



world AIDS day action kit
december 2001



www.globaltreatmentaccess.org

www.stopglobalaids.org

November 26, 2001

Dear friends and colleagues,

Each year, on December 1, the world is asked to focus on HIV/AIDS. The theme for World AIDS Day 2001 is "I care... Do you?" **To us, caring means taking action.**

For those of us living with or standing alongside people living with HIV, every day is World AIDS Day. We thank you for your efforts to combat this global epidemic, and join you in mourning those we have lost in the past year while committing to sustaining our fight for those living.

We have seen that it is through activist efforts and political advocacy that we can best fight HIV, stop the spread of new infections, and bring treatment to those in need. We hope this kit can further these efforts.

Today, in South Africa, people with HIV are mobilizing to fight for access to antiviral therapies that can prolong life and drastically reduce rates of transmission of HIV from mother to infant. November 26 is the first day of Treatment Action Campaign's court hearings to challenge the refusal of the South African government to provide these treatments to pregnant women living with HIV.

As you will read in TAC's letter in this kit, the decision to file this lawsuit was not easy. But, after meetings and negotiations and protests and more, they felt they had no choice but to turn to the courts. And now they are asking for our solidarity in their efforts.

For information on current advocacy campaigns on U.S. AIDS treatment issues, we recommend the Treatment Action Network of Project Inform: <http://www.projectinform.org/tan/tanlist.php3> / 800-822-7422

Please join us in the week before and after World AIDS Day to take action. We hope this kit will allow people with HIV, students, and others in the United States to continue to further our resolve to fight for the lives of people with HIV and those at risk of infection -- no matter who they are or where they live.

This kit contains:

- Request for solidarity from the Treatment Action Campaign (TAC) of South Africa
- Questions and answers on TAC's lawsuit for maternal-to-child transmission treatment access
- A sample letter for showing support with TAC's campaign for access to medication
- An action alert with background to increase the United States contribution to the Global Fund for HIV
- Update on the World Trade Organization and the TRIPS agreement that affects access to medication
- Enrollment form for the Health GAP Action Network to receive updates on these issues
- Information on how to join the Student Global AIDS Campaign

We hope you find this information useful and compelling. And thank you for taking action – on World AIDS Day and every day.

Sincerely,

Julie Davids, for Health GAP
jdavids@healthgap.org

Benjamin Wikler, for Student Global AIDS Campaign
wikler@fas.harvard.edu

Responding to TAC's Request for Solidarity

Information from ACT UP Philadelphia: actupphilly@critpath.org / 215-731-1844

ACT UP Philadelphia has endorsed the call for lawsuit solidarity with Treatment Action Campaign. We believe that it is important for AIDS activists in the U.S. to follow the lead of people with HIV and their allies in other countries in how we can assist their efforts in fighting for their lives.

Provided below is a sample support letter for email or faxing. Please contact us if we can provide additional assistance:



Sample Letter of Support: *please use this as a guide, and feel free to use your own words and ideas:*

Access to antiretroviral drugs for pregnant women and infants is a human right. It has been shown to drastically decrease transmission of HIV to children. Respected medical bodies worldwide recognize that the benefit of access to this medication for prevention of HIV transmission greatly outweighs potential risks.

[If you are a person living with HIV, or someone who has personal experience with HIV, treatment, children with HIV, the anti-apartheid struggle, etc, please consider writing a few sentences about your personal experiences with these issues.]

I stand in solidarity with Treatment Action Campaign's legal action to guarantee access to HIV preventive therapy for pregnant women and infants as part of a comprehensive program for the prevention of mother-to-child transmission of HIV.

Sincerely,

Name, affiliation, address, email, etc.

How do you send a fax to TAC in South Africa?

Actually, it's as easy as visiting a webpage! Just go to this link on the Internet:

www.actionnetwork.org/campaign/aids_sa

That link includes a sample letter and links for further information. When you write your letter, it will be faxed to Ambassador Sheila Sisulu, the South African Ambassador to the United States

What if I can't don't have internet access?

You can fax a letter directly to Ambassador Sisulu at (202) 265-1607 or fax to ACT UP Philadelphia: 215-731-1845, and we will fax it. You can also send your letter to Ambassador Sisulu, Embassy of South Africa in Washington, DC 3051 Massachusetts Ave NW, Washington, DC 20008

How can I get others to send letters of support?

Set up a letter-writing station with paper and pens at your local World AIDS Day event. Sponsor letter-writing at your school, congregation, support or activist group.

