Policy Making and the U.S. Response to Global HIV/AIDS

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Abstract

Policy Making and the U.S. Response to Global HIV/AIDS

Since it was first identified in the early 1980's, HIV/AIDS has become one of the world's most devastating epidemics, disproportionately affecting people in developing countries, particularly in Africa. A number of domestic and international efforts emerged to address the epidemic, including the creation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in 2003, which brought a huge surge in U.S. funding for global HIV/AIDS programs. Given the historical, political and public opposition to increasing funding for foreign assistance programs, this sudden spike in U.S. spending on global HIV/AIDS raises questions over how the policy process resulted in broad bipartisan political support for the creation of PEPFAR. While some previous literature focuses on various components of the politics surrounding the creation of PEPFAR, there has been little academic research which attempts to provide a complete picture of the policy making process that led to PEPFAR. In particular, previous research has not adequately addressed certain aspects of the policy making process, or provided a comprehensive explanation of the interests and events that shaped the policy process. In addition, previous research has not utilized existing theories of policy making or agenda setting.

This dissertation used punctuated equilibrium theory and the advocacy coalition framework as complementary lenses to explore the political processes and identify the key factors that generated and reinforced the emergence of PEPFAR. This research

utilized a detailed case history, which drew on a range of primary and secondary sources, and was supplemented by analysis of quantitative data. The overarching research question, which guided this dissertation, was: how did the politics of global HIV/AIDS and the process of policy formation result in the creation of PEPFAR? Additionally, this dissertation examined the interests and events that shaped the policy process leading up to PEPFAR; issue framing as well as public and congressional attention to the global HIV/AIDS epidemic leading up to PEPFAR; and the political agreements that were negotiated to satisfy the competing interests of various stakeholders.

My findings highlight a number of key elements of the policy process which enabled PEPFAR, including the importance of: both congressional and presidential leadership on global HIV/AIDS leading up to PEPFAR; the formation of broad coalitions resulting from activism among a range of interest groups; successful use of humanitarian rationales by Congress and the President to justify the program; and the evolution in the framing of global HIV/AIDS away from prevention and sexual behavior toward treatment and innocent victims. This dissertation builds on previous literature on the influences on decision-making around U.S. foreign assistance programs and contributes to research on policy change. By better understanding the process that led to a major change in one particular area of foreign assistance, academics, policymakers, and advocates can gain greater insight into how such factors can be employed to build potential political support for future large-scale humanitarian endeavors.

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Abbreviations

ABC	Abstinence, Be Faithful, and Condoms
AIDS	Acquired Immune Deficiency Syndrome
AmFAR	American Foundation for AIDS Research
ARV	Antiretroviral drugs
CARE Act	The Ryan White Comprehensive AIDS Resources Emergency Act
CDC	The Centers for Disease Control and Prevention
CSIS	The Center for Strategic and International Studies
DOD	U.S. Department of Defense
Doha Declaration	The Declaration on the TRIPS Agreement and Public Health
EO	Executive Order
FDA	U.S. Food and Drug Administration
GHI	Global Health Initiative
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
IFPMA	The International Federation of Pharmaceutical Manufacturers Association
LIFE	Leadership and Investment in Fighting an Epidemic
MCC	Millennium Challenge Corporation
MDGs	Millennium Development Goals
MSF	Médecins Sans Frontières
NGO	Non-governmental organization

NSC	National Security Council
OGA	Office of Global Affairs
OGAC	Office of the Global AIDS Coordinator
ONAP	White House Office of National AIDS Policy
PEPFAR	The President's Emergency Plan for AIDS Relief
PhRMA	The Pharmaceutical Research and Manufacturers of America
R&D	Research and Development
TB	Tuberculosis
TRIPS	Agreement on Trade-Related Aspects of Intellectual Property Rights
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
USTR	The United States Trade Representative
WHO	World Health Organization
WTO	World Trade Organization

Chapter One

Introduction

Since the identification of the Acquired Immune Deficiency Syndrome (AIDS) in 1981, and the discovery of the Human Immunodeficiency Virus (HIV) as the virus that causes AIDS in 1984, HIV/AIDS has spread rapidly throughout the world quickly emerging as a deadly and devastating epidemic.[1] By 1999, the World Health Organization (WHO) reported that HIV/AIDS had become the fourth largest killer worldwide, and the number one killer in Africa. But, even as prevention methods were identified and treatment regimens advanced, at the turn of the century, the vast majority of those affected by the disease in the developing world remained without access to such life saving advances.

As the severity of the problem grew, concern and attention mounted in the U.S. and throughout the world, and a number of domestic and international efforts emerged to address the epidemic. In 2003, in his State of the Union address, President George W. Bush proposed the President's Emergency Plan for AIDS Relief (PEPFAR), to commit $15 billion over the next five years, to "turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean" (Bush, 2003). Later that year, Congress authorized PEPFAR, and annual bilateral funding for U.S. global HIV/AIDS programs grew from about $800 million in 2001 to about $6 billion in 2008. A unique liberal-conservative coalition formed the basis of political support for PEPFAR, and while there have been a number of disputes about the implementation of the program, PEPFAR has continued to

[1] While AIDS was first recognized in 1981, it was later understood that the modern worldwide epidemic of HIV/AIDS began spreading in 1970s (Mann, 1989).

receive a rather unusually high level of bipartisan support in Congress. Congress reauthorized PEPFAR in 2008, with funding to combat global HIV/AIDS, Tuberculosis, and Malaria increasing to $48 billion over 5 years, and in 2013 Congress passed additional legislation extending a number of PEPFAR authorities.

This sudden spike in U.S. global HIV/AIDS funding and the emergence of PEPFAR, while not a major expenditure in light of the entire federal budget, is a major development in the realm of U.S. foreign assistance. Foreign aid expenditures only comprise approximately one percent of the $3.5 trillion in annual U.S. federal spending. But, in relation to foreign assistance spending, the emergence of PEPFAR represented a huge increase in funding. In particular, almost a fifth of all foreign assistance funding is now comprised of global health expenditures, the majority of which consists of global HIV/AIDS spending. Thus, while PEPFAR is not a large program compared to the entire federal budget, it does represent a substantial movement in international development policy and foreign assistance funding.

Additionally, in light of the traditional political and public opposition to U.S. foreign assistance expenditures, the emergence of PEPFAR and its broad bipartisan political support is intriguing. Since its inception, foreign assistance programs have endured strong political opposition in Congress. Senator Everett Dirksen characterized the Marshall Plan, which was the first modern foreign aid program, as “Operation Rat-hole,” and Senator Jesse Helms, who was a leading critic of such programs in the decades that followed, often bragged he had "never voted for a foreign aid giveaway" (Radelet, 2003). In addition, public opinion polls show that while the American public generally supports the principle of foreign aid, a strong majority of the public feels that the U.S. is

spending too much on foreign aid, and wants to drastically reduce spending on these programs (Program on International Policy Attitudes, 2001; Chicago Council on Foreign Relations, 2004). In light of this difficult political environment facing foreign assistance programs in the U.S., my research seeks to address how the policy process resulted in the creation of PEPFAR, a strikingly generous large-scale foreign assistance program. Ultimately, my findings highlight a number of aspects of the policy process that enabled the formation of PEPFAR, including: the importance of both congressional and Presidential leadership; strong conservative support and Republican leadership; broad coalitions among advocacy groups across atypical political boundaries; and the use of humanitarian rationales to justify the program. These findings offer lessons for policy makers and advocates of foreign assistance in building public and political support for new foreign assistance programs in the future.

This chapter provides a brief background on the history and progression of HIV/AIDS and the international response, as well as context on foreign assistance and PEPFAR. I also provide a description of the intended contribution and the research questions for this dissertation. In addition, this chapter includes an overview of the theoretical framework and methodology used in conducting this research, as well as an outline of the organization and structure of the remainder of the dissertation.

Background

Background on HIV/AIDS

HIV is a virus that attacks the immune system, putting people at risk for life-threatening infections, and AIDS is the most advanced stage of HIV infection. HIV attacks and destroys CD4 cells, the infection-fighting white blood cells of the immune system, making it difficult for the immune system to fight infections (U.S. Department of Health and Human Services, 2011). AIDS is diagnosed when a person infected with HIV has a CD4 count, the number of CD4 cells in a sample of blood, below a certain level.[2] HIV is transmitted from one person to another through specific body fluids. The most common ways HIV is transmitted is by having unprotected sex or sharing drug needles with a person infected by HIV. While it can take many years for HIV symptoms to develop, a person infected with HIV can spread the disease at any stage of HIV infection. The recommended treatment for HIV is antiretroviral therapy, which involves taking a combination of three or more medications daily. Antiretroviral therapy prevents HIV from multiplying and destroying infection-fighting CD4 cells, helps the body fight off life-threatening infections and cancer, and prevents HIV from advancing to AIDS. Although antiretroviral therapy does not cure HIV, HIV-infected individuals can enjoy a healthy life and live much longer than without treatment (U.S. Department of Health and

[2] A healthy person has a CD4 count between the range of 500 to 1,200 cells/mm^3. According to the U.S. Department of Health and Human Services, HIV-infected individuals with a CD4 count under 500 cells/mm^3 should begin taking antiretroviral therapy. An HIV-infected person with a CD4 count less than 200 has AIDS (U.S. Department of Health and Human Services, 2011).

Human Services, 2011). In addition, early detection of HIV and starting treatment before symptoms develop can help infected individuals stay healthy, and treatment can also reduce the risk of transmission.

AIDS was first identified in 1981, and at first very little was known about how the disease was contracted and even less about how it should be treated. In 1984, HIV was isolated as the virus that causes AIDS, and scientists quickly learned critical information about how the disease was spread. But, educating the public about HIV/AIDS, which is a key factor in prevention efforts, proved to be more difficult. At the beginning of the epidemic in U.S. and other developed countries, HIV/AIDS was concentrated among homosexual men and intravenous drug users. As a result, even though the disease quickly spread to the broader population, the history of HIV/AIDS in the U.S. is intertwined with the treatment of homosexuals. In addition, even as education campaigns and public discourse on HIV/AIDS became more prominent, discussions and efforts to prevent HIV/AIDS continued to be plagued by stigma and attitudes towards sexual behavior.

Developing effective treatment for HIV/AIDS took until the mid to late 1990s, and in the meantime HIV/AIDS quickly emerged as a worldwide epidemic. In 1990, there were around 8 million people living with HIV/AIDS, and by 1997 this number has risen to over 22 million. In 1987, the U.S. Food and Drug Administration (FDA) approved the first antiretroviral drug, and by the end of the 1990s a number of highly effective interventions to treat HIV/AIDS had been identified by public health experts. These new treatments translated to great improvements in life expectancy for those living with HIV/AIDS in the U.S. and other wealthy countries, and by the late 1990s, the tide of HIV/AIDS in the U.S. dramatically improved as the rates of new infections began to fall.

While the death rates in the United States slowed, the HIV/AIDS epidemic globally was reaching new catastrophic levels. By 2000, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that there were almost 35 million people living with HIV/AIDS, the majority of which were living in developing countries. In addition, 13 million children had been orphaned as a result of HIV/AIDS, and over 5 million new infections were emerging every year. Furthermore, the high cost of newly developed treatments meant that the majority of people living with HIV/AIDS in developing countries were unable to access the lifesaving treatment. With prices close to $10,000 to $15,000 per person per year (Avert, 2014a), there was an increasing disparity in the trends of the epidemic and access to drugs between those in wealthy and developing countries.

As the disease spread, killing and infecting millions, concern and attention to global HIV/AIDS mounted in the U.S. and throughout the world in the late 1990s and early 2000s. In 1996, UNAIDS was established to coordinate HIV/AIDS efforts across the UN system. In 2000 the United Nations (UN) Security Council held a session on HIV/AIDS, and the UN addressed the issue again in 2001 at a UN General Assembly Special Session on HIV/AIDS. Also in 2000, the UN established eight international development goals, the Millennium Development Goals (MDGs), which among other things, set out to halt the spread of HIV and achieve universal access to treatment. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) was established in 2002 to rapidly disburse grants to developing countries for prevention and treatment efforts.

In addition to the U.S. participating in and leading many of these international discussions, the issue of global HIV/AIDS also gained political attention domestically as well. The Clinton administration declared AIDS a national and global security threat in 2000, which marked the first time that the National Security Council (NSC) had become involved in addressing an infectious disease. In addition, AIDS activists staged protests on drug prices and access to HIV/AIDS medicines, and many religious and global health groups began calling for stronger action from the U.S. government. U.S. spending to address global HIV/AIDS began to increase in the early 2000s, and there were some members of Congress calling for further action, but the monumental change in U.S. policy on global HIV/AIDS came in 2003, after President Bush announced PEPFAR.

Background on U.S. Foreign Assistance

U.S. foreign assistance programs are implemented in over 150 countries to promote international security and economic development by working to decrease extreme poverty and increase economic and political stability abroad. These activities include economic, humanitarian assistance, and military aid programs such as, food aid aimed at increasing nutrition and food security, security assistance to prevent and respond to conflict, global health programs designed to address a range of health epidemics, and disaster assistance following natural catastrophes such as floods and earthquakes. In addition to promoting sustainable economic growth and reducing poverty throughout the world, U.S. foreign assistance programs are also an important component of the broader set of policies that constitute U.S. foreign policy and national security policy.

