

**FUNDING AIDS RESEARCH AND
SERVICES**

HEARING
BEFORE A
SUBCOMMITTEE OF THE
COMMITTEE ON APPROPRIATIONS
UNITED STATES SENATE
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FIRST SESSION
SPECIAL HEARING

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FUNDING AIDS RESEARCH AND SERVICES

FRIDAY, JULY 9, 1999

U.S. SENATE,
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN
SERVICES, AND EDUCATION, AND RELATED AGENCIES,
COMMITTEE ON APPROPRIATIONS,
San Francisco, CA.

The subcommittee met at 10 a.m., in the Main Chambers of the Board of Supervisors, One Dr. Carlton B. Goodlett Place, San Francisco, CA, Hon. Arlen Specter (chairman) presiding.

Present: Senators Specter, Harkin, and Feinstein.

Also present: Senator Boxer.

STATEMENT OF WILLIE L. BROWN, JR., MAYOR, SAN FRANCISCO, CA

OPENING STATEMENT OF SENATOR ARLEN SPECTER

Senator SPECTER. Good morning, ladies and gentlemen. The hearing of the Appropriations Subcommittee on Labor, Health and Human Services, and Education will now begin. We express our thanks at the outset to the distinguished Mayor of the City of San Francisco, and the Board of Supervisors for accommodating us in these very elegant chambers.

I've had the pleasure of visiting San Francisco on many occasions in the past, but I've not had the pleasure of being in this building before. It is truly spectacular, a phenomenal setting to have this hearing.

We will be considering today the subject of AIDS and Federal funding. We approach this subject as one of enormous importance, noting that in the 18 years since the AIDS epidemic struck, some 690,000 Americans have been reported to have AIDS, and 410,000 Americans have died as a result of AIDS.

The problem on AIDS has received very considerable attention in Federal funding. Not enough, but considerable. The U.S. Government began funding AIDS as a National Institute of Health research in 1982, at a cost of \$3.3 million. Now the NIH funding is \$1.8 billion, and the total funding of the Center for Disease Control, the Ryan White program and various other categories brings the total funding to \$4.1 billion.

We have seen in the immediate past a decline in the death rate, dropping by some 42 percent to approximately 22,000 in 1996. Still many too many, but these are issues which we are tackling. One of the concerns that this subcommittee has is the Federal allocation, the caps on funding where, at this sitting, we are looking at about a 10-percent cut. So the budget would probably be in the \$90 billion range, it may only be \$80 billion.

One of our purposes in having this hearing, as well as other hearings around the country—mostly in Washington, of course—is to develop public awareness of the need to maintain the funding. This subcommittee has taken the lead in recent years to increase funding, the year before last by almost \$1 billion, and last year by \$2 billion. It is our philosophy that in a country which has a Federal budget of \$1.7 trillion there is no higher priority than health.

Even increasing by \$2 billion, we're still granting the applications only in the 30-percent range. That means that 70-percent of the doors are not open to say what might be able to be done. Our view is that our priorities are such that we ought to be able to fund all the applications which are meritorious as a prior. Of course, AIDS is a matter of tremendous importance.

We have a very distinguished panel assembled here today. Senator Harkin is a ranking Democrat, we're pleased to welcome both of our California Senators, Senator Feinstein and Senator Boxer. We just had occasion to see Senator Feinstein's statue, very impressed with that. There aren't any Senator statues in Washington, so it's nice to come to San Francisco and see Mayor Feinstein's statue there.

We welcome Senator Boxer here, who took the lead on introducing the National Pediatric AIDS Awareness, along with Senator Hatcher earlier this year. We will have opening statements from all of our panel.

Now, it's my pleasure to turn to my distinguished ranking member, Senator Harkin.

OPENING STATEMENT OF SENATOR TOM HARKIN

Senator HARKIN. Mr. Chairman, thank you very much for calling this hearing. More than that, thank you very much for your strong leadership on health research, generally, and AIDS research more specifically. I'd also like to thank our mayor, Willie Brown, for hosting us today, and the board of supervisors for letting us use this impressive room.

I want to thank my two colleagues, Senator Feinstein and Senator Boxer, not only for being here, but again for their very strong support for medical research in this country. I must say I'm so impressed by this room, I just asked Senator Feinstein and she said she'd been sitting right here at this desk 27 years ago.

It's usually an axiom in politics that you always move up the ladder. I'm sitting in this room wondering why would you step down and become a U.S. Senator, when you could be sitting in this wonderful room?

But I'm especially pleased, also, to see Mrs. Jeanne White here representing the foundation named after Ryan, her son. Her strength and commitment spearheaded the grassroots effort in the fight against AIDS.

Mr. Chairman, it's significant that we're having this hearing in San Francisco today. This city has been devastated by the tremendous loss of life and human potential that this disease has wreaked on its young men and women. It is the birthplace of the grassroots movement that's been so important in fighting this epidemic.

If I might just say in a personal aside, I can remember in 1982 and 1983 I was a Member of the House of Representatives. I was

preparing to run for the U.S. Senate. I was invited to come to San Francisco by some of my friends for a fund-raiser. I came out here in early 1983. I remember it was winter and it was nice getting out of Iowa in the middle of the winter.

As usual, you stand up and you say a few words. One of the first questions I was asked was, "What do you intend to do about AIDS?" I got caught flat-footed. I said, "What's AIDS?" I'd never heard of it. That was probably, January or February of 1983. So, for me, this was the birthplace of my knowledge about what AIDS was. How devastating the disease became in the 1980s. All of us have lost many, many close and personal and dear friends to this disease.

But as Senator Specter said, we have increased our investment in research and treatment dramatically. My thanks to Tony Fauci, who will be testifying, and the National Institute of Allergy and Infectious Diseases for his great leadership, and for what they have done in helping to unlock the mysteries of AIDS over the last 10 years.

I'd like to say one other thing. Last month I went to NIH with President Clinton to participate in the laying of a cornerstone for a new vaccine research facility at NIH, which will be finished next year. It's going to be called the Dale and Betty Bumpers Vaccine Research Center, after the former Senator Dale Bumpers and his wife, Betty.

This building will be used by scientists at NIH working on the development of new vaccines, in particular, the challenge of finding a vaccine against AIDS. Until an AIDS vaccine is tested and approved, it will remain the primary mission of the Dale and Betty Bumpers Vaccine Research facility at NIH.

Last, as Senator Specter so adequately and poignantly pointed out, the AIDS epidemic is far from over. But this subcommittee has \$8 billion less to spend this year than we did last year. That's a 10-percent cut from last year. Senator Specter is working hard to find the money to fund not only AIDS research, but also the Ryan White program and the Centers for Disease Control HIV/AIDS Prevention program.

I know I speak for myself and my colleagues, when I say we are committed to do everything we can to help Senator Specter find the money to do this. This is not any kind of a partisan issue, I can assure you.

We are close to some great breakthroughs in the fight against AIDS. Now is not the time to back down, now is the time to really pour on the coals. Put the money into it. We are so close to so many breakthroughs, and that's why we just can't back down.

So, again, Mr. Chairman, I thank you for having this hearing. I thank my good friends and my colleagues, Senator Feinstein and Senator Boxer for all of their strong support in always prodding us. I say to those of you from California, you ought to be rightfully proud of these two Senators. There isn't a day or a week goes by that they aren't prodding us in the Senate, either in committee or on the floor of the Senate, to do more, and to make sure that we keep our promise to provide adequate funding for these programs.

I've had their feet in my back quite often, as a matter of fact, and I appreciate that. Because we need that constant prodding and

that pushing, and I just personally want to thank Senator Feinstein and Senator Boxer for their leadership. Thank you, Mr. Chairman.

Senator SPECTER. Thank you, Senator Harkin. We turn now to Senator Feinstein, who is a legend in this building and a growing legend in the Senate. We saw the statue which noted her election to the Board of Supervisors in 1970, and also to the chairman of the board the same year. I was a little surprised when she was elected and became chairman immediately, but I shouldn't have been.

Then, of course, mayor from 1978 to 1988, and then the U.S. Senate since 1992. Senator Feinstein is a member of the full Appropriations Committee, and is a member of this subcommittee. We thank her for extending the hospitality of San Francisco to our subcommittee. Senator Feinstein.

OPENING STATEMENT OF SENATOR DIANNE FEINSTEIN

Senator FEINSTEIN. Thank you very much, Mr. Chairman. I want to thank you and the ranking member for your comments. I want to thank you for being here, and I want to thank both of you for your commitment to AIDS. I think with your leadership and the concurring leadership on our side, led by Senator Harkin, we should be able to achieve some advances.

I want to thank the mayor for his hospitality. It's a kind of *deja vu* for me, because I haven't been back in this room since I left. That was January of—well, I guess the last state of the city message, whenever, in 1977. So it's a kind of *deja vu*. After I left the dias in 1972, as Senator Harkin said, I sat in this seat for 2 years. That was 27 years ago, and how fast time goes by.

It's good to see Congressman Dellums here. I remarked that I don't know what he does to stay so trim and fit, but you truly look great and it's wonderful to welcome you here as well.

The work we were able to accomplish in San Francisco for people with AIDS is really one of the proudest achievements of my 9-year tenure as mayor. When I became mayor of San Francisco in 1978, no one had heard of AIDS, much like you, Senator Harkin. In 1981, in a meeting with a group of gay and lesbian activists in my office, I was told of a rumored gay cancer, particularly purple lesions turning up on people.

I called Dr. Mervyn Silverman, the Director of Public Health, and asked him to investigate. He called the Center for Disease Control in Atlanta, and learned that New York and Los Angeles were reporting a similar syndrome that was appearing in gay men. Later that year, there were 76 diagnosed cases, and we provided our first local funding, \$180,000 for prevention and social services for people with what was then called AIDS. This, I believe, was the first local funding ever committed to AIDS in the United States.

I also formed the Mayor's AIDS Advisory Group to advise me on the implications of the AIDS epidemic. I was fortunate to have some of the most talented physicians in the nation right here in the Bay Area to work with, such as Dr. Paul Volberding, who is here today, Marcus Conen and Don Abrams. I thank you, Mr. Chairman, for agreeing to invite Dr. Volberding to testify today and tell us about his long history and continuing efforts to eradicate AIDS.

With the physicians, researchers and particularly the community groups, we were able to craft what became known as the San Francisco AIDS model. This innovative initiative eventually became the model for other cities through the nation and the world for AIDS management. I chaired the AIDS Task Force of the United States Conference of Mayors in a day, I'm sorry to say, when mayors didn't really want to come to sit at the table, and sent their chiefs of public health. And San Francisco became the transmission point for information about AIDS throughout the nation.

By 1983, there were 242 AIDS cases diagnosed in San Francisco. Later that year, I cut the ribbon and opened the first AIDS hospital section at San Francisco General Hospital, I believe the first in the nation. We increased funding that year to \$4.3 million of property tax dollars for AIDS services, including support services for people with AIDS as well as for their families and loved ones. We launched several prevention and education programs, all of which the communities participated in.

We focused on public education as well. As more was learned about the transmission of the disease, San Francisco started an aggressive outreach program on HIV/AIDS prevention to educate our total community; men and women, straight and gay, young and old, and in particular those at high risk.

That same year we took a tough approach, closing bath houses and other facilities that encouraged unsafe sexual practices. As an aside, I was very pleased to see that the San Francisco Public Health Commission recently rebuffed efforts to reopen those bath houses. Commercial businesses cannot be allowed to profit at such a great human price.

I also urged the United States Conference of Mayors to establish the AIDS Task Force, which I just mentioned to you. In 1983, I chaired that first meeting. In addition, here in San Francisco we mobilized county governments in the Bay Area. We lobbied the State and Federal governments to increase AIDS funding and to support research grants in the Bay Area.

In 1987, my last full year as mayor, there were 20,000 AIDS deaths in the nation. That year, in San Francisco, we increased spending to \$20 million, all local property tax dollars. This was more than the rest of the cities and the country combined, and for most of the time, more than the State of California.

There was no Federal Ryan White program then, and we found money in the city budget. This money was used for a new AIDS care at San Francisco General Hospital for housing programs, hospice programs, mental health services, and medication. We developed a food program to ensure that any person with AIDS had a hot meal in their own home.

In addition, people with AIDS were provided with nursing support and home health care. In short, we led the way. As a member of the U.S. Senate I have continued to work for a cure for AIDS. Since 1992 I'm pleased to be a small part, along with the leadership of my colleagues on the right and Senator Boxer. We have increased Federal AIDS research funding at the NIH from \$1 billion in 1992 to \$1.8 billion in fiscal year 1999.

We strengthened and expanded the Ryan White Care Act, providing \$1.4 billion in 1999, with California receiving \$96 million.

The Ryan White programs are a critical safety net, particularly the part known as ADAP, which helps people with HIV/AIDS buy critical prescription drugs like protease inhibitors. We have maintained the Medicaid program despite efforts to repeal it and scale it back, but the battle is not yet won.

First and foremost, we must find a cure for AIDS. We must sustain and accelerate our Federal research effort. Last year, we were able to increase NIH funding, thanks to this committee, by 15 percent. I've called for doubling NIH research. At current levels NIH can only fund 31 percent of the applications, and AIDS research is done throughout all of the NIH institutes. This is unacceptable.

We must find more effective treatments. Incident rates and deaths are on the decline for some groups. Many people with HIV/AIDS have been able to become healthier, return to work, live productive lives because of protease inhibitors and other treatments that did not exist in 1980. But these drugs don't help everyone.

The May study reported in the New England Journal of Medicine concluded that HIV lingers in cells so long that "the virus cannot be eradicated at all with current treatments. It remains tucked away longer than thought." NIH's Dr. Anthony Fauci, who will testify today, has said what all these studies underscore is the pressing need to develop more effective, less toxic medications.

We must eliminate disparities in health care. A June 23 Rand study was reported with headlines like the Washington Post's, "Two Worlds of HIV Care." This study found that white men are likely to get the best care compared to African-Americans, Latinos, women, the uninsured and those with Medicaid.

Dr. Martin Shapiro, a UCLA physician who worked on the study said, "The message is that we need better strategies, and a stronger commitment to ensuring optimal care for HIV on an equitable basis." I couldn't agree more. Continuing Ryan White services are a critical component, an important challenge for the Congress.

Mr. Chairman, I can't thank you enough for being here. Senator Harkin, my friend and colleague Senator Boxer. I was there at the beginning, and I want desperately, very much to be there at the end. Thank you very much.

Senator SPECTER. Thank you very much, Senator Feinstein. We now turn to Senator Boxer. She served 10 years in the House of Representatives, first elected in 1982. Elected to the U.S. Senate in 1992 and reelected in 1998. A member of the Appropriations Committee in the 105th Congress, and took the lead, along with Senator Orrin Hatch, in introducing the resolution on May 27 designating a National Pediatric AIDS Awareness Day. She solicited and got 49 co-sponsors, a large number from her active work on the Senate floor, and has been the leader in many fields, and an outstanding advocate for funding for AIDS.

Senator Boxer.

OPENING STATEMENT OF SENATOR BARBARA BOXER

Senator BOXER. Thank you so much, Senator Specter, Senator Harkin, Senator Feinstein, the one and only Mayor Willie Brown, and my dear friend, Ron Dellums, who I miss so much in the Congress. Let me just try to be as brief as I can, and make a couple of points to you, Mr. Chairman, and to our ranking member.

