

Ronald Reagan Presidential Library
Digital Library Collections

This is a PDF of a folder from our textual collections.

Collection: Daoulas, Sue: Files
Folder Title: AIDS Commission, 07/13/1987-
07/18/1987 (1)
Box: 2

To see more digitized collections visit:
<https://reaganlibrary.gov/archives/digital-library>

To see all Ronald Reagan Presidential Library inventories visit:
<https://reaganlibrary.gov/document-collection>

Contact a reference archivist at: reagan.library@nara.gov

Citation Guidelines: <https://reaganlibrary.gov/citing>

National Archives Catalogue: <https://catalog.archives.gov/>

WITHDRAWAL SHEET

Ronald Reagan Library

Collection: Daoulas, Sue: Files

Archivist: mjd

OA/Box: ~~19053~~ *OA 19049*

FOIA ID: F94-059/7, Cohen

File Folder: AIDS Commission, July 13-18, 1987 (1)

Date: 05/20/2002

DOCUMENT NO. & TYPE	SUBJECT/TITLE	DATE	RESTRICTION
1. List	Re: trip to the National Institutes of Health, 2p (partial)	Nd	B7c
2. schedule	Re: Tour of National Institutes of Health Facility on AIDS Development, 1p (partial)	7/16/87	B7c

RESTRICTIONS

- B-1 National security classified information [(b)(1) of the FOIA].
- B-2 Release could disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA].
- B-3 Release would violate a Federal statute [(b)(3) of the FOIA].
- B-4 Release would disclose trade secrets or confidential commercial or financial information [(b)(4) of the FOIA].
- B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA].
- B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA].
- B-7a Release could reasonably be expected to interfere with enforcement proceedings [(b)(7)(A) of the FOIA].
- B-7b Release would deprive an individual of the right to a fair trial or impartial adjudication [(b)(7)(B) of the FOIA].
- B-7c Release could reasonably be expected to cause unwarranted invasion or privacy [(b)(7)(C) of the FOIA].
- B-7d Release could reasonably be expected to disclose the identity of a confidential source [(b)(7)(D) of the FOIA].
- B-7e Release would disclose techniques or procedures for law enforcement investigations or prosecutions or would disclose guidelines which could reasonably be expected to risk circumvention of the law [(b)(7)(E) of the FOIA].
- B-7f Release could reasonably be expected to endanger the life or physical safety of any individual [(b)(7)(F) of the FOIA].
- B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA].
- B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA].

THE WHITE HOUSE
WASHINGTON
NATIONAL INSTITUTES OF HEALTH

NAME	ORGANIZATION	HOME PHONE	OFFICE PHONE
JAMES L. HOOLEY	DIR. WH ADVANCE	395-2000	456-7565
ANDREW LITTLEFAIR	LEAD WH ADVANCE	395-2000	456-7565
JOE BRENNAN	PRESS LEAD WH ADVANCE	395-2000	456-7565
SHELBY SCARBROUGH	TRIP COORD. WH ADVANCE	395-2000	456-7565
LARRY LANDRUM	WHCA TRIP OFFICER	395-2000	395-4040
CDR. J.J. QUINN	WH MILITARY AIDE	395-2000	395-2150
REDACTED	USSS LEAD		
BOB SWEET	WH CABINET AFFAIRS	456-1414	456-2800
HANS KUTTNER	WH CABINET AFFAIRS	456-1414	456-2800
SHARON LUMPKINS	WH DRUG POLICY OFFICE	456-1414	
Kim Fuller	Secretary Bowen	521-5989 245-700	245-7000
MEL LUKENS	SECRETARY Bowen/SECURITY	979-0483	245-3410
Tom RUFTK	Chief, Crime Prevention NIH		496-9818
Tom Flavin	Protocol, NIH	565-0596	496-4713
CHRIS ADAMS	WH. Communications	395-2000	395-4040
ART FRENCH	ENGINEERING COORD, NIH	281-3093	496-4895
Tony Clifford	Deputy Dir. Div. of Engineering	4697434	496-6186
Anne Thomas	Director, Public Affairs	469-5941	496-5787
Bob Sweet	Chief of Security - N.I.H.		496-6893

NAME	ORGANIZATION	HOME PHONE	OFFICE PHONE
Pat Sweet		403-225-5451	
SHARON LUMPKINS	Drug Abuse Policy Office	403-821-2379	456-2761
Carol Hayes	Speechwriting Office	295-2000	456-7750

~~REDACTED~~

~~REDACTED~~

~~REDACTED~~

William Fedina	Deputy Protocol NIH	301-351-7722	496-4713
----------------	---------------------	--------------	----------

MAC - plz change as necessary.
(FYI: come to Dick and Larry
for review).
Dick - 1:10

Draft: ram: 7/22/87

July 20, 1987

(check spelling)

MEMORANDUM TO HANIS KUTTNER

FROM: DONALD IAN MACDONALD

SUBJECT: NIH Visit Issues

We need to be prepared to answer questions ^{from} of the press ^{and others} with a fair amount of specificity so that we accurately portray that the Presidential Commission on the Human Immunology ~~deficiency~~ Virus Epidemic is on track and moving rapidly, ~~and is not as some are erroneously ~~claiming~~ doing nothing, or has already decided on its *** and will seem rubber stamps for others' conclusions.~~ Accordingly, some questions need to be answered now, and Dr. Mayberry needs to be kept up-to-date on all decisions. Some suggested Q's & A's follow:

Q Who are the Commission members?

A The President has appointed 11 members ^{with} ~~Dr.~~ Dr. Mayberry designated as Chairman. ^r Information on them is provided in the press briefing ~~materials~~ ^{backgrounder.}

(space after each)

Q Who on the Commission represents the gay community?

A The Commission should be viewed as an entity, not as a collection of individuals. ~~separate pieces~~. None of the Commission members ^{was} ~~are~~ chosen because of an identification ^{as} representative of any of the areas mandated in the executive order, ^{or any other area, field, or} ~~area, in~~ discipline. The ^{Commission} ~~Board~~ ^{as} a whole is a group of persons with ^{different} backgrounds, interests, and areas of expertise, but no individual member is a spokesman for ^{or} representative of ^{any particular} interest. ^{The} hallmark of many members is ^{that} their broad expertise cuts across ^{many} ~~map~~ of the areas on which advice is needed.

Q Who will run the Commission?

A The Chairman of the Commission, Dr. Mayberry.

Q To whom will he report?

A ^{To} The President. ^{His} primary point of contact is the Chief of Staff, Senator Howard Baker.

Q Will Dr. Mayberry get instructions as to what is "acceptable"?

A No, ^{We expect and hope that} ~~Dr. Mayberry~~ Dr. Mayberry and the Commission ^{will provide} ~~*****~~ their best advice and recommendations.

Q Will Dr. Mayberry moves to Washington?

A No, but he will be in Washington ~~several times~~ ^{frequently} month and ~~he~~ will be in constant telephone contact with the Executive Director ^{and} ~~the~~ other Commission Staff.

Q How much time will Dr. Mayberry spend on this ^{task}?

A He'll spend a lot of time on this ^{responsibility} ~~as~~ ^{as} much as is necessary.

Q Who will the Executive Director be?

A The Executive Director will be selected by the Chairman, Dr. Mayberry.

Q ^{How} *** may staff will be hired? What is the level of funding?

A ~~(Dr. Mayberry)~~ I'm sure that ^{Dr. Mayberry will} ~~we~~ get whatever staff and dollar ^{requires he} ~~we~~ needs ^{get} to the job. ~~done~~.

OR

A (***)Dr. Mayberry and the other Commission ^{members} *** will ^{discuss} ~~discuss~~ ~~resources~~ ~~at~~ ~~their~~ ~~first~~ ~~meeting~~.

Q Where are the staff offices ^{located}?

A The Department of Health and Human Services is providing

space on the NIH campus.

Q When will the Commission hold its first meeting?

A The Commission will begin ~~to~~ ^{its} work ^{and consider organizational and planning issues} this afternoon.

Q Can we really afford to wait a full year before a report is prepared?

A The Commission will make a preliminary report to the President ~~no~~ ^{no} later ~~than~~ ^{than} 90 days ~~from~~ ^{from} today.

Q ^{should we really expect} ~~that~~ preliminary report ^{to} be the ~~basis for any Administration~~ ^{basis for any Administration} ~~action?~~ ^{action?}

A It's ~~unrealistic~~ ^{unrealistic} to expect a comprehensive report ^{within 90 days,} but I'm sure the interim report will serve to ^{at least} broaden ^{discussion} the level of ~~and~~ ^{and} to advance our ~~thinking about~~ ^{thinking about} ~~appropriate responses~~ ^{appropriate responses} to this epidemic.

Q Isn't this too much to expect in 90 days?

A The Commission members ^{know} they have to move more rapidly. At their first meeting they will ^I understand, share ~~their~~ ^{their thoughts and} review a suggested timetable. This President and the Commission mean business.

(Extra space)

Two final Points:

—5—

1. There is no problem with ^{a reception for} the Commission, ~~but~~ but holding an [^] actual meeting is ^{much} more important. Of course, both could be done.

2. It would be useful to review Secretary Bowen's re^{marks.}. It would also be useful to review Dr. Fauci's audio-visual materials, and to get ^{some} ~~an~~ idea of what he will ^{say}.

