

PRESIDENTIAL
ADVISORY
COUNCIL ON
HIV/AIDS

July 26, 1997

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

Reauthorization of your Advisory Council on HIV/AIDS and recognition that only 40 months remain in your Presidency offer a valuable opportunity for taking stock of our shattered commitment to defeat HIV disease. Securing unprecedented funding for AIDS, establishing the Offices of AIDS Research and National AIDS Policy, convening the White House Conference on HIV/AIDS, developing the first-ever National AIDS Strategy and setting a goal of development within a decade of a vaccine to prevent AIDS have been major milestones in this fight, milestones of which you can be justly proud.

We are concerned, however, about the growing perception that in your second term HIV/AIDS issues are not the high priority that they were during the first term and that certain Administration personnel may not share your personal commitment to these issues.

You clearly articulated in the National AIDS Strategy preamble the six simple, but vital goals necessary to end this epidemic. You have told us publicly and privately that you expect us to give you the truth, unvarnished, as we perceive it. In that spirit, we constantly strive to recognize both the accomplishments and inadequacies resulting from Administration actions and to ensure that perceptions of those actions mirror as closely as possible their realities.

As you stated in the opening words of your national strategy, "the epidemic of HIV and AIDS constitutes a public health crisis of unprecedented proportions."

The challenges facing us require maintaining the urgency of the "crisis," while pursuing the permanent systemic changes necessary to deal with HIV/AIDS long after you leave office.

If we are to convert the promise of your words to reality for those affected by HIV disease, much remains to be done during the next 40 months.

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The Honorable William Jefferson Clinton

July 26, 1997

Page Two

The Council is currently reviewing the progress made toward addressing our earlier recommendations, and expects to complete a report in December that will assess both movement on issues and the performance of key Administration officials. During that evaluation process, several critical issues of concern have been raised:

- The Council had previously urged that HIV prevention and housing programs be added to the Administration's list of "investment priorities" that already covered HIV research and care programs. However, the FY 1998 balanced budget agreement with the Congress, is perceived by many as a step backwards in that it fails to maintain the protected status for any AIDS programs. If, in the future, that decision results in AIDS programs being forced to compete with countless other discretionary programs for sharply diminished funding; accomplishment of your stated goals will be seriously jeopardized.
- Acknowledging the dramatic changes in medical management of HIV disease, HRSA recently issued HIV treatment guidelines that recommend antiviral therapy at much earlier stages of HIV disease. Unfortunately, no strategy has been articulated for funding the requisite dramatic expansion in access to HIV therapies and the primary medical care to facilitate that access. The Administration's FY98 budget, for example, failed to propose any additional spending for AIDS Drug Assistance Programs (ADAP) despite urging from 12 Governors of your strong support for adequate funding and also proposed inadequate funding increases for primary medical care through the Ryan White CARE Act. Presidential leadership will be essential to providing adequate resources for this vital safety-net program.
- In April, Vice President Gore announced a major Administration initiative, ordering a study within 30 days of a Medicaid demonstration project to allow States to cover low-income, non-disabled individuals with HIV. The proposed Medicaid expansion, long sought by the AIDS community, would address a serious deficiency in the Medicaid program that has generally required that adults with HIV infection become fully disabled before becoming eligible for coverage. That approach clearly impedes effective early intervention. Although the Vice President proposed only to study, rather than to implement immediately the proposed Medicaid expansion, his comments, which received widespread media attention, clearly indicated an intention to bring this proposal to fruition. Since that announcement, however, there has been little visible progress in making this proposal a reality. Clear direction to take all necessary action to quickly implement this initiative is essential.

The Honorable William Jefferson Clinton

July 26, 1997

Page Three

- As an essential component of a strategy to achieve your goal of “reducing the number of new infections each and every year until there are no more new infections,” your Council has strongly recommended a number of steps to deal with the role of injections drug use in the spread of HIV, including lifting the ban on federal funding for needle exchange programs. Five months ago, senior officials of the Department of Health and Human Services gave public assurance that the administration intended to study the ban, with a view toward lifting current funding restrictions. However, a strategy for lifting the ban has not yet been developed. Little, if any, clear progress has been made on this crucial issue, notwithstanding the fact that tens of thousands of Americans become infected each year due to contaminated needles and that the science supporting the efficacy of needle-exchange programs is clear. Other potentially promising prevention strategies also remain mired by inaction on the part of Secretary Shalala and HHS.
- In the pasts, the Council was able to benefit from staff support at the Office of National AIDS Policy to shepherd Council recommendations through the federal bureaucracy. When announcing the appointment of your new Director of the Office of National AIDS Policy you pledged to provide that office with the resources necessary to accomplish your stated goals. The long-term, complex reality of HIV/AIDS will require the institutionalization of your Administration’s policies. Systemic change is crucial. In order to ensure such change, adequate attention must be given to translating White House policy decisions into departmental rules, regulations, and policy directives. Staff within the Executive Office of the President must be charged with initiating and monitoring on a constant basis that effort. Based on our recent experiences, current staffing of the ONAP office is insufficient to accomplish your goal. Additional resource commitments and authority must be provided.
- The Council commends your declaration on May 18, 1997 of the goal to develop an effective AIDS vaccine within a decade. This bold step inspired many around the world. To achieve this goal, additional issues must be addressed: all relevant agencies within the federal government must be substantively involved in the AIDS vaccine effort; mechanisms of collaboration and cooperation should be implemented among these federal agencies; the U.S. Government must establish means to communicate, aid, and collaborate with international efforts for vaccine research, development and utilization; the government should facilitate public-private discussions to encourage cooperation and partnerships among government and industry; and specific sources of new funding for AIDS vaccine development must be identified.

The Honorable William Jefferson Clinton
July 26, 1997
Page Four

Action on these items is needed immediately not only to continue our long national fight against the disease but to reassure the AIDS community that your Administration still sees HIV/AIDS as the important priority you so clearly made it during your first term. We would like the opportunity to meet soon with you and any appropriate Administration officials to best

determine how to advance our common agenda.

Sincerely,

R.Scott Hitt, M.D.

Chair, on behalf of the members of
the Presidential Advisory Council
on HIV/AIDS

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