national news Words of advice

Presidential council's HIV/AIDS recommendations sharply underline the importance of needle exchange

by Bob Roehr

he Presidential Advisory Council on HIV/AIDS met April 5-8 in Washington, D.C., to hammer out its latest series of policy recommendations to the president and to follow up on earlier ones. Among them were strong positions on lifting the ban on needle exchange, developing a preventative vaccine and dealing with AIDS in prisons.

Many of the council members work professionally in the field of HIV/AIDS or are themselves HIV-positive, but none would have been appointed without strong political connections. Some are longtime friends of President Clinton. Their role is that of presidential advisor; it is insider politics.

Yet they also have demonstrated ability to speak the unvarnished truth. A report issued last summer listed their recommendations and the actions and inactions by the Clinton administration to that point. Most outside observers saw it as a fair report, while political operatives within the White House reportedly fumed over its contents and the negative press it generated. This latest meeting continues that pattern.

NEEDLE EXCHANGE

Many council members believe that lifting the federal ban on needle exchange is the most important short-term action the president can take to stem the spread of HIV. Terje Anderson says that while the practical impact is great, it has assumed even more symbolic importance as "a litmus test" of the Clinton administration's willingness to act on a hard issue.

The council is careful to always frame needle exchange within the context of other activities to reduce substance abuse. They see it as an opportunity to identify and open communication with a population that may lead to entry into treatment programs.

"Even finding out who these people are is a big deal," noted the Rev. Altagracia Perez of Los Angeles.

Robert Fogel, a trial lawyer from Chicago and a member of the Clinton-Gore finance committee, had little knowledge of HIV or substance abuse prior to joining the council. He initially opposed the concept but has become convinced that needle exchange is the single most important element in halting the spread of HIV.

In a prevention committee meeting and later in

a private conversation Fogel said that if the president doesn't lift the ban on needle exchange, he likely will resign from the council. He did not put it in the context of a protest, but rather said if the president isn't going to listen to the advice, "I have better things to do with my time."

Other members affirmed a similar position. Some are willing to resign in protest if enough others share that view so that the action would have some public impact, while some see their commitment as being to work from the inside to move the administration forward wherever possible.

Washington lobbyist Alexander Robinson

chaired by the vice-president was cut when it met with a cool reception.

Philip Russell, M.D., of the Albert B. Sabin Vaccine Foundation (named after the developer of a vaccine for polio), labeled it "a futile exercise."

Others expressed the sentiment that there was no lack of communication between researchers, though they allowed that a panel might be of some use in addressing liability, Third World participation, ethics and other nonscience issues related to vaccine development.

David Gold, a treatment activist with the AIDS Vaccine Advocacy Coalition, briefed the council Scott Hitt told the body that the president wants to do "the man on the moon" analogy in moving this as a priority of the administration. He recommended that members support the effort. The final document urged development of "a vaccine to prevent HIV/AIDS within a decade," with "a significant and sustained increase in funds...from new sources."

It seems likely that vaccines will be the AIDS initiative by the president for this year. The announcement traditionally comes in time for gay pride activities in June.

PRISONS

The council found consensus on a broad range of recommendations on prison issues—but not all. The prison subcommittee crafted language to support needle-exchange programs within prisons without explicitly using those words. That prompted the most acrimonious debate of the meeting, and an agreement to table the provision.

Ostensibly the reasons for passing on the issue were the limited time remaining for debate, unfamiliarity with research on needle exchange within prisons, and the desire to place the idea within a forthcoming broader framework of prevention activities. But a significant portion of the body seems opposed to the concept of condoning and abetting illegal drug use within correctional facilities.

MEDICAL MARIJUANA

There was easy consensus over recommendations on medical use of marijuana. The council urged presidential leadership "to encourage scientific research" and "pending the results of such research, the government [should] refrain from any efforts to prosecute doctors who, in good faith, discuss the use of medical marijuana or recommend it for their patients."

BACK-TO-WORK ISSUES

Diana Fortuna, policy analyst with the White House Domestic Policy Council, teld the services committee the current system "equates disability with the inability to work." That often precludes those who benefit from protease inhibitors from returning to work. It is a major issue the government has only begun to grapple with; the council will to focus on it at a session in the fall.



warned against "going down any negotiation path with the administration, that's how we got the 'gays in the military' thing." He saw it as "dangerous" to do anything other than speak the truth and hold the administration responsible for making it work.

VACCINES

The council devoted significant time to presentations and discussion on developing a preventative vaccine. Nobel laureate Dr. David Baltimore outlined the fast track he is taking since being appointed NIH coordinator of vaccine development in January. That seemed to smother sniping at him from some in the research community.

A draft recommendation for a vaccine panel

on that organization's survey of 23 companies that are doing or have done vaccine research. The coalition concluded that the low level of vaccine development by drug companies is because of basic unanswered scientific questions surrounding HIV and the immune system.

"Advancing science in HIV research will drive investment capital" when a market product becomes feasible, Gold said.

Jerald Sadoff, M.D., the principle vaccine researcher for the pharmaceutical company Merck, said it was "almost impossible" to project a target date for a vaccine, though he conceded that "seven to 10 years is not completely out of the ballpark."

Debate on vaccine recommendations the following day was about the only time partisan politics entered the discussion. Council chairman