THE WHITE HOUSE
WASHINGTON

DRAFT

SCHEDULE OF THE PRESIDENT
FOR
THURSDAY, JULY 23, 1987

EVENT: TOUR NATIONAL INSTITUTES OF HEALTH FACILITY ON AIDS
DEVELOPMENT

THE PRESIDENT'S PARTICIPATION

Briefing on AIDS Research
Viewing of AIDS Lab
Panel Briefing

WEATHER

TBD

DRESS

Men's Business Suit

ADVANCE

ANDREW LITTLEFAIR
JOE BRENNAN
[REDACTED]
LARRY LANDRUM
J.J. QUINN
SHELBY SCARBROUGH

LEAD
PRESS
USSS
WHCA
MILITARY AIDE
TRIP COORDINATOR

CONTACT

Presidential Advance Office: 202/456-7565
JAMES L. HOOLEY
SHELBY SCARBROUGH

07/16/87 9:00 a.m.

THURSDAY, JULY 23, 1987

*Warren
Grove
Macquison
Clinical
Center
Center
Drive*

DRAFT

PAGE 2

Press Vans depart The White House en route NIH. (Drive Time 30 mins.)

1:05 p.m. MARINE ONE departs the South Lawn en route Bethesda landing zone.

Flight Time: 15 mins.

Nighthawk II and III depart Pentagon landing zone en route Bethesda landing zone.

Nighthawk II and III arrive Bethesda Naval Hospital landing zone.

1:20 p.m. MARINE ONE arrives Bethesda Naval Hospital landing zone.

THE PRESIDENT deplanes and proceeds to motorcade for boarding.

PRESS POOL COVERAGE?

1:25 p.m. THE PRESIDENT departs Bethesda Naval Hospital landing zone en route the National Institute of Health.

Drive Time: 5 mins.

1:30 p.m. THE PRESIDENT arrives rear entrance of the National Institute of Health, Building 10, Clinical Center and proceeds inside to elevators.

See TAB A for diagram.

THE PRESIDENT arrives 13th floor and proceeds to Broder Laboratory.

Met by:

Dr. SAM Broder

PRESS POOL COVERAGE?

1:35 p.m. THE PRESIDENT receives briefing on status of AIDS research and treatment.

PRESS POOL COVERAGE

07/16/87 9:00 a.m.

1:40 p.m. THE PRESIDENT proceeds to Pediatric Ward to meet with patients.

1-2 See TAB B for diagram.

OFFICIAL PHOTOGRAPHER ONLY

1:50 p.m. THE PRESIDENT concludes patient greeting and proceeds to holding room, via stairs.

Refer to TAB B for diagram.

THE PRESIDENT arrives holding room.

THE PRESIDENT departs holding room en route off-stage announcement area at 14th floor Auditorium.

Refer to TAB B for diagram.

1:55 p.m. THE PRESIDENT, accompanied by Sec. Bowen, arrives 14th floor Auditorium off-stage announcement area.

Announcement (off-stage)

THE PRESIDENT, accompanied by Sec. Bowen, proceeds on-stage and takes seat.

See TAB C for diagram.

OPEN PRESS COVERAGE

Dr. Wyngaarden, Director of NIH, makes welcoming remarks and introduces THE PRESIDENT.

2:00 p.m. THE PRESIDENT proceeds to podium and makes opening remarks.

OPEN PRESS COVERAGE

2:05 p.m. THE PRESIDENT concludes remarks.

Sec. Bowen introduces Dr. Fauci.

Sec. Bowen introduces Speaker #2.

Dr. Fauci makes presentation.

Sec. Bowen asks THE PRESIDENT to make closing remarks.

2:20 p.m. THE PRESIDENT makes brief closing remarks.

OPEN PRESS COVERAGE

2:25 p.m. THE PRESIDENT concludes remarks and proceeds to holding room.

Refer to TAB B for diagram.

THE PRESIDENT arrives holding room.

THE PRESIDENT proceeds to motorcade for boarding, via elevator.

2:30 p.m. THE PRESIDENT departs NIH, Building 10, en route Bethesda Naval Hospital landing zone.

Drive Time: 5 mins.

2:35 p.m. THE PRESIDENT arrives Bethesda Naval Hospital landing zone.

THE PRESIDENT proceeds to Marine One for boarding.

See TAB.

2:40 p.m. MARINE ONE departs Bethesda Naval Hospital landing zone en route The White House.

Flight Time: 15 mins.

Nighthawk II and III depart Bethesda Naval Hospital landing zone en route Pentagon landing zone.

2:55 p.m. MARINE ONE arrives the South Lawn.

THE PRESIDENT deplanes and proceeds to Oval Office.

Nighthawk II and III depart Bethesda Naval Hospital landing zone en route Pentagon landing zone.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

June 25, 1987

The President today announced his intention to appoint W. Eugene Mayberry to be a Member of the Presidential Commission on the Human Immunodeficiency Virus Epidemic. Upon appointment, he will be designated as Chairman.

Dr. Mayberry is currently Chief Executive Officer of the Mayo Foundation in Rochester, Minnesota, (1986 - present), and is Chairman of the Board of Governors of the Mayo Clinic, (1976 - present). Since 1971, Dr. Mayberry has served on the Mayo Foundation Board of Trustees. He has been a consultant in various positions at the Mayo Clinic since 1960. Dr. Mayberry is a specialist in endocrinology.

Dr. Mayberry graduated from the University of Tennessee, (M.D., 1953), and the University of Minnesota, (M.S., 1959). He was born August 22, 1929 in Cookeville, Tennessee. Dr. Mayberry is married, has two children and resides in Rochester, Minnesota.

#

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

July 23, 1987

STATEMENT BY THE ASSISTANT TO THE PRESIDENT
FOR PRESS RELATIONS

The President is announcing today his intention to appoint the Presidential Commission on the Human Immunodeficiency Virus Epidemic -- the AIDS Commission.

The Commission's 13 members are drawn from a wide range of backgrounds and points of view. They bring together expertise in scientific investigation, medical care and its costs, public health, private research, and both State and national government, as well as in fields that deal with the many issues of ethics, law, and behavior involved in the AIDS epidemic.

The Commission will consist of the following individuals:

William Eugene Mayberry, Chairman
Colleen Conway-Welch
John J. Creedon
Theresa L. Crenshaw
Richard M. DeVos
Burton James Lee III
Frank Lilly
Woodrow A. Myers, Jr.
John Cardinal O'Connor
Penny Pullen
Cory SerVaas
William B. Walsh
Admiral James D. Watkins (Ret.)

The primary focus of the Commission will be to recommend measures that Federal, State, and local officials can take to stop the spread of AIDS, to assist in research aimed at finding a cure for AIDS, and to better care for those who have the disease.

In the course of its work, the Commission will:

- Review current efforts at AIDS education;
- Examine what is being done at all levels of government and outside of government to combat the spread of AIDS;
- Examine the impact of the needs of AIDS patients in years to come on health care in the United States;
- Review the history of dealing with communicable disease epidemics in the United States;
- Evaluate current research relating to the prevention and treatment of AIDS;
- Identify areas for future research;

more

- Examine policies for development and release of drugs and vaccines to combat AIDS;
- Assess the extent to which AIDS has spread both among specific risk groups and the population as a whole;
- Study the legal and ethical issues relating to AIDS;
- Review the role of the United States in the international battle against AIDS.

The Commission will proceed under the leadership of Dr. Eugene Mayberry, the Chief Executive Officer of the Mayo Clinic. The President has asked Dr. Mayberry to move quickly, and the Commission will deliver its first report to the President within 90 days. It will produce a final report within a year.

The President believes that the spread of AIDS is a cause of deep concern, but not panic. If Americans work together with common sense and common purpose, the President believes we will, in the end, defeat this common threat.

#

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

July 23, 1987

The President today announced his intention to appoint the following individuals to be Members of the Presidential Commission on the Human Immunodeficiency Virus Epidemic:

COLLEEN CONWAY-WELCH, of Tennessee. Since 1984, Dr. Conway-Welch has been a Professor and the Dean of Nursing at Vanderbilt University and Associate Director of the Vanderbilt University Hospital Department of Nursing. She received her B.S.N. degree from the Georgetown University School of Nursing in 1965; her M.S.N degree from the Catholic University of America in 1969; her C.N.M. degree from the Catholic Maternity Institute in 1969; and her Ph.D. degree from New York University in 1973. Dr. Conway-Welch was born April 26, 1944 in Iowa. She is married and resides in Nashville, Tennessee.

JOHN J. CREEDON, of Connecticut. Mr. Creedon has been with the Metropolitan Life Insurance Company in New York City since 1942. He has been serving as President of the company since 1980, and Chief Executive Officer since 1983. Mr. Creedon is also Chairman of the Business Roundtable's Task Force on Health and Welfare Benefit Plans. He is serving as General Chairman of the Greater New York Blood Program Campaign for 1986 and 1987. Mr. Creedon earned his B.S. degree in 1952 from New York University, and earned his LL.B. degree in 1955 and his LL.M. degree in 1962 from New York University School of Law. He served in the United States Navy during World War II. Mr. Creedon was born August 1, 1924 in New York City. He is married, has six children and resides in New Canaan, Connecticut.