How can I help on my website?

You can post this link to your web site: www.actionnetwork.org/campaign/aids_sa to allow users to instantly send e-mails supporting the lawsuit to South Africa. Please also link to TAC's website: <http://www.tac.org.za/> and the Global Treatment Access campaign: www.globaltreatmentaccess.org.

Is TAC fighting for treatment access for all people with HIV or just for HIV prevention to infants?

TAC believes that access to treatment is a fundamental human right, and has been campaigning for full access to medication. Please see the **"Bredell Consensus Statement on the Imperative to Expand Access to Anti-Retroviral Medicines for Adults and Children with HIV/AIDS"** at www.tac.org.za or call us for a copy.

19th November 2001

Dear Friends:

GIVE WOMEN A CHOICE! GIVE CHILDREN A CHANCE!

TAC APPEALS FOR GLOBAL SOLIDARITY IN MOTHER-TO-CHILD-TRANSMISSION (MTCT) COURT CASE



On the 26-27 November 2001, South Africa will witness a court case that can help to alter the course of the HIV/AIDS epidemic in our country. The Treatment Action Campaign (TAC) calls on your support and solidarity to save people from unnecessary death and suffering. We ask you to encourage our government to change its tragic course in the HIV/AIDS epidemic. At heart, this court case is about giving women a choice and children a chance.

Across our country nearly 300 000 women with HIV will give birth this year. The majority do not know their HIV status and are not given information or medicine that can reduce the risk of HIV transmission to their children. As a consequence, at least 70 000 children will be infected with HIV during labour and through breastfeeding. They will suffer an unnecessary painful death.

The government has the resources and the opportunity to give women a choice to look after their own health and a chance to prevent their infants from becoming infected with HIV. But, it has dithered and reacted unscientifically, unlawfully and with no morality to calls for the implementation of MTCT prevention programmes.

For more than five years civil society, initially led by the AIDS Law Project and the AIDS Consortium, have lobbied government to implement MTCT programmes to reduce HIV transmission to infants. Since December 1998, TAC has led the call for government to take action.

We have petitioned, negotiated, written appeals, organised workshops and conferences, publicised the need for government action -- all to no avail.

In March 2000, Judge Edwin Cameron made the following appeal to the government in the presence of the Minister of Health at a national conference of people living with HIV/AIDS:

"Since 1994, very detailed and careful scientific and medical studies have been done on how to reduce the risk that a mother with HIV will transmit it to her baby during or after birth. The overwhelming scientific consensus is that effective anti-retroviral medication can be made available in a developing country to reduce transmission. Every month in our country, approximately five thousand babies are born with HIV. Medicines exist that, now, can reduce this figure by half. Economists have done detailed studies that show that this medication can be made available cheaply and affordably. Their studies have also shown that, from a purely economic point of view, it is better to save young babies from getting HIV than to let them fall sick and die of AIDS, and that intervention will save the country money.

"So overwhelming is the medical, scientific and economic consensus on these points, that many people find it almost impossible to understand why our Government is still delaying the immediate implementation of programs to prevent mother to child transmission of HIV. If government commits itself to helping pregnant mothers, it will throw a beam of hope onto the entire epidemic. It will throw a beam of light onto all our lives. If babies can be protected from exposure to HIV by giving medicine to their mothers, then all of us can hope that progressive implementation of an accessible drugs programme will save many more lives in South Africa and in our continent as a whole."

The government has spurned every opportunity to do the right thing. Despite the TAC's unshakeable support for the government during its court battle with the drug companies, TAC has had no option but to defend the rights of poor women with HIV and children against the government. For TAC, legal proceedings were our last resort - they give people who have lost faith in the government's commitment to address all aspects of the HIV/AIDS epidemic a legitimate and legal avenue to defend their constitutional rights to healthcare access, life, dignity and equality. We are not opposed to our government. We are opposed to the misguided and unconstitutional actions (or lack of them) on HIV/AIDS prevention and treatment. You can consult our court papers at www.tac.org.za

In August, we appealed publicly to the Government to abandon its opposition to the orders TAC is seeking from the court: access to Nevirapine for women and children who need it (under proper medical supervision), and a clear national programme to prevent mother to child HIV transmission. The Minister of Health spurned this appeal.

We therefore appeal to every person in South Africa and across the globe to support TAC's court action.