No. 1, is to tell the people who are assembled here today, who care so deeply about this issue just how extraordinary this team is of Specter and Harkin. I want to say this because it is so refreshing in a Senate that has turned sadly partisan to see two people who really share a common concern about working to ensure that our people are healthy, that we continue to make progress in fighting all these enemies we face, like cancer and Alzheimer's and Parkinson's and AIDS. I could go on with the list.

Every time I've gone to either one of these colleagues, and they're always very busy and they're always working hard, they always have time to listen to me. I know Senator Feinstein feels the same way.

In California, we have more of the problem than anywhere else by virtue of our size. We are 34 million, almost, residents of this State. Therefore when you have a horrible tragedy, we just get more of it than any other place. So, forgive us if at times we seem rather forceful, but I think that is what our people expect from us. And you are always there for us, and I cannot thank you enough. And I'm glad to have this opportunity to thank you in an open setting such as this.

A quick bit of nostalgia for myself, as I think back to 1983, that very year that Senator Harkin talked about. That year the great Phil Burton passed away. I found myself as a freshman Member of the House representing San Francisco. I was the only one. I represented about 30 percent of the city.

When this new disease came forward, there was no one else to go and fight for the very scarce funding. I found myself in a room with Bill Natcher from Kentucky, who was the chairman of appropriations. I think it was the Health Subcommittee of Appropriations.

He had never heard of AIDS, he was completely stunned to hear about it. I remember just getting all the courage that I had and saying, "Could we have \$50 million as a first appropriation." We wound up getting about \$12 million, it was the very first appropriation. I remember feeling so frightened at that time, facing this situation.

We're still—although we have a great deal of hope, we are still frightened about AIDS. There are reasons for it. An estimated 650,000 to 900,000 people are living with HIV or AIDS in the United States alone. In the United States, the highest percentage of infection is in those between ages 24 and 44. The male cases, it's 80 percent, the female cases are 20 percent. The female cases are increasing at a faster rate than the male case.

From 1985 to 1998 the proportion of U.S. AIDS cases in women reported each year increased from 7 percent to 23 percent. Most of it is acquired through sexual contact with a man who is HIV positive. So, we have a problem. Senator Feinstein pointed out the minority community.

Of U.S. AIDS cases reported in 1998, 45 percent were among African-Americans, 33 percent among Caucasians, 20 percent among Hispanics, and worldwide, 33.4 million people living with HIV/AIDS. That's about the size of California, this huge State. There are that many people living in the world. I know we tend to have a short span of attention in this country, it's sort of the nature of

who we are as a people. We always want to solve a problem and move on.

As Senator Feinstein said, she wants to be here to see the end. We need to see the end, and I would just simply say, as I look at the request I made of both my friends—and now Senator Feinstein is on the Appropriations Committee—we are pushing very hard for the maximum we can get for the CDC and the NIH, and for Ryan White and for the Hemophiliac Relief Fund, and for pediatric AIDS, and all the things we need. For local funding for local groups here that can get the services out.

So, I want to close and say to you that we've got to do more, as much as we can do. I don't want to let this go by without saying that Nancy Pelosi is a tireless fighter against AIDS, and she couldn't be here today for a very good reason. The fact is that there's not a day that goes by that she's not working on this issue.

Let me just close. We are going back to the Senate to work on the Patient's Bill of Rights. I know all the Senators here support one version or another. I would just pose a rhetorical question, which is how ironic—wouldn't it be ironic, and tragically ironic if after all the progress we're making, where we have these treatments and these drugs, that people couldn't access these treatments and these drugs. They were not allowed to because of the health care system.

So, we need to get the funding, we need to get the access, we have to fight today as hard as we fought when we found ourselves at the beginning of this epidemic. Again, my deepest thanks to all of you here today, and to the good people of San Francisco. I might say, of all the other cities in this State and across the country, you have kept our feet to the fire. Thank you very, very much.

Senator SPECTER. Thank you very much, Senator Boxer. Congresswoman Barbara Lee had been here, and she may return. She has gone to a meeting with the U.S. Secretary of Transportation. Congresswoman Pelosi is not able to attend today's hearing because she is a congressional delegate to a visit to Belfast, Northern Ireland, where there are meetings in process with the political leaders in anticipation of the deadline on the 15th.

Congresswoman Pelosi has been an ardent advocate on funding on AIDS, and on one late-night session in 1997 when the AIDS Drug Assistance Program was funded at \$167 million, she took the lead in insisting on an additional \$100 million. And with her leadership, that particular fund has grown, so it's now \$461 million.

A good part of this city is Congresswoman Pelosi's area. So I think it important to take just a few moments to read the statement, since she could not be here to do it herself. But these are her words:

Today's hearing is being held in a city that has been devastated by AIDS. In responding to that tragedy, San Francisco has mounted a response that is a model for the nation. San Francisco's system of HIV prevention and care programs teach us that with the will and the resources we can dramatically reduce new HIV infections, provide state of the art health care, and make essential support services available.

But across the country, one of the greatest dangers is that we will mistake programs for victory. Powerful treatments are improving and prolonging lives, but we are far from a cure. Funding for AIDS care has increased, but there are now more people living with AIDS than ever before, and there are waiting lines at the 10 State AIDS program drug assistance units. Communities of color are winning vic-

tories by expanding targeted prevention and treatment services, but research released last month documents continuing serious disparity in AIDS care. Prevention interventions have proved effective, but funding for prevention at the Centers for Disease Control has remained relatively static for years. Internationally, the HIV epidemic spirals out of control, yet our government dedicates precious few resources to meet the need.

We can respond to this growing national and global health catastrophe by pitting disease against disease and seeing who wins. Or we can accept our ability and responsibility to build a comprehensive system of health promotion and health care. AIDS prevention care and research is a model. It must not become a scapegoat.

This hearing is an important opportunity to hear about the growing need for resources to fight AIDS. As a member of the House Appropriations Subcommittee on Labor, Health, Human Resources and Education, I have made increased funding for HIV her top priority. Today we must acknowledge how profoundly our investment in HIV has paid off. Prevention interventions are working, death rates have fallen, research is steadily advanced. There is a renewed hope for a vaccine. Were it not for the Ryan White CARE, HIV prevention funding system, NIH research and other Federal programs, we would not be making the strides they are.

We cannot forget that we are in the midst of an epidemic. In San Francisco, 17,000 of our neighbors, family members and friends have died, and 500 people are newly infected each year. We must adopt a program for pushing for increased appropriations for prevention, treatment, housing a research; expanding Medicaid to cover the HIV in its early infectious stage; improving health care and services to better help communities of color and disenfranchised.

Senator SPECTER. We hope that Congresswoman Lee returns to make her own statement. If she doesn't we will read it into the record later in the hearing. But we know that the mayor has other commitments, so we will turn now to the distinguished Mayor of San Francisco, who has had an extraordinary record. A native of Texas, Mayor Willie Brown served 31 years in the California Assembly, 15 years as its Speaker.

He's had a variety of occupations, shoe-shine, janitor, crop harvester, messenger—this is from the mayor's biography. I haven't dug these out especially. Worked his way through the high school, San Francisco State University and Hastings College of Law.

Thank you for your hospitality, Mr. Mayor, and we look forward to your comments.

SUMMARY STATEMENT OF WILLIE L. BROWN, JR.

Mayor BROWN. Thank you very much, Mr. Chairman. I'm delighted to welcome you, the ranking member, my own two Senators, Feinstein and Boxer, as well as my friend for so many years, Congressman Ron Dellums, the words of Nancy Pelosi and the words soon from Congresswoman Barbara Lee. Welcome to our San Francisco Board of Supervisors chambers.

We are delighted that you are here. You honor our city by holding your hearing here. You also give an opportunity for this great array of incredible medical talent, both on the treatment side and the research side, that have been a part of this San Francisco model as so eloquently described by Senator Feinstein, that now has almost a 20-year history of attempting to address the issue.

Senator Feinstein laid out for you how San Francisco became involved. The State of California followed San Francisco's leadership fairly quickly on the AIDS/HIV issue. In 1983, when George Deukmejian, a Republican, was the Governor of the State of California, the very first State in this nation—preceding the Federal Government, I may add—provided \$3 million at my insistence and my orchestrating for research.

The idea for the \$3 million came, of course, from experiences San Francisco had already had as a city, plus the great advocacy of the incredibly talented healthpersons, led at the University of California by Marcus Conen, the Republican Governor was persuaded and convinced that this was a disease that required public dollar investment, without reference to the so-called group of persons that it directly affected. In this case, gay white males.

Since 1983, as described by Senator Feinstein and Senator Boxer, and Congresswoman Nancy Pelosi, there has been a great degree of improvement and commitment by not only the city, the State, but as well as the nation. The money provided for NIH, for CDC, for the Ryan White CARE Council and the other organizations and institutions and programs that have been funded, have played a marvelous role in expanding and extending the lives of people who are HIV positive.

Incredible achievements that have come from the adherence to a group of pharmaceutical products that grew out of some of this financed research with public dollars, has prolonged the lives of any number of human beings.

Many people have written the great success story. People going from one level of positive report to virtually no positive report, HIV or AIDS being anywhere near their system. That has, in some cases, dissuaded people from continuing their private charity and their private contributions, as well as some elected types from thinking that in fact it's OK to no longer be concerned.

The cap which you refer to would play a devastating role on the San Francisco model, as well as other cities who have replicated the San Francisco model in their addressing of the issue of AIDS and HIV. It will definitely have a decided adverse affect on those communities of color that are just now becoming a regular part of what attention is given in the San Francisco model and the other models. I'm sure that some of the witnesses who will come before you will so state that today.

My words are very, very simple. We must exhaust—and I hope you'll understand the importance of that—you must exhaust every effort that you have at your disposal not to allow this struggle to be limited in its application by an absence of resources imposed by some artificial caps that have no basis in fact as it relates to the need.

The need is greater now than it ever was before. The numbers as originally reported by Senator Feinstein at the outset were relatively modest, but the numbers referred to by Senator Boxer are just the tip of the iceberg. In the words that Barbara Lee has left, I think written—and I think Ron Dellums will so state—the issue is no longer San Francisco or just this nation. It is now worldwide.

This is one disease that has the potential to wreak havoc on the human population as we know it. A cure must be found, a vaccine must be produced. But in the meantime, the marvelous techniques that have come about through the pharmaceutical products, the result of the great research, plus the incredible of education for prevention and care that has been orchestrated must be generously and liberally supported and pushed, until at such time that that end that Senator Feinstein described as her goal and her dream will be a reality.

Until then, this struggle must be more intense from our perspective, year-in and year-out. San Francisco would be devastated in particular by any cessation or reduction in resources. We have always been the leader in the process of applying and effectively using the dollars that come from the Federal, from the State and from the local treasury, from the taxpayers. And our record clearly reflects that. Other cities are similarly situated.

PREPARED STATEMENT

Our numbers are not getting smaller, they are getting larger. We estimate 1 in every 50 San Franciscans is HIV positive. That is an awesome figure. The fact that that is not the headlines surprises me. We know we need the resources. You honor us by coming, I hope you will listen closely, and I hope your colleagues will then follow the recommendation that you, Senator Harkin, and your colleagues on your subcommittee will make. Thank you for being here.
[The statement follows:]

PREPARED STATEMENT OF WILLIE L. BROWN, JR.

Good afternoon, Chairman Specter and members of the Committee. My name is Willie Lewis Brown, Jr., and in 1995 the voters of the City and County of San Francisco elected me their Mayor. Prior to that, I served for 15 years as Speaker of the California State Assembly. I come before you today to request the Committee's support for vital increases in fiscal year (FY) 2000 funding for federal HIV/AIDS-related programs administered by the U.S. Departments of Health and Human Services and Labor, and to address the role of federal-state-local partnerships in addressing the AIDS crisis.

San Francisco has long been a leader in the fight against AIDS. We have provided local support for our community-based response since the first desperate days prior to Federal funding, when health departments in major cities were staggering under the weight of increasing caseloads of young, terminally ill individuals presenting at hospital emergency rooms with obscure and deadly ailments. The City and County has provided significant leadership and financial resources to combat this epidemic since 1981 and we remain committed to doing so.

In 1983, as a member of the California Assembly representing San Francisco, I secured the first state funding in the nation for AIDS programs—a \$3 million appropriation that set the stage for the federal and state support we are talking about today. In that time, the fear surrounding this illness served as the major obstacle to securing these desperately needed funds. Today, this fear has been replaced with a premature sense of victory and an unacceptable level of complacency.

Last October, the Centers for Disease Control and Prevention (CDC) reported a 47 percent decline in AIDS-related deaths between 1996 and 1997, and a corresponding 12 percent increase in the number of people living with AIDS. During this same time period, new HIV infections have remained steady at about 40,000 per year. As a result, local communities such as San Francisco will continue to experience steadily increasing demand for HIV-related medical and supportive services. Not only are more persons living with HIV disease, but their needs are much more complex and the cost of care continues to escalate unabated.

The Federal response to AIDS has literally prevented the collapse of local public health systems, and has enabled hundreds of thousands of low-income, uninsured individuals living with HIV/AIDS to receive high-quality health care and supportive services. These Federal resources have also helped to leverage millions of dollars in state, local and private funding for HIV/AIDS programs.

I fully and strongly support the fiscal year 2000 HIV/AIDS appropriations recommendations of the National Organizations Responding to AIDS (NORA). In my testimony today, I would like to highlight several programs and initiatives that play a particularly important role in the City and County of San Francisco's response to this epidemic, and discuss our partnership with the Federal government to bring an end to this crisis.

RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY (CARE) ACT PROGRAMS

I strongly support the community request that the Committee provides \$625.2 million overall, or a \$120 million increase for Title I of the Ryan White CARE Act in fiscal year 2000. This funding for Title I is required to maintain access to medical care, treatment and supportive services for those individuals already in care, and to ensure access to care for those who will enter care for the first time.

In response to recent HIV treatment advances, the number of individuals seeking medical care and treatment, as well as the cost of care, has grown markedly in recent years. A 1998 study by the Cities Advocating Emergency AIDS Relief (CAEAR) Coalition reported an average increase of 43.5 percent in the number of new HIV/AIDS clients entering CARE-funded systems between 1995 and 1997. In fiscal year 2000, the number of new clients seeking care is expected to increase by 20 percent. This study also demonstrated that the overall cost of care grew substantially during the same time period. This increase in the cost of care is related to three factors: (1) increases in the number, length and complexity of medical visits (65 percent increase in length of each visit and a 27 percent increase in the number of visits); (2) new and expensive diagnostic tests, and; (3) the use of lifesaving pharmaceuticals not covered by the state-based AIDS Drug Assistance Programs (ADAP).

The fifty-one Eligible Metropolitan Areas (EMAs) funded through Title I of the CARE Act are home to 74 percent of all reported AIDS cases in the United States. Together, an estimated 156,000 people with HIV/AIDS will be served in these epicenters in fiscal year 2000.

Because more communities are becoming hard hit by AIDS despite our best efforts, in fiscal year 2000, up to three new communities may become eligible for Title I funding. These emerging epicenters must be funded adequately, and not at the expense of existing Title I areas that are also continuing to experience growing service needs. Because of inadequate appropriations in fiscal year 1999, seven Title I areas actually received less funding than in fiscal year 1998, including the Californian communities of San Francisco/San Mateo/Marin and Santa Rosa/Petaluma. At a time when the nation continues to see approximately 40,000 new HIV infections annually, with many individuals thankfully living longer due to treatment advances, funding cuts run counter to common sense and good public health practice.