THERESA L. CRENSHAW, of California. Since 1975, Dr. Crenshaw has been the Director of The Crenshaw Clinic, which specializes in the evaluation and treatment of sexual dysfunction, sexual medicine and human relationships. She was immediate past President of the American Association of Sex Educators, Counselors and Therapists. Dr. Crenshaw received her B.A. degree from Stanford University in 1964 and her M.D. degree from the University of California at Irvine in 1969. She served in the United States Navy from 1967 through 1973. Dr. Crenshaw was born September 25, 1942 and resides in San Diego, California.

RICHARD M. De VOS, of Michigan. Mr. De Vos co-founded Amway Corporation in 1959, and has since been serving as President of the corporation. He attended the Calvin College in Michigan. Mr. De Vos served in the United States Air Force from 1944 through 1946. He was born March 4, 1926. Mr. De Vos is married, has four children and resides in Grand Rapids, Michigan.

BURTON JAMES LEE III, of Connecticut. Since 1969, Dr. Lee has been a practicing physician at the Memorial Sloan-Kettering Cancer Center in New York, specializing in the diagnosis and treatment of lymphomas. He was President of the General Medical Staff at the Memorial Sloan-Kettering Hospital from 1972 through 1974 and from 1983 through 1985. Dr. Lee earned his B.A. from Yale University in 1952 and his M.D. from the Columbia University College of Physicians and Surgeons in 1956. He was born March 28, 1930 in New York City. Dr. Lee is married, has three children and resides in Greenwich, Connecticut.

FRANK LILLY, of New York. Since 1976, Dr. Lilly has been Chairman of the Genetics Department of the Albert Einstein Medical Center in New York City. He has also served as a Professor of Genetics for the Albert Einstein College of Medicine since 1974. Dr. Lilly earned his B.S. degree from the West Virginia University in 1951. He earned his first Ph.D. degree from the University of Paris in 1958, majoring in organic chemistry, and his second Ph.D. degree from the Cornell Graduate School of Medical Sciences in 1965, majoring in biology. Dr. Lilly served in the United States Army from January 1952 - December 1953. He was born August 28, 1930, in Charleston, West Virginia and resides in New York.

WOODROW A. MYERS, JR., of Indiana. Dr. Myers is the Health Commissioner for the State of Indiana and also serves as the Secretary of the Indiana State Board of Health. He has served in both of these positions since 1985. Previously, he was the Physician Health Advisor for the United States Senate Committee on Labor and Human Resources in Washington D.C., August - December 1984. Dr. Myers earned his B.S. degree from Stanford University in 1973, for which he received honors in Biological Studies. He earned his M.D. degree from Harvard Medical School in 1977 and his M.B.A. degree from Stanford University Graduate School of Business in 1982. Dr. Myers was born February 14, 1954 in Indiana. He is married, has two children and resides in Indianapolis, Indiana.

JOHN CARDINAL O'CONNOR, of New York. John Cardinal O'Connor was ordained a priest in 1945. He was named Archbishop of New York in 1984, and Cardinal in 1985. John Cardinal O'Connor served as Bishop of Scranton, Pennsylvania in 1983. While in the United States Navy, 1952-1979, he was appointed Navy Chief of Chaplains in 1974, and Titular Bishop of Cursola and Auxiliary to the Military Vicar in 1979. John Cardinal O'Connor was born January 15, 1920 in Philadelphia, Pennsylvania. He currently resides in New York City.

PENNY PULLEN, of Illinois. Miss Pullen was first elected to the Illinois State House of Representatives in 1976, and has been serving in the State House since that time. In January 1987 she was appointed House Minority Leader. Miss Pullen is the sponsor of AIDS related legislation in the state of Illinois. She earned her B.A. degree from the University of Illinois at Chicago in 1969. Miss Pullen was born March 2, 1947 in Buffalo, New York. She currently resides in Park Ridge, Illinois.

CORY SERVAAS, of Indiana. Since 1973, Dr. SerVaas has been Editor and Publisher of The Saturday Evening Post. She has also served as President and Research Director of the Benjamin Franklin Library and Medical Society and Medical Director of the Foundation for Preventative Medicine, 1976 - present. Dr. SerVaas earned her A.B. degree from the University of Iowa School of Journalism in 1946 and did post-graduate work at Columbia University. She earned her M.D. degree from the Indiana University School of Medicine in 1969. Dr. SerVaas was born June 21, 1924 in Pella, Iowa. She is married, has five children and resides in Indianapolis, Indiana.

WILLIAM B. WALSH, of Maryland. Dr. Walsh founded Project HOPE (Health Opportunity for People Everywhere) in 1958, and has been serving as President and Medical Director since that time. He is also a clinical professor of internal medicine at Georgetown University. Dr. Walsh earned his B.S. degree in 1940 from St. John's University in New York, and his M.D. degree from the Georgetown University School of Medicine in 1943. Dr. Walsh served in the United States Navy, 1941-1954. He received the Presidential Medal of Freedom in June, 1987, and received the National Institute of Social Sciences Gold Medal in 1977. Dr. Walsh was born April 26, 1920, in Brooklyn, New York. He is married, has three children and resides in Bethesda, Maryland.

ADMIRAL JAMES D. WATKINS, U.S. Navy, Retired, of California. Admiral Watkins served as the Chief of Naval Operations, U.S. Navy from 1982-1986. Prior to this, he was Commander in Chief of the U.S. Pacific Fleet, 1981-1982. Admiral Watkins is a 1949 graduate of the U.S. Naval Academy and received his Masters Degree from the Naval Postgraduate School in 1958. During his military service, Admiral Watkins received several Distinguished Service Medals, including three Legions of Merit and the Bronze Star. Admiral Watkins was born March 7, 1927 in Alhambra, California. He is married, has six children and resides in the District of Columbia.

#

23 Jul

AZT lab

marvelous breakthroughs but
not cure - other drugs -

Pres arr - created by Bowen
Go on tour - researcher briefing

gbb
Patient (hid) w/ AIDS
X location - journal panel
50-60 press

NIH
Snr General
Asst Sec.

Suehi
Gallow

22 July
Roosevelt Room
Commission

NIH -
tomorrow 1:00 pm
troops -
Computer mock-up
15 min
wrap up

UP - May

Cpt Sweet
Tracy Apparel } NIH

10-30-1120

Pre-Advance 1:00PM - Wednesday

23rd

① Bethesda
② zone in NIH? big area -

- ① helicopter - met by Sec
 - ② lab - escorted
 - ③ visit patient - no press patient wants
 - ④ panel discussion - no press
- Intro commission
figures - HHS - NIH - SG -

pediatric

Gpm
disc
Closing comments

70-100 press + 40 Overseas

14th Fl And
CC
250 people
Broder - AZT

Children
free victims
linger
Deck Life

1230pm
Boas

arr. Beth 1:30 pm
Bower (check) Risque

13th
5 min Job

Ward - 10 min.
2 families

Annette
Josely

5 up & hold - list

Opening

Bower - broad overview

^{of what please}
~~doing~~
NIH? Role & intro Sanchez
Where we are today
Comment
wrap up

Visit of the Vice President of the United States
Mr. George Bush*
to the National Institutes of Health
April 8, 1987

- 2:35 The Vice President's car arrives at Library entrance of Clinical Center. Greeted by Dr. Wyngaarden, NIH Director, and Dr. Raub, NIH Deputy Director.
Proceed to Center Bank elevator.
- 2:38 Arrive 13th floor of Clinical Center
Greeted by Dr. Rall, NIH Deputy Director for Intramural Research, and Dr. De Vita, Director, National Cancer Institute.
Proceed to Dr. Broder's AIDS Laboratory, 13N-248.
- 2:40 Greeted by Dr. Broder, Associate Director, Clinical Oncology Program, National Cancer Institute.
Laboratory briefing by Dr. Broder and Dr. De Vita.
Photo opportunity with Dr. Broder and the Vice President.
- 2:50 Depart Dr. Broder's Lab, proceed down stairwell 7.
Greeted at the 11th floor by Dr. Fauci, Director, National Institute of Allergy and Infectious Diseases (NIAID)
Dr. Fauci and Dr. Wyngaarden proceed to the ACRF with the Vice President and Mr. Craig Fuller, Chief of Staff.
Glimpse NIAID patient care and laboratory corridors en route.
- 3:00 Meet privately with AIDS patient in 11C-103 for 10 minutes.
Return passing Dr. Folks AIDS Laboratory, 11C-106, en route.
- 3:15 Enter 11th floor Solarium for AIDS briefing.
- There may be media coverage of this briefing -
Dr. Wyngaarden introduces the dais (see attached list).
Dr. Wyngaarden presents NIH AIDS overview.
- 3:22 Dr. Fauci presents history of the disease and clinical research overview.
- 3:34 Dr. Wong-Staal, Chief, Molecular Genetics of Hematopoietic Cells Section, National Cancer Institute, presents basic research overview.
- 3:46 Depart 11th floor Solarium and proceed to elevator.
Dr. Wyngaarden and Dr. Raub accompany the Vice President to his car.

* Accompanying the Vice President will be:
Mr. Craig Fuller, Vice President's Chief of Staff
Mr. Phillip Brady, Deputy Assistant to the Vice President
Mr. Timothy McBride, Personal Aide to the Vice President
Mr. Bruce Zanca, Vice President's Advance Staff
Mr. Ray Valdez, White House Photographer

Visit arranged by:
Mr. Thomas Flavin, NIH Special Projects Officer, Shannon Building, Room 313,
496-4713.