We urge you to write letters of support to TAC at the following address:

TAC National Office
Town One Properties, Sulani Drive, Site B, Khayelitsha.
Tel: +27 (0)21-364 5609 Fax: +27 (0)21 364 6653 Email: info@tac.org.za

Where possible, TAC requests supporters in South Africa to attend the hearing in court or to join demonstrations. We request that international allies arrange meetings with the South African Embassies to urge the South African government to settle the court case.

Please do not hesitate to make further enquiries.

Yours sincerely,

Siphokazi Mthathi (TAC)
Cati Vawda (Children's Rights Centre)
Dr. Haroon Saloojee (Save Our Babies)

For further information:

Webpage: www.tac.org.za

Press Reports: AIDS Activists Sue S. Africa Govt. (Associated Press)
http://dailynews.yahoo.com/h/ap/20011124/hl/south_africa_aids_2.html

South Africa AIDS Groups Go to Court Over Key Drug (Reuters)
http://dailynews.yahoo.com/h/nm/20011119/sc/aids_safrica_dc_1.html

HIV/Aids: TAC Vs State (Mail & Guardian)
<http://allafrica.com/stories/200111220258.html>

Q&A on preventing mother-to-child HIV transmission (MTCT) in South Africa

Selection from a FAQ available from Treatment Action Campaign at www.tac.org.za

Do all pregnant mothers with HIV transmit the virus to their children? No. There is some debate as to the precise transmission rate, which seems to differ within about a 20% range from study to study. It seems that 30% is a reasonable figure to use, but a recent study in Zimbabwe found a transmission rate of just over 40%.

Assuming a 30% rate, transmission occurs as follows in a typical sample of 100 births:

- * 5 infections occur in early pregnancy
- * 15 infections occur in late pregnancy and during birth
- * 10 infections occur as a result of breast-feeding

How many mother-to-child transmissions occur yearly in South Africa? The prevalence of the virus is not stable, so from year to year the numbers have been increasing. In 1999, it was estimated that over 60,000 mother-to-child HIV infections occurred.

How can mother-to-child transmission be prevented?

By giving the mother and child anti-retroviral treatment and encouraging mothers to use infant formula milk, mother-to-child transmission can be reduced substantially. There are a number of possible anti-retroviral regimens that can be used: (1) long-course AZT, (2) short-course AZT and (3) Nevirapine, among others. Long-course AZT is the most expensive, but also the most effective. TAC is advocating that short-course AZT or Nevirapine are minimum appropriate solutions for South African public antenatal clinics.

Short-course AZT requires the mother to take AZT from the 36th week of pregnancy. The Nevirapine regimen is much simpler and requires the mother to take Nevirapine once during labour and for a Nevirapine syrup to be given to the child once after birth.

Using the transmission rate of 30%, the number of infections that can be prevented using the latter two regimens coupled with infant formula milk is estimated to be *at least* 15, but probably closer to 20, per 100 births. Using the numbers discussed above,

- * 5 infections that occurred early in pregnancy cannot be prevented
- * approximately 10 of the 15 infections that occur in late pregnancy or just before birth will be prevented
- * 10 infections due to breast-feeding will be prevented.

Is there a constitutional obligation to implement a country-wide MTCT prevention programme?

By not implementing a country-wide programme, the following clauses in the South African constitution are being infringed by the government: right of mothers to make reproductive choices; right to health-care; right to dignity and equality; best interests of the child.

Isn't the government only obligated to implement MTCT prevention if it is within its available resources?

Yes, but it is within the government's resources. A number of independent studies published in prestigious peer-reviewed medical journals have shown that an mtctp programme is affordable. Actually an mtctp programme would probably save the state money, because of the cost saved on not having to treat HIV-positive children.

Won't implementing an MTCT programme result in a large number of orphans?

It is not ethical to let children die so that they don't become orphans. This is not even an ethic used in warfare. Besides, TAC is campaigning for all people, including mothers, to have access to HIV treatments.

Does taking legal action against the government mean that TAC is anti-government or anti-ANC?

No. TAC is not aligned to any political party. Actually, most, but not all, TAC activists are ANC members or supporters. However, the government is failing to combat the HIV problem appropriately and it is necessary for the TAC to do everything we can to change the government's attitude to the disease. Ideally, TAC would like the government to lead us in the fight against HIV.