As the second decade of the epidemic comes to a close, it is clear that the HIV/AIDS epidemic is far from over. It is also apparent that HIV medical care and treatment will continue to be complex, expensive (albeit less expensive than inpatient hospital-based care), and unavailable or unworkable for some. Despite the promise of new drugs, there continues to be a significant number of individuals who cannot tolerate side effects, or whose bodies have become resistant to them rendering the medications ineffective. These individuals, as well as those struggling to continue their treatment, will need essential support services.

According to the Health Resources and Services Administration (HRSA), approximately 64 percent of Title I clients nationally are people of color. Despite aggressive outreach to disenfranchised communities, medical care and anti-HIV treatment utilization by communities of color continue to lag. These continued disparities translate into poorer health outcomes, including slower reductions in AIDS-related deaths. For this reason, in addition to the request for an overall increase in support for Title I programs, I support requests that the Committee increase funding for the Title I-specific appropriation that was approved as part of the fiscal year 1999 Congressional Black Caucus HIV/AIDS Initiative. A significant increase in this targeted funding would allow Title I communities to protect and expand targeted programs in the African American community and other communities of color that are disproportionately affected by HIV/AIDS.

THE AIDS DRUG ASSISTANCE PROGRAM (ADAP)

I strongly support the request that the Committee provides \$544 million overall, or an \$83 million increase for the AIDS Drug Assistance Program (ADAP) in fiscal year 2000. This funding level is necessary to provide ongoing services to the 53,765 clients who utilized state ADAPs in June of 1998 and to extend access to the estimated 500-600 new clients that will enter the program monthly in fiscal year 2000. The National ADAP Monitoring Project reports that, compared to July 1997, in June 1998, ADAP programs served 22 percent more clients and the cost of treatment had grown by 37 percent due to increases in the cost per client, the number of clients served, and the increasing costs of combination anti-HIV drug therapies. ADAP spending for anti-HIV drugs grew by 54 percent between July 1997 and June 1998. Today anti-HIV drug costs represent 88 percent of ADAP expenditures.

I want to thank the Committee for its considerable support of ADAP in recent years. Since 1996, Congress has responded to the critical pharmaceutical needs of

people living with HIV disease through significant increases in funding. Yet, despite these efforts, many states continue to face shortfalls and must restrict the number of drugs covered because of insufficient resources.

In California, Federal support for AIDS-related drugs last year leveraged an additional \$51.6 million in state funding in fiscal year 1998, allowing adequate access to ADAP for all eligible Californians living with HIV/AIDS. The California ADAP formulary provides access to all 14 anti-HIV medications approved by the Food and Drug Administration (FDA). In addition, California's ADAP also includes over 80 FDA approved drugs that are used to treat opportunistic infections and symptoms associated with HIV disease. From 1997 to 1998, the national expenditures on drugs to treat opportunistic infections and other conditions actually decreased by 31 percent—a further indicator of the success of early care, treatment and support services.

The anti-HIV medications used in combination to create Highly Active Antiretroviral Therapy (HAART), while not a cure, will continue to offer opportunities for improved health to many individuals living with HIV/AIDS. Additional resources would also improve access to AIDS-related medications for African Americans and women living with HIV/AIDS who continue to have lower utilization rates. For all of these important reasons, I urge Committee support for this request.

HIV/AIDS INITIATIVES FOR COMMUNITIES OF COLOR

I request that the Committee provide a minimum of \$250 million for targeted emergency assistance to address the severe and ongoing health crisis related to HIV/AIDS in the African American community and other communities of color. I want to thank members of the Committee, as well as members of the Congressional Black Caucus, for approving targeted resources in fiscal year 1999 to respond to this growing health emergency. These successful efforts establish a foundation to increase financial support and technical assistance to respond to the AIDS crisis in African American, Hispanic/Latino, Asian and Pacific Islander, and Native American communities. My hope is that the impact of these targeted efforts will become evident in all HHS agencies that provide HIV services.

The majority of people living with HIV/AIDS in the U.S. are people of color. Communities of color often face additional health care and social service challenges. Therefore, targeted initiatives, which focus resources on emerging crises, may provide the most strategic Federal response to address these intractable and longstanding problems. The CARE Act continues to provide an effective response to the fragmentation that exists in the U.S. health care system overall. Although the CARE Act cannot and should not be expected to eliminate longstanding health disparities that exist between groups, CARE Act grantees, providers and clients can and should act as agents for change. Targeted funding will help them do so. As Mayor of San Francisco, I am fully committed to working with Congress and the Administration to reduce racial disparities and improve access to quality care for all individuals living with HIV/AIDS.

HIV PREVENTION, SURVEILLANCE AND BEHAVIORAL RESEARCH PROGRAMS AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

I request that the Committee provide \$848 million in total funding for HIV prevention, surveillance, and behavioral research at the CDC. This \$191 million increase over fiscal year 1999 levels would provide increased resources to reduce the 40,000 new HIV infections that occur annually in the U.S. Over 85 percent of the HIV prevention funds are allocated to state and local health departments, national and regional minority organizations and community-based organizations to provide both primary and secondary HIV prevention services.

HIV surveillance is an important component of effectively responding to the changing AIDS epidemic. Many states have taken the CDC's direction to implement HIV reporting to heart, and are developing systems that meet the needs of their communities. In California, Assembly Bill 103 (Migden) would create a non-names based system of HIV reporting, which I strongly support. Additional resources are necessary to ensure that these reporting systems are established in a timely manner. An increased appropriation for HIV surveillance should allow and promote flexibility in implementing systems that will be most successful in their respective states, and must allow the option of names or non-names based reporting.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

According to CDC, the majority of new HIV infections in the U.S. are now directly or indirectly related to drug use. Of those diagnosed with AIDS to date, drug use is linked to more than 30 percent of adult cases, 60 percent of cases among women

and 53 percent of pediatric cases. I support strongly community requests that the Committee provide \$255 million to the Center for Substance Abuse Treatment (CSAT) and \$255 million for the Center for Substance Abuse Prevention (CSAP).

In closing, I also want to urge the Committee to support increased funding for HIV/AIDS research at the National Institutes of Health, as well as \$1.7 million in funding for the Office of HIV/AIDS Policy (OHAP) at HHS. CHAP will continue to play a key role in the development of policies and priorities regarding HIV/AIDS, including the ongoing review of Clinical Guidelines on the Management of HIV Infection.

Thank you for this opportunity to testify before the Committee. I know that you share my commitment to ending this epidemic, and will work with diligence and integrity to see this worthy goal through.

Senator SPECTER. Thank you very much, Mayor Brown, for that very profound statement. And we will fight to maintain the funding. I know you have commitments, Mr. Mayor. My suggestion would be that we hear briefly from former Congressman Dellums and then I will waive my first round of questions. I make the same recommendation that my distinguished ranking member allow our California colleagues to do the questioning on the first round, if that comports with your schedule, Mr. Mayor.

Mayor BROWN. Yes.

Senator SPECTER. We have the great pleasure of seeing our former colleague, former Congressman Ron Dellums here today. He served in the House of Representatives for 27 years, representing the City of Berkeley. Rose to the rank of chairman of the House Armed Forces Committee, and brought a new perspective to a very challenging responsibility. Was the chairman of the District of Columbia Committee. Perhaps the only Member of the Congress to chair two committees. Now president of the Healthcare International Management Company, and still an activist and still very, very busy. One of the world leaders on the problems of AIDS.

A great pleasure to see you here, Congressman. We look forward to your testimony.

STATEMENT OF RONALD V. DELLUMS, PRESIDENT, HEALTHCARE INTERNATIONAL MANAGEMENT CO.

Mr. DELLUMS. Thank you very much, Mr. Chairman. And to Senator Harkin, and to my two distinguished colleagues and friends, Senator Feinstein and Senator Boxer, and Mayor Brown. It's both a pleasure and a privilege and an honor for me to address you today. I think that this hearing is significant, and in one sense, very historic.

My two colleagues from California mentioned wanting to be there at the end. In one sense, if we step back and look at this issue from a global perspective, we're only at the beginning, and at a very tragic beginning. Make no mistake about it, Mr. Chairman and Senators, what we are looking at here is an extraordinary human tragedy that is evolving rapidly.

This is no longer an American problem, it is a global pandemic and requires a global response. It's an issue that has an incredible moral dimension, compelling self-interest and dictates a major global response. I mentioned that this is a global pandemic. Time does not permit me, nor allow me to go into all of that, so I will at this moment confine my remarks to Sub-Saharan Africa where the problem is manifesting itself most profoundly, and most dramatically.

Since the first reported case of AIDS in Sub-Saharan Africa, 11.5 million human beings have died. This is an estimate from the United Nations AIDS Project. It is estimated that in Sub-Saharan Africa 2.5 million people will die in Sub-Saharan Africa each year. Extrapolating out to the year 2010, well in excess of 20 million human beings will die.

How can any of us as human beings get our minds around 20 million human beings dying? That means, Mr. Chairman, that every day in Sub-Saharan Africa in excess of 6,000 human beings are dying. Now, if we suggested that a major superpower was waging war on a developing country, that they had already killed 11.5 million people, and that over 6,000 were dying a day as a part of this incredible warlike tragedy, and that 20 million people more would die over the next several years, we would be outraged.

The fact of the matter is that a war is waging in Sub-Saharan Africa, and millions of human beings are quietly dying and suffering. Mr. Chairman, as we speak there are 7.8 million children who are orphaned as a result of AIDS. The World Health Organization suggests that if you extrapolate that figure out to the year 2010, we're talking about nearly 40 million children orphaned as a direct result of AIDS.

One does not have to be a brilliant sociologist to understand the psycho-social implications, the sociological implications, the hopelessness and desperation of 40 million people orphaned, without families, and the havoc that that can wreak. The economic implications are absolutely astonishing. The national security implications are absolutely astonishing. Forty million human beings.

Third, as we speak the life expectancy in Sierra Leone has now dropped to 34.7 years of age. In Zimbabwe, that at one point had the longest life expectancy in Sub-Saharan Africa, has now dropped into the mid-40s and falling. All over Southern Africa the life expectancy has dropped through the 50s into the 40s and falling.

All over Africa what you are seeing is all of the gains that took place in the 1960s, where life expectancy crept up over the 60s and started to move toward the 70s, are now crashing down upon us. This is an amazing, incredible thing. The moral dimension, how can the world stand by and allow 20-plus million human beings to die and do nothing? How can the world allow 40 million orphans to evolve, and the world stand by and do nothing? How can the world stand by and allow the life expectancy of Sub-Saharan Africans to drop as rapidly as its dropping?

It's like the last person to leave the continent, turn off the lights, because it's over. But we cannot. We cannot, for moral and ethical and self-interested reasons, turn off the light. We have to do something. What can be done?

First, we have to abandon the conspiracy of silence, and we must begin to talk about this issue out in the open. This is a global problem that threatens the human family. And get beyond our parochial interest in this issue. This is an issue that challenges the entire family of human beings on this planet.

Second, we must move beyond the state of denial, "Well, maybe it's not quite that bad." Folks, it may not be that bad at one place, or it's worse in other places, but both of those points miss the point. It is progressing and progressing rapidly. If you took a map

of the last 12 to 15 years in Sub-Saharan Africa, and plotted the progress of HIV/AIDS across Africa each year, the staggering speed with which this is evolving would frighten all of you here. This is moving with a degree of alacrity that is absolutely incredible.

Third, we must make a commitment to do something. All of us here know that one of the great problems of Washington is that we tend to engage each other in the debate on how to do something, before we commit to do something. The first question must now be a question of governance. Do we have the courage, the compassion, the sense of caring to do something about this issue at the moral level?

We can figure out how to do it, the important thing now is to commit to do something. There are brilliant minds out there in the medical and scientific community that can help us figure out how to do it, but we must do something.

Fourth, we must take, Mr. Chairman and Senators, a great leap of scale. The first leap of scale is in the volume to talk about this issue. We must talk about this issue as loudly and as urgently as the dimension and the urgency of the problem. We cannot whisper AIDS in the world, we have to talk about it loudly, and be compassionate and caring about millions of human beings dying. So, we have to take a leap of scale.

The second leap of scale has to be a leap of scale in resources. We are no longer at the project level, Senators. This is not a couple hundred thousand dollars in this project, or a few million dollars in this project. When we're talking about in excess of 20 million people dying, 40 million orphans, life expectancy falling, we have to talk about big money, and big resources. It's not going to take a few millions, it's going to take a few billion dollars to really address this issue just in Sub-Saharan Africa, let alone—we could talk all day about what's getting ready to explode in India. That's a time bomb ticking as well.

But right here, that's why we came up with the idea back in October, we had to do something. So I came up with this idea of the AIDS Marshall Plan. I only use the term Marshall Plan to connote bigness, elegance, follow-through. It has to be something large that we must do. I realized that the public sector's not going to do it alone, the private sector's not going to do it alone, so let's achieve a partnership. A public/private partnership.

Let's raise several hundred million dollars from the private sector of our Nation, and match that with several hundred million dollars over the next few years from the Federal Government. Then let's challenge the global community to also participate in this. Because it is, at the end of the day, a global responsibility. So the AIDS Marshall Plan is simply a way of bringing together public and private resources.

Let me conclude with a couple of points. Ethical issue. In 1995, the peak year for deaths for AIDS in the United States, approximately 50,700-plus people died of AIDS in 1995. Last year, between 16,000 and 18,000 people died. Conclusion, if you have access to treatment and care, you can prolong life and improve the quality of human life.

Ethical issue. Eighty to 90 percent of the AIDS cases in the world are in developing countries where virtually no treatment and

very little is being done. Can we handle the ethical issue of placing a death sentence on millions of people, simply because they live in third-world countries? Because we're debating how to do it before we commit ourselves to do something? I am here to say let's now take the moral high ground, and understand the implications.

Final point. AIDS is not simply and singularly a health issue. It is an issue that cuts across the entire span of human experience. It is a health problem, it's an educational issue, it's a developmental question, it's an economic issue, it's a political issue, it is a national security issue. If you step back and grasp it in this fashion, and see that it is not out of a sense of noblesse oblige, of noble obligation, that I'm suggesting that we address the issue of Sub-Saharan Africa.

We must also address it based on our mutual self-interest. Virus travels. What makes us think that we live in a cocoon here? Just because we're coming down in the United States doesn't mean that we're not at the beginning of a great storm that will also engulf the United States.

You've been generous, Mr. Chairman. I hope that these remarks stimulate some discussion. We can talk about these matters further, but I think that—you know, I've spent my entire adult life as a peace activist. This is a war, and maybe this is now the new peace movement. To save the planet and address this issue of millions of human beings dying as a result of HIV/AIDS. I thank you for your—

Senator SPECTER. Thank you very much, Congressman Dellums, for those very important remarks. We had not wanted to abbreviate you in any way, but we have taken quite a lot of time up to this point. We have quite a number of witnesses yet to hear from. Senator Harkin and I are going to waive our first round of questions, although Senator Harkin has a comment or two for an old colleague.

Senator HARKIN. I just wanted to say one of the great privileges I've had in my adult lifetime was to serve in the U.S. Congress for 10 years with Ron Dellums, and then to work with him as I moved to the Senate.