The Dais for the Vice President's Briefing

|Dr. Beaven|Dr. Galasso|Dr. Rall|Dr. Raub|Dr. Wyngaarden|The Vice President|Dr. Fauci|Dr. De Vita|Dr. Decker|Dr. Wong-Staal|

Participants at the Dais (left to right)

Dr. Vida H. Beaven
Assistant Director for Program Coordination, NIH

Dr. George J. Galasso
Associate Director for Extramural Affairs, NIH

Dr. Joseph E. Rall
Deputy Director for Intramural Research, NIH

Dr. William F. Raub
Deputy Director, NIH

Dr. James B. Wyngaarden
Director, National Institutes of Health (NIH)

The Vice President of the United States

Dr. Anthony S. Fauci
Director, National Institute of Allergy and Infectious Diseases

Dr. Vincent T. De Vita
Director, National Cancer Institute

Dr. John L. Decker
Director, NIH Clinical Center

Dr. Flossie Wong-Staal
Chief, Molecular Genetics of Hemopoietic Cells Section,
National Cancer Institute

130-

Short remarks to open
closing charge

Who participate?
Sequence

Roosevelt Room

Who is Commission

1:10 - 1:30 Betheida
5 m

Bowen accompany
escort

entrance

13th floor

Broder ^{brief} & Hovest where were going
press

5-7 min

Pod to ward
10 min

20 minutes

Stairs

4 min top

1-2 min

20 min

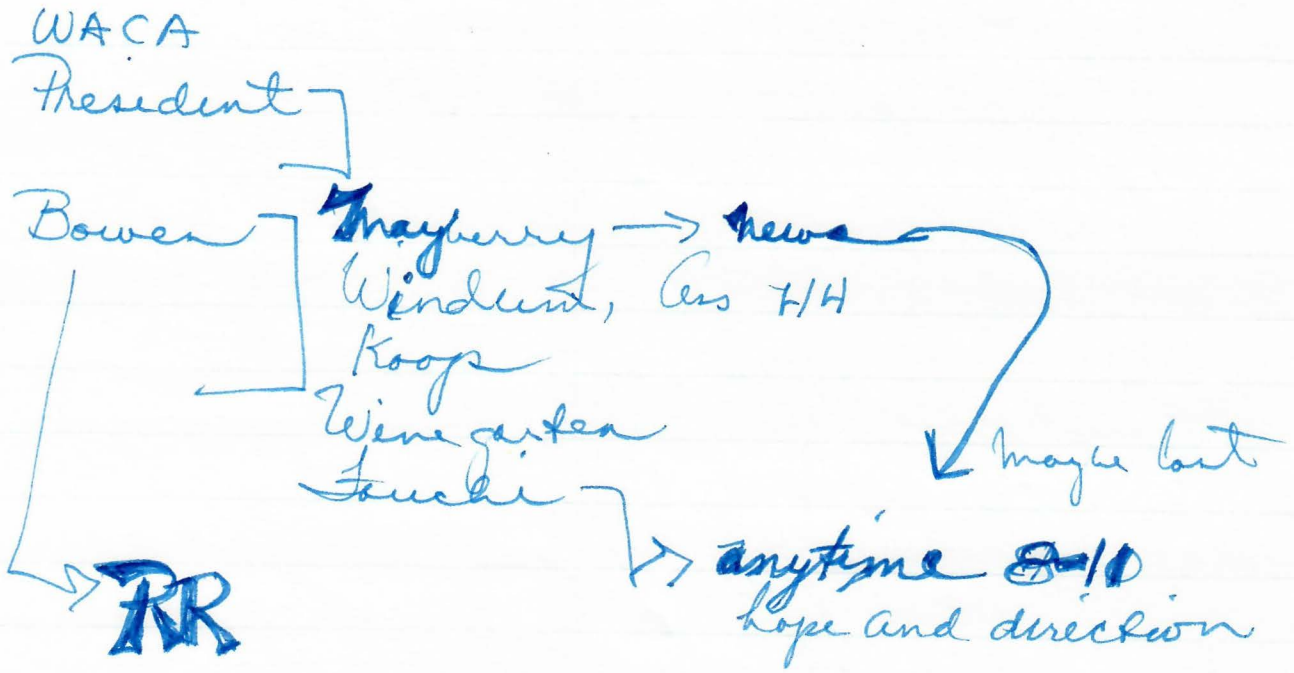
14th Floor 5 min total

Bowen intro

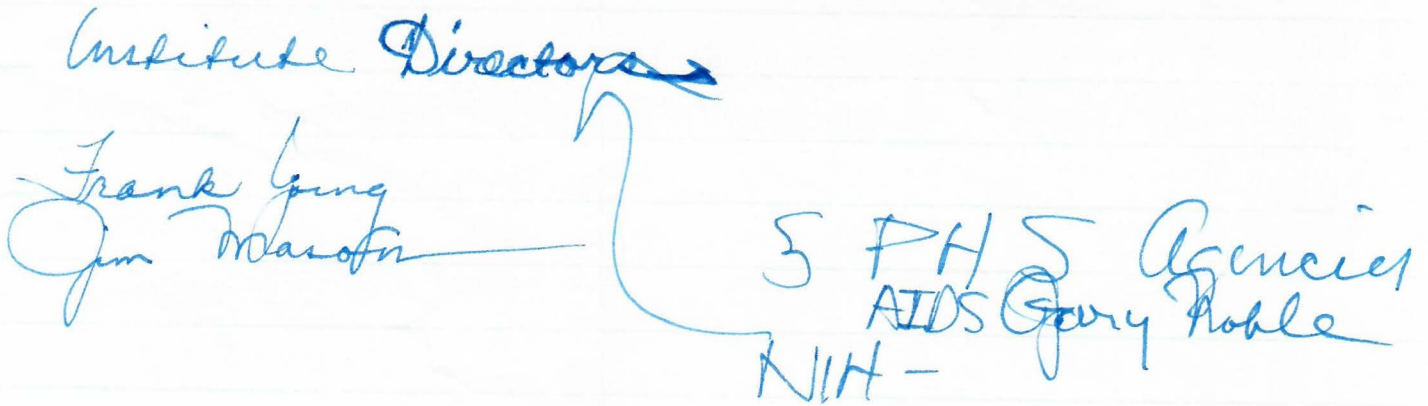
Bellevue - gym

Bowen & Jauché dep

Panel 20 minute



start of their mission



Blg 10 - VIC - 218

call back -
sit on jeds

Greeting party -
Secretary Bowen

Director Winegarten, NIH

7 min
Lab - Dr. Broder AZT
lighting, etc.

DDC chart
new drug

10 min
Ped ward 1-2 room w/mom & dad

5 min
14th Fl Amd - CC
250 people

panel

1) Commission } Seated
8 health

Tsuchi - MD

Gallow - PhD } discovered
AIDS virus

Flossie Wong-Stall

Opening comments

Sec Bowen mod, work w/health community

Mayberry - intro

RR wrap up

Set up

flags

posters - AIDS Commission

TALKING POINTS: AIDS (NIH)

I am honored to be a part of the first day of work for the Presidential Commission on the Human Immunodeficiency Virus Epidemic.

There is no more appropriate place for the Commission's first day of work than the National Institutes of Health. (The Vice President has told me just how impressed he was with his visit here a few months ago, but seeing is believing.)

In 100 years, you have become the heart of America's biomedical research system, the best in the world. You support an army of researchers -- 150,000 strong -- here, across the nation and around the world, who each day dedicate themselves to ending human suffering. You have to your credit 68 Nobel Prize winners.

We are justifiably proud of our Public Health Service and the accomplishments not only of NIH, but also of its sister agencies: the Centers for Disease Control; the Food and Drug Administration; the Alcohol, Drug Abuse, and Mental Health Administration; and the Health Resources and Services Administration.

Through the years, the work of you and your colleagues has truly made the difference between life and death for millions of individuals and has been the only ray of hope for millions more.

We in modern society believed we would never again have to fear a plague. We made impressive gains against the once-great killers -- smallpox, typhoid fever, influenza, diphtheria, tuberculosis, cholera, and polio. Between 1900 and 1980, the death rate for Americans was cut in half and life expectancy increased by 26 years. Then young men began mysteriously dying.

You are all keenly aware of the developments in the AIDS story.

- o Just two years after the first reports of the disease, the AIDS virus was discovered by Dr. Robert Gallo in a laboratory on the 11th Floor of this building.
- o Right below us, in a laboratory on the 13th floor, AZT -- the only drug currently approved for AIDS treatment -- was synthesized. I was very pleased this afternoon to visit that laboratory and to meet Dr. Sam Broder and his associates, who are among those who continue to give hope that a cure for AIDS will soon be a reality. Progress is being made: Dr. Broder told me about a number of promising new drugs.
- o Dr. Broder's laboratory is only a few steps away from the ward where small children, innocent victims of AIDS, are tragically struggling for their lives. The tragedy of AIDS is nowhere more heart rending.

Medical researchers, such as yourselves, offer the only real hope to thousands of individuals whose fates lie in your hands. Each day we pray that you will find the cure.

Although the ultimate answer will come in a laboratory, there is much that all of us can do to help.