Modern U.S. international development programs began when a series of assistance programs, known as the Marshall plan, after then Secretary of State George Marshall, were established to assist Europe in rebuilding its infrastructure and economy after World War II. Following the Marshall plan, international development programs continued to grow and evolve, and in 1961, President John F. Kennedy signed the U.S. Foreign Assistance Act, which established a structure for these programs, and created the U.S. Agency for International Development (USAID). While USAID implements the majority of U.S. international development programs, today there are a number of other agencies involved in implementing such programs including the Departments of State,[3] Defense, and Treasury and the Millennium Challenge Corporation (MCC).

Foreign assistance is a very small portion of the entire U.S. federal budget. Over half of the federal budget, approximately 55 percent, is spent on mandatory spending programs including Social Security, Medicare and Medicaid, another 20 percent is comprised of discretionary spending on defense, approximately 6 percent is devoted to paying interest on the federal debt, leaving 19 percent for all non-defense discretionary spending, of which foreign assistance is a small part (Congressional Budget Office, 2011). In total, foreign assistance funding comprises approximately 1 percent of annual U.S. federal spending. The U.S. provides more funding for development assistance programs than any other donor country, but when measured as a percent of gross domestic product, the U.S. is often last among major donors. Funding for U.S. foreign assistance programs has fallen steadily since the late 1940s and early 1950s, with a few periodic increases, falling to its lowest levels in the late 1990s (Tarnoff and Lawson, 2009). Funding for

[3] USAID is now part of the Department of State, and there are other offices and bureaus within the State Department that implement foreign assistance programs as well.

these programs began to rise after the September 11th terrorist attacks in 2001, when foreign aid became a large part of foreign policy, particularly in reconstruction efforts in Afghanistan and Iraq, in addition to the creation of new initiatives, MCC and PEPFAR (Tarnoff and Lawson, 2009). The share of U.S. foreign aid allocated to African countries rose from 13 percent in 1998 to almost 29 percent in 2008, largely as a result of PEPFAR funding which is concentrated on Africa (Tarnoff and Lawson, 2009).

As noted earlier, foreign assistance programs have a long history of opposition in Congress, and while the public is generally supportive of humanitarian assistance, there is strong public support for cutting foreign assistance spending. In particular, the purpose and effectiveness of foreign assistance policy has been the source of fierce debate, leading to constant criticism over its implementation, multiple attempts at reform, and reoccurring proposals to slash its budget (Friedman,1958; Bauer, 1971; Boone, 1996; Lancaster, 2007). While the bulk of U.S. foreign assistance funding is used to procure U.S. goods and services, the benefits are aimed at those in recipient countries. Other than the industries selling the goods and services to the U.S. government, there is not an obvious political constituency for these programs. The political support that underlies U.S. foreign assistance programs is a complex issue that has been the source of much academic and political debate, which underscores the exceptional nature of the creation of PEPFAR. Accordingly, the historical resistance to U.S. foreign assistance programs makes the significant policy change that resulted from the creation of PEPFAR, and the conditions that led to such a change, a compelling research question.

Background on PEPFAR

After President Bush proposed and Congress authorized PEPFAR in 2003, PEPFAR received its first congressional appropriations and began operations in 2004. A new organizational structure, the Office of the Global AIDS Coordinator (OGAC) in Department of State, was created to implement PEPFAR. The U.S. Global AIDS Coordinator, who holds the rank of Ambassador, and is appointed by the President and confirmed by the Senate, leads PEPFAR. PEPFAR authorization required the Coordinator to "(1) operate internationally to carry out prevention, care, treatment, support, capacity development, and other activities for combating HIV/AIDS; and (2) to transfer and allocate funds to relevant executive branch agencies; and (3) to provide grants to, and enter into contracts with, nongovernmental organizations (including faith-based and community-based organizations) to carry out" such activities (U.S. Leadership Act, P.L. 108-25, 2003).

PEPFAR activities mainly encompass (1) prevention efforts, including: education programs; counseling and testing; prevention of mother-to-child transmission; and blood safety; as well as (2) treatment and care programs, including: programs to strengthen health care delivery systems and capacity to delivery HIV/AIDS pharmaceuticals; strengthening and expanding hospice and palliative care programs; and provision of pharmaceuticals and therapies for the treatment of opportunistic infections, and nutritional support. PEPFAR initially operated in 15 focus countries, but the program has expanded, currently providing U.S. bilateral HIV/AIDS funding in 65 countries, and concentrated in 31 countries. PEPFAR also seeks to establish partnership frameworks

with country governments, a five-year joint cooperation agreement to combat HIV/AIDS in the host country through service delivery, policy reform, and coordinated financial commitments.

Most PEPFAR funding is appropriated to OGAC, which distributes these funds to other U.S. agencies involved in implementing the program. In particular, USAID and Department of Health and Human Services (HHS) are the primary PEPFAR implementing agencies. PEPFAR prevention, treatment and care activities are executed primarily through grants and contracts to foreign entities, such as non-governmental organizations (NGOs) and other implementing partners such as ministries of health. USAID staff located throughout the world focus predominantly on procurement and management of these grants, as well as providing support to governments, NGOs and the private sector on efforts to address HIV/AIDS. HHS provides technical assistance to foreign governments and other health institutions, relying on health advisors, clinicians, epidemiologists, and other experts from agencies within HHS, including Centers for Disease Control and Prevention (CDC), the National Institutes of Health. Other U.S. government implementing departments and agencies of PEPFAR include the Departments of Defense (DOD), Commerce, Labor, and the Peace Corps. For instance, DOD works on assisting foreign militaries with HIV/AIDS prevention activities. The Global AIDS Coordinator is responsible for setting policy and coordinating the activities of all U.S. agencies involved in PEPFAR. In addition, some PEPFAR funding is distributed to multilateral organizations addressing global HIV/AIDS, such as the Global Fund.

PEPFAR is required to submit to Congress a comprehensive, integrated, five-year strategy to combat the global spread of HIV and AIDS, in addition to a comprehensive annual report on PEPFAR implementation and results. Together these reports lay out specific activities, goals and targets of PEPFAR. For example, the second five-year PEPFAR strategy laid out specific targets, including; support the prevention of more than 12 million new HIV infections; double the number of at-risk babies born HIV-free, from the 240,000 babies of HIV-positive mothers who were born HIV-negative during the first five years of PEPFAR; provide direct support for more than 4 million people on treatment; support care for more than 12 million people, including 5 million orphans and vulnerable children (OVCs); and support training and retention of more than 140,000 new health care workers to strengthen health systems.

Over ten years after the creation of PEPFAR, the program continues to be a major component of U.S. development assistance. President Barak Obama launched the Global Health Initiative (GHI) in 2009, of which PEPFAR remains the cornerstone and largest component. In the face of budgetary cutbacks throughout the federal government, PEPFAR funding has remained relatively constant at over $6.5 billion per year through fiscal year 2014. As of September 2014, as a result of PEPFAR, 7.7 million people had received antiretroviral treatment, over a million babies were born HIV-free, 50 million HIV tests were provided, including counseling for those tested, and millions of orphans and vulnerable children received care and support.

Intended Contribution and Research Questions

Since the beginning of modern U.S. foreign assistance, there has been a significant body of research evaluating the purpose of such programs. In particular, much of this research has centered on identifying whether humanitarian, economic or foreign policy interests drive foreign aid decisions. To assess the relative importance of these three justifications, there is a body of research that examines the allocation of foreign aid funding of the major donors in order to determine which goals primarily guide the aid decisions of donors. Some studies find that the level of need in the recipient country drives donor allocation decisions, demonstrating that humanitarian considerations are the leading force behind foreign aid (Dowling and Hiemenz, 1985; Gillis, Perkins, Roemer and Snodgrass, 1992; Trumbull and Wall, 1994; Wall, 1995). For example, Trumbull and Wall (1994) also find that foreign aid allocations are determined by the needs of recipient counties, based on outcomes of health and human rights such as infant mortality and level of political rights.

There is some research demonstrating that economic incentives dominate foreign aid allocation decisions (Mayer and Raimondos-Møller, 2003). Mayer and Raimondos-Møller (2003) argue that foreign aid is largely driven by the economic goals of the donor country, and not humanitarian or other foreign policy considerations. Relatedly, some research focused on food aid, concludes that food aid is administered primarily based on economic considerations, as researchers highlight the domestic political interests of U.S. food producers and the U.S. shipping industry (Diven, 2006; Hansen, 1991; Mousseau and Mittal, 2006).

A significant portion of the literature suggests that such programs are used as a tool to achieve larger political and foreign policy objectives (Alesina and Dollar, 2000; Dudley and Montmarquette, 1976; McKinlay and Little, 1977 and 1979; Burnside and Dollar, 2000; Schrader, Hook, and Taylor, 1998; Beenstock, 1980). For example, McKinlay and Little (1977 and 1979) find that U.S. aid flows are to correlated with political and security concerns, and Dudley and Montmarquette (1976) find that political ties between the recipient country and donor country play a large role in donor country decisions. There is also a growing body of literature looking beyond aid allocations that suggests that these programs are guided by a mixture of humanitarian, foreign policy and economic considerations (Lancaster, 2007; Riddell, 2007).

In addition, there is significant literature focused on the effectiveness of foreign aid programs, with some pointing to negative outcomes (Bauer, 1971; Boone, 1996; Friedman, 1958; Svensson, 2000) and others noting positive effects (Lancaster, 2007). In particular, Friedman (1958) and Bauer (1971) argue that foreign aid has an inverse relationship with economic growth, while Lancaster (2007) points out that it would be irrational and potentially misleading to evaluate foreign aid effectiveness according to only one of its many purposes.

The major developments in global HIV/AIDS, and the efforts to address the epidemic, have also generated some academic and popular literature considering various aspects of these changes. Such literature has touched on the framing of the HIV/AIDS problem (Elbe, 2006; Ingram, 2007; Saksena, 2011; Sheehan, 2008; Dietrich, 2007; Sagala, 2010), the role of civil society, particularly religious groups (Burkhalter, 2004; Carlson-Thies, 2009; Doonan, 2010), the development of new norms on global health

(Forman, 2008; Gartner, 2011; Halbert, 2002; Youde, 2008), and the implementation and efficacy of PEPFAR and other efforts to address global HIV/AIDS (Biehl, 2007; Boyd, 2010; Evertz, 2010; Hazel, 2007; Holmes et. al., 2010).

In particular, some researchers have concluded that global HIV/AIDS was framed as a security issue (Elbe, 2006; Ingram, 2007) while others put forth that the need to address HIV/AIDS was framed using multiple justifications (Saksena, 2011; Sheehan, 2008) or that there was a shift from security to humanitarian justifications leading up to PEPFAR (Dietrich, 2007; Sagala, 2010). There have been a number of articles on the role of civil society, particularly religious groups, on the creation and implementation of PEPFAR, with many highlighting the strong influence of Christian groups (Burkhalter, 2004; Carlson-Thies, 2009; Doonan, 2010). Others have highlighted the change in discourse regarding global HIV/AIDS, particularly the development of a new international norm focused on a right to health and a right to treatment (Forman, 2008; Gartner, 2011; Halbert, 2002; Youde, 2008). Finally, some researchers looked at the efficacy of PEPFAR and other global HIV/AIDS efforts in addressing the epidemic, particularly prevention and treatment priorities (Biehl, 2007; Boyd, 2010; Evertz, 2010; Hazel, 2007; Holmes et. al., 2010).

The existing research on the politics of PEPFAR and global HIV/AIDS outlined above highlights some of the potential political influences on PEPFAR, but, there has been little academic research which attempts to provide a complete picture of the policy making process that led to PEPFAR. For instance, past research has not included key components of the policy making process such as the role of public attention, official attention, policy subsystems, policy-oriented learning, belief systems, as well as major

internal or external events. In addition, previous researchers have not utilized existing theories of policy making or agenda setting as a lens to investigate the process that led to the emergence of PEPFAR. This dissertation uses existing theories of policy making as a lens to assess the role and interaction between the many potentially important components of the policymaking process, which ultimately led to the creation of PEPFAR. In particular, my research draws on theories of policy making to identify factors and patterns that influenced the policy process leading up to PEPFAR.

The emergence of PEPFAR and the broad bipartisan support for its formation represented an unexpected development in U.S. foreign assistance funding and policy. In addition, there is great difficulty in justifying new programs or expenditures in foreign aid, as these programs are regularly subject to cutback proposals. Accordingly, a complete picture of the policy making process that led to a major change in one particular area of foreign assistance, can help academics and policymakers gain greater insight into how such factors can be employed to build political support for future large-scale humanitarian endeavors. In addition, this research will build on previous literature on the influences on decision-making around U.S. foreign assistance, and contribute to literature on agenda setting and policy change.

Through focusing on the U.S. response to the global HIV/AIDS epidemic, this dissertation will explore the political processes that generated and reinforced the emergence of PEPFAR. The research will be guided by the overarching question: how did the politics of global HIV/AIDS and the process of policy formation result in the creation of PEPFAR? Additional questions addressed through this research include:

1. What interests and events shaped the policy process leading up to PEPFAR? In particular, to what extent were religious groups, global health groups, the pharmaceutical industry, and international community influential over the policy process leading up to PEPFAR?
2. How did issue framing as well as public and congressional attention to the global HIV/AIDS epidemic change leading up to PEPFAR?
3. What political agreements were negotiated to satisfy the competing interests of various stakeholders? Specially, did one party dominate or control the process in order to achieve political concessions during negotiations over PEPFAR?