During all of those years that I served there, it was just one of the great uplifting moments of any day of the week to watch Ron get on the floor and prod us morally, and to prod our thinking about who we were as legislators, and what, really, we were about. He always made us lift our eyes slightly above the horizon, not just to look at our own little self and what our constituencies were, but to look at the broader ethical and moral things that we were about in the Congress.

That's just my way of saying I really miss you. It's nice to be back with you, and it's nice to hear your voice again. Thank you, Ron Dellums.

Senator SPECTER. Thank you very much, Senator Harkin. We'll now move to five rounds of questioning, and start with Senator Feinstein.

Senator FEINSTEIN. Thanks very much.

Senator SPECTER. Five-minute rounds of questioning.

Senator FEINSTEIN. Thanks very much, Mr. Chairman. I want to thank the mayor for his comments, and Ron Dellums for his as well.

Let me address the question that you so eloquently raised, and that is the real decimation of the African continent by AIDS, which is primarily heterosexual in Africa. You spoke of a Marshall Plan, but without specificity. From the little that I've been able to learn, a great deal of the problem is to encourage a change in behavior and enable people not to feel a sense of shame, but to be able to come forward and get help. But there is a reluctance to come forward.

What would you—if you had to pick one thing the United States could do—because, as you know, the foreign operations budget is down every year, less and less—what would it be that could provide the greatest—to use a colloquialism, bang for the buck, in terms of reaching large numbers of people with either prevention or treatment that could effectively make a difference?

PREPARED STATEMENT

Mr. DELLUMS. Thank you. First, let me say—I forgot to mention that I did submit some prepared remarks and I would ask unanimous consent that they appear at the appropriate point in the record.

Senator SPECTER. Congressman Dellums, they will be made a part of the record without objection.

[The statement follows:]

PREPARED STATEMENT OF RONALD V. DELLUMS

Good morning Chairman Specter and distinguished Members of the Committee, it is indeed a pleasure for me to testify before you regarding a subject of utmost importance. I believe that the global pandemic pertaining to the spread of HIV/AIDS is the most critical problem facing our planet. As you know, I served in Congress for 27 years, in that span of time I have witnessed many problems, which have included wars, human rights violations, and many more too countless to name. I submit to you, however, that the spread of HIV/AIDS threatens to surpass all of the problems of the past.

Mr. Chairman, I believe it is important that I put my remarks in perspective. For your information, I have been elected as the Chairman of the Constituency for Africa (CFA). The organization's first Chairman was our colleague Congressman Andrew Young, who was succeeded by my good friend Mayor David Dinkins. CFA is an organization that is committed to educating the U.S. public about Africa and the African issues, and to strengthen linkages and cooperation between and among American organizations, groups, and companies and their counterparts in Africa. CFA's Board of Directors has passed a resolution recently stating that a priority for the organization will be advocating solutions for the growing problems caused by HIV/AIDS on the continent of Africa. Mr. Chairman, please note that my remarks today also echo the sentiments of CFA.

It is also important to note that I am also a member of the board of director's for Aids Action. I am sure you are familiar with the work and activism of Aids Action. It is my belief that this organization has been a major player in the domestic fight against HIV/AIDS. However, I was asked to join the board, I believe to help expand the scope of the organization to include the growing problem of HIV/AIDS across the globe. Mr. Chairman, please know that that my statements today also represent the sentiments of Aids Action.

In the course of my new position I have had the opportunity to travel to Africa. In my travels to Africa I could not escape the ever-increasing spread of HIV/AIDS and the devastation it has brought to most nations. Last year, my company helped to sponsor the International Medical Exchange conference on HIV/AIDS in Swaziland in Africa. Nearly two dozen ministers of health, representing various African

nations were in attendance to begin a dialogue about preventive strategies and the development of solutions for the problem.

Please realize that HIV/AIDS is a threat to the survival of many developing nations around the globe, which include India, Brazil, and many of countries in Asia. However, because the problems of HIV/AIDS is currently ravaging the continent of Africa, I feel obligated to put my initial efforts towards a place in most need and the home of my ancestors. I will now proceed with my testimony.

INTRODUCTION

HIV/AIDS has wreaked havoc in Sub-Saharan Africa. Of the 30 million people in the world currently affected by HIV, 26 million (86 percent) reside in this region and over 90 percent of all AIDS deaths come from this region. In South Africa over 360,000 people have died from the disease. The UNAIDS program estimates that more than 3 million South African are currently infected with HIV, with 1,500 new infections each day. Some estimates predict that more than 25 percent of the working age population in South Africa will be infected with HIV by the year 2010. HIV/AIDS has greatly reduced the life span of the citizens of Southern African countries. Life expectancy in Botswana has declined from 61 years five years ago to 47 years, and is expected to drop to 41 years between 2000 and 2005. In Zimbabwe one out of every five adults is affected and is significantly reducing population growth from 3.3 percent in 1980-85 to 1.4 percent currently and is projected to be less than one percent beginning in the year 2000. This pandemic is of a scale in Southern Africa last seen in the late 18th century epidemics of smallpox or the 16th century epidemics of bubonic plague. The effect on growth and development of this region is large and will only become more evident in the years to come.

The United Nations AIDS programs (UNAIDS) and The World Bank have spent time and energy gathering information and setting up programs to encourage AIDS prevention and education. The scientific, medical and pharmaceutical sectors have focused energy and resources on developing effective treatments for people who are living with HIV/AIDS, design studies for development of a vaccine to prevent HIV infection, and efforts toward the ultimate goal of a cure for AIDS.

I have conceived the AIDS Marshall Plan For Africa (AMPFA) as a means to bring treatment to those affected with the HIV/AIDS virus. Treatment is an imperative because it does prolong life and helps to improve the quality of life for those affected. There are estimates provided by UNAIDS that over 20 million Africans will die in the next decade as a result of HIV/AIDS. At the same time, there are currently over 7.8 orphans as a direct result of the virus; it is conservatively estimated that in the next ten years the number could swell to 40 million. Presently, if one attracts the virus in Africa, it is tantamount to a death sentence because they will certainly die. I am certain you realize the consequences are devastating and crippling. The major intention of the AMPFA is to provide treatment for those in need.

DEVELOPMENT OF THE FUND

With the advent of effective drug treatment regimens for people living with HIV/AIDS combination drug therapy has proved it's ability to prolong life and decrease severe health complications brought on by AIDS. The cost of treatment with these new discoveries can cost upwards of U.S. \$10-15,000 per person per year. Even with a minimalist approach, cost per person, per year could exceed \$5,000.

We must take some large first steps to save the current generation of Africans from complete devastation.

The plan for the development of the AIDS Marshall Plan Fund (AMPFA) would be the funding of one billion dollars over a period of five years. This would mean annual funding of \$200 million. These funds would then be leveraged in seeking additional funds for multinational companies and that would initially concentrate its efforts on the region of Southern Africa. In development of the fund, private industry would be called upon to contribute the first \$200 million and the U. S. government would be asked for a matching \$200 million. Billions of dollars would be needed to adequately address the problem, but we believe that an initial focus in Southern Africa is warranted based on the concentration of the pandemic in this region.

The fund would be developed in such a way to promote contributions from the African countries, based upon their economic ability. European and Asian countries will be encouraged to participate in the AMPFA in the future, thus adding to the growth potential of the fund. Clearly, all G7 countries will need to play a leadership role.

PHARMACEUTICAL COMPANIES AND OTHER CORPORATE SUPPORT

We believe that pharmaceutical companies will be interested in the establishment of the fund for various reasons. As the HIV/AIDS virus continues to spread across the continent of Africa, it affects a very valuable market. Presently, 750 million people form the basis for a very strong market for the pharmaceutical companies. However, the present situation threatens a potentially potent market for the companies.

In order for the AMPFA to be a success the cooperation of multinational corporations is a must. Recently, I was made aware of interesting statistics that speak to the capacity of the corporate community. It was revealed to me that of the 100 largest economies in the world 51 are corporations and 49 are countries. For example, the economy of Wal-Mart is larger than Indonesia, and the economy of The Shell Oil Company is bigger than the country of Norway. We therefore have an obligation to call upon the corporate community to assist in this modern "holocaust", which threatens the universe.

It is my belief that with the combined resources of the United States, the corporate community, countries of the European Union and Asia, that huge strides can be made to arrest the spread of HIV/AIDS in Africa. This is a massive problem that deserves an equally massive, elegant response in order to successfully combat the virus. The corporate communities support is an essential portion of the AMPFA.

ADMINISTRATION OF THE AMPFA

A Board of Trustees composed of "distinguished persons" would administer AMPFA. The collection of "distinguished persons" allows the fund to be perceived as a serious effort above reproach and politics. In order for the AMPFA to be successful it must be an idea which commands the attention of the entire world. A Board of Trustees which includes those at the highest moral, spiritual, political and scientific level will help AMPFA gain instant credibility in the AIDS community.

To avoid conflicts of interest and to prevent AMPFA from being mired down within another group, our vision would have AMPFA as an independent entity that develops appropriate linkages at the local level to assure treatments reach those in need.

AMPFA would be dedicated to the treatment of people living with HIV/AIDS. The Fund would secure appropriate drugs, assure the training of healthcare professionals and the development of a pipeline to bring the drugs to where they are needed most.

The steps that need to be accomplished first include:

- Enlist the support of governments, international institutions and the pharmaceutical industry,
- Recruit a "Steering Committee" of distinguished persons as a preliminary step toward a Board of Trustees, and
- Obtain initial donations to develop the organizational structure and hire a manager for the Fund.

Currently, my friend and Representative, Congresswoman Barbara Lee is working to introduce legislation that will embody the concept of the AMPFA. This legislation must be taken seriously and should be a priority for the Congress. I cannot emphasize enough the necessity to expedite the passage of this legislation. It is very difficult for me, and it should be difficult for you, to withstand the continuous death and destruction caused by HIV/AIDS. As a former colleague and friend, I call upon you to do all within your power to continue funding to combat this deadly virus. I believe the future of humanity rests upon your decision. Please do not let the children of my children and their children down. They deserve a future of hope and opportunity. It is my hope that you will agree with me that this legislation is an imperative and passage is ultimate.

Mr. Chairman again, thank you for allowing me to testify this morning.

EDUCATION, PREVENTION, AND TREATMENT

Mr. DELLUMS. Thank you. The reason why I suggested that, Senator Feinstein, is that I do talk in greater specificity about the AIDS Marshall Plan in my prepared remarks. To come to your point, that's a very good question. Let me first say, I'm not an AIDS expert, I'm a political activist with a big mouth, and I think it's time to take this issue to a political level.

Now, to try to answer your question, I perceive this very complex issue as an issue that has to stand minimally on three legs. A stool

can stand minimally only on three legs—education, prevention and treatment. The reason why I raised the treatment issue is because I'm trying to challenge us at an important moral and ethical level.

In the United States and in Europe, the death rate is falling because of access. You know, I watched ABC News last night, and one of the people at the tail end of the program looking at the issue of AIDS was to say the government of Zambia must then embrace a strategy to allow thousands of people to die in order for thousands of people to live.

I don't accept that as—I do not accept that. We cannot stand by and allow this generation or the next generation of Africans to die, or people in developing countries, to let the third generation live. We don't do that in this country. We're no more human than anybody else. So I'm suggesting that we do all three things.

That we have to expand our educational capabilities, expand our prevention capabilities, but we also must be committed to treat people. We cannot say, "We will not treat you because we can't figure out how." I'm saying, accept this as a moral challenge, and intellectually and scientifically and politically, we'll figure out how to do it. But that's what we have to do.

So, it's not a simple answer. I would suggest that the first thing we need to do is put together a fund of resources. Now, the reason why I'm advocating, for example, an independent international agency that can receive both public and private monies—and because I'm an African-American, I want the United States to take a lead on that. But the world community needs to come in.

The reason why I see it as an independent agency, with all due respect to the other agencies, they've failed miserably. One thing we all know about institutions is that they don't tend to re-invent—they've failed. They don't tend to re-invent themselves to succeed, they tend to re-invent themselves to fail another new way.

So what I want to see is a new Federal agency, a new international agency that can receive the kinds of resources that truly will allow us to address this problem. There's no project. We're past the project stage, we can't just do one little thing. We have to confront this entire issue. It is moving too profoundly and too rapidly.

Senator FEINSTEIN. Thanks very much. Thank you very much, Mr. Chairman.

Senator SPECTER. Thank you very much, Senator Feinstein. Senator Boxer?

Senator BOXER. Mr. Chairman, I have no questions. But I do have a comment that will impact, I think, on what our friends have spoken to us about. You know, after 20 years—and I was struck by each of us kind of putting this battle into our own personal careers, and how it impacted on us. After 20 years, it is very, very tempting to turn away from this fight. Because it's hard, because it's taking a long time, because it costs so much, because we make progress and we want to focus on that progress.

I think what Mayor Brown has done for us today, and Congressman Dellums, they have done—at least for me—they have put urgency back on the face of AIDS. Mr. Chairman, I think this is a lesson for us that cannot go unnoticed. They have put urgency back on the face of AIDS.

They have challenged us because this urgency is here in San Francisco, as the mayor has pointed out. It is in Los Angeles, I would point out. It is in Philadelphia, it is in New York, it is across the Nation. As Congressman Dellums has pointed out, it is an urgent matter across the world.

Congressman Dellums, your proposal for an AIDS Marshall Plan is a very important proposal, and a very serious one. I think it fits into a larger debate, which is also a very difficult debate over the surplus. We will all be in that debate momentarily. I ask myself this question, as much as putting it out there for everyone to think about. You know, how large is this surplus?

Isn't it true that if you have a leak in your roof, and you get some extra money in the door, but you still have the leaky roof and you've got to take care of it, you may not have a surplus. It seems to me what we're doing today by seeing this urgent face back on AIDS, is to think about that. And to think about the other urgent matters that have not been faced, this worldwide fight that we have to engage in, the fight right here at home on AIDS, Alzheimer's, Parkinson's. You name the disease. School buildings falling down, lots of things.

So before we can have this vision—and I'm honored that I'm here to hear Congressman Dellums talk—we need to really think about these fundamental things. I can't imagine, you know, a better mix of Senators, in my opinion, in terms of geographic distribution or philosophy, et cetera to chair this challenge. It has impacted me very deeply, and I thank you both.

Senator SPECTER. Thank you very much, Senator Boxer. Thank you, Mayor Brown. Thank you, Congressman Dellums, for your very important testimony. This subcommittee is committed to do its utmost to provide adequate funding.

Mr. DELLUMS. Might I make just one quick comment, Senator?

Senator SPECTER. Sure.

Mr. DELLUMS. First, I failed in my opening remarks to say that I have been working diligently with my distinguished colleague, Barbara Lee, who is now the Representative from across the bay, who is placing this idea in legislative form.

Just one other quick point. I'm also suggesting to you, Senator Boxer, that a number of economies in Africa are going to collapse if we don't do something about this. The sugar industry in Kenya, the agricultural industry in other countries. There are insurance companies that are now stepping back from providing insurance because they can't figure out the actuarial charts because the life expectancy is dropping so fast.

The implications here are absolutely astonishing. I simply suggest to all of you that the more you look into this issue, the more you see that it touches all aspects of life. And the one thing all of us, I think, in this room agree on is that the world is very tiny, interrelated and interdependent. We cannot allow Sub-Saharan Africa to drop through the tubes without also taking us with them. We have to deal with this because it's in our self-interest.