- o We must do all in our power to protect those who do not have the disease and at the same time provide dignity and compassion for those who suffer.
- o One of the most important things we can do is to get the facts out and destroy the myths.
- o Then we must take firm action, each of us, to stop the spread of this deadly disease.
- o And, of course, we must ensure that scientists and doctors have the proper resources to fight AIDS and that AIDS patients receive the best care available.

Yesterday I announced the membership of the AIDS Commission. I am pleased with the Commission members' diversity of experience and their commitment to the well-being of people and the future of our nation.

The Commission members have their work cut out for them. Under the leadership of Dr. Eugene Mayberry, the Chief Executive Officer of the Mayo Clinic, the Commission will study the AIDS problem and recommend measures that government can take to protect the public from contracting the HIV, assist in finding a cure for AIDS, and care for those who already have the disease.

Today, on the first day of the Commission's work, Secretary Bowen will provide us with some insights into the perspective of the scientists, you noble and learned men and women who overcome mankind's most vicious enemies with test tubes and microscopes.

SECRETARY BOWEN AND NIH PRESENTATION -- 13-15 MINUTES

CLOSING REMARKS BY THE PRESIDENT:

We all recognize that knowledge overcomes fear and inspires hope. It is my wish that the quest for knowledge by the Commission and by the scientists represented here today will be taken up by every human being, each in our own way. And once we gain understanding, we will be able to take the appropriate steps to stop the spread of this disease and ensure that the sufferers have dignity, compassion, and hope.

DRUG ABUSE POLICY OFFICE/7-15/87/X6554

June

830 -

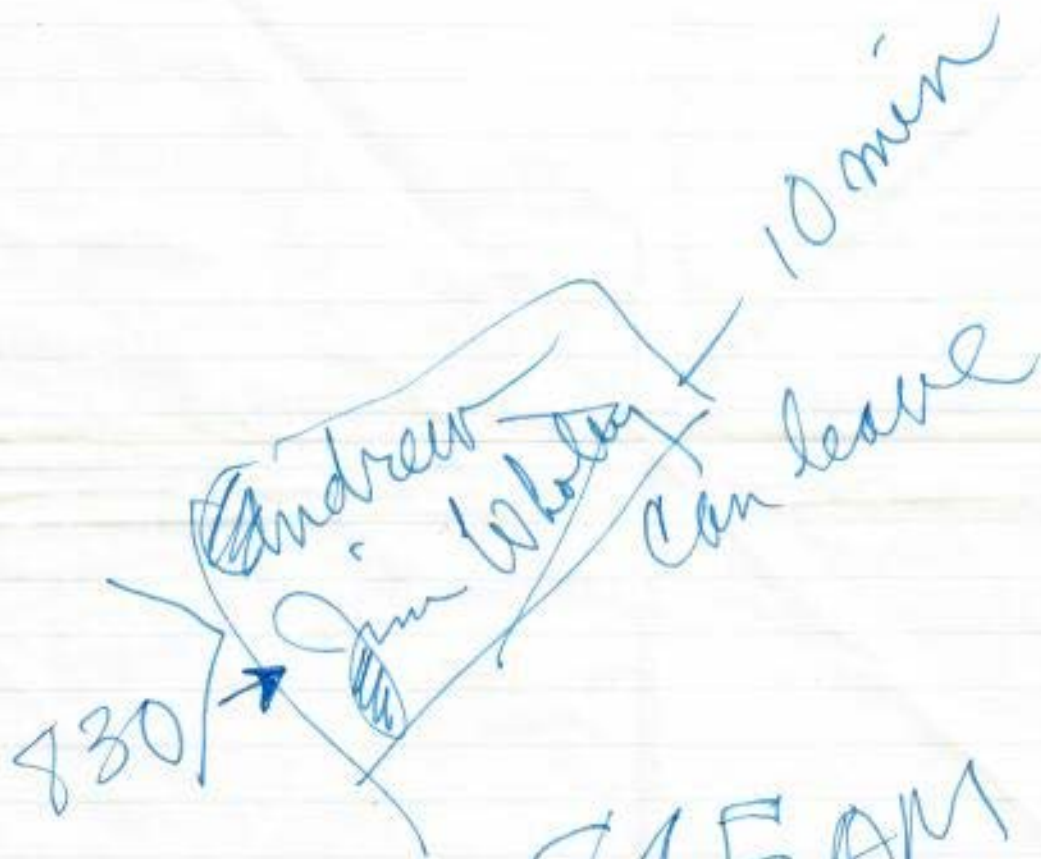
1100 am

Form

→ tomorrow

→
Wine garden

Andrew Littlefair
4565



8:15 AM

9:00

Guide to NIH

National
Institutes of
Health



About the National Institutes of Health

The National Institutes of Health, located on a 300-acre reservation in suburban Bethesda, Maryland, is some 12 miles from the Nation's Capitol. On its campus-like setting are more than 50 buildings—laboratories, clinics, offices, animal quarters, and other specialized facilities.

The NIH today is one of the largest research centers in the world. The principal medical research arm of the Department of Health and Human Services, NIH conducts basic, clinical, and applied research related to a broad spectrum of diseases and health problems.

The agency consists of 11 research Institutes and 4 Divisions, and the National Library of Medicine, the world's largest reference center devoted to a single subject. NIH also includes the 14-story Warren Grant Magnuson Clinical Center—a 540-bed research hospital and laboratory complex—and some 1,420 other laboratories equipped with the most modern scientific equipment, and the Fogarty In-

ternational Center, which fosters international exchange and houses foreign scholars-in-residence.

At work in Bethesda and at field stations elsewhere are some 14,000 employees. Among them are 2,300 with doctoral degrees. More than 1,000 of these specialists are physicians (many of whom also hold Ph.D.'s or other doctorates), dentists, and veterinarians. The scientific staff also includes skilled technologists of many kinds.

In addition to the research conducted in its own laboratories and clinics, NIH supports the work of thousands of investigators at universities, medical and dental schools, research centers, and other institutions across the Nation and abroad. It also supports the training of new research scientists. Finally, NIH helps speed the flow of medical knowledge to health practitioners and the public.

Programs of the research Institutes are designed to harness new knowledge to combat the major killing and disabling diseases prevalent in the United States today—cancer, heart disease, arthritis and diabetes, neurological diseases, vision disorders, infectious diseases, and dental diseases—to study human development and the aging process, to investigate the relationship of environment to the human health, and to gain increased knowledge in the fundamental life sciences.

