

The White House released "The National AIDS Strategy," prepared by the Office of National AIDS Policy, on Dec. 17. A copy was obtained by ACT UP-Washington and leaked to the press two days earlier. The general reaction of AIDS activists has ranged from tepid support to outright hostility.

"Strategy" is a 40-page report accompanied by a separate appendix which annotates budget line item expenditures for all government agencies. Outgoing AIDS czar Patsy Fleming called it a "first ever," which her office worked on "for more than a year." She told the Presidential Advisory Council on HIV/AIDS on Dec. 15 that it was her "legacy" and "marching orders" for the next four years.

AIDS activists blasted the report: "We've had this before," said Peter Staley of the Treatment Action Group. "The problem is the politicians let them [such reports] gather dust."

Christine Lubinski, deputy director of the AIDS Action Council, saw little to praise. She said, "The much-touted strategy reflects little of the real challenges that now face us in the face of promising new AIDS treatments and their implications for HIV prevention, counseling and testing programs, and the whole array of access to care and supportive services programs." She called the report "shockingly silent about the availability of federal funds to realize those goals which it does not identify." She fears the worst in this climate of striving for a balanced budget.

"The National AIDS Strategy" suffers in comparisons with the 1991 report "America Living with AIDS," issued by the National Commission on AIDS. From content to writing to something as simple as three times citing the wrong year for President Clinton's remarks at the White House Conference on HIV and AIDS—1996, when it should read 1995—"Strategy" is a decidedly inferior document.

The 1991 report offered 30 detailed recommendations for policy changes, many of them bold challenges to the status quo. The current report retreats from many of those recommendations.

Most glaring is the backsliding on the issue of needle-exchange programs to stem new infections among intravenous drug users. In the five years between the two studies, HIV transmission through IV drug use has swelled to represent the route of more than half of all new infections. The 1991 report called for repeal of laws which prohibit needle-exchange programs. "Strategy" simply notes that "current Federal law restricts the use of Federal funds for syringe-exchange programs," but offers no call to change that law, despite the strong recommendation of the President's Advisory Council on HIV/AIDS to do so.

"And once again," said Lubinski, "the Clinton administration skirts support for the most compelling HIV-prevention strategy we have: syringe-exchange programs for intravenous drug addicts."

Sound the retreat

Clinton's "strategy" backs down on HIV/AIDS, and his advisors meekly go along for the ride

by Bob Roehr

COUNCIL DELIBERATIONS

The Advisory Council had been given advance copies of "The National AIDS Strategy" and vigorously discussed the report at its Dec. 15 meeting.

Bob Hattoy, a member of the administration who spoke on AIDS at the 1992 Democratic National Convention, challenged Fleming's characterization of the report: "There are no first steps at this stage in the epidemic," he said. "People with AIDS in America don't give a damn whether or not it's our first step or our first document, they care about what is being done or not being done."

Chairman Scott Hitt proposed a motion commending the work done but not necessarily the substance of the report.

Chicago attorney Robert Fogel suggested they "applaud the president for taking this great small step."

Ben Schatz, executive director of the Gay and Lesbian Medical Association, noted that "for political reasons" many of the Advisory Council's



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recommendations, such as support for needle exchange, were not included in the report.

He expressed the view that maybe the council's judgment was clouded, saying, "Perhaps I, or maybe we, have gotten a bit comfortable."

Schatz's voice took on a theatrically smarmy tone as he continued, "We know each other, we like Patsy, we like her staff, we're all friends." Council members responded with nervous laughter in recognition of that closeness, as Schatz added, "But that is really not what this is about."

"If we are looking at an epidemic that is being spread by injection drug use and that is not being addressed in this document, then it is hard to commend work that is not courageous. It has got so much missing that I don't know if I can commend that," he said.

Hattoy was blunt in listing those things not included

in the report: "The press and the community is going to rip our faces off on everything from needle exchange to medical use of marijuana to the welfare bill [to] prison populations. None of

that is in there. This is unacceptable."

He explained that "only through crisis does action take place at this White House.... I want them to be somewhat in a panic that certain members, or a majority of members, or everybody on this commission isn't completely happy with what they are putting forward as a strategy.... There has to be a crisis over this document."

Mike Isbell, executive director of the Gay Men's Health Crisis in New York, was less passionate but no less withering in his critique: "What is missing is going to keep the president from meeting his objectives. We are all inspired by the goal that we hope to have no new infections. But no one thinks we can get there without a major change in policy on needle exchange."

Hattoy concurred, saying, "It doesn't serve the president well to sign off on a document or commend a document that doesn't do the job."

Steve Michael of ACT UP-Washington was sitting in the audience. He burst out, "The reality is that you don't have the guts and courage to talk about needle exchange in a real and substantive way. You don't have the guts to talk about a cure in a real and substantive way.... We have gone backwards in the last four years."

By the following morning the impassioned anguish of the Advisory Council had abated, and it voted 26-1 with Hattoy abstaining. Its resolution "commends" the president and ONAP "for demonstrating leadership" in developing the document. The council fell into line by not directly mentioning needle exchange.

Somehow in all seriousness and with a straight face it closed by saying: "The council intends to continue to ensure that all crucial issues are dealt with and to ensure that the actions of relevant federal agencies are consistent with 'The National AIDS Strategy' and with the recommendations of this council."

MEETING WITH MR. PRESIDENT

Some members of the Advisory Council have argued that they must maintain public support of the president's "Strategy" so as to maintain access to "give him hell" in private. But if the meeting Fleming and Hitt had with the president on Dec. 17 to deliver the document is any indication, then the dominant characteristic of those private sessions is avoidance.

Fleming reported to the council after the meeting that she told the president that the "Strategy" "incorporates all of the council's recommendations" and that the body commended it "unanimously."

The room reacted nervously to her lies. "I just want you to know that even though he [Clinton] didn't come outside and speak with Scott and me to the media, he is fully supportive of it," said Fleming.

HIV vaccine effort boosted

Dr. David Baltimore was named to chair the new National Institutes of Health AIDS Vaccine Research Committee, the national research effort to find a preventative vaccine for HIV. The announcement came Dec. 12 at a meeting of the NIH Director's Advisory Council.

Baltimore is a Nobel Prize-winning virologist who discovered reverse transcriptase, a key enzyme in the reproductive cycle of

retroviruses such as HIV. He is affiliated with the Massachusetts Institute of Technology and will remain there in addition to his new duties.

The committee and appointment grew out of recommendations made in March 1996 by the Levine Committee, which conducted the first systematic review of all government-funded AIDS research. The committee called for restructuring vaccine efforts in the Office of AIDS Research under the guidance and oversight of nongovernment scientists.

Bob Roehr

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