Theoretical Framework and Methodology

Theoretical Framework

This research uses theories of agenda setting and policy change to explore the political processes and identify the key factors that generated and reinforced the emergence of PEPFAR. The sudden spike in global HIV/AIDS funding resulting from the creation of PEPFAR appears to be an example of what Baumgartner and Jones (1993) described as punctuated equilibrium. Baumgartner and Jones put forth the theory of punctuated equilibrium in order to explain why the American political system tends to yield prolonged periods of stability characterized by sudden incremental changes. Through evaluating the role of issue framing and the policy subsystems, as well as measures of public and official attention to a particular policy area, punctuated

equilibrium theory attempts to explain how certain issues rise to the public agenda, often causing sudden changes in policy or funding. PEPFAR's creation involved a number of characteristics which are present in punctuated equilibrium theory including: rapid change in U.S. policy and funding in this area; the creation of a new institutional structure designed to implement the program; potential creation of an HIV/AIDS policy monopoly; the growing urgency of the HIV/AIDS epidemic coupled with increased public awareness; the lofty goals associated with providing treatment and services to those affected by HIV/AIDS; and public opinion campaigns as well as major public speeches on the topic. According to punctuated equilibrium, each of these factors can contribute to an issue arising on the public agenda thereby leading to rapid change in a policy area, such as the creation or destruction of a policy or program.

The creation of PEPFAR can also be assessed through the lens of advocacy coalition framework developed by Sabatier and Jenkins-Smith (Sabatier, 1988; Sabatier and Jenkins-Smith, 1993; 1999) who set out to explain policy change through focusing on the behavior of elites in policy subsystems. Advocacy coalition framework suggests that actors in a policy subsystem organize into a few coalitions based on certain shared beliefs, and such coalitions push for certain policy outcomes based on their shared beliefs. The framework explains policy change as the result of both policy-oriented learning among the coalitions, as well as changes external to the policy subsystem, including changes to socio-economic conditions or system-wide governing coalitions. Similarly, the political landscape leading up to PEPFAR involved participation from a wide range of elite stakeholders, as well as other changes outside of the policy subsystem, which could potentially explain the emergence of PEPFAR. For instance, elites, including global

health and development experts, religious groups, and the pharmaceutical industry, all held strong beliefs related to family planning, religion, and intellectual property rights – which all impact potential policy proposals on global HIV/AIDS. These strong belief systems may have been the basis for a few competing coalitions during the lead up to PEPFAR, with policy-oriented learning potentially playing a role in certain coalitions' positions on global HIV/AIDS. In addition, major socio-economic changes in the policy area, such as the massive reduction in the cost of HIV/AIDS treatment, or the change in governing coalitions in the U.S. may have also played a role in the policy change.

This dissertation also draws on other related theories of policymaking, including those of bounded rationality, agenda setting, interest groups, and issue framing. For instance, the Multiple Streams model put forth by Kingdon (1984) depicts the policy process as comprised of independent streams of problems, solutions, and politics, with the policy process determined by the artful connection of solutions to problems. Simon's concept of bounded rationality explains that rational decision-making is limited by constraints on time and information, enabling the consideration of very few issues simultaneously. Lindblom's model of policymaking, which is based on the notion that incrementalism characterizes political decision-making, also assumes that policy actors are faced with bounded rationality (Lindblom, 1959). In addition, Wildavsky's description of the budget process is based on this notion of incrementalism, whereby an agency's budget is based on the allocation from the previous year (Wildavsky, 1984). Incrementalism is an important aspect of punctuated equilibrium, which characterizes the policy process as incremental with occasional large-scale departures from the past.

The notion of policy subsystems, which is a key aspect of both punctuated equilibrium theory and advocacy coalition framework, is based on Heclo's notion of issue networks or policy subsystems (Heclo, 1974; 1978). Also related to the concept of policy subsystems is Lowi's theory on interest group liberalism, which provides useful insights into the process by which interest groups are able to influence policy making and oversight Washington (Lowi, 1969). The concept of issue framing, which also plays a large role in punctuated equilibrium theory, relates to Stone's characterization of issue definition whereby policy makers and interest groups define problems in such a way that certain policies are deemed necessary (Stone, 1988).

Ultimately, this dissertation relies on punctuated equilibrium and advocacy coalition framework as the primary theoretical lenses for assessing the policy process leading to PEPFAR, and also draws on related theories of agenda setting and policymaking. In utilizing these theories, I considered punctuated equilibrium theory and advocacy coalition framework complementary lenses to analyze the policy process leading to PEPFAR. Both theories seek to explain policy change through emphasizing the importance of various aspects of the policy process. As such, my research draws on particular aspects of these theories to identify factors and patterns that potentially influenced the policy process leading up to PEPFAR. For example, punctuated equilibrium informed my focus on major events, as well as public and official attention to and framing of global HIV/AIDS leading up to PEPFAR; and advocacy coalition framework influenced my emphasis on the role of interest groups, policy-oriented learning, and external changes. My research did not seek to use these theories for

falsification, but instead to inform my analysis of the factors that influenced the policy process leading to PEPFAR.

Methodology

This dissertation utilizes mostly qualitative and some quantitative techniques, employing a range of methods including a case history and analysis of data. This approach is designed to explain the key factors in the political processes that generated and reinforced the emergence of PEPFAR, including a discussion of: how the issue was framed; the structure of the policy subsystem and advocacy coalitions involved in the debate; policy oriented learning that may have occurred; key events or shocks affecting the debate; as well as the attention given to the issue of global HIV/AIDS.

The primary research tool used in this research is a comprehensive case history which provides a thorough historical and analytical account of the politics surrounding the global HIV/AIDS debate, including a breakdown of the major stakeholders and a depiction of the potential subsystem, advocacy coalitions, policy brokers and policy entrepreneurs. The case history outlines the development of the global HIV/AIDS debate in the U.S., with an eye toward assessing when the issue rose to the national agenda, the key stakeholders promoting and participating in the debate, how the issue was framed by these stakeholders, and major events or changes that impacted the policy making process. In particular, this research focuses on a ten-year period leading up to the creation of PEPFAR, from 1995, the beginning of the Clinton administration, through 2004, the first year of PEPFAR implementation.

This case history draws on a combination of primary sources including official congressional, Presidential and executive branch records, as well as documents from civil society, relevant industry, governments and international organizations, and secondary sources such as academic and popular literature, and new articles. I conducted a detailed document analysis of the primary sources in order to identify significant leaders and stakeholders on global HIV/AIDS, how the issued was framed, key terms and issues raised, official attention to the issue, as well as the impact of major events in global HIV/AIDS and patterns and changes over time. The document analysis of primary sources was supplemented by outside histories and analyses provided by secondary sources. In addition, the case history is accompanied by analysis of some quantitative data addressing the research questions. In particular, I present analyses of measures of congressional attention to global HIV/AIDS, including the number of hearings and bills on the issue, and statistics on the distribution of congressional attention by chamber, party, and individual member, as well as measures of media attention, such as the number of articles on global HIV/AIDS over time.

Altogether the case history is based on primary and secondary sources. The additional qualitative analysis provides a detailed historical account of the political influences and framing of global HIV/AIDS as it rose to the national agenda, and an overall depiction of the policy making process resulting in PEPFAR.

Other researchers have drawn on many of the same theories of policy making and utilized a similar research approaches to investigate policy change in a range of other areas. Weible, Sabatier, and McQueen (2009) examined all the research using advocacy coalition framework and found that researchers have utilized different approaches to

research policy change, policy learning, and coalition stability. After reviewing 80 studies, Weible, Sabatier, and McQueen found that these studies utilized difference combinations of theories and relied on different approaches of data collection, including interviews, content analysis, questionnaires, observation, or a combination of these methods. For example, drawing on advocacy coalition framework and cultural theory, Kim (2003) investigates the frames and arguments used by various coalitions in debate over a major seawall project in South Korea, relying on content analysis of an array of available documents. Compston and Madsen (2001) look at the extent to which advocacy coalition framework and multiple streams model can explain the adoption of paid leave schemes in Denmark, drawing on documents, public opinion polls and other sources to investigate the influence of particular factors such as changes in values, socio-economic factors, and the role of parties and groups. Meijerink (2005) conducted a case study of Dutch coastal flooding policy, to illustrate the complementary nature of key concepts in advocacy coalition framework, punctuated equilibrium, multiple streams model, and the epistemic communities framework. Feder-Bubis and Chinitz (2010) explored the coexistence of punctuated equilibrium theory and path dependency in Israel, through a case study of Israel's enactment of national health insurance, drawing on surveys, document review, interviews, and participant observation. Thus, researchers have similarly used theories of policymaking and drawn on an array of qualitative methods to investigate policy change in a number of areas.

Organization and Structure

In addition to this introduction chapter (Chapter One), this dissertation contains six subsequent chapters covering a review of literature, details on the methodology, the findings, and conclusions. The literature review (Chapter Two) provides a broad overview of relevant literature for this research, with a particular focus on literature pertaining to foreign assistance, HIV/AIDS, and policymaking. In addition, further references on relevant literature can be found throughout the findings chapters, as appropriate.

The methodology section (Chapter Three) includes a detailed description of the methodological approach and data sources utilized in my research. In particular, this chapter provides an overview of the methodological approach, a detailed description of the sources and techniques used in conducting the document analysis and crafting the case history. This chapter also provides an account of the data sources and approach used in collecting and analyzing the quantitative data. In addition, this chapter also involves a discussion of the potential limitations of the research findings.

The next three chapters include the findings of the dissertation on congressional politics of global HIV/AIDS (Chapter Four), Presidential leadership on global HIV/AIDS (Chapter Five) and the role of interest groups, international organizations, media attention and public opinion on global HIV/AIDS (Chapter Six). In these three findings chapters, I address the research questions laid out above in order to provide a detailed account of the policy making process that led to PEPFAR with a particular focus on the key interests and events, issue framing, official and public attention, and political agreements of major

stakeholders. In particular, Chapter Four covers congressional attention to global HIV/AIDS, the framing of global HIV/AIDS in Congress, and identifies congressional leaders and stakeholders in global HIV/AIDS as well as the political agreements and negotiations on PEPFAR legislation. Chapter Five outlines for both the Clinton administration and Bush administration (George W. Bush), Presidential attention, key initiatives and events on global HIV/AIDS, as well as the framing of the issue by the President and his administration. Chapter Six provides a detailed account of the of the role of key interest groups and stakeholders on the politics of global HIV/AIDS, including religious groups, the pharmaceutical industry, non-governmental organizations (NGOs) and foundations, multilateral and international organizations, celebrity activists, media attention and public opinion.

Finally, the conclusion (Chapter Seven) provides an update on the progression of PEPFAR since 2004, a summary and analysis of the main findings, and an examination of the implications of this research for future theory, research and policymaking.

Chapter Two

Literature Review

This chapter provides a review of literature relevant to this dissertation, with a particular focus on literature pertaining to the politics of foreign assistance, the politics of the President's Emergency Plan for AIDS Relief (PEPFAR) and global HIV/AIDS, as well as theories and research on policymaking.

Politics of Foreign Aid

Since the beginning of U.S. foreign aid programs following World War II, there has been significant academic debate about the purpose of such programs. In 1962, Hans Morgenthau wrote about the perplexing invention of foreign aid, noting that foreign aid can either be viewed as an end in itself for wealthy nations to help poor nations, as a tool of foreign policy in order to serve the interests of the United States, or as wasteful spending with no real justification (Morgenthau, 1962). Ultimately, Morgenthau concludes that it is not reasonable to view foreign aid as an end in itself but rather as a tool to achieve of a larger set of foreign policy goals, explaining "a policy of foreign aid is no different from diplomatic or military policy…they are all weapons in the political armory of the nation" (Morgenthau, 1962). Along these lines, there is a body of research analyzing the underlying justification for foreign aid programs, with three competing goals often put forth for such expenditures: the humanitarian justification, the economic justification, and the foreign policy justification. The humanitarian or altruistic

justification for foreign aid centers on the moral responsibility of wealthy countries to assist people living in extreme poverty, the economic justification is based on the self-interested motives to advance the economic interests of the donor nation, and the foreign policy or national security justification focuses on using development policy as an instrument to achieve larger foreign policy goals in the national interest.

In order to assess the relative importance of these three justifications for foreign aid, there is a body of research that examines the allocation of foreign aid funding of the major donors in order to determine which goals primarily guide the aid decisions of donors. If humanitarian rationales drive foreign assistance decisions, then analysis of foreign aid allocations should indicate that poorer countries receive a greater share of foreign aid than less poor or middle-income counties. In fact, a number of studies find that the economic situation of the recipient country drives donor allocation decisions, demonstrating that humanitarian considerations such as reducing poverty are a major goal of foreign aid (Dowling and Hiemenz, 1985; Gillis, Perkins, Roemer and Snodgrass, 1992; Wall, 1995). For example, Dowling and Hiemenz (1985) use regression analysis of aid allocations to conclude that low-income countries received proportionally more aid than middle income countries. Similarly, Trumbull and Wall (1994) also find that foreign aid allocations are determined by the needs of recipient counties, but instead of being driven by recipient income levels, allocations are set based on outcomes of health and human rights such as infant mortality and level of political rights.