World AIDS Day URGENT ACTION ALERT: FUND THE GLOBAL AIDS FUND

Call Congress to demand \$1 BILLION FOR THE GLOBAL AIDS FUND

Global AIDS Catastrophe Must Not Be a Low Priority

Escalating infection rates have lead to untold human suffering, preying most heavily on Africa and Asia. The economy and industry of entire nations are being destabilized by massive waves of death sweeping away working people. Entire regions are being depopulated, leaving countries made increasingly of orphans and the elderly. The spiraling destabilization will impact even rich countries.

Meaningful assistance from wealthy countries can dramatically increase access to medication and care that has made AIDS a chronic manageable disease in the United States.

ABOUT THE CALL TO ACTION

After years of worldwide activist campaigning, UN Secretary General Kofi Annan launched the Global AIDS and Health Fund at an OAU Summit in Nigeria on April 26. An international fund to treat and prevent AIDS, TB, and malaria is a long overdue attempt to bring vital resources to address the plague that threatens to erase many parts of the South.

International health experts have produced data demonstrating that only \$9.2 billion is needed to provide access to health care facilities, medicine, and large scale prevention programs needed to stop the spiraling AIDS emergency engulfing the planet. \$9.2 is less than 1/3 of the airline bailout, and less than 1/4 of one Osprey helicopter.

This spring, President Bush announced the first contribution to the fund of \$200 million (of redirected existing spending) for 2002. By setting the bar so low, momentum was dramatically slowed internationally. Major donors scaled back contributions.

Compassion matched with action from wealthy countries to the Global AIDS Fund will reduce the rate of new infections and create a bridge to survival for the 95% of the world with no access to medicine. If wealthy countries turn their back, almost all of the 30 million people living with AIDS will die.

Urge your Senators and Representative to sign on to a letter to President Bush currently circulating that requests a \$1 billion contribution to the Global AIDS and Health Fund.

You can reach your members of Congress by calling the Capitol Switchboard at 202-224-3121.

*House members should sign on by calling Michael Riggs in Rep. Barbara Lee's (D-CA) office at 202-225-2661 or by calling Mary Andrus in Rep. James Leach's (R-IA) office
Senators can sign on by calling Senator Patrick Leahy's office at: 202-224-4242.*

**For an on-line form letter you can send to your Representative and Senators, see:
[http://www.globalaidsalliance.org/cd Action.html](http://www.globalaidsalliance.org/cd_Action.html)**

BACKGROUND AND FAQ on the FUNDING ALERT for the GLOBAL FUND:

Aren't AIDS drugs too complex to take properly in poor countries?

It is extremely uncommon for a person with HIV starting therapy to be required to take complex pills regimens with difficult food restrictions. Most patients starting treatment now simply take 1-3 pills in the morning and 1-3 pills in the evening. Data indicates that regimen adherence rates are comparable between the United States, Côte d'Ivoire and Brazil.

How can we get lab tests and pills to 30 million people?

New treatment guidelines in the U.S. encourage people with HIV to delay starting therapy until they are at a higher risk of illness, measured by symptoms or low T-cell counts. Therefore, it is estimated that only 5-6 million of the world's 30 million people with HIV/AIDS are in need of treatment at any given moment, and that disease management can be tied to symptoms rather than lab tests.

Why not wait till next year?

The governance and priorities of the fund are being established now, and are being established in the context of inadequate political commitment from rich nations. Under a storm of worldwide criticism, President Bush and Secretary Powell have indicated that more money will be made available for the fund next year, if the fund performs acceptably. However, by setting the bar so low at the outset, the fund is being starved of resources before it starts. Policy makers have used the shortage of capital as grounds to argue against purchasing affordable generics or providing treatment at all — choosing instead to focus solely on prevention.

A global response to disaster should not be designed to fail or be hobbled at the outset. It must never be acceptable for the world's wealthiest countries to offer only spare change in the face of a human calamity unprecedented in history. It is not 'too late' this year.

Treatment or prevention?

Treatment access is a key component of a comprehensive prevention program. Access to treatment stimulates dialog about HIV and access to testing. Prevention services plateau at a low level of effectiveness without access to treatment. There is little incentive to seek HIV testing if the only possible result is a death sentence.

Aren't AIDS drugs too expensive?

Generic competition from high quality manufacturers has been shown to dramatically bring down the cost of medicine. But the Bush Administration is objecting to the use of affordable WTO-legal generic medicines, or even funding large-scale purchasing programs that could negotiate for best prices or issue competitive bids. These kinds of objections are why activists have pushed for an internationally administered fund, less subject to the political whims of the donors. In June during meetings of the WTO's TRIPS Council, the Bush Administration strongly opposed a request from over 60 countries — almost every nation present, rich or poor — to reform international drug monopoly laws to create more affordable medicines for poor countries that are being destroyed by AIDS.