You've been very kind.

Senator SPECTER. Thank you, Congressman Dellums. We're now going to move to the next two panels to try to expedite the proceeding a bit. We're going to reduce the time from 5 minutes to 4

minutes. Thank you very much, Mayor Brown. Thank you, Congressman Dellums.

I'd like to call now Tony Fauci, Director of the National Institute of Allergy and Infectious Diseases at NIH since 1984. He has been at NIH, generally, since 1968, receiving numerous awards. He's been central to the AIDS research strategy at NIH. In addition to his leadership role, he continues to do research himself. M.D. from Cornell University in 1966. Welcome, Dr. Fauci. The floor is yours.

STATEMENT OF DR. ANTHONY FAUCI, DIRECTOR, NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES, NATIONAL INSTITUTES OF HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. FAUCI. Thank you very much, Senators Specter, Feinstein, and Boxer. I really appreciate the opportunity to be here with you today. In my very brief period of time I would like to underscore some of the points that were made by the panel from a perspective of a scientist and a public health official.

The first thing I'd like to do with this poster is put up a cover from Newsweek from a few years ago that really created a lot of confusion in the general public. That had to do with the onset and the availability of powerful drugs to treat HIV/AIDS. That was the question, of whether or not we were at the end of the AIDS epidemic.

Now, there's good news and very sobering news about these advances. The good news, as I'm going to outline for you in a moment, is that we've made an extraordinary amount of progress. The sobering news is that we are far from the end of AIDS. I think I want to underscore everything the panel said. To assume that we're anywhere near the end of this is really quite naive.

Now, with regard to the support that we need, where we've come from and where we're going, the support for research on HIV/AIDS has been substantial. If you look at the growth of resources, this for the fiscal year 2000, is \$1.8 billion for the NIH, and \$666,000 for the Centers for Disease Control and Prevention. If you look at the totality of this, this is about \$15 billion. Senator Harkin asked me that right before we went into the hearing. If you add all of this, it's more than \$15 billion in research.

This cannot stop. Because the advances that I'm going to very briefly outline for you now were predicated on that type of support. The kinds of research have led to striking, unprecedented advances in diagnostics, therapeutics, pathogenesis and vaccines. I'm going to focus, for the couple of minutes that I have, on the therapeutic aspects, as well as the need, the critical need for a vaccine.

This slide is a very good news slide, because it tells you about the deaths of HIV/AIDS, and how they've taken a dramatic turn downward with a 47 percent decrease between 1996 and 1997. Again, with all good news, there always comes with HIV sobering news. Because if you look at this curve, it's starting to plateau, and in fact even now starting to rise a bit.

The reason for that is that although the drugs had a dramatic effect, positively, on people's lives, their longevity and quality of life; the fact is that many people cannot tolerate the drug, there's breakthrough of the viral replication. There's a discovery that we made in our lab and other laboratories of the presence of a very

persistent latent reservoir of virus, that when you discontinue drugs individuals, the virus inevitably comes back down, up to its baseline level.

In addition, people are starting to become complacent that in fact this is the end of AIDS, when in fact we know that it's not. What about drugs? There are now 16 approved anti-HIV drugs available in the United States and developed countries, 10 of which are approved for pediatric use.

These are the drugs, their names are very familiar with you, including a handful or more of protease inhibitors. Of importance is the price of these drugs. I bring this out because of several comments that were made by Congressman Dellums, as well as others, about the lack of availability of adequate treatment for most of the world who's HIV-infected. It's estimated that 90 percent of the people in the world who are infected with HIV, do not have availability or accessibility to these drugs.

Which brings us to the globality of the epidemic, a point again that was underscored by several members of the panel. If you look at this—I know you can't see it in the back. But to just reiterate, 33.4 million people living with HIV. Last year alone 5.8 million people were infected, and 2.3 million people died last year worldwide from HIV. The demography is changing.

Here in the United States we're seeing a shift to minority populations. The numbers are very striking. Sixty-six per 1,000 for African-Americans are infected, 66 per 100,000. If you compare that with whites, it's only 8.7. Hispanics are 28 per 100,000.

If you look at the marching of the epidemic throughout the continent, India is the next epicenter, will probably dwarf what we're seeing here in Sub-Saharan Africa, another point that is often missed when people think about "the end of AIDS."

With regard to prevention, there are a number of modalities of prevention. We don't have time to go through all of them. One of them that I want to mention is the interruption of transmission from the mother to a child. We'll get to vaccine in just a moment. This has had a major impact on prevention of transmissibility from infected mother to their newborn infant.

If one looks at the effect of drugs on this, the numbers are rather striking. In fact, this mimics the curve of treating adults. These were the infections in children, perinatally-acquired AIDS cases, now a dramatic downturn. However, this will be much more important in developing countries. They cannot afford the AZT regimen.

However, recent studies are suggesting that you can truncate the length of time that's required to treat the mother, and there are studies going on now that we'll hopefully have the results of within a period of a month that we may be able to give to a mother during labor a drug, in a very small amount of doses that are affordable, that could have a profound impact on transmissibility.

Finally, what has been the bottom line of prevention has been vaccine development. A point again that was brought up by the panel. There has been an acceleration of vaccine development resources at the NIH over the past few years, such that now we're spending \$204 million on vaccine. If we don't get the kinds of funding that the panel was talking about, this is the kind of research

that will slow down. Residence that in fact has the potential impact to save tens of millions of lives per year.

PREPARED STATEMENT

I'd like to close by again mentioning something that Senators Specter and Harkin are very familiar with, because I almost always end my testimony before the Appropriations Committee hearing by pointing out that despite the specific benefit to AIDS and AIDS patients by the AIDS resources, AIDS research has extraordinarily positive spinoff for other diseases and other disciplines.

So, the investment in AIDS research is saving in real times tens of thousands of lives per day. But the projection of that for other diseases is also enormous.

Senator SPECTER. Dr. Fauci, thank you very much for that accelerated testimony.

[The statement follows:]

PREPARED STATEMENT OF DR. ANTHONY S. FAUCI

I am pleased to appear before you today to discuss the human immunodeficiency virus (HIV) epidemic, recent developments in HIV research, and the many challenges that remain in the fight against HIV and the acquired immunodeficiency syndrome (AIDS).

THE SCOPE OF THE EPIDEMIC

AIDS was recognized eighteen years ago this summer, and continues to exact an enormous toll throughout the world, in both human and economic terms. In the United States, an estimated 650,000 to 900,000 people are living with HIV. In this country, 688,200 cumulative cases of AIDS and 410,800 AIDS-related deaths were reported to the Centers for Disease Control and Prevention (CDC) through 1998.

Despite an encouraging downturn in the overall number of new AIDS cases and AIDS-related deaths in the United States during the past three years, the rate of new HIV infections in this country—approximately 40,000 per year—continues at an unacceptably high level. Of these newly infected individuals, the CDC estimates that half are people younger than 25 who were infected sexually.

The HIV virus continues to affect minority populations disproportionately. The rates of AIDS cases (per 100,000 population) reported in 1998 in the United States were 66.4 for African-Americans, 28.1 for Hispanics, 8.2 for Whites, 7.4 for American Indians/Alaska Natives and 3.8 for Asian/Pacific Islanders. Women are increasingly affected: the proportion of U.S. AIDS cases reported among adult and adolescent females more than tripled from 1985 to 1998, from 7 percent to 23 percent.

In the developing world, the HIV/AIDS epidemic continues to accelerate, notably in sub-Saharan Africa, southeast Asia and on the Indian sub-continent. There are also signs of burgeoning epidemics in Russia and the former Soviet Union nations. As of the end of 1998, more than 33 million people worldwide were living with HIV/AIDS, 43 percent of them female, according to estimates by the Joint United Nations Programme on HIV/AIDS (UNAIDS). An estimated 5.8 million new HIV infections occurred worldwide during 1998—approximately 16,000 new infections each day. More than 95 percent of these new infections occurred in developing countries. In 1998, HIV/AIDS was the fourth leading cause of mortality worldwide, resulting in an estimated 2.3 million deaths.

Beyond the human tragedy of HIV/AIDS, the economic costs of the epidemic are staggering, posing a significant impediment to the growth and stability of many countries. A 1999 WHO publication, *Removing Obstacles to Healthy Development*, estimates the annual economic burden of HIV to be \$14 billion in prevention and health care costs alone. In many countries, the epidemic is decimating a limited pool of skilled workers and managers, and will likely wipe out gains in development by slashing life expectancy. According to UNAIDS, life expectancy in the nine countries in Africa with the highest HIV prevalence rates will fall, on average, 17 years by 2015.

HHS SPENDING ON HIV/AIDS

Clearly, HIV remains one of the greatest threats to global health, and requires a sustained commitment by the many partners in AIDS research and prevention, including federal, state and local health agencies, foreign governments, UNAIDS, the World Bank, non-governmental and philanthropic organizations, academia, industry, and the activist community. In this regard, overall funding for AIDS-related programs within the U.S. Department of Health and Human Services (HHS) has increased by 122 percent under the current Administration. The fiscal year 2000 President's Budget includes \$8.2 billion in total HIV/AIDS funding within HHS. At the National Institutes of Health (NIH), HIV/AIDS funding increased 68 percent from fiscal year 1993 to fiscal year 1999; the fiscal year 2000 President's budget includes \$1.834 billion in HIV/AIDS research funding at the NIH, as well as \$666.5 million for HIV prevention funding at CDC.

The Ryan White Care Act, which helps states and highly impacted communities provide primary and supportive services to people living with HIV and AIDS, was funded at over \$1.4 billion in fiscal year 1999. President Clinton has proposed an increase of approximately \$100 million for fiscal year 2000 in recognition of the critical role that the CARE Act continues to play in helping people access and maintain themselves in care.

THE SUCCESS—AND LIMITATIONS—OF ANTIRETROVIRAL THERAPY

In the United States and other developed countries, new AIDS diagnoses and deaths have fallen significantly during the past three years. In the United States, the age-adjusted death rate from AIDS declined 47 percent from 1996 to 1997, according to the Centers for Disease Control and Prevention. Similar decreases have been noted in western Europe and Australia. These trends are probably due to several factors, particularly the increased use of potent, albeit expensive, anti-HIV drugs, generally administered in combinations of three or more agents. Such combinations are known as "highly active antiretroviral therapy" or HAART. Sixteen anti-HIV drugs are now licensed by the Food and Drug Administration, 10 of which are approved for pediatric use.

Consensus guidelines have been developed for the use of HAART in adults and adolescents; separate treatment guidelines have been formulated for pediatric patients, as well as for the use of antiretroviral drugs in HIV-infected pregnant women. These guidelines are regularly updated on the World Wide Web (see <http://www.hivatis.org>) and when appropriately applied have greatly improved the prognosis for HIV-infected individuals and markedly reduced the risk of HIV transmission from mother to baby.

Unfortunately, many HIV-infected individuals have not responded adequately to current medications, cannot tolerate their toxicities, or have difficulty complying with treatment regimens that involve extremely complicated and demanding dosing schedules, large numbers of pills, and myriad interactions with other drugs and foods. This can be particularly difficult for those who are struggling to maintain the basic necessities of life such as housing and food, the very people in the path of this epidemic.

Even in patients who are successfully treated with HAART and have extremely low bloodstream levels of HIV, the virus persists in sanctuaries where the drugs cannot reach it or in a latent form upon which drugs have no effect. In addition, the emergence of HIV strains resistant to current drugs is a growing problem. Although there is evidence of immune system reconstitution in certain patients who receive combination antiretroviral therapy, the goals of completely "rebuilding" the immune system or eradicating the virus from its hiding places in the body appear unlikely with current approaches to treatment.

Therefore, the development of a next generation of therapies remains a priority. Currently, all licensed antiretroviral medications are directed at one of two viral enzymes, reverse transcriptase or protease. Many new drug targets and novel treatment strategies are now being pursued, including drugs that prevent the virus from entering a cell, approaches to "purging" the virus from its hiding places in certain cells and tissues, and methods to boost an infected person's immune response.

THE CRITICAL ROLE OF HIV PREVENTION

In developing countries where per capita health care spending may be only a few dollars a year, anti-HIV therapies are frequently beyond the reach of all but the privileged few, underscoring the urgent need for effective, low-cost tools of HIV prevention that can be used in these settings as well as in the United States.

CDC estimates that there are at least 200,000 HIV positive persons in the United States who do not know they are infected, and the Health Resources and Services Administration estimates that approximately 300,000 HIV positive persons in the United States are not currently being treated for their HIV infection. The benefits of HAART, and the likelihood of reduced sexual risk behaviors after a diagnosis of HIV infection have made it increasingly important for people infected with HIV to know their serostatus early and to be linked with a system of medical care and prevention.

Researchers have shown that several approaches to HIV prevention can reduce the number of new infections when properly executed, including education and behavior modification, the social marketing and provision of condoms, treatment of other sexually transmitted diseases, drug abuse treatment (for example, methadone maintenance for injection drug users), and the use of antiretroviral drugs to interrupt the transmission of virus from mother to infant.

For example, in one of the true "success stories" of HIV research, the rate of mother-to-child transmission of HIV in the United States has been cut to negligible levels among women and infants treated with an extended regimen of AZT therapy developed by NIH-supported investigators. Subsequent studies by CDC, NIH and others have shown that substantially shorter regimens of antiretroviral drugs, which would be more feasible in resource-poor settings, can also reduce perinatal HIV transmission significantly.

Other methods of preventing HIV transmission may also help slow the HIV/AIDS epidemic. For example, researchers are developing and testing topical microbicides, substances that a woman could use in her vagina before sex to prevent the transmission of HIV and other sexually transmitted diseases. UNAIDS and others also have facilitated the widespread use in Africa of the female condom. These interventions may help empower women to protect themselves in situations where they are unable to avoid sex with HIV-infected partners, and/or cannot persuade their partners to use a condom.

HIV VACCINE DEVELOPMENT

Historically, vaccines have provided safe, cost-effective and efficient means of preventing illness, disability and death from infectious diseases. The development of a safe and effective vaccine for HIV infection remains the ultimate goal of AIDS research, and a necessary tool to bringing the HIV epidemic under control. To speed the pace of HIV vaccine discovery, many public and private agencies have dramatically increased the resources devoted to HIV vaccine research. For example, at the NIH, HIV vaccine funding rose from \$100.5 million in fiscal year 1995 to nearly \$200 million in fiscal year 1999. A number of experimental vaccines have been examined in animal models and have shown some promise. As part of this expanded effort, NIH has awarded numerous grants to foster innovative research on HIV vaccines and to conduct clinical trials of candidate HIV vaccines. To date, more than 3,000 non-infected volunteers have enrolled in more than 50 NIH-supported HIV vaccine studies (including two "phase II" intermediate-sized trials), involving 27 vaccines. In addition, NIH has established the Dale and Betty Bumpers Vaccine Research Center within the NIH intramural research program to stimulate multidisciplinary vaccine research.

As part of a broad portfolio of research, recent NIH-supported studies have assessed so-called "vectored vaccines": harmless viruses (e.g. canarypox) which are genetically altered to make HIV proteins. These vaccines have been administered to volunteers in combination with a separate vaccine made of a purified HIV protein. Results have been encouraging: in phase I and phase II studies, the combination approach has appeared safe and evoked several types of immune responses that may have a role in protection from HIV. NIH-funded researchers are now comparing three different vectors, as well as other HIV proteins to determine which combination produces the most vigorous immune response.