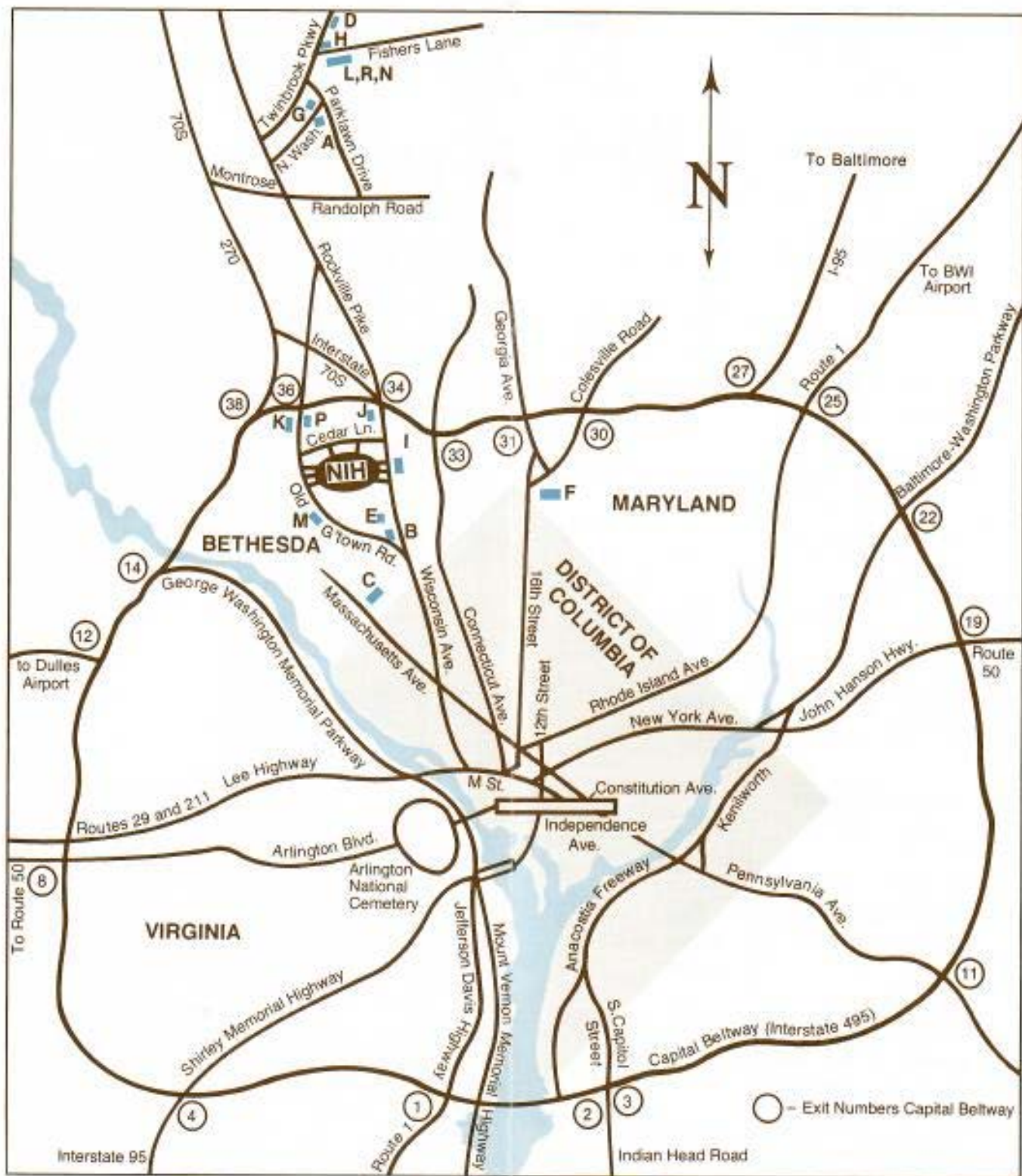
NIH Off-Campus Locations & Neighbors

OFF-CAMPUS LOCATIONS

- A** Park Building, 12420 Parklawn Dr., Rockville, Md.—NCI, NICHD, NIDR, NINCDS.
- B** Federal Building, 7550 Wisconsin Ave., Bethesda, Md.—NINCDS, NHLBI, NIADDK, NIA.
- C** Westwood Building and Annex, 5333 Westbard Ave., Bethesda, Md.—DRG, and select Extramural Programs of the Institutes.
- D** DANAC Warehouse, 12725 Twinbrook Pkwy., Rockville, Md.—Materiel Management.
- E** Landow Building, 7910 Woodmont Ave., Bethesda, Md.—NCI, NICHD.
- F** Blair Building, 8300 Colesville Rd., Silver Spring, Md.—NCI.
- G** DANAC Building, 12501 Washington Ave., Rockville, Md.—NIADDK.
- H** Twinbrook Building #1, 5640 Fishers Lane, Rockville, Md.—NIAID.
- NIH Animal Center, Poolesville, Md.—DRS, NIMH, NICHD.
- Research Triangle Park, N.C.—NIEHS.
- Gerontology Research Center, Baltimore, Md.—NIA.
- Rocky Mountain Laboratory, Hamilton, Mont.—NIAID.
- Framingham Heart Disease Epidemiology Study, Framingham, Mass.—NHLBI.
- Southwestern Field Studies Section, Epidemiology and Field Studies Branch, Phoenix, Ariz.—NIADDK.
- Ft. Detrick, Frederick, Md.—NCI, NINCDS, NIAID.
- R.A. Bloch International Cancer Information Center, 9030 Old Georgetown Rd., Bethesda, Md. Bldg. 82.

NEIGHBORS

- I** National Naval Medical Center, and the Uniformed Services University of the Health Sciences, Bethesda, Md.
- J** Federation of American Societies for Experimental Biology (FASEB), 9650 Rockville Pike, Bethesda, Md.
- K** American National Red Cross Blood Research Laboratory, 9312 Old Georgetown Rd., Bethesda, Md.
- L** Food and Drug Administration (FDA), and Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), Parklawn Building, 5600 Fishers Lane, Rockville, Md.
- M** Suburban Hospital, 8600 Old Georgetown Rd., Bethesda, Md.
- N** Health Resources and Services Administration (National Center for Health Statistics, National Center for Health Services Research, Bureau of Health Manpower, and Bureau of Health Planning and Resources Development) Parklawn Building, 5600 Fishers Lane, Rockville, Md.
- P** American College of Cardiology, 9111 Old Georgetown Rd., Bethesda, Md.
- R** National Institute of Mental Health, Parklawn Building, 5600 Fishers Lane, Rockville, Md.



Ronald Reagan Presidential Library Digital Collections

This is not a presidential record. This marker is used as an administrative marker by the Ronald W. Reagan Presidential Library Staff. This marker identifies that there was an object in this folder that could not be scanned due to its size.

Office of the Press Secretary

For Immediate Release

June 25, 1987

EXECUTIVE ORDER

- - - - -

PRESIDENTIAL COMMISSION ON THE
HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

By the authority vested in me as President by the Constitution and laws of the United States of America, including the Federal Advisory Committee Act, as amended (5 U.S.C. App. I), and in order to create an advisory commission to investigate the spread of the human immunodeficiency virus (HIV) and the resultant acquired immune deficiency syndrome (AIDS) in the United States, it is hereby ordered as follows:

Section 1. Establishment. (a) There is established the Presidential Commission on the Human Immunodeficiency Virus Epidemic to investigate the spread of the HIV and the resultant AIDS. The Commission shall be composed of 11 members appointed or designated by the President. The members shall be distinguished individuals who have experience in such relevant disciplines as medicine, epidemiology, virology, law, insurance, education, and public health.

(b) The President shall designate a Chairman from among the members of the Commission.

Sec. 2. Functions. (a) The Commission shall advise the President, the Secretary of Health and Human Services, and other relevant Cabinet heads on the public health dangers including the medical, legal, ethical, social, and economic impact, from the spread of the HIV and resulting illnesses including AIDS, AIDS-related complex, and other related conditions.

(b) The primary focus of the Commission shall be to recommend measures that Federal, State, and local officials can take to (1) protect the public from contracting the HIV; (2) assist in finding a cure for AIDS; and (3) care for those who already have the disease.

(c) In particular, the Commission shall (1) evaluate efforts by educational institutions and other public and private entities to provide education and information concerning AIDS; (2) analyze the efforts currently underway by Federal, State, and local authorities to combat AIDS; (3) examine long-term impact of AIDS treatment needs on the health care delivery system, including the effect on non-AIDS patients in need of medical care; (4) review the United States history of dealing with communicable disease epidemics; (5) evaluate research activities relating to the prevention and treatment of AIDS; (6) identify future areas of research that might be needed to address the AIDS epidemic; (7) examine policies for development and release of drugs and vaccines to combat AIDS; (8) assess the progression of AIDS among the general population and among specific risk groups; (9) study legal and ethical issues relating to AIDS; and (10) review the role of the United States in the international AIDS pandemic.

more

(OVER)

(d) The Commission shall make a preliminary report to the President not later than 90 days after the date the members of the Commission are first appointed or designated. The Commission shall submit its final report no later than 1 year from the date of this Order.

Sec. 3. Administration. (a) The heads of Executive departments and agencies, to the extent permitted by law, shall provide the Commission, upon request, with such information as it may require for purposes of carrying out its functions.

(b) Members of the Commission may receive compensation for their work on the Commission at the daily rate specified for GS-18 of the General Schedule. While engaged in the work of the Commission, members appointed from among private citizens of the United States, to the extent funds are available, may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law for persons serving intermittently in the government service (5 U.S.C. 5701-5707).

(c) The Office of the Secretary of Health and Human Services, subject to the availability of appropriations, shall provide the Commission with such administrative services, funds, facilities, staff, and other support services as may be necessary for the performance of its functions. The heads of other Executive departments and agencies, to the extent permitted by law, shall cooperate with the Commission and provide such personnel and administrative support as may be necessary for the performance of its functions.

Sec. 4. General Provisions. (a) The functions of the President under the Federal Advisory Committee Act, as amended (5 U.S.C. App. I), except that of reporting annually to the Congress, which are applicable to the Commission, shall be performed by the Secretary of Health and Human Services, in accordance with guidelines and procedures established by the Administrator of General Services.

(b) The Commission, unless sooner extended, shall terminate 30 days after submitting its final report to the President.

RONALD REAGAN

THE WHITE HOUSE,

June 24, 1987.

#

PUT A GAY ON THE AIDS PANEL



NANCY REAGAN
"Doesn't let go."

By RACHEL FLICK & RANDELL PIERSON

WASHINGTON — First Lady Nancy Reagan is pressing her husband to heed demands by gay leaders that a homosexual be appointed to the presidential advisory commission on AIDS, The Post has learned.

Gay leaders, citing statistics that 75 percent of the nation's 38,000 AIDS cases have been among homosexual men, have been lob-

Disease's impact on business
— Page 33

bying for representation on the 11-member panel.

And resentful administration officials say they may have no choice but to yield

now that Mrs. Reagan has spoken.

"Nancy Reagan has said her husband will look bad if no gay is appointed," said one senior administration official.

"Mrs. Reagan is just a tigress," the aide added. "When she gets her teeth into something, she just doesn't let go."

Two weeks ago, President Reagan named Dr. W. Eugene Mayberry, chief of the Mayo Clinic, head of the blue-ribbon commission.

Only hours after his appointment, Mayberry stunned gay leaders by admitting: "I'm no AIDS expert," adding the disease "is not my field of expertise."

Jeff Levi, executive director of the National Gay and Lesbian Task Force, said he was disappointed that Mayberry, 57, had no background in AIDS and urged that a homosexual be named to the panel.

"To not put someone openly gay on a commission on AIDS is equivalent to not putting Jews on a commission discussing or dealing with the Holocaust," said Levi.

"The experience of the gay and AIDS service communities is critical to an effective commission," he added.

The membership of the AIDS panel has been a political hot potato, with the administration divided over whether to urge chastity or condoms as a means of stopping the lethal disease.

Until now, the White House position has been that sexual orientation is irrelevant and would not be considered in selecting members of the AIDS panel.