In the United States, drug company monopolies on the products of publicly funded research result in drug costs of \$10,000 to \$18,000 per person with HIV per year. Legal generic manufacturers in Brazil, Canada, India, and Thailand have brought the costs of a year's supply of triple combination therapy treatment down to as little as \$350. With the economies of scale that could come from large-scale purchase and manufacture due to donations from the Global Fund and other resources, we are told by manufacturers and governments that drug costs could decrease to less than \$200 per person per year.

Patents have one purpose: to protect high prices. Drug companies sometimes talk about the need to protect profit incentives in order to spur research and development. While most AIDS drugs are invented at substantial U.S. taxpayer expense, there is very little profit for the pharmaceutical industry to be made or lost in the global South. Africa accounts for 1.3% of the global pharmaceutical market.

Why an international fund?

SCALE: Single-nation controlled funds were not able to attract the significant contributions needed to provide medicine and care to the 30 million people with AIDS with no access to medicine. Almost entirely prevention-focused bilateral efforts have not been large enough to mount the scale of prevention programs needed to staunch new infections.

POLITICAL FREEDOM: An international response not owned by a single country is needed to break outside of the political considerations of donors. For instance, a multilateral fund program reduces the influence of pharmaceutical companies opposed to the purchase of high quality, affordable WTO-legal generic medicines.

ADDITIONALITY: While the global fund will be able to serve many functions that bilateral aid programs cannot, it is important that contributions to the Global AIDS and Health Fund are in addition to funds administered by USAID.

SPEED: A new, nimble entity is being created to ensure that the fund is fast-moving and not subject to the bureaucratic delays associated with United Nations or USAID programs.

Which groups are working together for increased funding for the Global Fund?

Members of the Global Fund Working Group include: ACT UP Philadelphia, ACT UP New York, Church World Service, Global AIDS Alliance, Health GAP, National Council of Churches, RESULTS, and the Student Global AIDS Campaign.

Which legislators have endorsed the letter asking for \$1 Billion for the Global Fund?

House endorsements, as of 11/19/01

Al Wynn	Connie Morella	Eva Clayton	John Lewis	Nydia Velazquez
Anna Eshoo	Corrine Brown	Frank Pallone	John Olver	Pete Stark
Anthony Weiner	Corrine Brown	Gary Condit	Joseph Hoefel	Peter DeFazio
Barbara Lee	Cynthia McKinney	George Miller	Julia Carson	Robert Andrews
Barney Frank	Danny Davis	Greg Meeks	Ken Bentsen	Robert Brady
Bernie Sanders	David Bonior	Ileana Ros-	Lloyd Doggett	Robert Matsui
Betty McCollum	David Price	Lehtinen	Luis Gutierrez	Robert Wexler
Bob Filner	Dennis Kucinich	James Clyburn	Major Owens	Sam Farr
Bob Filner	Diane Watson	James Leach	Mark Foley	Sheila Jackson-Lee
Bobby Rush	Donald Payne	Jan Schakowsky	Mark Udall	Stephanie Tubbs-
Brian Baird	Donna Christensen	Jerrold Nadler	Maurice Hinchey	Jones
Carolyn Kilpatrick	Ed Pastor	Jesse Jackson	Maxine Waters	Sylvestre Reyes
Carrie Meek	Eddie Bernice –	Jim McDermott	Michael Capuano	Tammy Baldwin
Chaka Fattah	Johnson	Jim McGovern	Mike Honda	Tom Lantos
Charles Gonzalez	Edolphus Town	Jim Moran	Nancy Pelosi	Tom Udall
Charles Rangel	Eleanor Norton	Joe Baca	Neil Abercombie	William Jefferson
Ciro Rodriguez	Elijah Cummings	John Conyers	Nita Lowey	Zoe Lofgren

Senate Endorsements as of 10/18/01:

Sen. Leahy (D-VT), Sen. Mikulski (D-MD), Sen. Feinstein (D-CA), Sen. Durbin (D-IL), Sen. Murray (D-WA), Sen. Sarbanes (D-MD), Sen. Kennedy (D-MA), and Sen. Wellstone (D-MN).