The economic rationale for foreign aid assumes that through reducing poverty in other countries, and creating economic ties between donor and recipient countries, the donor country creates new markets for trade, and conditions for private investment. Mayer and

Raimondos-Møller (2003) argue that foreign aid provision of the donor country is largely driven by the economic goals of the politically powerful, and not humanitarian or other foreign policy considerations. There is not much additional research demonstrating that economic motives are driving foreign aid, however, some literature focused specifically on food aid, concludes that food aid is administered based primarily on economic considerations (Diven, 2006; Hansen, 1991; Mousseau and Mittal, 2006). In particular, researchers highlight that food aid programs have their own base of political support from domestic political interests including U.S. food producers and the U.S. shipping industry, which are positioned to gain economically from these expenditures (Diven, 2006; Hansen, 1991; Mousseau and Mittal, 2006).

While some research demonstrates that humanitarian or economic considerations drive foreign aid, most of the literature on the motivations of foreign assistance concludes that such programs are used as a tool to achieve larger foreign policy objectives (Dudley and Montmarquette, 1976; McKinlay and Little, 1977 and 1979; Alesina and Dollar, 2000; Burnside and Dollar, 2000; Schrader, Hook, and Taylor, 1998; Beenstock, 1980). In deciding to give foreign aid to certain countries, the donor country might expect the recipient country to behave more favorably toward the political interests of the donor country. Dudley and Montmarquette (1976) conclude that while donors do consider humanitarian elements such as per capita income, political ties between the recipient country and donor country play a large role in donor country decisions. McKinlay and Little (1977 and 1979) find that U.S. aid flows are not influenced by economic variables, however, they find that U.S. aid tends to correlated with political and security concerns, for instance there tends to be higher U.S. aid to countries with communist sympathies.

Alesina and Dollar (2000) found that U.S. aid was weighed towards the poorest countries and those with good institutions, but a large portion of aid flows could be explained by political alliances or Middle East interests. Additional studies focused on the motivating factors behind the aid policies of major donors also found that foreign aid is driven largely by strategic or foreign policy considerations (Burnside and Dollar, 2000; Schrader, Hook, and Taylor, 1998; Beenstock, 1980).

Ultimately, while the notion that either humanitarian concerns or self-interest drives foreign aid has become pervasive in scholarly literature, there is also a body of literature that embraces that U.S. foreign assistance is guided by a mixture of humanitarian, foreign policy and economic considerations (Eckaus, 1970; Lancaster, 2007; Riddell, 2007). Maizels and Nissanke (1984) show that bilateral aid allocations are made in support of donors' perceived economic, political and security interests, whereas multilateral aid is allocated based on recipient need criteria. Thus, according to these authors, U.S. foreign assistance has been allocated both toward countries of strategic importance to the U.S. and also in order to reduce global poverty. Similarly, while many studies on the politics of food aid highlight that these programs maintain a strong economic and political base in the U.S., the humanitarian and economic development objectives play a role as well (Barrett, 1998; Barrett and Maxwell, 2005; Uvin, 1992; Wallerstein, 1980). Finally, Goldstein and Moss (2005) also analyzed U.S. foreign assistance flows in order to consider the popular notions that Democrats are the party most inclined to care about and spend resources on Africa, and that the end of the Cold War led to a gradual disengagement of the U.S. from Africa. Instead, Goldstein and Moss

find that the configuration of party control over Congress and the Presidency matters in that aid to Africa is substantially reduced when the two branches are in opposition.

In addition to the body of literature focused on the allocation of foreign aid, there is also a wide body of literature focused on the effectiveness of foreign aid programs. Friedman (1958) and Bauer (1971) argue that foreign aid has an inverse relationship with economic growth and domestic savings because recipient governments do not allocate aid efficiently in order to reduce poverty, and therefore foreign aid does not reduce poverty. Likewise, Boone (1996) concluded that aid does not significantly increase investment, or benefit the poor as there is no measured effect on human development indicators, but instead increased aid causes a growth in the size of government. Svensson (2000) concludes that high foreign aid receipts are associated with higher levels of corruption in recipient countries, suggesting that donors do not consider effectiveness of aid in making allocation decisions. This research surrounding the effectiveness of foreign aid presumes that the objective of foreign aid is to achieve poverty reduction and sustainable economic growth, rather than other economic or foreign policy goals of the donor country. But, as demonstrated from the literature cited above, strategic decisions appear to play a prominent role in foreign aid. Thus, there remains a disconnect between the effectiveness literature, and the literature on the multi-purposes of aid, and Lancaster (2007) noted that it would be irrational and potentially misleading to evaluate foreign aid according to only one of its purposes.

While academic research attempts to identify which motives fuel U.S. foreign assistance decisions, public discourse surrounding foreign aid often considers these three rationales in tandem with one another, suggesting that U.S. foreign assistance is guided

by a mixture of goals and rationales. When he established the U.S. Agency for International Development (USAID) in 1961, President Kennedy provided an explanation focused on humanitarian justifications as well as economic and foreign policy considerations. Citing humanitarian considerations, President Kennedy said,

> "there is no escaping our obligations: our moral obligations as a wise leader and good neighbor in the interdependent community of free nations–our economic obligations as the wealthiest people in a world of largely poor people, as a nation no longer dependent upon the loans from abroad that once helped us develop our own economy – and our political obligations as the single largest counter to the adversaries of freedom." (USAID, n.d.)

But, President Kennedy also used economic as well as foreign policy rationales in his remarks, stating,

> "To fail to meet those obligations now would be disastrous; and, in the long run, more expensive. For widespread poverty and chaos lead to a collapse of existing political and social structures which would inevitably invite the advance of totalitarianism into every weak and unstable area. Thus our own security would be endangered and our prosperity imperiled. A program of assistance to the underdeveloped nations must continue because the Nation's interest and the cause of political freedom require it." (USAID, n.d.)

More recently, USAID's stated mission statement focuses on humanitarian goals of ending extreme poverty, as well as foreign policy and economic goals: "we partner to end extreme poverty and to promote resilient, democratic societies while advancing our security and prosperity" (USAID, n.d.). In addition, the 2010 State Department Quadrennial Diplomacy and Development Review discussed the need to elevate development as "a core pillar of U.S. foreign policy" (U.S. Department of State and USAID, 2010). Thus, since the earliest days of U.S. foreign assistance as well as today, the stated objectives, while largely focused on humanitarian justifications of long-term economic growth and poverty alleviation, are also intertwined with economic motives

and foreign policy considerations.

Accordingly, this dissertation seeks to analyze the extent to which policymakers concentrated on the humanitarian, economic or foreign policy motives in framing PEPFAR. While foreign policy documents and past research shows that each of these justifications can be found in foreign policy decisions, the relative prominence of each rationale in the framing of global HIV/AIDS may help shed light on the policy process and formation of political support for PEPFAR.

Politics of PEPFAR and HIV/AIDS

Since PEPFAR was created in 2003, both academic and popular literature has explored different aspects of the politics surrounding the program. In particular, articles and research have touched on the framing of the HIV/AIDS problem, the motivation for PEPFAR, the influence of interest groups, particularly religious groups, and the efficacy of the program in addressing the HIV/AIDS epidemic. For example, Dietrich (2007) provides a broad overview of the politics surrounding of PEPFAR, including a discussion of the evolution of HIV/AIDS from a security to humanitarian issue, the U.S. focus on bilateral rather than multilateral mechanisms, the economic interests of the pharmaceutical industry, and the ideological disputes over implementation. Dietrich references the unique "liberal-conservative alliance in Congress" in support of taking action on HIV/AIDS, as well as the mix of civil society groups dedicated to the issue, from traditional humanitarian groups to conservative religious groups. Overall, Dietrich concludes that PEPFAR proves it is still possible for political alliances to be formed to

establish large-scale humanitarian endeavors, however, the details of implementation will be heavily influenced by domestic and international politics, rather than humanitarian considerations.

Some researchers have focused particularly on the political forces underlying PEPFAR and the motivations of various actors involved in the debate. Sagala (2010) examines the social, economic and political motivations for the PEPFAR authorization bill in 2003, with a particular focus on the U.S. assistance to sub-Saharan Africa. Sagala explores how different decision makers framed the HIV/AIDS problem as well as the role and policy preferences of select interest groups. By applying three models of foreign policy analysis, Sagala sought to determine how best to explain U.S. HIV/AIDS policy towards Africa. Ultimately, Sagala concludes that humanitarianism, national security, and economic self-interest all simultaneously underlie PEPFAR depending on the decision maker. For instance, Sagala finds that President Bush chose to frame HIV/AIDS as a humanitarian endeavor rather than through the conventional national security lens, which serves as the pretext of U.S. national security objectives in Sub-Saharan Africa. Kim (2007) studied 21 cases in sub-Saharan Africa to analyze whether humanitarianism or political interests have driven U.S. global HIV/AIDS allocation decisions, concluding that such decisions are based on the practical or humanitarian principle.

Some have also explored the role of civil society, particularly religious groups, on the creation and implementation of PEPFAR. According to Burkhalter (2004), the Bush administration pushed AIDS to the forefront of its international agenda as a result of activism by conservative political and religious groups, in particular the evangelical base. Burkhalter concludes that the religious conservatives helped to galvanize U.S. AIDS

policy but also impacted the approach to treatment and prevention. Carlson-Thies (2009) contends that PEPFAR was a serious policy put forth by the Bush administration, thereby challenging the critics who claimed that it was simply a political strategy to animate the Republican evangelical base. Carlson-Thies suggests that PEPFAR created a positive legacy of involvement of faith-based groups in implementing social policies. Doonan (2010) writes about the anti-prostitution pledge of PEPFAR, which was pushed by Christian groups, and addresses the impact of this policy in addressing HIV/AIDS. Doonan also explores how religious social teaching motivated political behavior.

Others have also looked at the role American religion has played in the formation of public health policies more generally. Petro (2011) examined the participation of religious groups in the global HIV/AIDS response, arguing that religious actors in the U.S. defined debates on morality and sexuality in public discourse. Rau (2006) studied the initiatives of civil society actors in the response to HIV/AIDS and the reasons that most governments and international organizations have marginalized these contributions. Finally, Ingram (2010) examined PEPFAR through the conceptual lens of governmentality suggesting that the geopolitics of sovereign power shaped the timing, scale and form of PEPFAR, and that PEPFAR was also shaped by mobilizations of US-based corporations, non-governmental and faith-based organizations.

There has also been a fair amount of research looking at the framing of HIV/AIDS, mostly contending that HIV/AIDS was framed as a security issue both in the U.S. and internationally (Elbe, 2006; Saksena, 2011; Sheehan, 2008). In particular, some of this research utilizes securitization theory, which examines how traditionally non-security issues are transformed into a matter of security (Ingram, 2007; Kay, 2009;

Sheehan, 2008;). Ingram (2007) puts forth the notion that the international response to HIV/AIDS was framed in terms of security, and argues that while securitization theory has advanced the understanding of the HIV/AIDS response, geopolitics and U.S. strategic interest in Africa also provides needed context for understanding these programs. Other authors also examined the extent to which the global HIV/AIDS response was securitized, concluding that the issue was partially but not fully securitized through the debate (Kay, 2009; Sheehan, 2008). In particular, Sheehan (2008) concluded that HIV/AIDS was framed in the U.S. as a health, development and security issue. Elbe (2006) addresses whether or not the global AIDS pandemic should be framed as an international security issue, noting that this question raises a normative dilemma. Elbe concludes that viewing the issue as a security threat could raise awareness and financial resources, but would also push the response away from civil society toward the military apparatus. Similarly, Elbe (2009) concentrates on the political dangers of construing the HIV/AIDS as a security threat. Saksena (2011) examines whether American public opinion about infectious diseases are influenced by how the issue is framed, and which frame has been most influential. In particular, Saksena uses content analysis of newspaper articles on three major diseases, including HIV/AIDS, and concludes that the most effective frame varies by disease with both security and human rights increasing public support for HIV/AIDS. King (2002) focused on the response of the United States and Western Europe to public health more generally, noting that during the 1990s American global health experts capitalized on the historical association between public health, national security and international commerce. King noted,

> "by the latter half of the 1990s, national security experts had begun to respond positively to the campaign to convince them that infectious disease was, as the

> national intelligence estimate had termed it, a 'nontraditional threat' to American security and economic interests." (King, 2002, p. 770)

In considering the change in discourse regarding HIV/AIDS, some research has focused on the changing norms around health. In particular, many have highlighted the new international norm focused on a right to health and a right to treatment. Gartner (2011) sought to explain the massive increase in U.S. funding for global HIV/AIDS, arguing that conventional explanations of international politics are inadequate. In particular, Gartner (2011) concludes that neither economic or national security interests can explain the huge change in U.S. policy, instead emerging norms around a duty to provide HIV/AIDS treatment, as well as norm entrepreneurs drove the transformation in policy. In addition, Youde (2008) studied universal access to HIV/AIDS treatment as a new international norm through comparing its emergence as a norm to the failure of an earlier health-related norm of universal primary health care. Youde concludes that the HIV/AIDS norm was successful because the norm entrepreneurs positioned their argument based on existing international norms related to individual human rights, whereas universal health care was pitched as a collective public good.