After Mayberry's appointment, White House domestic policy advisor Gary Bauer said he would be "very surprised if an administration opposed to making appointments on the basis of race or sex would agree to make an appointment based on bedroom habits."

The equation has changed, however, because Mrs. Reagan is famous for her influence over White House decision-making—and for protecting her husband's reputation.



FORBES OF JULY . . . Malcolm Forbes and Virginia management consultant Libby Rook enjoy a lavish Fourth of July bash aboard his 150-foot yacht in New York Harbor Saturday night. The big-hearted tycoon invited Miss Rook to attend as a 44th birthday present after she wrote him a letter on a dare by co-workers. More fireworks action on Pages 20 and 21.

PLAST

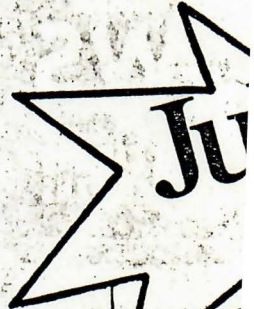
CO

Come after s

Reasonable



P
Th



EXPL on to



LEFT - CENTE SUIT. RIGHT

M 580 BR

ALL MAJ

CONTI

THE WHITE HOUSE

WASHINGTON

June 19, 1987

MEMORANDUM FOR ADMINISTRATION SPOKESMEN

FROM: TOM GIBSON *TG*
DIRECTOR OF PUBLIC AFFAIRS

SUBJECT: White House Talking Points

Attached, for your information, are materials on AIDS, which contain detailed federal funding statistics as well as the President's recent decisions concerning AIDS testing and education. Also included here is a recent Washington Post Op-Ed by Secretary of Labor William Brock which reviews the quality of the 13.6 million jobs that the American economy has created since 1982. May Highlights provides notable economic and domestic news. In addition, the President's remarks to the National Association of Manufacturers are included.

If you have any questions concerning them, or special requests, please contact the Office of Public Affairs at (202) 456-7170.

NATIONAL COMMITMENT TO AIDS

The President spoke yesterday evening to the American Foundation for AIDS Research about the Nation's battle against the Acquired Immune Deficiency Syndrome, AIDS.

The President commended the significant scientific gains of the past two years in AIDS research, noting that scientists have collected more information about AIDS in the past few years than they have collected on polio in 40 years.

The President reviewed the contributions his Administration has made in the battle against AIDS. The Federal Government will spend \$317 million on AIDS research this fiscal year, he said, over 40 percent of total Federal AIDS funding. For fiscal year 1988, the Administration has proposed boosting AIDS research funding by 30 percent, to \$413 million.

With respect to AIDS testing, the President announced his decision to:

- (1) Direct the Department of Health and Human Services (HHS) to determine the nationwide incidence of the AIDS virus;
- (2) Issue regulations requiring AIDS testing of aliens and immigrants;
- (3) Expand testing of Federal prisoners for the AIDS virus, and explore ways to protect uninfected inmates and the families to which they are released;
- (4) Review other Federal program areas where AIDS testing might be done; and
- (5) Encourage States to do increased routine testing for the AIDS virus.

The President said one aspect of the Federal role in meeting this challenge is to provide scientific, factual information. The private sector can also help get the message out. Our Nation's schools can work with parents to dispense information, he said, but AIDS education or any aspect of sex education should not be "value neutral."

FEDERAL AIDS FUNDING

The Federal Government will spend \$317 million in AIDS research this fiscal year, the President said. For fiscal year 1988, the Administration has proposed boosting AIDS research funding by 30 percent, to \$413 million. Increased spending will occur in all aspects of research and prevention activities.

WHITE HOUSE TALKING POINTS

Federal AIDS Funding (budget authority in \$ millions)

Fiscal Year	1985	1986	1987	1988
AIDS Research	79	179	317	413
Total AIDS Funding	121	436	766	1000

In fiscal years 1981 through 1988, the Federal Government will spend more than \$2.4 billion on AIDS. As the President said:

"Spending on AIDS has been one of the fastest growing parts of the budget, and, ladies and gentlemen, it deserves to be."

In addition to proposing necessary resources, the Reagan Administration has proposed improvements in the ways in which our AIDS dollars are spent. The Administration's fiscal year 1988 budget is designed to bolster the development of AIDS programs and ensure reliance on the best scientific judgment.

The President stated his Administration has been vigorously tearing down regulatory barriers so as to move AIDS drugs, such as AZT, from the laboratory, hospital, and pharmacist to the patient as quickly as possible.

AIDS TESTING

The President announced his recent decisions regarding AIDS testing and steps which should be taken by the Federal Government to prevent the spread of the AIDS virus in America.

1. Nationwide Incidence Study

The President has asked the Department of Health and Human Services (HHS) to carry out a comprehensive program to determine the nationwide incidence of the AIDS virus and to predict the future of its occurrence. Epidemiological studies will be implemented to determine the extent to which the AIDS virus has penetrated the various segments of our society. Widespread participation of the health care profession will be encouraged in the study.

2. Testing Aliens and Immigrants

The Immigration and Naturalization Act authorizes HHS to issue through regulation a list of dangerous contagious diseases for which immigrants and aliens seeking permanent residence in the United States could be denied entry. The Administration will issue a final rule placing AIDS on the list of dangerous contagious diseases.

WHITE HOUSE TALKING POINTS

3. Testing Federal Prisoners

The President has asked the Department of Justice to submit a plan for expanded testing of Federal prisoners for the AIDS virus, and ways to protect uninfected inmates and the families to which they are released.

4. Other Program Areas

The President has asked his Domestic Policy Council to review other Federal program areas where AIDS testing might be done and make recommendations for his consideration.

5. State Testing

The Federal Government will encourage States to offer routine testing for the AIDS virus. While recognizing an individual's choice, testing should occur where a medical examination or blood testing takes place, in Sexually Transmitted Disease clinics and drug abuse clinics, and before a marriage license is issued.

The Federal Government will also encourage States to require routine testing for the AIDS virus in State and local prison facilities.

NATIONAL COMMISSION ON AIDS

To help the American people understand the nature and extent of the AIDS problem, the President announced on May 4, 1987, the establishment of a national commission on AIDS. He directed his domestic policy staff to work with the Departments and Agencies to develop a charter. The commission will:

- (1) Evaluate efforts by educational institutions and other public and private entities to provide education and information concerning AIDS;
- (2) Analyze the efforts currently underway by Federal, State, and local authorities to combat AIDS;
- (3) Examine the long-term effect of AIDS treatment needs on the health care delivery system, including the effect on non-AIDS patients in need of medical care;
- (4) Review the U.S. history of dealing with communicable disease epidemics and review the efforts underway to record and archive the history of AIDS;
- (5) Identify future areas of research that might be needed to address the AIDS epidemic;

WHITE HOUSE TALKING POINTS

- (6) Examine policies for development and release of drugs and vaccines to combat AIDS;
- (7) Monitor the progression of AIDS among the general population and among specific risk groups;
- (8) Evaluate research activities relating to the prevention and treatment of AIDS; and
- (9) Study legal and ethical issues relating to AIDS.

The President said on May 4 the commission "will help us to ensure that we are using every possible public health measure to contain the spread of the virus."

AIDS EDUCATION

"Education is critical to clearing up the fears. Education is also crucial to stopping the transmission of the disease."

--- President Reagan

The Administration has asked Congress for \$104 million to be spent during fiscal year 1988 on AIDS education and information triple the amount spent just two years ago.

The President has outlined the Federal role in AIDS education: To focus on developing and conveying accurate health information on AIDS to educators and others, not mandating a specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.

But educational efforts should not be value neutral. The predominant causes of the spread of AIDS -- sexual relations and drug abuse -- need to be addressed. For young people, the best solution to prevent transmission is still abstinence; for adults, it is fidelity within marriage. And for everyone, it is saying no to drugs.

Mr. Reagan on AIDS

THE PRESIDENT'S Sunday-night speech on AIDS was sensible. Much talk had preceded the event—Mr. Reagan's first speech devoted entirely to this subject—and it was rumored that warring camps within the administration were trying to persuade him to take different positions. In the end the speech took something from both sides and set out a cautious approach.

Compassion was the keynote, as it was in Vice President Bush's speech on the same subject the following day. Both emphasized the human tragedy of the disease and insisted that its victims be treated without discrimination. "We must wage an all-out war against the disease," said the vice president, "not against people." Education was stressed, as was a commitment to treatment and research. All this will cost billions in the next few years; the administration is now on record as being willing to pay the price.

On the question of testing, the president stressed the moral obligation of government to protect those who do not have the disease. He called for mandatory AIDS tests in two areas. Would-be immigrants have always been subjected to tests for communicable disease, and the government is well within its rights in excluding carriers of this deadly virus. Federal prisoners

will be tested too. Here, there is a special obligation to identify carriers since society must protect those uninfected prisoners who must live in close proximity with carriers in a situation where rape is always a threat.

In other areas, the president's decisions are tentative. He calls for *review* of conditions in veterans hospitals to determine whether tests should be given routinely to protect health-care workers and other patients. He encourages the states to offer AIDS tests to those who apply for marriage licenses and those who use clinics that treat venereal diseases and drug problems. He asks the states to take steps to protect their own prison populations.