HIV/AIDS Treatment Access and the Doha Meeting of the World Trade Organization

Eyewitness Report from Asia Russell of Health GAP: asia@healthgap.org

Activism Sets the Stage

The reach of the global movement to win affordable access to AIDS treatments and other essential medicines extended to Doha Qatar, at the 4th World Trade Organization (WTO) Ministerial Meeting this November 9-13. Poor country WTO members began the debate in May 2001. They wanted the upcoming Doha meeting to include a declaration stating that WTO rules on trade and patents couldn't prevent countries from taking steps to protect public health & promote access to medicines.

One specific WTO agreement -- called "TRIPS" (Agreement on Trade-Related Aspects of Intellectual Property Rights) -- was singled out by poor countries as damaging to public health. TRIPS requires countries to set up a strict 20-year patent protection system on all innovations, including essential products like medications, which means dramatic increases in drug prices.

The gains of global drug access activism —from the collapse of the bogus drug company court case against South Africa to the unraveling of the U.S. WTO complaint against Brazil's patent law—gave poor countries more leverage in their effort to win a pro-public health declaration on TRIPS. What was at stake—an existing declaration that put medication patent protection beneath the goal of protecting public health and access to drugs—was too much for drug companies and countries with the richest drug company markets to give up without a fight.



U.S.-led opposition

Not surprisingly, the U.S. trade team opposed the poor countries' position from the start. Other key government fighting the African nations' draft declaration were Switzerland, Japan, and the European Union -- the WTO countries and regions that join the U.S. as home to the most wealthy drug companies. These countries -- just like their resident drug companies -- insisted that TRIPS was not causing public health and drug access problems in poor countries, and that the proposed new wording would dangerously weaken TRIPS.

The poor countries and their supporters, however, considered the proposed language reasonable, no threat to the root of the patent protection system TRIPS sets out, and the least the WTO should be doing in response to the dramatic public health crises brought on by unequal treatment access worldwide. They demanded an explanation as to why trade rules should be permitted to threaten the public health and access to medicines.

A Step Forward

At several points, negotiations were rocky enough that it seemed as if the U.S.-led opposition would block a declaration on TRIPS and public health. After the coalition of poor countries supporting a strongly-worded declaration ballooned to more than 80, and after countries stood against the efforts by the U.S., Switzerland, Japan, and the EU to erode the coalition, negotiations turned a corner.

While the language finally ratified by the WTO Ministerial Meeting didn't include the most binding, legally-protective language the poor countries fought for, the declaration clearly favors the position of the poor countries at the expense of the drug companies and the rich countries' minority opinion.

The declaration put the WTO on record as acknowledging the relationship between patents and health, & supporting countries' efforts to protect public health and promote access to medicines for all.

To see the final document: http://www-chil.wto-ministerial.org/english/thewto_e/minist_e/min01_e/min01_14nov_e.htm

On the Horizon

The U.S. and the drug companies were able to delay a key question: can the few developing countries that have the capacity to manufacture drugs actually export cheap generic versions of new drugs to other poor countries in the near future without violating TRIPS rules? This is a very important question to resolve, because very few developing countries have the domestic capacity to produce drugs. Poor countries like India -- with a deadline for TRIPS implementation of 2005 -- will face changes in their ability to make copies of drugs that come to market after 2005, including how they will be allowed to export to countries that can't make the drugs.

The next step, according to the declaration on TRIPS and public health, will be taken at the upcoming meeting in 2002 of the TRIPS Council. The TRIPS Council is the WTO body that monitors implementation of TRIPS, and is charged with addressing this problem and reporting to the WTO General Council on the matter. Activists will be pressing for a resolution interpreting TRIPS rules to allow the export of drugs from countries with generic drug making capacity to countries without that infrastructure. Watch www.globaltreatmentaccess.org for developments.

The world needs your help to fight a killer.

AIDS is a crisis on par with the Black Plague.

22 million are already dead. 36 million more are infected. In sub-Saharan Africa, HIV infection rates often surpass 20% of adults. And 5.4 million people were infected last year—the crisis is growing. Dying of AIDS in a poor country, without access even to basic painkillers, is a slow and brutal process. It happens 8000 times every day.

AIDS is decimating our generation.

More than half of 15-year-olds in South Africa will die of AIDS before reaching 50. In Botswana, the toll could reach 85%. Across Africa, 13 million children have lost their parents to AIDS. Experts warn that South Asia could be next. Unless we stop this disease, millions upon millions of young people will die needlessly.