Some researchers also focused on the landmark lawsuit brought by the pharmaceutical industry against the government of South Africa in the late 1990s as a driving force in changing the discourse on access to health and treatment. Forman (2008) explores the right to health in dealing with the trade-related intellectual property restrictions on access to medicines. Forman submits that the pharmaceutical company litigation in South Africa in 2001 provoked a paradigm shift in the global response to HIV/AIDS, by challenging the claims about intellectual property rights in poor countries and raising the priority of public health. Halbert (2002) discussed the South African

pharmaceutical lawsuit and the resulting increase in world attention to the HIV/AIDS epidemic in Africa. In particular, Halbert focused on the success of AIDS activists in changing the intellectual property discussion and creating a viable discourse around health and access to treatment as a human right.

Finally, a number of researchers have focused on the implementation of PEPFAR and other efforts to address HIV/AIDS, looking both at the efficacy of these programs and impact of particular approaches. For instance, some have highlighted the impact of the prevention strategies adopted by PEPFAR and other programs to address global HIV/AIDS. Boyd (2010) conducted research on the promotion of abstinence and faithfulness as primary HIV/AIDS prevention in Uganda, as PEPFAR translated to increased funding in this area. Evertz (2010) wrote a report on how development of PEPFAR's implementation framework hindered its prevention efforts by placing ideology above science. In particular, Evertz wrote about several weaknesses in PEPFAR's policies, including those regarding abstinence, prostitution and injecting drug users. Hazel (2007) explores Uganda's highly successful approach to HIV/AIDS control and prevention, the ABC method (abstinence, condoms and be faithful), which was largely adopted by PEPFAR. Walensky and Kuritzkes (2010) respond to the argument that expanding PEPFAR is not the best use of global health funds as other health endeavors, such as funding to treat diarrheal and respiratory disease, as that could save more lives at substantially lower costs. Walensky and Kuritzkes suggest that cost-effectiveness analysis may not be appropriate for priority setting in this area, and discuss the substantial impact of PEPFAR on HIV/AIDS as well as in other areas of health such as maternal and child health. Other research on the implementation of PEPFAR and other

global HIV/AIDS efforts examine the focus on access to drugs and providing treatment. Holmes et. al. (2010) found that the U.S. Food and Drug Administration (FDA) process to expedite review and approval of generic AIDS drugs for use by PEPFAR resulted in increased availability of generic treatment which was associated with higher procurement and substantial cost savings among PEPFAR-supported programs in 16 countries. Eibl (2010) examines PEPFAR's focus on treatment programming including the effect on women's access to treatment in Tanzania, finding that women's choice of clinic is influenced by the structure of the local treatment program. Biehl (2007) outlines the political economy of pharmaceuticals that lies behind global AIDS treatment initiatives. Biehl focuses mostly on the Brazilian response to AIDS, and their ability to achieve universal access to antiretroviral drugs, but also mentions other international efforts such as PEPFAR, and the prioritization of pharmaceutical interventions over comprehensive health interventions.

As both the domestic and international handling of global HIV/AIDS has changed dramatically over the course of the epidemic, there has been some academic and popular literature looking at various aspects of these changes. As described above, such literature has touched on the motivation of various actors in the HIV/AIDS debate, the role of civil society, particularly religious groups, the framing of the HIV/AIDS problem, the development of new norms on global health, and the implementation and efficacy of PEPFAR and other efforts to address global HIV/AIDS (Burkhalter, 2004; Dietrich, 2007; Doonan, 2010; Petro, 2011; Sagala, 2010; Elbe, 2006; Saksena, 2011; Sheehan, 2008). This literature highlights some of the potential political influences on PEPFAR, such as the role of religious groups, and the framing of HIV/AIDS as a security and

humanitarian problem, but there is no complete picture of the policy process that led to the formation of PEPFAR, which considers each of these elements together.

In particular, what is lacking from this literature is a comprehensive explanation for what interests and events shaped the policy process, how official and public attention to global HIV/AIDS changed leading up to PEPFAR, and what political agreements were negotiated to satisfy various stakeholders. Thus, while some literature addresses the motivations and framing of U.S. global HIV/AIDS policy, as well as the involvement of certain interest groups, there is no explanation for how all the interests, events, motivations, framing, and attention interacted. In addition, previous literature does not address potentially important inputs into the policy making process such as official and public attention to global HIV/AIDS, and the impact of numerous interest groups on the debate including the media and international organizations. Finally, previous literature does not utilize existing theories of policy making and agenda setting to evaluate the emergence of PEPFAR. Accordingly, this dissertation will add to existing research in this area by utilizing existing theories of policy making and agenda setting to assess the role and interaction between the many potentially important components of the policymaking process. I seek to provide a complete picture of the policy process by considering the extent to which each potentially important factor influenced the politics of global HIV/AIDS and the creation of PEPFAR. By building on past research to consider the role of all relevant stakeholders, major changes and events, political parties, public and official attention, and framing, in conjunction with one another, rather than separately, I will provide a complete picture of the policy making process that led to PEPFAR. For

further details on the methodology and potential limitations of this dissertation see Chapter 3, Approach, Scope and Methods.

Theories of Policymaking

In order to examine how the politics of global HIV/AIDS and the process of policy formation resulted in the creation of PEPFAR, this dissertation will rely primarily on two theories of policy making, punctuated equilibrium theory put forth by Baumgartner and Jones (1993), and advocacy coalition framework, developed by Sabatier and Jenkins-Smith (Sabatier, 1988; Sabatier and Jenkins-Smith, 1993; 1999). This research also draws on other related theories of policymaking, including those of bounded rationality, agenda setting, interest groups, and issue framing. In particular, this dissertation draws on these theories of policymaking to identify factors and patterns that potentially influenced the policy process leading up to PEPFAR.

Punctuated Equilibrium

Baumgartner and Jones attempt to explain why the American political system tends to yield prolonged periods of stability characterized by incremental changes, but sometimes is subject to rapid change which can result in issues becoming present or absent from the policy agenda. Their model involves the existence of policy monopolies, whereby certain groups of policy subsystems gain exclusive control over particular policy areas, and such subsystems exist in a state of temporary stability punctuated with periods

of volatile change. Policy monopolies are formed around new policy ideas based on lofty powerful notions related to core political beliefs, such as patriotism, fairness and economic growth. Thus, the role of issue framing is central to the punctuated equilibrium theory.

Specifically, when urgency is associated with new interpretations of a policy problem, coupled with increased attention from the public and political leaders, major policy changes occur. Major events, public opinion campaigns, and key political speeches are some of the factors that can cause an issue to surface onto the agenda. Issues grab headlines, and as these waves of enthusiasm or criticism sweep through the political system and issues are reframed, different policymakers and stakeholders emerge to claim jurisdiction over issues that previously had not interested them, and political actors are persuaded to create or redesign government institutions to implement a new corresponding policy. As issues are defined or redefined in public discourse, and rise and fall in the public agenda, existing policies can be reinforced or called into question, thereby predicting a political arrangement with periods of small incremental changes punctuated with intervals of sudden major change.

While much of punctuated equilibrium theory rests on the notion of issues attracting either positive or negative attention, Baumgartner and Jones also discuss valence issues, which are issues always viewed as negative, but can be understood differently over time. The manner in which a valence issue is understood yields different implications for the appropriate policy solution. According to Baumgartner and Jones these issues follow a clear trend: increased media attention leading to increased official attention, policymakers taking advantage of this heightened attention to push for new

legislation, increased funding and new institutions, and after the attention has died down, the funding and institutions stay in place (Baumgartner and Jones, 169). Ultimately, the theory of punctuated equilibrium stresses issue definition and agenda setting as the two important elements of the policy process.

In order to build an empirical basis for their theory, Baumgartner and Jones employ qualitative and quantitative methods to study policy change in a number of areas over a relatively long period of time. Their research developed a coding scheme, which is applied to publicly available records in order to capture the emergence of policy issues onto and from the public agenda. Specifically, they developed data on media coverage of policy debates, as well as congressional hearings in order to measure public and political attention to policy issues over time. Baumgartner and Jones also employed other existing sources of data, including stock market performance and public opinion polls, in order to supplement the information on financial outcomes for industry and public attitudes towards policy issues. Finally, the outcomes of policy change were characterized by evaluating changes in institutional structure and tracking changes in funding for each issue. Through applying this strategy of qualitative and quantitative data collection and analysis to several case studies, Baumgartner and Jones demonstrate with empirical evidence that their model of punctuated equilibrium characterizes public policy change in the United States.

Since Baumgartner and Jones put forth their theory of punctuated equilibrium in 1993, many researchers have used the model as a framework to study policy change in a number of arenas. For example, Busenberg (2004) applied the theory of punctuated equilibrium, as well as others, to the evolution of American wildfire policy in order to

explore the political processes that led to policy failure in this area. Likewise, using punctuated equilibrium to explain the policy change in Colorado water rights, Crow (2010) found that while the theory accurately explains the process of change at the state level, it is not a useful model at the local level. The punctuated equilibrium theory model and research techniques have also been applied to investigate policy change in other countries as well. For instance, John and Jennings (2010) explored the politics of public attention in Britain demonstrating the punctuated character of the political agenda in Britain and its increasing fragmentation over time. Punctuated equilibrium theory has also been applied to look at policy change in a host of other areas including same-sex marriage (Dziengel, 2010), the enactment of national health insurance in Israel (Feder-Bubis and Chinitz, 2010), fisheries policy in the European Union (Princen, 2010), U.S. environmental policy (Repetto, 2006), and gun control policies (True and Utter, 2002).

In addition to utilizing the theoretical approach put forth by Baumgartner and Jones, these researchers have used a variety of methods and approaches to explore policy change. Many studies utilize a case study approach to a particular issue, drawing on a range of mostly qualitative methods including document collection, content analysis, interviews, surveys, and public opinion studies. For example, Busenberg (2004) conducted a qualitative case study to apply punctuated equilibrium theory. Dziengel (2010) also utilized a case study approach drawing on historical policy analysis, and Feder-Bubis and Chinitz (2010) performed a case study based on surveys, document review, interviews, and participant observation. While most applications of punctuated equilibrium are largely qualitative in nature, some researchers have drawn on the coding scheme, data, and graphical depictions developed by Baumgartner and Jones. For

example, Crow (2010) used a qualitative comparative case study drawing on media coverage, legal and legislative documentation, and in-depth interviews. Crow supplemented the qualitative information with graphical depictions of media coverage, based on a systematic coding of documents. John and Jennings (2010) performed content analysis of speeches using the categories and codebook from the Policy Agendas project, and provided graphical depictions of this analysis. Similarly, this dissertation explores the changes that took place in the area of U.S. global HIV/AIDS policy, by applying the theoretical notions of issue definition and agenda setting as well as the practical analytical techniques put forth by Baumgartner and Jones. In line with much of the past research using punctuated equilibrium theory, this dissertation utilizes mostly qualitative techniques in presenting a case history of PEPFAR, also drawing on some of the quantitative data, and graphical depictions developed by Baumgartner and Jones. See Chapter 3 for more information on the methodology and data sources used in this research.

Advocacy Coalition Framework

Sabatier and Jenkins-Smith developed the advocacy coalition framework to respond to several perceived "needs" in the policy process literature, including: a need to take a longer-term view of policy change; include more complexity in the view of subsystems; and offer a more realistic model of the individual rooted in psychology rather than economics (Weible et. al., 2011). Advocacy coalition framework sets out to explain policy change through focusing on the behavior of elites in policy subsystems,

arguing that the best way to understand networks of actors is to group them into a small number of advocacy coalitions.

While the exact components of the advocacy coalition framework have evolved over time, there are a few main components that remain constant. First, the model necessitates looking over a long-term perspective of a decade or more, which allows time for policy analysis and other relevant evidence to shape the beliefs of policy actors. Second, the most useful way to look at policy change over a long time period is through policy subsystems. Specifically, the huge size and complexity of the government creates incentives for participants to specialize in particular policy areas, leading to the creation of policy subsystems comprised of a number of actors. This notion of a policy subsystem is similar to that laid out in punctuated equilibrium, except that advocacy coalition framework argues that the concept should be broadened to include various types of actors at all levels of government as well as journalists, researchers, and policy analysts. Finally, public policies can be thought of as belief systems, which involve certain value priorities and causal assumptions about how to realize those priorities.

Policy actors in a subsystem can be aggregated into a few advocacy coalitions, which are conceptualized to be relatively stable groupings of actors who share certain beliefs. Thus, each coalition is thought to have a belief system that is organized into three hierarchical levels. First, deep core beliefs are the normative convictions, which cut across and guide positions in almost all policy areas. Second, the policy core is policy positions and strategies, which are thought to achieve the goals inspired by the deep core beliefs. Third, secondary beliefs are a large set of specific beliefs about a range of factors such as the cause or seriousness of a particular issue. The framework also envisions two

sets of exogenous variables which affect the constraints and opportunities of the coalition actors: stable factors, such the attributes of the problem, socio-cultural values and social structure; and dynamic factors, including changes in socioeconomic conditions such as public opinion, or changes in the systemic governing coalition.