Meanwhile, a large-scale study of a vaccine based on the surface proteins of two HIV strains was recently undertaken in the United States by a private company, with an additional phase III study to be conducted in collaboration with CDC in Thailand. NIH will collaborate with the company in evaluating the immunological responses to the vaccine.

CONCLUSION

As we work to contain the global HIV/AIDS epidemic, it is essential to sustain and enhance our commitment to HIV prevention, to caring for HIV-infected people, to developing the next generation of HIV therapies and prevention tools, and to producing a safe and effective HIV vaccine. Though we have been battling against

AIDS for nearly 20 years, we are in no position to let down our guard. On the contrary, if we are ever to hope for a day without AIDS, we will need to sustain and increase our efforts both here in the United States and across the globe.

Senator SPECTER. I'm going to yield my time for the introduction of fellow San Francisco Dr. Paul Volberding.

Senator FEINSTEIN. Thank you very much, Mr. Chairman. It's a great pleasure and a great honor for me to be able to introduce Dr. Volberding. He's just a wonderful human being, he's a wonderful doctor, he's dedicated his life to AIDS. I've watched him with patients, and he does it year in, year out.

He has been the Director of the Center for AIDS Research at the University of California in San Francisco since 1988. He's been a professor of medicine in residence at the university since 1990. He's Director of the UCSF Positive Health Program. He's been active in the HIV community for nearly two decades. During this time, he's participated in numerous AIDS-related committees, and I won't go into all of them. But one of them certainly was mine.

He's a founding member of the International AIDS Society, and since 1995 he's been a member of the Chancellor's Advisory Board on AIDS and Emerging Infections at UCSF. He's been active on the AIDS Institute Scientific Advisory Board at UCLA since 1997. His commitment is simply unparalleled.

STATEMENT OF DR. PAUL VOLBERDING, DIRECTOR OF AIDS RESEARCH, SAN FRANCISCO GENERAL HOSPITAL

Dr. VOLBERDING. Thank you. Good morning. It's a pleasure to have you here, it's a true honor to be here, and especially to be back in City Hall with Senator Feinstein, and to have Barbara Boxer here as well.

It's a challenge, obviously, in 4 minutes to summarize some of my concerns. They are small, perhaps, in comparison to the concerns that Ron Dellums raised, which I think all of us have a strong feeling for. I direct AIDS care at San Francisco General Hospital. It's the largest HIV care center on the West Coast, one of the largest in this country.

We've been involved since the absolute ground zero days of this epidemic in 1981. We currently provide in the Positive Health program comprehensive care for over 3,000 persons infected with HIV. We conduct an aggressive clinical research, professional education program, and relevant to the discussion today, we're very fortunate to receive substantial Federal supports for our activities. We receive Ryan White funds that are essential for patient care, and we receive NIH funds for our research as well.

We could not do what we do with patient care without the Federal support from the Ryan White Act. As an example of the kind of services that we provide with that funding, women's services through a coalition in San Francisco, evening and weekend urgent care, and community-based care for homeless San Franciscans with HIV.

Our Center for AIDS Research grant, one of our grants, is one that I'd like to just mention as an example. It's a grant that allows us to link the most promising basic investigators with the most promising clinical investigators to launch into new areas of research in this disease. We still need new ideas to explore.

Steve Deeks, a clinician working with me, Mike McCune, an immunologist who's a laboratory-based immunologist, are working together through this funding to understand how the immune system recovers with the therapies that our patients fortunately have available.

We've made incredible progress in treating HIV. We've heard reference to that. Many people that we now care for would have been dead of AIDS were it not for the treatment that we've been able to provide. But, as a paradox, perhaps, of that success, our outpatient facilities are coming under increasing pressure. It's a problem of success, but we can't ignore the fact that we have more and more people to take care of because of the treatments that we have.

Many of our patients are doing well, but as Dr. Fauci suggested, many other patients are beginning to fail these therapies. It turns out that continued control of this virus requires absolute strict adherence to the medication prescriptions. Many patients aren't able to maintain that degree of adherence, and as a result their virus is becoming resistant to the drugs.

One patient that I saw recently is an example of this. A man in his mid-40s who came to me for help. He's been a good patient, he's taken his medicines as prescribed. But he's been treated for more than a decade, and now his virus is resistant to absolutely every medicine that I have to offer. His immune system now is totally devastated, he's losing weight, and I have nothing to offer him. That patient, and many others like him, will die unless something is done very soon to design new classes of drugs that are active against his virus.

Another problem that we face is that our systems of care for AIDS, including mine at San Francisco General Hospital, are based on academic teaching hospitals. Academic hospitals are facing a true crisis in the reduction of Federal reimbursements for our care. Because of this reduced Federal reimbursement for care, my own program is this week facing a \$500,000 budget cut, despite our continuing commitment, despite our success and despite the growing problem that we, in fact, face with this disease.

HIV care and research need more help, not less. Any cuts that you might have to impose on this would be truly disastrous. Where could we use more help? More Federal help, along with the drug companies, to design and develop and launch new drugs. New drugs that are active in my patient who is otherwise resistant to the drugs we have now.

Expanding the programs. The successful center's program, like ours here in San Francisco, the Center for AIDS Research, which is, I think, a model of how we can link our most promising scientists and reducing the caps that now keep us artificially constrained.

Finally, again coming back to the teaching hospitals issue, I'm not sure it's your committee's purview, but the teaching hospitals are facing a real crisis. The reimbursements are inadequate for us to continue our efforts, and I don't think I'm exaggerating to say that the survival of teaching hospitals and the excellent centers that we've been able to develop as a result, are really threatened here, and depend on the help that you can provide.

So, again, I appreciate the invitation to be here. I'm really honored, and I appreciate your efforts. And if there's anything I'm sure any of us can do to help you, we'd be glad to help in the future. Thank you.

Senator SPECTER. Thank you very much, Dr. Volberding.

We now turn to Mr. Lonnie Payne, Board Director of the San Francisco AIDS Foundation. It provides social support and other services to patients with HIV. Mr. Payne has lived with HIV infection for over a decade. He's a Manager at AT&T, earned his college Master's Degree in Music at the University of South Carolina. I thank you for joining us, Mr. Payne, and we look forward to your testimony.

STATEMENT OF LONNIE PAYNE, BOARD DIRECTOR, SAN FRANCISCO AIDS FOUNDATION

Mr. PAYNE. Thank you, Senator. Good morning, Senators. My name is Lonnie Payne, and I'm a member of the Board of Directors of the San Francisco AIDS Foundation, and I'm a person living with AIDS/HIV. I want to thank you for holding this field hearing today.

The San Francisco AIDS Foundation was established in 1982 as a private community-based response to what was then an emerging public health crisis. To date, the AIDS Foundation provides direct services to approximately 2,600 persons living with AIDS and HIV disease, and reaches another 145,000 through our treatment publications, prevention campaigns, toll-free hotline, public policy and community outreach efforts.

Of the foundation's \$19 million annual budget, approximately 70 percent comes from the private sector. The individuals, foundation and corporations committed to end the pandemic and the human suffering caused by AIDS. The Foundation's clients reflect national trends indicating that, increasingly, the HIV epidemic is affecting disenfranchised individuals with multiple problems in addition to HIV, including substance abuse, mental health issues and homelessness.

As a result, San Francisco and other local communities have appropriately prioritized CARE Act services and other HIV services for those individuals most in need. Additionally, nationwide in fiscal year 2000, the number of new clients seeking HIV-related are is expected to increase by 20 percent. We certainly see this at the AIDS Foundation.

More than 800 of the 2,600 people who will be served by the AIDS Foundation this year will be new clients to the agency. Forty-seven percent of our clients are people of color, 84 percent are male, and a majority of clients have monthly income under \$750. Thirty percent of our clients are homeless, 58 percent of the Foundation's clients are gay and bisexual men. However, over time we are serving an increasing number of heterosexuals.

In the written testimony I have submitted to the committee, I have identified the Foundation HIV/AIDS Federal funding request for fiscal year 2000, but because of time limitation I would like to highlight several issues of great importance to people living with HIV/AIDS.

Mr. Chairman, I know that there's pressure in Washington, D.C. to mark-up appropriation bills that would require cuts in current spending levels for a variety of very important health programs. I'm asking you to resist this pressure, and not to cut back on any of the HIV/AIDS programs. To sustain recent successes and to care and treat people living with AIDS, and to prevent new infections in San Francisco, current Federal programs are essential.

At this critical juncture in the epidemic, when more people are living with HIV longer than ever before, please do not set a precedent of cutting back when the need is greater than ever. The Foundation asks that the committee provide \$625.2 million to Title 1 of the Ryan White CARE Act for fiscal year 2000. That's an increase of \$120 million over fiscal year 1999.

Title 1 funding continues to make up the core of the medical and supportive service system in San Francisco. Please increase the Federal support to the 51 metropolitan areas funded under Title 1. They continue to be the home to more than 74 percent of individuals diagnosed with HIV/AIDS. These jurisdictions cannot continue to sustain and provide new access to essential medical services, supportive services and treatment for people living with HIV/AIDS without the additional \$120 million requested.

The Foundation also asks that the committee provide a minimum of \$544 million to the AIDS Drug Assistance Program, ADAP, in the next fiscal year. This is an \$84 million increase over current funding levels. This program has provided access to HIV drugs to tens of thousands of individuals in California, making a significant difference in their quality of life, and in some instances saving their lives.

The antiretrovirals have made a real difference in my quality of life. My hope is that an increasing number of individuals, especially the poor and the disenfranchised living with HIV, are able to achieve similar successful results because of ADAP. I understand only too well the problems associated with the complex drug regimes currently available, and the resulting side effects that require ongoing medical monitoring, supportive services, and the development of new drugs in order to ensure that all people living with HIV can benefit from treatment.

Finally, Mr. Chairman, I could not leave here today without expressing to you my continued disappointment in the lack of Federal support for needle exchange programs.

Here in San Francisco, with strong support from the city government, as well as private sources, the AIDS Foundation has established an affiliate organization called the San Francisco AIDS Foundation HIV Prevention Project. This highly-successful needle exchange program has helped slow the spread of HIV among injectors and has provided a much-needed link to medical care and substance use for many individuals at grave risk for HIV.

The Federal Government should promote local efforts such as the HIV Prevention Project, and at the very least should do nothing to impede the success of these programs, like the damaging amendment introduced by Senator Coverdell that would destroy the relationship between directly-funded Federal service programs and needle exchange programs funded through non-Federal sources.

I thank you very much for your time today, and your efforts to end the pandemic and the human suffering caused by AIDS.

Senator SPECTER. Thank you very much, Mr. Payne.

Mr. PAYNE. Thank you.

Senator SPECTER. We turn now to Mr. Sean Sasser, well-known AIDS activist stemming from his featured portrayal on the television show, "The Real World." That show documented how the AIDS virus influenced his life, and how it inspired him to promote AIDS awareness. I thank you very much for joining us, Mr. Sasser, and the floor is yours.

STATEMENT OF SEAN SASSER, DIRECTOR, RYAN WHITE CARE TITLE IV PROJECT

Mr. SASSER. Thank you. Good morning. I am testifying today on behalf of Health Initiatives for Youth, a community-based organization here in San Francisco. Health Initiatives for Youth is a unique partnership of youth and adults working together to increase young people's access to quality health care.

I'm the Director of the Ryan White Care Title IV Project led by Health Initiatives for Youth called Project Ahead. Project Ahead is a 10-agency community collaboration effort that provides a continuum of health services to HIV positive and at-risk young people. Together, these organizations have provided life-saving services to hundreds of youth, and they are known throughout the country for their efforts.

I am also a member of the Presidential Advisory Council on HIV/AIDS, and a board member of the AIDS Policy Center for Children, Youth and Families. The AIDS Policy Center is a national non-profit organization founded to help respond to the unique concerns of children, youth, women and families living with HIV/AIDS.

Chairman Specter, I would like to thank you for holding this hearing, and for your ongoing leadership on AIDS. I would also like to thank Senators Boxer, Feinstein, Harkin and Representative Pelosi, who have all been leaders in the fight against AIDS. I'm here to remind you that the AIDS epidemic is not over, and resources are still desperately needed for prevention, care and research. As you know, we still have not found a way to eradicate this virus. It would be a travesty to begin lessening our commitment to finding a cure and helping those who need help.

I tested positive for HIV in 1988 when I was just 19 years old. A lot has changed since then. When I tested positive I was told that if lucky I'd have 5 years to live. When I didn't die by age 24, I realized that I might beat HIV and live much longer than expected. Beating this disease has not been an option for many people living with HIV.

I was 25 when my 22-year-old partner, Pedro Zamora, died of AIDS. He was an incredibly intelligent, compassionate and articulate advocate for youth and HIV prevention. Thanks to our Nation's investment in AIDS prevention, research and care programs, there's now hope that fewer young people like Pedro will die from AIDS.

There are new treatments that have helped many people living with HIV/AIDS, including me. My personal hope that HIV will not be the cause of my death in the next 10 to 15 years has never been

stronger. But I know, and it is critical for you to know, that the new treatments for HIV do not work for everyone, and their long-term efficacy is still unknown. Do not let anyone tell you that people with HIV are no longer getting sick and dying.

Just last week, Jeff Poltl, a former peer educator at Health Initiatives for Youth, passed away. He had been diagnosed with AIDS since he was 16 years old. Jeff died of Burkett's Lymphoma, a cancer that easily outmatched an immune system weakened by 12 years of battling HIV. Jeff was 28 years old.

It is also a sad reality that despite all of our progress in the area of prevention, there are still 40,000 new infections each year in the United States. It is estimated that half of those new infections occurred in people under the age of 25, and that one-quarter occur in people under the age of 22.

We have only recently acknowledged how the AIDS epidemic is decimating African-American communities and other communities of color across the country. Among young people with AIDS, 57 percent of males and 77 percent of females are African-American or Latino. It is also important to know that young people are less likely to be insured by Medicaid or private insurance than any other age group.

This lack of health care access, coupled with lack of adequate HIV outreach, counseling and testing programs targeting at-risk youth, have resulted in a large gap between the total number of HIV-infected youth and the number of youth in care. I could continue with statistics, but I think the point is clear. More resources, not less, are needed for HIV/AIDS prevention, care and research programs.

As you are all well aware, there is a major impediment to this committee's effort to adequately fund AIDS and other health programs, and that is the Balanced Budget Act of 1997. As a result of this act, the budget allocation to this subcommittee is about \$8 billion less than last year. This could mean cuts to critical AIDS programs such as the Ryan White CARE Act, and HIV prevention programs at the Centers for Disease Control.

It seems ironic that we are in this situation at the time when the economy is booming, and there's been a huge increase of projected Federal budget surplus. Surely there is a way to use a small portion of these surpluses to keep AIDS programs and other important health, education and social service programs afloat. So I want to lend my voice to those who are calling upon the House and Senate Budget committees, the congressional leadership and the White House to raise the discretionary spending tax.

Chairman Specter, and members of this subcommittee, I turned 30 this past year. I know that part of the reason I'm still here is because I had access to the Project Ahead services when I was a young person trying to find my way living with HIV. I also believe I'm still here because the Federal Government has made significant investments in those programs, so that they could help people like me access health care, and learn to live and thrive with the disease.