We know how to fight AIDS.

20 years into the AIDS plague, we have learned hard lessons. Prevention efforts must reach out to everyone in society, offering education, resources, and the rights to use them. Treatment can extend people's lives for years, and amplify the effectiveness of prevention by giving people a reason to be tested for HIV. And community support for orphans and affected children can help communities manage the social impact of the disease.

Billions of dollars are needed.

Prevention, treatment, and community support aren't cheap. Many African countries only spend \$10 per person each year on health—and can afford little more, when most people live on a dollar a day. The UN has called for \$7-10 billion in annual support from the world's rich countries.

Students must be part of the solution.

While political leaders talk a good game, they haven't backed up their words with money. Our generation, the first to grow up in the midst of the global economy and perhaps the first with a truly global conscience, can change the political game by demanding action from our elected officials. Our elders have failed to act. Will we join them in the complicity of silence, or will we raise our voices and address the greatest moral crisis of our age?

Join a national student movement. The Student Global AIDS Campaign—student initiated, student run, student focused—is a national group translating outrage into action. At more than 100 campuses across the U.S., we are writing to Congress,

meeting with legislators, and generating media attention around the global AIDS crisis. Along the way, we are educating our peers and raising thousands of dollars for grassroots groups overseas. And we need your help.

Contact us today.

Visit our web site, call 617-354-2968, or contact Marc at m_jacobson@stopglobalaids.org. From teach-ins across the U.S., to e-mail networks, we can help you start a chapter and become a force. The SGAC is supported by Global Justice, a youth-run non-profit organization seeking to politically mobilize our generation to create a better world.



The U.S. isn't doing its part.

Accounting for nearly a quarter of the world's economy, the United States could easily handle a \$2.5 billion share of the global AIDS bill. That's about ten dollars per citizen—the cost of a movie and popcorn. But last year, the U.S. spent only about \$300 million... and collected billions in debt payments. Congress must not stand by as our generation is wiped out across a continent—it must act to increase funding and cancel multilateral debt.

Help lead the movement.

Visit www.stopglobalaids.org



Join the Health GAP Action Network

Working together, we can fight the global AIDS epidemic

Join our email discussion list:

healthgap@critpath.org is an unmoderated list where articles, requests for information, and strategies related to treatment access are discussed.

Email listproc@critpath.org with the following message in the BODY of the e-mail: subscribe healthgap. (subject line of the message should be left blank.)



What is Health GAP (Global Access Project)?

We are an organization of U.S.-based AIDS and human rights activists, public health experts, fair trade advocates and concerned individuals who campaign against policies of neglect and greed that deny treatment to millions and fuel the spread of HIV. We are dedicated to eliminating barriers to global access to affordable life-sustaining medicines for people living with HIV/AIDS as key to a comprehensive strategy to confront and ultimately stop the AIDS pandemic. We believe that the human right to life and to health must prevail over the pharmaceutical industry's excessive profits and expanding patent rights.

What does Health GAP do?

We campaign for drug access and the resources necessary to sustain access for people with HIV/AIDS across the globe. We work with allies in the global South and in the G-7 countries to formulate policies that promote access, mobilize grassroots support for those policies, and confront governmental policy makers, the pharmaceutical industry and international agencies when their policies or practices block access.

What is the Health GAP Action Network?

The Health GAP action network furthers the struggle for global AIDS treatment access. From letter writing to protests to town meetings, our network helps mobilize the passion and power to bring lifesaving treatment to people with HIV. *There are many ways to participate in our network.* Please let us know how to reach you, and what you are interested in, using the form below.

Please mail or fax the form to: *Health GAP Action Network
584 Castro St. #416
San Francisco, CA 94114
Fax (415)-863-4740*

Or email: info@healthgap.org

Webpage: www.globaltreatmentaccess.org

I support the struggle for access to medication for people with HIV. I would like to:

- Receive action alerts via email
- Make phone calls to elected officials and others
- Write letters to elected officials and others
- Attend meetings with my elected officials on these issues
- Distribute Health GAP materials at local events
- Organize events in my community to educate others on these issues
- Organize a fundraising event for Health GAP
- Come to a rally or protest
- Other: _____

I have skills I could contribute: researcher, organizer, web design, graphic artist, etc:

I would like to make a donation to Health GAP:

- \$20
- \$50
- \$100
- Other

Please make checks payable to: Mobilization Against AIDS
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