Each coalition, guided by their deep core beliefs, organize and lobby for certain policy strategies to be enacted while competing coalitions advocate for conflicting policy solutions. Another set of actors, "policy brokers", mediate the debate between the coalitions in an effort to find a reasonable compromise. The end result is the creation of a government program which produces certain policy outputs, such as funding, or permits. Ultimately, the framework predicts that the adopted policy will embody the belief system of the governing coalition.

Advocacy coalition framework alleges that one of the key aspects of policy change is "policy-oriented learning" which refers to the gradual alteration of thoughts or beliefs among a coalition, thereby altering or revising the coalition's policy objectives. This learning occurs in response to policy analysis and new information, whereby coalitions seek to better understand the world to further their policy objectives. In addition to policy-oriented learning, policy change is affected by real world changes such as changes to socio-economic conditions or system-wide governing coalitions. These real world changes can alter the composition and the resources of various coalitions, and ultimately the policy of that subsystem. The main argument of the framework is that policy change comes both from policy-oriented learning, which can alter-secondary aspects of a coalition's belief system, and changes external to the subsystem, such as the rise of a new governing coalition. Ultimately, the advocacy coalition framework stresses

policy-oriented learning within advocacy coalitions, and changes external to the policy subsystem as two important elements of policy change.

Since the advocacy coalition framework was first conceptualized, it has been used by a number of authors to investigate policy change in a wide range of areas. For example, Schorn (2005) applied the advocacy coalition framework to emergency contraception policy to investigate the response to a proposed bill in the Tennessee legislature. Researchers used the framework in a number of other areas including domestic violence (Abrar, Lovenduski, and Margetts, 2000), education reform (Mintrom and Vergari, 1996), emergency contraception (Schorn, 2005), and tobacco policy (Farquharson, 2003). The model has also been applied to policy issues outside of the U.S., including flood management policy in Hungary (Albright, 2011), smoking control policies in Japan (Sato, 1999), and sports policy in the European Union (Parrish, 2003). But, the vast majority of studies using the framework are in the area of environmental and energy policy (Ellison, 1998; Barke and Jenkins-Smith, 1993; Butnett and Davis, 2002; Fenger and Klok, 2001; Freudenburg and Gramling, 2002; Jenkins-Smith, 1991; Leschine, Kent and Sharma, 2003; Thomas, 1998; Litfin, 2000).

Sabatier and Jenkins-Smith as well as the many other researchers applying this framework have used a range of methodological techniques in their research to investigate the beliefs, interests, and policy positions of policy elites. Weible, Sabatier, and McQueen (2009) examined all the research using advocacy coalition framework and found that researchers utilized difference combinations of theories and relied on different approaches of data collection, including interviews, content analysis, questionnaires, observation, or a combination of these methods. In particular, some researchers have also

used advocacy coalition framework in conjunction with other theories of policy change, and drawn on a range of qualitative techniques (Compston and Madsen, 2001; Dudley and Richardson, 1999; Eberg, 1997; Kim, 2003). For instance, Kim (2003) utilized advocacy coalition framework and cultural theory to investigate the frames and arguments used by various coalitions in debate over a major seawall project in South Korea, relying on content analysis of an array of available documents. Meijerink (2005) used three different models of policy change, including advocacy coalition framework and punctuated equilibrium, to look at Dutch coastal flooding policy. He argues that the frameworks are overlapping, partly producing rival hypotheses, but mostly offering complementary explanations for long-term policy development. Compston and Madsen (2001) look at the extent to which advocacy coalition framework and multiple streams model can explain the adoption of paid leave schemes in Denmark, drawing on documents, public opinion polls and other qualitative sources. Feder-Bubis and Chinitz (2010) explored the coexistence of punctuated equilibrium theory and path dependency in Israel, through a case study of Israel's enactment of national health insurance, drawing on surveys, document review, interviews, and participant observation.

Past research using advocacy coalition framework have drawn on a combination of theories of policymaking to explain policy change across a wide range of policy areas. Additionally, these researchers have relied on a range of qualitative techniques to operationalize this research, such as case studies, interviews, content analysis and observation. Similarly, this dissertation applies the concepts and methods of the advocacy coalition framework and punctuated equilibrium theory as complementary theories of the policy process, drawing on mostly qualitative methods in constructing a case history, in

order to explore the key aspects of the process that resulted in the creation of PEPFAR.

Related theories of policymaking, agenda setting, and issue framing

This dissertation will also draw on related models and theories of policymaking that inform punctuated equilibrium theory and advocacy coalition framework, including those of bounded rationality, agenda setting, interest groups, and issue framing. For instance, Kingdon's Multiple Streams model describes why certain issues make it onto the political agenda, explaining that the policy process is determined by the artful connection of solutions to problems (Kingdon, 1984). The multiple streams model depicts the policy process as comprised of independent streams of problems, solutions, and politics that flow through the system simultaneously. Such streams can become coupled when a window of opportunity opens, bringing the issue onto the political agenda for potential government action. Central to this model is the role of the policy entrepreneurs, who invests their resources to promote a certain position in anticipation of future gain. Kingdon explains that the policy entrepreneur role can be played by a variety of potential players including a cabinet secretary, member of Congress, or lobbyist. The notion of Kingdon's policy entrepreneur is closely related to the idea of a policy broker in the advocacy coalition framework, and this dissertation will consider the potential role for such an entrepreneur or broker in the case of U.S. global HIV/AIDS policy.

Simon's concept of bounded rationality, whereby rational decision-making is limited by constraints on certain inputs such as time and information (Simon, 1945), is also an important underlying concept for both punctuated equilibrium theory and

advocacy coalition framework. Information processing among the political system and media is characterized by the "bottleneck of attention," whereby only one or very few issues are considered simultaneously (Simon, 1985). The notion of policy subsystems, which is prominent in both punctuated equilibrium and advocacy coalition framework, is based on the bounded rationality of policy actors in a complex system thereby creating a need for specialization of actors.

Lindblom's model of policymaking, which is based on the notion that incrementalism characterizes political decision-making, also assumes that policy actors are faced with bounded rationality (Lindblom, 1959). In addition, Wildavsky's description of the budget process is based on this notion of incrementalism, whereby an agency's budget is based on the allocation from the previous year (Wildavsky, 1984). This notion of incrementalism is an important aspect of punctuated equilibrium, which characterizes the policy process as incremental with occasional large-scale departures from the past. The tendency of policymakers to make incremental budget decisions, highlights the importance of identifying factors in the policy process which lead to occasional large scale changes such as PEPFAR.

The notion of policy subsystems, which is a key aspect of both punctuated equilibrium theory and advocacy coalition framework, is based on Heclo's notion of issue networks or policy subsystems (Heclo, 1974; 1978). Heclo's view of policy change focused on the role of both large scale social and economic changes as well as the interaction of people within a policy community. Sabatier notes that advocacy coalition framework is an attempt to translate and expand on Heclo's insights of policy subsystems and the effects of policy-oriented learning (Sabatier, 1988). Also related to the concept of

policy subsystems is Lowi's theory on interest group liberalism, which provides useful insights into the process by which interest groups are able to influence policy making and oversight Washington (Lowi, 1969).

The concept of issue framing, which also plays a large role in punctuated equilibrium theory, relates to Stone's characterization of issue definition (Stone, 1988). Stone explains that policy makers and interest groups define problems in such a way that certain government actions or policies are deemed necessary. This notion of issue definition is also prominent in advocacy coalition framework, which highlights the role of coalition beliefs and the conceptualization of policy problems as a large factor in policy-oriented learning and policy change.

Ultimately, this dissertation relies on punctuated equilibrium and advocacy coalition framework as the primary lenses to investigate the research questions. This work will is also informed by the related theories of policy making mentioned above, which provide the theoretical underpinnings of punctuated equilibrium and advocacy coalition framework, and help highlight the key components of the policy process in the U.S. global HIV/AIDS debate. In particular, my research draws on aspects of these theories to identify factors and patterns that potentially influenced the policy process leading up to PEPFAR.

Application of theories of policymaking

In utilizing the lenses of punctuated equilibrium theory, advocacy coalition framework and other related theories of policymaking, my research focuses on particular

aspects of these theories that might help explain the policy process that led to PEPFAR. I considered punctuated equilibrium theory and advocacy coalition framework complementary lenses to investigate the policy process leading to PEPFAR. Both theories seek to explain policy change through emphasizing the importance of various aspects of the policy process. As such, my research draws on particular aspects of these theories to identify factors and patterns that potentially influenced the policy process leading up to PEPFAR.

In particular, the creation of PEPFAR involved a rapid policy change in U.S. foreign assistance policy, similar to the policy change described in punctuated equilibrium theory and advocacy coalition framework. PEPFAR also involved the creation of a new institutional structure, as well as the formation of a potential policy monopoly involving a range of elite stakeholders, as portrayed in these theories. In addition, the change in perception about HIV/AIDS over the life of the epidemic yields itself to an analysis of a potential change in the framing of global HIV/AIDS, and the impact of such framing on the policy debate, which is an important aspect of punctuated equilibrium, as well as Stone's characterization of problem definition (Stone, 1988).

Additionally, PEPFAR arose at a time of increased public awareness of global HIV/AIDS, similar to the increased public and official attention described in punctuated equilibrium theory as well as Simon's concept of bounded rationality, whereby only few issues are considered simultaneously (Simon, 1985). The emergence of PEPFAR also followed a pattern of additional characteristics present in punctuated equilibrium theory or advocacy coalition framework including: public opinion campaigns, major public speeches, and increased public awareness about the growing urgency of the HIV/AIDS

epidemic; lofty goals associated with increasing the U.S. response to global HIV/AIDS; strongly held beliefs among stakeholders and elites, as well as the presence of policy-oriented learning among those groups; and external changes such as a large reduction in the cost of HIV/AIDS treatment, and a change in governing coalitions. Accordingly, my research sets out to understand the influence of these particular aspects of the policy process highlighted by the identified theories of policy making, including framing, policy elites, policy-oriented learning, public and official awareness and attention, and major events and external changes. Thus, this dissertation draws on these theories of policymaking to identify factors and patterns that potentially influenced the policy process leading up to PEPFAR. The specific data sources and methods used in exploring these factors are described further in Chapter 3.

Summary

This chapter provided a review of relevant literature for this dissertation on policy making and the emergence of PEPFAR. In particular, literature on the politics of foreign assistance focuses largely on the motivations behind foreign aid decisions and the effectiveness of foreign aid programs. The literature on the politics of PEPFAR and global HIV/AIDS focuses on the framing of the HIV/AIDS problem, the role of civil society, particularly religious groups, the development of new norms on global health, and the implementation and efficacy of PEPFAR and other efforts to address global HIV/AIDS. As noted, previous research highlights some of the potential political influences on PEPFAR, but lacks a complete picture of the policy making process that

led to PEPFAR. In addition, previous researchers have not utilized existing theories of policy making or agenda setting as a lens to investigate the process that led to the emergence of PEPFAR. As such, this dissertation relies on punctuated equilibrium and advocacy coalition framework, and draws on a number of related theories of policy making, as the primary lenses to address the research questions.

Chapter Three

Approach, Scope and Methods

This chapter outlines the methodological approach of this dissertation, including a detailed description of the methods, approaches and data sources that served the basis for the empirical research, findings and conclusions, as well as a discussion of the potential limitations of this research.

Methodological Approach

The methodological approach of this dissertation was primarily qualitative, complemented by some quantitative techniques. The principal research tool utilized is a comprehensive case history, which provides an analytical account of the policymaking process leading up to the President's Emergency Plan for AIDS Relief (PEPFAR). This case study draws on a range of primary and secondary sources, and is accompanied by analysis of some quantitative data, loosely based on the approach used by Baumgartner and Jones (1993). Punctuated equilibrium and advocacy coalition framework, the primary theoretical frames for this dissertation, dictate the importance of studying policy change over a relatively long period of time. As such, the case study covers a decade of time, including nine years leading up to the announcement of PEPFAR, through the first year of PEPFAR implementation, 1995 through 2004. Some individual sources, including the quantitative data analyses cover an even longer time period, from 1981, the year AIDS was first discovered, through 2004, the first year of PEPFAR implementation. The

quantitative analysis utilizes some of the data created by Baumgartner and Jones, as well as their general approach to coding and analysis. Together the case history and qualitative analysis provides an account of the political interests and events that shaped the policy process, the framing of and attention to global HIV/AIDS as it rose to the national agenda, and the political agreements negotiated in the establishment of PEPFAR.

Case History

The case history in this dissertation provides an overview of the politics surrounding global HIV/AIDS and the process of policy formation leading up to PEPFAR. The case history draws on primary sources including official congressional, presidential and executive branch records, documents from civil society, industry, and international organizations, as well as secondary sources such as academic and popular literature, and new articles. After systematically collecting the primary source information, I conducted a detailed content analysis in order to: identify the major stakeholders; describe the evolution of the global HIV/AIDS debate, including how stakeholders framed the issue; outline trends in official and public attention to the issue; and identify key events and influences. The primary source information was supplemented by secondary sources in identifying the key stakeholders, potential policy entrepreneurs, and turning points in the debate.