Today, there are many more young people testing positive for HIV who will more than likely rely on federally-funded programs to survive. We cannot abandon these young people now, we must

continue to take steps forward to fight this epidemic. Thank you for your time.

Senator SPECTER. Thank you very much, Mr. Sasser.

Our next witness is Ms. Kate Shindle, Miss America for 1998, who used the position to promote AIDS awareness and prevention for the entire year. Graduated from Northwestern University in Chicago, she's now Pedro Zamora Fellow with AIDS Action Council, where she continues her work. Thank you for joining us, and look forward to your testimony.

STATEMENT OF KATE SHINDLE, MISS AMERICA 1998

Ms. SHINDLE. Thank you. It's a pleasure to be here. Good morning. My name is Kate Shindle. As you heard, during my year as Miss America 1998, I had the opportunity to travel over 20,000 miles a month, and spent about 90 percent of my time as an activist and educator, and particularly a student, I think, of the HIV/AIDS movement.

I am participating in AIDS Action's Pedro Zamora Fellow program, I'm also the national spokesperson for the National AIDS Fund, and an honorary board member of the AIDS Policy Center for Children, Youth and Family.

Thank you so much for holding this hearing, Senators. Many of the dramatic advances in care and treatment and research of HIV disease would not have been possible without the courageous commitment to a Federal response to this epidemic that this committee has provided over the course of the epidemic.

As you may know, HIV is decimating our world, but especially our young generation. It's come to my attention that two American teenagers contract HIV every hour, and that college-age students have a rate of infection that is 10 times higher than that of the general public.

A new report released by the Henry J. Kaiser Family Foundation indicates that American teenagers are well aware of HIV prevention, but still engage in risky behavior. The report also noted that if teenagers are in a youth-friendly, respectful situation, and a confidential HIV testing option is offered, the majority would accept.

Moreover, I would argue strongly that the availability of anonymous testing is critical for young people. The Kaiser Foundation is teaming up with MTV and Black Entertainment Television to educate viewers on sexual health issues. I urge this subcommittee to do all it can to ensure that the Federal Government partners with private, State and local efforts to stem the tide of new HIV infections.

Young people are at risk for HIV, as are gay men, and a subset of those two populations is especially at risk: young gay men of color. Safer sex practices among New York City's gay men in particular have increased significantly, resulting in a marked recent decline in HIV cases. Statistics show that prevention is working, but indicate a dramatic need to tailor our prevention messages to communities of color, and to become much more educationally aggressive in such communities.

Our traditionally reactive approach to dealing with HIV has to be revamped, and it is up to all of us to set a positive and proactive example. American teens in the 1990s are having less sex, and

using condoms more often, in part, due to public high school HIV/AIDS education and prevention programs. But CDC researchers warn that although some numbers reflect a positive trend, more efforts are needed to identify and disseminate appropriate and accurate health education curricula for American students.

The stories I would like to relate about the lack of adequate health education in our nation's schools would take up far more than my allotted time. But as one example, I find it both astonishing and deplorable that after 12 years of public high school education taking place in an age where HIV and other sexually transmitted diseases are rampant, one high school senior told me that the only sex education received by she and her peers had been a video on animal mating. I expect that you will join the CDC in their efforts to correct such neglect.

We must do more to prevent HIV infection, quite simply. First, because it's humane to protect individuals from any deadly disease. Second, because unlike many health-related challenges, we all know that this one is 100 percent preventable. Certainly, third, because this committee will find it difficult in the coming years to find the funds to pay for all the new individuals who will need drugs and care if they are to survive.

Last year AIDS Action unveiled its Virtual Vaccine, a comprehensive 10-point proactive national prevention plan to reduce the number of new HIV infections. Congress needs to support a major voluntary, safe, HIV testing awareness campaign. As you know, the CDC spearheads the Federal Government's prevention strategy by funding community-based HIV prevention efforts, and monitoring the epidemic.

Absent a cure or a vaccine, prevention strategies are the most effective use of the precious resources appropriated by this committee. The CDC estimates that less than 4,000 infections must be prevented annually to result in cost savings to this committee and to the taxpayer.

Equally important in developing a comprehensive HIV prevention plan is addressing issues surrounding substance abuse. Approximately half of HIV cases are directly or indirectly linked to substance abuse, especially the disproportionate increase in infection rates among women, communities of color and adolescents.

Substance abuse prevention and treatment programs prevent HIV disease, cost far less than medical care, and drastically reduce human suffering. Well-designed needle exchange programs are based on science and sound public health practices that have been endorsed by many Federal organizations, and show their ability to decrease HIV transmission rates without increasing drug use. No one wants more drugs on our streets.

As a result, we urge you to oppose legislation that would place a ban on the use of funds for needle exchange programs. AIDS Action is joining House Appropriations Chairman, Representative Bill Young, and Senate Appropriations Chairman Ted Stevens in calling for an increase in the discretionary spending cap—

Senator SPECTER. Ms. Shindle, I notice you turning many pages. Are you close to the end?

Ms. SHINDLE. I am so close to the end.

Senator SPECTER. OK.

Ms. SHINDLE. However, as you know, the House and Senate Appropriations committees are gearing up for subcommittee mark-up tentatively scheduled for July 15 and July 26, with funding levels far less than fiscal year 1999 funding levels. The cuts, totalling over tens of billions of dollars, are being fought, and every effort is being made to increase the spending caps that Congress has imposed.

We will continue to urge Congress to raise the spending cap and maintain their commitment to those affected by HIV/AIDS and those that serve them. We must not allow our politics on a local, State or national level to stand in the way of our business of protecting lives. Thank you so much for your time.

Senator SPECTER. Very good. Thank you, Ms. Shindle.

Our final witness is Ms. Jeanne White, head of the Ryan White Foundation named after her son, who was born with hemophilia and contracted AIDS through contaminated blood products. Mrs. Ryan's son inspired congressional action for the Ryan White AIDS CARE Act of 1990, which has now grown in size to be funded at \$1.4 billion. She's a national, international activist. A great tragedy about your son, Mrs. White, but we thank you for your leadership on this important subject, and the floor is yours.

STATEMENT OF JEANNE WHITE, RYAN WHITE FOUNDATION

Ms. WHITE. OK. I thank you all. Thank the committee for having everyone here today. I think it's very important. I've been with the Ryan White CARE Act ever since the beginning in 1990, when I lost my own son to AIDS. I would like to really especially—because I don't want to see any funding go down, I want to see, really, prevention efforts increased. Because I think prevention is our cure for our young people for tomorrow.

I'd like to tell everybody that I'm just a mom. I'm—you know, if you ever told me I'd be in this situation talking to anybody, believe me, I would have said you were crazy. I did not want this role, and I did not want my son, of course, to have AIDS. But, because of a misunderstood disease called AIDS in 1984 my life changed overnight.

My son was one of the first children and first hemophiliacs to come down with AIDS. We had nowhere to turn. There was no information, there was no education. I can remember Ryan's doctor saying, you know—I said, "I want to know everything there is to know about this disease." He said, "There isn't a lot of information out there." I said, "Don't tell me that." I said, "Every cough, every fever, I'm going to worry about whether it's going to be the last."

I said, "How long do you think Ryan has?" And he said 3 to 6 months. I said, "You know, that's not good enough." I said, "I want to know more." So, he told me to call the American Foundation for AIDS Research. I called the American Foundation for AIDS Research.

Before that, I was kind of warned, even, about—because I was raised such a strong Christian and I believed that homosexuality was wrong, that I was kind of warned ahead of time that I might not want to call and get this information.

So, I called and I tell you, it was the best thing I ever did. On the other line was a man, and his name was Terry Beirn, who has

since died of AIDS. Terry, he told me—he said, “You know, you can call me any hour of the night.” He said, “No matter what time. If you have a question or a concern, you call me and I’ll try to get you the answers.”

Believe me, I spent many, many nights on the phone talking to Terry Beirn. Yes, I kind of maybe hoped that he wasn’t gay at first, but at the same time I thought that he probably was gay. When I finally got the opportunity to meet Terry, I found out that Terry was gay.

It started us being involved in trying to educate a nation—because Ryan wanted to go to school—that I started meeting a lot of people with AIDS. When I started meeting a lot of people with AIDS, yes, most of them were gay. The more gay people I met, was also the more people I liked. So, I thought when I needed my church the most, my church was not there for me.

Because we knew how the gay community was being treated, because we were being treated the same way. People thought somehow, some way Ryan White had to do something bad or wrong, or he wouldn’t have got this disease. So we had to fight that discrimination, fear and panic. So, yes, my friends became the gay community, because that was my support team.

The sad thing about this epidemic is from very early on in 1984 when Ryan was first diagnosed, I met many people. The more people I met became the more people I knew that died of AIDS. Sadly to say, in 1990, very few of them that I first started working with on the Ryan White CARE Act are alive today. That really saddens me, because I wish they could see all the progress that’s been made, and the funding that’s been made available.

But I don’t want to disappoint anybody in the future to see decreases. I want to see more people living with AIDS. My son lived 5½ years, a lot longer than what they told me he was going to live. I feel very fortunate in that. We ask about miracles, and believe me, I—as far as being raised a Christian, I believed in miracles, and I believed in cures. I thought if anybody was going to beat AIDS, it was going to be Ryan White.

But I think sometimes we get miracles in different ways. I think when I get to heaven I always say, “You know, I’m going to have a big old argument with the Lord, and I hope that’s permissible.” I hope—I’m going to say, you know, “Why? Why didn’t I get a miracle?” I get a feeling He’s going to say: “You know, Ryan was only supposed to live 3 to 6 months. He lived 5½ years, and look, you’re still not happy.”

You know, I’m not happy. Because I’m still seeing people die. I am still seeing people that I’ve worked with over the years that have done so much in this AIDS epidemic. Yes Ryan White’s face and his name is up in these—with the Ryan White CARE Act, but you don’t see the faces and the names of the people that are no longer here, and the people that have put in so much time and so much effort in this disease.

I’d just like to take this time, I think, to say thank you to all the people that have put their lives in the forefront that have never gotten the recognition that they deserved.

In 1987 my son was asked to speak before the Presidential AIDS Commission. When he was asked to do this he was only 16 years

old, and he was a very shy and scared kid. He went to speak, and Senator Kennedy happened to hear that speech. That was the initial response when, in 1990, they called the hospital when Ryan was very ill and asked if they could name this bill after Ryan. I'd like to share a little bit of this speech with you now.

It says:

Thank you, Commissioners. My name is Ryan White, I am 16 years old, I have hemophilia and I have AIDS. When I was 3 days old the doctors told my parents I was a severe hemophiliac, meaning my blood does not clot. Lucky for me, there was a product just approved by the Food and Drug Administration. It was called Factor 8, which contains the clotting agent found in blood.

The first 5 to 6 years of my life were spent in and out of the hospital, but all in all I led a pretty normal life. Most recently my battle has been against AIDS and the discrimination surrounding it. On December 17, 1984 I had surgery to remove two inches of my left lung due to pneumonia. After a 2-hour surgery, the doctors told my mother I had AIDS. I contracted AIDS through my Factor 8, which is made from blood. When I came out of surgery I was on a respirator and had a tube in my left lung. I spent Christmas and the next 30 days in the hospital. A lot of my time was spent searching, thinking and planning my life. I came face to face with death at 13 years old. I was diagnosed with AIDS, a killer.

Doctors told me I'm not contagious, and given only 6 months to live. And being the fighter that I am, I set high goals for myself. It was my decision to live a normal life, go to school, be with my friends and enjoy day-to-day activities. However, it was not going to be easy. The school I was going to said they had no guidelines for a person with AIDS.

The school board, my teachers and my principal voted to keep me out of the classroom, even after guidelines were set by the Indiana State Board of Health, for fear of someone getting AIDS from me from casual contact. Rumors of me sneezing, kissing, tears, sweat, and saliva spreading AIDS caused people to panic.

We began a series of court battles for 9 months while I was attending classes by telephone. Eventually I won the right to attend school, but the prejudice was still there. Listening to medical facts was not enough. People wanted 100 percent guarantees. There are no 100 percent guarantees in life. But concessions were made by my mom and me to help ease their fear. We decided to meet everyone halfway.

I had a separate restroom, I took no gym, I had a separate drinking fountain, I ate off disposable eating utensils and trays; even though we knew AIDS was not spread through casual contact. Nevertheless, parents of 20 students started their own school. Because of lack of education on AIDS, discrimination, fear, panic, and lies surrounded me.

I became the target of Ryan White jokes. They told lies about me biting people, they said I spitted on vegetables and cookies in the supermarket, they said I urinated on bathroom walls. And yes, some restaurants even threw away my dishes. My school locker was vandalized inside, and folders were marked "fag" and other obscenities. I was labeled a troublemaker, my mom and unfit mother, and I was not welcome anywhere.

People would get up and leave so they would not have to sit anywhere near me. Even at church, people would not shake my hand. This brought on the news media, tv crews, interviews, and numerous public appearances. I became known as the AIDS boy. I received thousands of letters of support from all around the world, all because I wanted to go to school.

Mayor Koch of New York was the first public figure to give me public support, then entertainers, athletes and stars started giving me support. I met some of the greatest, like Elton John, Greg Louganis, Max Headroom, Alyssa Milano—my teen idol—Howie Long and Lyndon King from the Los Angeles Raiders, and Charlie Sheen. All of these plus many more became my friends, but I had very few friends at school.

How could these people in the public eye not be afraid of me, but my hometown was? It was difficult at times to handle, but I tried to ignore the injustice because I knew the people were wrong. My family and I held no hatred for those people because we realized they were victims of their own ignorance.

We had great faith that with patience, understanding and education that my family and I could be helpful in changing their minds and attitudes around. Financial hardships were rough on us, even though my mom had a good job at General Motors. The more I was sick, the more work she had to miss, and bills became impossible to pay.

My sister, Andrea, was a championship roller skater who had to sacrifice, too. There was no money for her lessons or her travel. AIDS can destroy a family if you let it, but lucky for my sister and me, mom taught us to keep going, don't give up, be proud of who you are and never feel sorry for yourself.

After 2½ years of declining health, two attacks on pneumocystis, shingles, a rare form of whooping cough, and liver problems, I faced fighting chills, fevers, coughing, tiredness, and vomiting. I was very ill and being tutored at home. The desire to move into a bigger house to avoid living AIDS daily, and a dream to be accepted by community and school became possible with a movie about my life called ' "The Ryan White Story."

My life is better now. At the end of the school year 1986-1987, my family and I moved to Cicero, Indiana. We did a lot of hoping and praying that the community would welcome us, and they did. For the first time in 3 years we feel we have a home, supportive school, and lots of friends.

The communities of Cicero, Arcadia and Novisville, Indiana are what we call home, and I'm feeling great. I'm a normal, happy teenager. I have a learner's permit, I attend sport functions and dances, my studies are important to me. I made the Honor Roll just recently with two As and two Bs, and I'm just one of the kids.

All because of students at Hamilton Heights High School listened to the facts, educated their parents themselves, and believed in me. I believe in myself as I look forward to graduating from Hamilton Heights High School in 1991. Hamilton Heights High School is proof that AIDS education in schools works. Signed, Ryan White.

Senator SPECTER. Thank you very much, Mrs. White. Those are very poignant remarks and we appreciate your appearing here today.

