of cellular immunology. Since being appointed as Chairman of the Division of Immunology in 1994, Dr. Johnson has led a successful research program focused on immunology related to AIDS pathogenesis and vaccine development. More recent research has analyzed T cell turnover in SIV infection and the development of gene therapy for AIDS.

QUESTIONS AND ANSWERS

1. How would you explain the significance of your work to a layperson?
I am trying to better understand the role that CD4+T cells play in helping children to fight off HIV infection. CD4 cells are the major cells responsible both for fighting off infection and also the main target that HIV infects and destroys. By studying monkeys infected with a closely related AIDS virus, I hope to understand both how quickly CD4+ T-cells are killed and regenerated and also understand how they recognize the AIDS virus. This information should help us could restore those critical immune responses via either treatment with anti-retroviral therapy, immunization or a combination of the two.

2. How will your research under the Foundation grant be implemented in the pediatric HIV/AIDS population?
The hope is that our research with Macaques could help us to design an approach to help boost the immune response against HIV in HIV-infected children. If this is successful, it would help us design techniques for therapeutic immunization - - meaning that it might allow their immune system to better contain the virus

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replication, either as a supplement to antiviral therapy or if the antiviral therapy fails for some reason, allow them to better contain viral replication without drugs.

3. What does funding from a Foundation such as ours mean to your creativity as a scientist?

What's really unique about the Foundation is the group of scientists that are affiliated with it? The chance to interact with the outstanding group of Glaser scientists is an exceptional opportunity. The ability to contrast results and share ideas at the conferences that the Foundation sponsors is very exciting, because that degree of focus and level of interaction is quite unique.

4. What does it mean to be an Elizabeth Glaser Scientist?

It's a tremendous honor and responsibility. I've heard so much about Elizabeth over the years and besides the scientific opportunity, it is simply a personal honor for me.

5. This year marks the Foundation's 10th Anniversary. We have come so far in the past decade, what might the next decade of progress on pediatric HIV/AIDS research look like?

I would hope the research over the next decade would help us to better understand how we can rebuild the immune system of people infected with the AIDS virus. We have now a number of scientific tools at our disposal and the challenge will be to see how we use those tools to rebuild the immune system to lead to prolonged gains in the health of HIV-infected kids.

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THE ELIZABETH GLASER SCIENTISTS AWARDS

1999 HONOREES – PROFILES AND INTERVIEWS

JULIE OVERBAUGH, Ph. D.
Full Member, Fred Hutchinson Cancer Research Center
Seattle

Area of Investigation: Leading an effort to study how HIV virus is transmitted through breast feeding by using a collection of samples from a recently completed clinical trial of breast feeding transmission of HIV in Kenya. Since 1992, Dr. Overbaugh has been a member of the Nairobi HIV/STD Research Project, an international collaborative group based at the University of Nairobi.

Background: In the past decade, strategies to limit HIV transmission to newborns have been implemented in developed countries as a result of research showing the effectiveness of treatment around the time of delivery. Moreover, in developed countries, women infected with HIV are counseled not to breast feed, which further reduces the infant's exposure to HIV. However, in resource-poor settings, many continue not to have access to adequate health care, including new drugs that can prevent their babies from acquiring HIV. In these situations, breast feeding is also more common. Dr. Overbaugh is pursuing studies that are designed to help devise ways to further reduce HIV transmission to infants, including during breast feeding.

QUESTIONS AND ANSWERS

1. **How would you explain the significance of your work to a layperson?**
I am part of a large, collaborative research team that is conducting a clinical trial that is designed to determine how and when breast feeding transmission occurs. The Foundation project will build on the information we are learning from this trial try and understand what features about the mothers' viruses make it more likely to be transmitted to her infant. For example, how does the genetic makeup of the virus influence transmission and is there a common genetic signature to viruses that infect infants? We are also interested in determining whether the amount of virus that mother has, including virus in breast milk, increases the chances of her infant being infected? AIDS researchers have already shown how to decrease transmission to newborns with a short course of AZT around the time of delivery. Now, we are trying to understand how to develop other ways to reduce HIV transmission to children in situations where access to expensive treatments are impractical.

2. **How will your research under the Foundation grant be implemented in the pediatric HIV/AIDS population?**

One overall goal of studying breast milk transmission of HIV is to provide information to women so that they can make more informed choices about breast feeding. From the viral studies we hope to undertake over the next five years, we hope to understand a lot more about viruses in breast milk so that we can begin to think about therapies more designed to target those viruses. Up to this point, there has been a heavy focus on HIV in the woman's blood. Much of transmission to the infant is actually going on during delivery, while they are in the birth canal. Or, in developing countries, a lot of infection is occurring through breast feeding when they are exposed to the virus in breast milk. We want to now start looking at those secretions and understand what is going on so that people can think more about intervention to target those viruses, instead of just blood viruses.

3. **What does funding from a Foundation such as ours mean to your creativity as a scientist?**

A lot of what I see from the Glaser Foundation is not just individual creativity but a lot of encouragement to interact and be creative as a group.

3. **What does it mean to be an Elizabeth Glaser Scientist?**

For those of us in the AIDS community, Elizabeth Glaser is one of the heroes who proves that one individual, if they work hard and have a lot of personal strength, they can make good things happen out of something that is inherently bad. I personally feel very proud to have funding from a group that bears her name.

4. **This year marks the Foundation's 10th Anniversary. We have come so far in the past decade, what might the next decade of progress on pediatric HIV/AIDS research look like?**

I think there is a big mental shift that needs to take place (and hopefully will occur in the next decade) -- and that is what to do in developing countries where the therapies used to block HIV vertical transmission aren't really available? I think the next decade of AIDS research might be trying to come up with therapeutic approaches that are affordable and applicable in developing countries. That will be both a big political and scientific hurdle. That is really going to be the focus in terms of a lot of rethinking on how to deal with the problem of vertical transmission. The progress we have made in reducing vertical transmission in some settings has given may AIDS researchers renewed enthusiasm, and we need to continue to design better and better therapies for people who have access to

high quality health care. At the same time, the success in blocking HIV vertical transmission should serve as a source of encouragement to try to understand how the therapies we now have work and then figure out less costly approaches to accomplish the same aim. We have to remember that most HIV transmission is occurring in developing countries, and in it is this setting that we face our major challenge for halting the worldwide devastation of HIV.