In a world unlike the one we know we live in, rigorous self-discipline and intelligently understood self-interest might be enough to stem the spread of AIDS. But they are not. That's why it is so important to take special measures to limit the spread of the disease. Safe sex should be taught; prisoners infected with the AIDS virus should be housed separately from others; hospital workers should be on notice about AIDS-infected blood. In light of the risk that is involved, these precautionary steps are neither unduly harsh nor unreasonable.

THE WHITE HOUSE

Office of the Press Secretary

For Release at 8:45 P.M. EDT
Sunday, May 31, 1987

TEXT OF REMARKS BY THE PRESIDENT
TO THE AMERICAN FOUNDATION
FOR AIDS RESEARCH AWARDS DINNER

Potomac Restaurant
Washington, D. C.

May 31, 1987

I do want to thank each of you for giving to the fight against AIDS. And I want to thank the American Foundation for AIDS Research and our award recipients for their contributions as well. I'm especially pleased a member of the Administration is one of tonight's recipients. Dr. Koop is what every Surgeon General should be -- an honest man, a good doctor, and an advocate for the public health. And I also want to thank other doctors and researchers who aren't here tonight. Those individuals showed genuine courage in the early days of the disease when we didn't know how AIDS was spreading its death. They took personal risks for medical knowledge and for their patients' well-being. And that deserves our gratitude and recognition.

I want to talk tonight about the disease that has brought us all together. The poet W.H. Auden said that the true men of action in our times are not the politicians and statesmen, but the scientists. I believe that's especially true when it comes to the AIDS epidemic.

Those of us in Government can educate our citizens about the dangers; we can encourage safe behavior; we can test to determine how widespread the virus is; we can do any number of things. But only medical science can ever truly defeat AIDS. We've made remarkable progress already.

To think, we didn't even know we had a disease until June of 1981 when five cases appeared in California. The AIDS virus itself was discovered in 1984. The blood test became available in 1985. A treatment drug, AZT, has been brought to market in record time; others are coming. Work on a vaccine is now underway in many laboratories.

In addition to all the private and corporate research underway here at home and around the world, this fiscal year the Federal Government plans to spend \$317 million on AIDS research and \$766 million overall. Next year, we intend to spend 30 percent more on research -- \$413 million out of \$1 billion overall. Spending on AIDS has been one of the fastest-growing parts of the budget, and, ladies and gentlemen, it deserves to be.

We are also tearing down the regulatory barriers so as to move AIDS drugs from the pharmaceutical laboratory to the marketplace as quickly as possible. It makes no sense -- and, in fact, it's cruel -- to keep the hope of new drugs from dying patients. And I don't blame those who were out marching and protesting to get AIDS drugs released before the T's were crossed and the I's were dotted. I sympathize with them, and we'll supply help -- and hope -- as quickly as we can.

Science is clearly capable of breathtaking advances, but it's not capable of miracles. Because of AIDS' long incubation period, it will take years to know if a vaccine works. These tests require time, and this is a problem money cannot overcome. We will not have a vaccine on the market until the mid to late 1990's at best.

more

Since we don't have a cure for the disease and we don't have a vaccine against it, the question is, how do we deal with it in the meantime? How do we protect the citizens of this Nation? And where do we start? For one thing, it is absolutely essential that the American people understand the nature and the extent of the AIDS problem. And it's important that Federal and State governments do the same.

I recently announced my intention to create a national commission on AIDS, because of the consequences of this disease on our society. We need some comprehensive answers. What can we do to defend Americans not infected with the virus? How can we best care for those who are ill and dying? How do we deal with a disease that may swamp our health care system? The commission will help crystallize America's best ideas on how to deal with the AIDS crisis. We know some things already -- the cold statistics. But I'm not going to read you gruesome facts on how many thousands have died or most certainly will die. I'm not going to break down the numbers and categories of those we've lost, because I don't want Americans to think AIDS simply affects only certain groups. AIDS affects all of us.

What our citizens must know is this: America faces a disease that is fatal and spreading. This calls for urgency, not panic. It calls for compassion, not blame. And it calls for understanding, not ignorance. It's also important that America not reject those who have the disease, but care for them with dignity and kindness. Final judgment is up to God; our part is to ease the suffering and to find a cure. This is a battle against disease, not against our fellow Americans.

We must not allow those with the AIDS virus to suffer discrimination. I agree with Secretary of Education Bennett -- we must firmly oppose discrimination against those who have AIDS. We must prevent the persecution, through ignorance or malice, of our fellow citizens.

As dangerous and deadly as AIDS is, many of the fears surrounding it are unfounded. These fears are based on ignorance. I was told of a newspaper photo of a baby in a hospital crib with a sign that said, "AIDS -- Do Not Touch." Fortunately, that photo was taken several years ago, and we now know there's no basis for this kind of fear.

But similar incidents are still happening elsewhere in this country. I read of one man with AIDS who returned to work to find anonymous notes on his desk with such messages as, "Don't use our water fountains."

I was told of a situation in Florida where three young brothers -- ages 10, 9, and 7 -- were all hemophiliacs carrying the AIDS virus. The pastor asked the entire family not to come back to their church. Ladies and gentlemen, this is old-fashioned fear and it has no place in the "home of the brave."

The Public Health Service has stated that there's no medical reason for barring a person with the virus from any routine school or work activity. There's no reason for those who carry the AIDS virus to wear a scarlet A.

AIDS is not a casually contagious disease. We're still learning about how AIDS is transmitted, but experts tell us you don't get it from telephones or swimming pools or drinking fountains. You don't get it from shaking hands or sitting on a bus, or anywhere else for that matter. And most important, you don't get AIDS by donating blood.

Education is critical to clearing up the fears. Education is also crucial to stopping the transmission of the disease. Since we don't yet have a cure or a vaccine, the only thing that can halt the spread of AIDS right now is a change in the behavior of those Americans who are at risk.

more

As I've said before, the Federal role is to provide scientific, factual information. Corporations can help get the information out; so can community and religious groups. And, of course, so can the schools -- with guidance from the parents and with a commitment, I hope, that AIDS education or any aspect of sex education, will not be value neutral.

A dean of St. Paul's Cathedral in London once said, "The aim of education is the knowledge not of facts, but of values." And that's not too far off. Education is knowing how to adapt, to grow, to understand ourselves and the world around us. And values are how we guide ourselves through the decisions of life. How we behave sexually is one of those decisions.

As Surgeon General Koop has pointed out, if children are taught their own worth, we can expect them to treat themselves and others with greater respect. And wherever you have self-respect and mutual respect, you don't have drug abuse and sexual promiscuity -- which, of course, are the two major causes of AIDS. Nancy, too, has found from her work that self-esteem is the best defense against drug abuse.

Now, we know there will be those who will go right ahead -- so, yes, after there is a moral base, then you can discuss preventatives and other specific measures.

And there's another aspect of teaching values that needs to be mentioned here. As individuals, we have a moral obligation not to endanger others -- and that can mean endangering others with a gun, with a car, or with a virus. If a person has reason to believe he or she may be a carrier, that person has a moral duty to be tested for AIDS. Human decency requires it. And the reason is very simple -- innocent people are being infected by this virus and some of them are going to acquire AIDS and die.

And let me tell you a story about innocent, unknowing people. A doctor in a rural county in Kentucky treated a woman who caught the AIDS virus from her husband, who was an I.V. drug user. They later got divorced, neither knowing they were infected. They remarried other people, and now one of them has already transmitted the disease to her new husband.

Just as most individuals don't know they carry the virus, no one knows to what extent the virus has infected our entire society. AIDS is surreptitiously spreading throughout our population, and yet we have no accurate measure of its scope. It is time we knew exactly what we were facing. And that is why I support routine testing.

I have asked the Department of Health and Human Services to determine as soon as possible the extent to which the AIDS virus has penetrated our society and to predict its future dimensions.

I have also asked H.H.S. to add the AIDS virus to the list of contagious diseases for which immigrants and aliens seeking permanent residence in the United States can be denied entry.

I have asked the Department of Justice to plan for testing all Federal prisoners, as well as looking into ways to protect uninfected inmates and their families.

In addition, I've asked for a review of other Federal responsibilities, such as veterans hospitals, to see if testing might be appropriate in these areas. This is in addition to the testing already underway in our military and foreign service.

Now let me turn to what the States can do. Some are already at work. While recognizing the individual's choice, I encourage States to offer routine testing for those who seek marriage licenses and

more

for those who visit sexually transmitted disease or drug abuse clinics. And I encourage States to require routine testing in State and local prisons.

Not only will testing give us more information on which to make decisions, but in the case of marriage licenses, it might prevent at least some babies from being born with AIDS. And anyone who knows how viciously AIDS attacks the body cannot object to this humane consideration. I would think that everyone getting married would want to be tested.

You know, it's been said that, when the night is darkest, we see the stars. And there have been some shining moments throughout this horrible AIDS epidemic. I'm talking about all those volunteers across the country who have ministered to the sick and the helpless.

For example, last year about 450 volunteers from the Shanti Project provided 130,000 hours of emotional and practical support for 87 percent of San Francisco's AIDS patients. That kind of compassion has been duplicated all over the country, and it symbolizes the best tradition of caring. And I encourage Americans to follow that example and volunteer to help their fellow citizens with AIDS.

In closing, let me read to you something I saw in the paper that also embodies the American spirit. It's something that a young man with AIDS recently said. He said, "While I do accept death, I think the fight for life is important, and I'm going to fight the disease with every breath I have."

#