The hour is late, so I'm going to make just a couple of concluding remarks before turning to Senator Harkin and Senator Boxer.

On the subject of needle exchange, your testimony is very, very powerful. There had been a provision in law for a long time which limited Federal funding on the subject, unless there was a certification that the needle exchange—a certification by the Secretary of Health and Human Services that unless a needle exchange was effective—that the funds would not be provided unless the Secretary made a finding first that the needle exchanges were effective in preventing HIV. Second, that they did not encourage the use of illegal drugs.

Our subcommittee in 1997 pressed hard to get that kind of a study made by HHS. We got back a report which was candidly enough to our liking, but it was ambiguous. We have found a very, very tough battle. What I would encourage you to do, and I say this all the time, is to identify those Members of the Senate and the House who are on the other side of this issue.

We have very tough, knock-down, drag-out fights, and there's a lot of political power in the segment of the community which wants to advance the needle exchange program. And if you go to those House districts and those Senate districts, and you have people there—don't write them a letter from out of State. Find your colleagues in-state to contact their representatives and identify them.

If I receive a dozen letters in Pennsylvania with a 12 million population, that's a sign as to what's going on. You don't have to have thousands of letters, you have to have a showing in-state. Let me ask our two doctors, Dr. Volberding and Dr. Fauci, to submit a written response to the question which is very much on the minds of the community here as to their efforts to try to get generic drugs and the costs down.

We've heard Dr. Volberding's testimony about needing more research. This is the complexity of the issue, that if the companies

which spend the money on research do not get compensation, but have the drugs turned to licensing or generics, then they're discouraged from doing the research.

So, we'd like your judgment as to what the Congress ought to say. Should we say that there ought to be a turning away from the property rights of the patents to generic drugs? Or should we not do so? What's the balance? We'd like to have the medical experts. There are a lot of questions we could ask, but we're over time now, and I do not want to stop anybody from fulfilling the time. We don't like the time limitations, but the testimony has been important.

Now, let me yield to my colleague, Senator Harkin.

Senator HARKIN. Thank you very much, Mr. Chairman. And I thank all of you for all your great, eloquent and poignant testimony. I have a question I want to ask of Dr. Fauci, and then I want to make a couple of statements.

Dr. Fauci, one area that has become very contentious in Washington is this issue of whether or not we should be providing money to the NIH for stem cell research. I have spoken out a lot on it in the past, I'm not going to talk any more about it right now. But I want to hear from you as to what promises there could be in stem cell research that are applicable to preventing or treating AIDS.

Dr. FAUCI. Thanks for that question, Senator Harkin. It's an important question. The answer is that one of the key areas that we're probing now in research with HIV is the reconstitution of the immune system following successful suppression of virus by the powerful antiretroviral agents. There's partial reconstitution in many people.

We do not know yet, and we doubt that there will be complete immunological reconstitution spontaneously in people because of the already severe damage that has been incurred by the virus' destruction of the immune system.

The potential for stem cells, which as you know, are totally potential, and they can differentiate into any organ system—heart, liver, lungs—also immunologically competent cells. So the possibility that we might be able to restore immunological competence is very closely wedded to advances that will be made in stem cell research.

So, as a biomedical researcher, and also as an immunologist, which is my subspecialty in infectious diseases, I think that the opportunities in stem cell research for immunological reconstitution are enormous, Senator.

Senator HARKIN. Well, I'm glad to have that on the record, because we're engaged in a battle right now, as you know, as to whether or not we're going to be permitted to engage in this kind of research. The potential is just enormous, not only for AIDS but for Parkinson's Disease and everything else.

There is right now, a kind of a gray area, as you know as to whether or not we can. There is legislation now being prepared in the Senate, and I think in the House both that would cut off this research. Absolutely cut it off. I can't think of anything more shortsighted than to do that when it holds so much promise.

I thank you, Ms. Shindle. I don't know you personally. Obviously, I know who you are, I've seen you on television a lot. But I thank

you for your leadership on this issue. You are a person that a lot of young people look up to, and your outspokenness on this, and especially on needle exchange, is really gutsy of you to attempt. That is just what I call real gutsy. Because a lot of people don't take on such hot issues.

I want to say here publicly that I am, and have been upset for 2 years with Secretary Shalala. I'll say that publicly. We had the legislation championed by him and Barbara Boxer and others that permitted the Secretary to determine whether a needle exchange program would be effective in preventing HIV and yet not encourage the use of illegal drugs.

In February of 1997 the Secretary acknowledged that needle exchange programs can be effective as a component of a comprehensive strategy to prevent HIV, but she did not certify that it would be effective in preventing HIV and that it would not encourage the use of illegal drugs.

I was very dismayed by that, because it gave the green light to do away with that language, and that is just what happened. Now Senator Specter's leading the charge to put the language back in. So we're back on base one where we started back in 1996.

So I'm very dismayed by the incomplete findings by the Secretary in 1997, but I thank you, Ms. Shindle, for your leadership on that issue. Keep speaking out on it. We need your leadership.

Last, I would like to mention two other things. There is a home test kit that has been FDA-approved now. Do any of you know about that? Do you know about that, Mr. Sasser? The home test kit that has been approved by the FDA that a person can voluntarily—I forget who had mentioned it, one of you had mentioned that if it was anonymous that people would come and—was that you, doctor? I forget who it was. Was that you, Mr. Payne? Somebody said that, because it caught my attention.

Someone stated that people have reported that if you could have a test and it was anonymous, they would use it? The vast majority of people said they would use it. Well, we now have a home test kit that is FDA-approved designed to test for HIV. It is totally anonymous. Totally anonymous.

Now we're trying to get some money in our bill, again this year, to provide some programs to demonstrate that this would be effective. It seems to me if we want it to be effective we ought to provide the money. Anybody that suspects that they're HIV positive ought to be able to get that test kit, and we ought to pay for it publicly. It would be, I think, in our national interest to do so, to provide that on a broad basis for people.

Last, Ms. White, I thank you for all of your leadership. Seven years ago my daughter was a sophomore in high school, 1992. Because of Ryan White she got interested in AIDS. I remember I took her out to NIH, introduced her to Dr. Fauci. She wanted to know about AIDS and what it was all about because of Ryan White and because of his story.

For her science project that year she wanted to do a test in her high school to find out the level of knowledge of kids regarding AIDS and HIV. So she developed a questionnaire. The school principal wouldn't let her do it; he wouldn't even let her do it.

Well, that got my dander up. So I went to the school principal, and we worked out an agreement, but it was the school board. Oh, they didn't want to get into this, you see. Because you're asking kids questions about how it's transmitted, how do you get AIDS, HIV?

Well, we worked it out and finally the kids had to take the questionnaire home and have their parents approve it. I'm just saying that's the kind of mindset that you had among people, and I know we still have it.

Senator SPECTER. We're really going to have to move ahead here.

Senator HARKIN. Well, I thank you, Mr. Chairman. This is just an issue. I appreciate it, I know we have to move ahead, but I just wanted to say to all of you, thank you for your leadership on this issue. Don't give up, keep pushing.

Senator SPECTER. Senator Boxer.

Senator HARKIN. Wait a minute. I am going to say one other thing.

Senator SPECTER. Is this last?

Senator HARKIN. Last. This is it, Mr. Chairman. I'm sorry. We're talking about all the lack of money we got? We put \$16 billion in Federal spending into AIDS that Dr. Fauci talked about, \$16 billion in total. People said, "Oh, boy, that's a lot of money." Our NIH budget alone for this year is about \$14 billion to support research for all diseases.

Senator SPECTER. \$15.6 billion.

Senator HARKIN. \$15.6 billion. People said, "Oh, it's a lot of money."

Senator SPECTER. \$15.6 billion and falling, Senator Harkin.

Senator HARKIN. People said, "Well, that's a lot of money. Why shouldn't we find these results and stuff?" Well, I preach this everywhere I go. You remember the Gulf war, and you remember the recent war in Kosovo? You saw these smart bombs go down chimneys and you see the laser-guided missiles go after tanks and we didn't bring home one body bag from Kosovo, and we won the war.

We feel good that this has made us a very secure nation. Made us the most powerful nation on earth. But that's because we put a lot of research funding into the military, a lot of research funding. Now, this is what I'm going to leave with you all. We have spent more money on military research and development in the last 5 years than we have on all biomedical research since the turn of the century.

In case you didn't get it, I'll say it again. You add up all the research we've done on polio, on cancer, on smallpox, on anything you can imagine. Heart disease. Since the turn of this century, this investment does not equal the amount of money that our taxpayers have put into military research in the last 5 years. So, don't tell me that we're spending enough money on biomedical research. We haven't even scratched the surface yet.

Senator SPECTER. Senator Boxer.

Senator BOXER. Thank you. I will be very brief. I will talk fast, and finish in 3 minutes. First, I am so honored, Mr. Chairman, that you brought this incredible group of people together today. That you honor us as Californians just by your presence and that of Senator Harkin.

In this issue we are partners, the three of us. I know I speak for Senator Feinstein, although not as eloquently as she can say it herself. This fight to make research, have research a priority, this fight against AIDS, these are very important issues. We struggle hard in the Senate.

Two points and the quickest question. Senator Specter's right on this needle exchange. I was able to stop—by the stroke of luck I was on the Senate floor when Senator Coverdell tried to stop Washington, D.C. from spending its own money—not Federal money—on needle exchange. The good news about the Senate is that anyone can say, "I object."

Luckily, I was on the floor and was able to object, and the thing went away for the moment. It's going to come back and I'm very worried about it. I think what Senator Specter said was just for all of us to really get together and focus on this matter. Because it seems to me we should make all of our decisions based on what physicians know. Physicians are telling me that it's worth it.

You're all heroes here. I mean, this is—I would say, Mr. Chairman, what you've put together here today is an historic panel. When I look at these two physicians sitting next to each other, they will go down in history for their commitment, intelligence and creativity in this battle. I am so honored to be sitting across from them.

These two heroes here, living with the disease and showing that you can do it. They are living proof, if you will, that we need to get these drugs to people because for a lot of people it works. We know we have to find a vaccine, but in the meantime we know a lot of people can be helped.

To the former Miss America, who could have picked any other topic and chose this controversial topic, I say God bless you. To Mrs. White, I just would say to you there are reasons for everything we never really, truly understand. But your voice today and remembering Ryan has inspired us all to triple our commitment to this fight. You're heroes all.

In closing, I have one question. There's a bill that I'm a co-sponsor, and I think it's real important, co-sponsored with Senator Toricelli. It's called the Early Treatment for HIV Act. I would like to ask Dr. Volberding quickly, currently vulnerable low-income HIV positive Americans can't receive AIDS preventive drugs under Medicaid until they've developed full-blown AIDS. By that time, the preventive value has really diminished, according to most reports that I've read.

This bill, which is S. 902, will expand Medicaid coverage for asymptomatic HIV positive, low-income persons. Is that something we ought to really push, because it seems to me we're committing murder if we're not getting the drugs to people who need it early.

Dr. VOLBERDING. You're absolutely right. The medical community, I think, is united in agreeing that the early treatment of HIV can prevent the progression to the point when you can't restore the immune system.

As Dr. Fauci was saying, these drugs are capable of substantial immune recovery. The longer you wait, the worse that gets. So, you're absolutely right, and I support it completely.

Senator BOXER. Thank you, Mr. Chairman, so much again.

Senator SPECTER. Thank you very much, Senator Boxer. And thank you all. I want to extend our thanks especially to Mr. Bill Barnes, Advisor to the Mayor on AIDS, and Mr. Bill Bourden, Special Assistant to the Mayor. Unfortunately, Congresswoman Barbara Lee cannot return, and I hope to have her testimony read into the record because it's very important. But, in view of the lateness of the hour we will have it made a part of the record without objection.

[The statement follows:]

PREPARED STATEMENT OF REPRESENTATIVE BARBARA LEE

I applaud the efforts of my colleagues for developing today's Senate Hearing on the fiscal year 2000 AIDS appropriations. I cannot begin to describe the need for increased funding to attack this enormous crisis. Combating HIV/AIDS locally, nationally and internationally is a mortal imperative.

The devastating effects of HIV/AIDS is staggering. While the number of new diagnoses for virtually every segment of the population is declining—it is rapidly moving in the opposite direction for African-Americans. Through the leadership of the Congressional Black Caucus, we worked with Clinton Administration including the Secretary of Health and Human Services Donna E. Shalala to develop a comprehensive package which would allow us to launch our efforts to address the disparate number of AIDS cases in our Nation's African-American community.

As the migration patterns of AIDS has shifted many times over, and as new strains of the HIV virus are becoming ever present, it is extremely necessary that we evolve our strategies in dealing with the disease as it continues to change. Only then will we move forward to eliminate AIDS from all our communities. We must increase our efforts in developing innovative HIV prevention and education programs, expand existing AIDS care services, and press forward in all aspects of AIDS research. Not only has AIDS research been crucial to the advancement and development of treatments, but it has also rendered positive outcomes for cancer research and other chronic and terminal illnesses.

This past Wednesday, I had the distinguished pleasure to host a site visit for Dr. Eric Goosby and Dr. Marsha Martin representatives from the Office of the Secretary of Health and Human Services, Donna E. Shalala, in my district. Throughout the site visit, Dr. Eric Goosby and Dr. Marsha Martin were able to assess first hand how the AIDS crisis is affecting Oakland and Alameda County. Stemming from the declaration of a "Public Health Emergency" on AIDS in Alameda County's African-American community, and with over one year of planning and implementing a community-wide response, the Department of Health and Human Services has prioritized Alameda County as a "Metropolitan Statistical Area" (MSA) and will deploy a Crisis Response Team to further assess the needs and current barriers to care and HIV related services, as well as to include technical assistance to address the identified needs. In order to continue on a path that serves the greatest new populations being affected by HIV/AIDS, it is imperative that we garner federal support to win this battle throughout our great nation and throughout the world.

In May, the World Health Organization announced that HIV/AIDS is now the "world's most deadly infectious disease" and that it is the fourth leading cause of death in the world. While nearly every region of the world has been affected by the pandemic, Sub-Saharan Africa has been ravaged by the disease, suffering 11.5 million deaths since the epidemic emerged, with a projected 22.5 million more in the next 10 years. To date our response has been sorely inadequate. In Africa AIDS is not only a health crisis, but is also directly related to the social and economic conditions of the continent. Thus, in my capacity on the International Relations Committee's Sub-Committee on Africa, I along with my esteemed colleague, former Congressman Ronald V. Dellums, President of Health Care International Management Company, are developing and will introduce comprehensive legislation designed to address the devastating effects of AIDS in sub-Saharan Africa. Entitled the "AIDS Marshal Plan for Africa," this legislation would create a public-private partnership to establish a comprehensive fund dedicated to education, research and treatment of men, women, and children living with HIV/AIDS in Africa. The fund would be seeded and leveraged with federal money, calling upon private industry to contribute significant resources for this global effort.

Again, I am extremely pleased with the work of my colleagues to ensure that the eradication of HIV/AIDS from the face of the earth becomes a priority in the new millennium.

Thank you.

CONCLUSION OF HEARING

Senator SPECTER. Thank you all very much for being here, that concludes our hearing. The subcommittee will stand in recess subject to the call of the Chair.

[Whereupon, at 12:20 p.m., Friday, July 9, the hearing was concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]

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