One of the principal components of my analysis focused on identifying the dominant frames used in the global HIV/AIDS debate, and whether such frames changed over time. For example, I looked for particular mentions of the justification for increasing

the U.S. response to the global HIV/AIDS epidemic, and whether such justifications focused mostly on security, humanitarian or economic arguments. I also concentrated on identifying how the problem of global HIV/AIDS was framed, which would yield different approaches to addressing the problem. For example, a debate focused on the rapid spread of the disease, would yield a policy focus on prevention efforts, or discussions dominated by access to treatment, would lead to a policy focused on providing treatment.[4] In assessing the dominant frames used in the global HIV/AIDS debate, I also conducted my analysis to identify frequently raised issues and terms, in order to identify themes or trends. Thus, my research builds on the body of literature focused on the framing of political and policy issues (Druckman, 2004; Chong and Druckman, 2007; Tversky and Kahneman, 1987), which demonstrate the importance of political elites and the media to frame and define issues (Jones, 1994; Rochefort and Cobb, 1994; Stone, 1997), and the impact on public opinion (Iyengar, 1990).

I conducted the analysis and present the findings by type of stakeholder, and below I present further details on the sources and procedures used to conduct the analysis for each group; Congress, the President, interest groups, the media, and public opinion.

Congress

I collected and analyzed data from a number of primary sources on Congress in order to examine the pattern of congressional attention to global HIV/AIDS, how the issue was framed in congressional debate, who were influential members of Congress in

[4] Providing treatment to an individual with HIV/AIDS also decreases the risk of HIV transmission to another.

the debate, and political agreements negotiated in establishing PEPFAR. I focused mainly on the congressional record, particularly transcripts from hearings and floor debate, and the text of bills and amendments, including accompanying committee reports. This information was also supplemented by secondary sources comprised of media reports, as well as academic and popular literature.

Congressional hearings: I identified all congressional hearings from 1981 through 2004, which focused on global HIV/AIDS, a total of 31 hearings. To identify the set of relevant hearings, I searched the Proquest congressional database in order to locate all hearings with HIV and/or AIDS in the title. I reviewed the subject and content of each hearing to select only those hearings specifically addressing global HIV/AIDS, eliminating the hearings focused on domestic HIV/AIDS. In some cases, hearings that focused on domestic HIV/AIDS may have briefly referenced the global epidemic. For example, as the epidemic raged abroad, some members and hearing witnesses occasionally referenced the magnitude and impact of the worldwide epidemic, while the principal focus of the hearing was domestic. I only included hearings that addressed global HIV/AIDS, not those that may have mentioned the global epidemic in passing, which was easy to discern.

I also compared this universe of hearings identified through Proquest to those identified in the Policy Agendas Project data on congressional hearings (coding and analysis of these data discussed further below). The list of hearings on global HIV/AIDS generated using Proquest and the Policy Agendas Project data were almost, but not exactly identical, with 3 of the total 31 hearings, identified in either the Proquest database or the Policy Agendas Project data, but not both. There was one hearing for which I was

unable to identify the transcript, and therefore my analysis was based on the hearing transcripts for 30 of the 31 total hearings held on global HIV/AIDS, from 1981 through 2004. The 31 hearings were held in both chambers of Congress under a range of different committees and subcommittees.

In analyzing the hearings, I read and took detailed notes on the entirety of each transcript in chronological order. Each hearing transcript includes oral and written statements of members and witnesses, a transcript of the question and answer period and subsequent debate, as well as a number of other documents submitted for record during the hearing, such as reports, news articles, and letters. In order to identify key members and stakeholders, I noted each member and witness who spoke during the hearing, as well as a list of members present during the hearing (which was sometimes, but not always indicated in the transcript). In analyzing the content of the hearings, I took notes on the key issues raised by each member and witness, paying particular attention to justifications for increasing U.S. action to address the global epidemic (security, humanitarian or economic) as well as how the problem was defined (prevention, treatment, or care). I also focused on issues or topics that were particularly contentious, involving a lengthy or heated exchange among members and/or witnesses. I then wrote a high-level summary indicating my overall impressions and conclusions of each hearing, including a description of the key debates, themes, and frames that were discussed during the hearing. From these notes I generated a list of prominent key issues and terms based on frequency or importance. In order to minimize the potential for measurement reliability, I followed the exact same procedures for each document, and tended to include, rather than exclude, potentially important issues in my notes. For example,

members in congressional debate occasionally raised the issue of abortion, so I included this issue in my notes whenever raised, even though ultimately this issue was not mentioned more than a few times, and therefore was not considered a prominent issue. See the section on qualifications and limitations below for a further discussion of measurement reliability.

The key issues and terms generated covered a wide range of topics including: mode of transmission, attitudes toward sex, sexual transmission, homosexual/heterosexual, condoms, abstinence, sexual behavior, prostitution, sex workers, morals/morality of behavior, moral obligation, prevention, blood safety, drug use, Tuberculosis, orphans, Africa, sub-Saharan Africa, emergency, humanitarian crisis, treatment, mother-to-child transmission, care, epidemic, pandemic, plague, vaccine, bilateral/multilateral, education, funding, cost, national security, access to treatment, poverty, ABC method (abstinence, be faithful, and condoms), Uganda, pharmaceutical companies, faith-based organizations, trafficking, generic drugs, and drug pricing. Identifying key terms and topics from each hearing aided me in identifying changes in framing over time.

After reading, analyzing and taking notes on all the individual hearing transcripts, I reviewed my notes to develop high-level conclusions, themes and trends from all 31 hearings covering the entire time period. In identifying these key issues and themes, I focused primarily on those most frequently mentioned throughout the hearings, noting trends over time. For instance, in the early hearings, before effective treatment became available, prevention was a common topic (including sexual education, vaccine development, condoms and abstinence), with little focus on treatment. Later, as effective

treatments were developed, access to treatment became a more commonly addressed issue. In addition, in order to understand the political agreements negotiated leading up to PEPFAR, I also made note of partisan issues. For example, my analysis identified that the debate of bilateral or multilateral mechanisms was a commonly raised issue as the call to increase the U.S. response grew in Congress. But, there were differences across party lines, with Democrats largely arguing for multilateral, and Republicans arguing for bilateral mechanisms. I also highlighted issues of political agreement across party lines, such as universal sympathy for children orphaned by AIDS, and the prevention of mother-to-child transmission.

In order to begin identifying key members and witnesses, I also compiled a list individuals who participated in hearings most frequently. For example, I identified 7 Representatives and Senators who participated frequently in these hearings, which I later cross-listed with the list of members sponsoring and co-sponsoring the most legislation on the issue (described further below). The 7 members identified through hearings were very similar to the list generated through bills and amendments.

Congressional legislation: I identified all proposed bills and amendments that dealt with global HIV/AIDS, from 1995 through 2004, the 104th through 108th Congress. I relied primarily on Thomas.gov (now known as Congress.gov), which is the official website for U.S. federal legislative information, maintained by the Library of Congress.[5] Following a similar methodology used for collecting congressional hearings, outlined above, I first identified the complete universe of bills and amendments addressing HIV/AIDS, and then narrowed to those focused specifically on global HIV/AIDS,

[5] According to Congress.gov, the database uses data from the Office of the Clerk of the U.S. House of Representatives, the Office of the Secretary of the Senate, the Government Publishing Office, Congressional Budget Office, and the Library of Congress' Congressional Research Service.

excluding those addressing domestic HIV/AIDS. This process yielded three groups of bills and amendments: 43 bills focused on global HIV/AIDS; 70 amendments or resolutions addressing global HIV/AIDS (technical amendments were not included); and 94 bills where a component of the bill addressed global HIV/AIDS.

Unlike hearings, where the entire hearing primarily dealt with one topic, some bills are large in scope addressing many, sometimes unrelated, issues at once. For example, the Trade and Development Act of 2000, H.R. 434 from the 106th Congress, which became Public Law 106-200 in May 2000, was largely focused on investment policy for sub-Saharan Africa, and expanding trade benefits to certain countries. This bill also included a provision on U.S. private sector investment to reduce HIV/AIDS in sub-Saharan Africa, and a sense of the Congress relating to the HIV/AIDS crisis in the region. This bill, and others like it, was included in the 94 bills where a component of the bill addressed global HIV/AIDS. In other cases, bills focused mainly on domestic HIV/AIDS, but briefly mentioned, and might also have benefited the global epidemic. For example, H.R. 2405 in the 107th Congress, the Microbicide Development Act of 2001, sought to expand research and development of microbicides to prevent the transmission of HIV and other sexually transmitted diseases. While this bill mentioned the global epidemic in passing, and the potentially positive results could have resulted abroad, the primary focus of the bill appeared to be domestic in nature, and therefore I chose not to include it.

I cross-listed the list of bills and amendments generated from Thomas.gov with the list of bills on global HIV/AIDS identified from the Congressional Bills Project dataset (coding and analysis of these data discussed further below). The list of bills generated from the two sources were almost identical. Only 2 of the 43 bills on global

HIV/AIDS identified through Thomas.gov were not included in the Congressional Bills Project data. But, as the Congressional Bills Project data focuses on bills and not amendments, the Congressional Bills Project data did not include the list of 70 global HIV/AIDS amendments found through Thomas.gov. In addition, my analysis of the Congressional Bills Project data did not yield the list of 94 unrelated bills which included a small section or mention on global HIV/AIDS (as this could not be deciphered from the bill title alone).

I read and analyzed the entire set of over 200 bills, amendments, and resolutions using a methodology very similar to that laid out for the congressional hearings above. Specifically, I read and took notes on each bill and amendment, highlighting key issues, terms, justifications, and frames, and concluding with a high-level summary of each bill. As many bills and amendments include a fair amount of preamble information, or "findings," I sought to identify the framing of the issue, again paying particular attention to justifications for increased U.S. action to address the global epidemic, and how the problem was defined. For the bills and amendments that were ultimately made law, I reviewed the different iterations of the bills, as well as the accompanying committee report (if available), to understand the political agreements and negotiations. From these notes on all the bills and amendments, I generated overall conclusions on the major trends in bills and amendments over time, highlighting the changes in framing, key terms and themes, as well as an overview of the various efforts to address global HIV/AIDS over the time period.

After completing the qualitative analysis of the bills and amendments, I catalogued the information in order to generate quantitative data on all the global

HIV/AIDS legislation in order to perform analysis on influential members, as well as potential differences by chamber and party. I created an entry for each bill and amendment, including the 43 bills and 70 amendments focused exclusively on global HIV/AIDS.[6] For each piece of legislation I created a list of variables including, type of legislation (bill or amendment), Congress number, date of introduction, congressional chamber of introduction, lead sponsor,[7] original co-sponsors (members identified as co-sponsors at the time the legislation was introduced), later co-sponsors (members added as a co-sponsor after the date of introduction), chamber of each sponsor and co-sponsor, and party of each sponsor and co-sponsor. I analyzed the data generated focusing on patterns in those members who sponsored and co-sponsored each piece of legislation. In particular, I analyzed the members taking leadership on the issue, differences by party and chamber, as well as changes over time.

Congressional floor debate: In addition to analyzing discussions in congressional hearings and legislation introduced, I also sought to analyze the debate on global HIV/AIDS occurring on the House and Senate floor. Instead of searching the entire congressional record for mentions of global HIV/AIDS, I collected the transcripts of floor debate associated with the bills and amendments on global HIV/AIDS, identified above. In particular, Thomas.gov lists major congressional actions for each piece of legislation in its database. For many bills and amendments, this list of congressional actions

[6] I did not include the 94 bills focused on issues unrelated to global HIV/AIDS, but containing a portion or provision on global HIV/AIDS. The quantitative analysis of the bills and amendments focused primarily on members introducing and co-sponsoring the legislation, and therefore, including the bills where only a component of the bill addressed global HIV/AIDS, would not help identify the members focused on global HIV/AIDS, as the main focus of the bill was on other issues.

[7] While it is possible to have more than one sponsor on a piece of legislation, Thomas.gov only identifies one sponsor and therefore this analysis included only the sponsor listed in Thomas.gov. Other potential sponsors would have been counted as original co-sponsors instead.

identifies the pages of the congressional record where the legislation was discussed on the House or Senate floor. Accordingly, I collected and analyzed the pages of the congressional record identified in Thomas.gov for each bill and amendment on global HIV/AIDS, from 1995 through 2004 (the time period in which all the collected bills and amendments were introduced). In analyzing the transcripts of floor debate on global HIV/AIDS, I used the same general methodology developed for analyzing hearings and legislation, described in more detail above. I read the transcripts, making note of key topics and terms raised, as well as the framing of the issue, concluding with a high-level summary of my overall impressions. After reading and analyzing all the floor debate transcripts collected, I developed overall conclusions, themes and trends over the entire volume of floor debate collected, focusing primarily on topics most frequently mentioned, noting changes over time where possible.

Congressional PEPFAR authorization: To identify the political agreements negotiated by Congress in order to pass the original PEPFAR authorization in 2003, I consolidated all the hearings, floor debate transcripts, committee reports, and introduced versions of bills and amendments for H.R. 1298 from the 108th Congress, which ultimately became Public Law 108-25, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, or PEPFAR authorization. I analyzed all of these documents in conjunction with each other, in order to piece together the chronology of events and the progression of the debate leading up to the final PEPFAR authorization passed Congress in May 2003. I analyzed the different versions of the bill and the proposed amendments, as well as the corresponding discussions that occurred during floor debate and committee markup hearings, in order to identify the framing of the issue,

common themes, points of contention, and areas of agreement. Through reading the transcripts as well as reviewing the vote counts for individual amendments, it was easy to identify the major points of contention and concessions that were made in order to attain a high level of final bipartisan support for the bill.

Congressional case study: After completing the analysis of all the primary sources discussed above, I consolidated all of the notes and conclusions to identify overall patterns, themes, frames, and trends. In particular, I analyzed all the detailed notes and high-level conclusions, in light of identifying the interests and events shaping the policy process, the framing of global HIV/AIDS in Congress, trends in congressional attention over time, and the political agreements negotiated in passing PEPFAR authorization. Overall, while on occasion it was difficult to decide whether or not to include a particular bill or amendment, identifying overall conclusions and trends, and themes was quite straightforward across all the documents collected. There were clear patterns and trends that developed, and I continued to identify similar patterns and trends across the different sources. In addition, my analysis was supplemented by secondary sources, including newspaper articles, reports, and popular and academic literature, in which some of my conclusions were further supported.

President

I collected and analyzed a number of primary sources on the President in order to examine: the pattern of Presidential attention to and leadership on global HIV/AIDS; how the President framed the issue; and the major events and initiatives on global HIV/AIDS.

I focused mainly on official presidential records from the entire Presidency of Bill Clinton and the first term of President George W. Bush, 1993 to 2004, including speeches, public papers, press releases, radio addresses, government reports, executive orders, and achieved websites. I also supplemented this detailed analysis using the autobiography of each President, media reports, and academic and popular literature. I divided the research into two phases, first the Clinton Presidency and then the Bush Presidency, and I followed similar steps for each President, detailed below.

Public Papers of the President: To begin, I collected and searched the public papers of the President,[8] which is a compilation of Presidential speeches, interviews and other documents, in order to identify all content relating to HIV/AIDS. I covered the entire Clinton Presidency, 1993 to 2001, and the first term of the Bush Presidency, 2001 through 2004. I searched the public papers to identify all speeches and other documents with references to HIV/AIDS, both domestic and global, and read and took detailed notes on each item. In particular, I focused on identifying when both domestic and global HIV/AIDS rose to the Presidential agenda, the framing of HIV/AIDS by the President, key initiatives and events and changes over the time period. Similar to the method used in the congressional analysis, described above, I first read and took notes on each item, and created a high-level summary indicating my overall impressions and conclusions, including key issues, themes, and frames. From these notes I generated a list of key issues or themes in terms of frequency or importance. I then reviewed all of these notes to

[8] The Public Papers of the President is a multi-volume series for each President, containing Presidential writings, addresses, and remarks, compiled and published by the Office of the Federal Register, National Archives and Records Administration. The public papers for each President incudes a range of different types of documents including addresses to the nation, addresses and remarks, appointments and nominations, bill signings, bill vetoes, communications to Congress, communications to Federal agencies, executive orders, interviews with the news media, joint statements, letters and messages, meetings with foreign leaders and international officials, proclamations, resignations and retirements, and statements by the President. I accessed the public papers online through the Government Printing Office website.

develop high level conclusions, themes and trends from all items found to address HIV/AIDS, noting changes over time where present.

Additional Presidential Sources: After completing my analysis of the public papers, I conducted a detailed search of other Presidential records to identify additional items and documents related to HIV/AIDS not included in the public papers. In particular, the Presidential library of each President maintains archived versions of the White House website from each time period. The Clinton library maintains archived versions of the White House website from five different points during the presidency, a virtual library including a searchable database of White House documents, and a digital library of other documents that have been made available through Freedom of Information Act requests. The Bush library maintains an archived version of the final White House website through January 2009 which includes an organized compilation of press releases and briefings, radio addresses, reports, fact sheets and other documents from the entire Bush Presidency. The archived White House websites from both the Clinton and Bush Presidency also included websites for the White House Office of National AIDS Policy, which I also reviewed. Similarly, I searched the archived version of the State Department website from both the Clinton and Bush Presidency to identify further documents, reports and press releases on HIV/AIDS. Finally, I searched the national archives of the federal register to ensure I had identified all relevant Executive Orders on HIV/AIDS.

After searching all of these sources for additional Presidential records, I grouped the resulting documents into four broad categories: speeches and statements; press releases and websites; executive orders; and documents and reports (excluding the documents already included in the public papers analysis). I conducted analyses of each

group of documents in chronological order, following the same general methodology discussed above, reading and taking notes to identify patterns and conclusions on Presidential attention to HIV/AIDS, and identify the key frames, initiatives and events. While I created individual sets of notes and conclusions for each group of documents, I also created a detailed timeline of major administration events, speeches, announcements and actions on HIV/AIDS for each Presidency.

Unlike for the congressional analysis where I focused on global HIV/AIDS only, for the Presidential analysis I also reviewed references to domestic HIV/AIDS, focusing more intensely on those addressing global HIV/AIDS. Before PEPFAR was created, global HIV/AIDS was politically addressed largely through the White House Office of National AIDS Policy, an office originally set up to address domestic HIV/AIDS. In addition, earlier in the epidemic, global HIV/AIDS tended to be addressed by the President as part of a general conversation on HIV/AIDS, largely focused on domestic HIV/AIDS. As a result, while it was much easier to distinguish which documents dealt with domestic versus global HIV/AIDS in the congressional record, this distinction was less clear in the Presidential record. For example, the annual statement or speech by the President on World AIDS Day, December 1, would often include a discussion of both domestic and global HIV/AIDS. Therefore, I chose to cover both domestic and global HIV/AIDS in my analysis.

Presidential Autobiographies: In addition to the primary source documents from each administration, I also reviewed the autobiographies of each President, who each provide their own historical account of their administration. I focused on every mention of HIV/AIDS in each book, in order to understand the level of importance given to the

issue by each Presidency, as well as the framing and key events and stakeholders in the relevant sections. I also focused on mentions of topics potentially related to global HIV/AIDS policy, including sub-Saharan Africa, the Millennium Challenge Corporation (MCC), the President's Malaria Initiative, and the African Growth and Opportunity Act. The findings from reviewing the autobiographies were similar to those found in the other Presidential documents, including similarities on Presidential attention and framing of the issue.

Presidential case study: Just as I did for the congressional analysis, after completing the analysis of all Presidential records, I consolidated my notes and conclusions to identify overall patterns, themes, frames, and trends. In particular, I analyzed all the detailed notes and high-level conclusions, in order to identify trends in Presidential attention to HIV/AIDS, the framing of global HIV/AIDS, as well as key initiatives and events on global HIV/AIDS. Identifying overall trends and themes was straightforward, and similar patterns and conclusions developed across the six different sets of documents. In addition, my analysis was supplemented by secondary sources, including newspaper articles, reports, and popular and academic literature, in which some of my conclusions were further supported.

Interest Groups and International Organizations

Unlike the huge volume of documents available on Congress and the Presidency, there are many fewer documents available covering interests groups and international organizations going back more than a decade in time. As a result, the methods used for

identifying key interest groups was different that the detailed content analysis conducted for the congressional and Presidential analysis.

One of the main sources I used to identify key individuals and groups was the vast array of congressional and Presidential documents discussed above. In particular, as I read through the various congressional and Presidential documents, I made particular note of interest groups or other stakeholders that were either present at an event or mentioned by members or the President. For example, analysis of the hearings transcripts yielded a list of witnesses and individuals mentioned during the hearing. In addition, some Presidential speeches on HIV/AIDS, made particular note of key groups or individuals active on the issue. Similarly, stakeholders were sometimes named in floor debate, administration reports, press releases and other documents. Stakeholders specifically mentioned by members or the administration were likely influential on the issue, and played a key role in the debate over global HIV/AIDS. As a result, I used the congressional and Presidential documents as a main source of information for identifying the influential stakeholders on global HIV/AIDS.

In addition to assisting in identifying the key interest groups on global HIV/AIDS, the congressional and Presidential documents were also analyzed to determine the level of participation of these groups, the framing used by each stakeholder, and the political and policy interests held by each stakeholder. In documents where these stakeholders made statements or expressed views, I analyzed those documents to identify patterns and key frames. For example, pharmaceutical industry representatives testified in Congress on global HIV/AIDS on a few occasions and regularly used this opportunity to frame the discussion on global HIV/AIDS. In particular, these representatives made clear their

position that the access to treatment problem was not simply an issue of pricing, but rather affected by other constraints, such as infrastructure. Thus, the congressional and Presidential documents helped to identify the key stakeholders participating in the debate over global HIV/AIDS, as well as the frames and interests touted by each group.

Secondary sources of information also provided additional insight on the key interests and stakeholders on global HIV/AIDS. In particular, academic and popular literature on the politics of global HIV/AIDS provided a great source of information. For example, there are a decent number of articles appearing in legal journals about the attempt of the South African government to reform their laws in the late 1990s to enable the country to benefit from lower drug prices in other countries to address the HIV/AIDS crisis. While some of these articles focus on the legality of the issue in terms of international agreements on intellectual property rights, this literature also contains a significant amount of information on the participation of interest groups in this dispute. Secondary sources like these were used to identify key stakeholders participating in and shaping the debate on global HIV/AIDS, as well as the framing and policy goals of these groups.

In addition to analyzing congressional and Presidential documents, as well as secondary sources, after many of the key groups and stakeholders were identified, I also searched archived and current websites to find primary source documents from these groups. Where available, I collected and analyzed press releases, statements, and reports in order to identify the level of participation in the global HIV/AIDS debate, the framing of the issue and particular political or policy stances taken by each group. These primary sources also generated information on the role of other interest groups as well. For

example, one non-governmental organization that was particularly active in the access to medicines debate, maintains a detailed timeline of the issue on its website, including key events, documents, and mentions of meetings involving other stakeholders and officials. Where possible, I collected and analyzed primary source documents from interest groups and stakeholders.

Finally, after collecting and analyzing all the information discussion above, I developed detailed conclusions and patterns on the key stakeholders participating in the debate, as well as the frames and policy positions held by each group.

Media Attention

In order to evaluate media attention to HIV/AIDS leading up to the establishment of PEPFAR in 2003, I primarily relied on analysis of quantitative data, described in further detail below. But, I also conducted a review of existing literature and research focused on media attention to HIV/AIDS, in order to supplement my own analysis. I was able to find one comprehensive study focused on media attention to HIV/AIDS over a similar period of time, which I used to develop my findings. The study, conducted by the Kaiser Family Foundation in conjunction with Princeton Survey Research Associates, includes an examination of media coverage of HIV/AIDS from 1981 through 2002, based on a sample of more than 9,000 news stories from major U.S. print and broadcast sources. Ultimately, this study drew very similar conclusions to those drawn from my own analysis of the Policy Agendas Project data, discussed in further detail in the quantitative analysis section below.

Public Opinion

In order to understand the pattern of public opinion on global HIV/AIDS leading up to the establishment of PEPFAR, I focused on collecting relevant literature and research on the topic, as well as utilizing existing public opinion poll data. There is a fair amount of literature on public opinion on foreign aid and humanitarian assistance, which provided context for public opinion on global HIV/AIDS. In addition, I searched databases of public opinion poll data in order to find questions addressing HIV/AIDS. Specifically, I searched Polling the Nations database and iPoll databank which each include data from public opinion surveys from thousands of sources. From these databases I searched for poll questions focused on domestic and global HIV/AIDS, with a particular eye towards questions that were asked over a long time frame in order to identify time trends. In addition, Kaiser Family Foundation has been tracking public opinion on a range of health issues, including HIV/AIDS, for many decades, and this information is provided in a searchable database on their website. Ultimately, using these databases I was able to put together a comprehensive picture of trends in public opinion on foreign aid, humanitarian assistance, domestic and global HIV/AIDS from 1981 through 2004. In some cases I also provided more current information on public opinion, beyond 2004.

Data Analysis

In addition to the case study using primary and secondary data sources, I also supplemented this information using quantitative data. In particular, using two data sources, the Policy Agendas Project and the Congressional Bills Project, I created quantitative depictions of congressional attention and media coverage of global HIV/AIDS from 1981 through 2004.

Baumgartner and Jones established the Policy Agendas Project in order to encourage the study of policy change based on the punctuated equilibrium framework, using comparable measures across different areas of policy areas. The project collects and organizes data from a variety of public sources including The New York Times and the congressional Information Service.[9] I utilized two datasets made available by the Policy Agendas Project. In order to analyze congressional attention to global HIV/AIDS I used the Policy Agendas Project congressional hearings dataset, which contains information summarizing each U.S. congressional hearing from 1946 to 2010 using the abstracts from the congressional Information Service (91,656 hearings). To analyze media attention to global HIV/AIDS I used the Policy Agendas Project New York Times Index dataset, which is a systematic random sample of the New York Times Index from 1946 to 2008 (49,201 records). In addition to the Policy Agendas data on hearings, I also used a dataset from the Congressional Bills Project, which provides data on all bills introduced in the U.S. House and Senate.

[9] The data used here were originally collected by Frank R. Baumgartner and Bryan D. Jones, with the support of National Science Foundation grant numbers SBR 9320922 and 0111611, and were distributed through the Department of Government at the University of Texas at Austin. Neither NSF nor the original collectors of the data bear any responsibility for the analysis reported here.

The Policy Agendas Project data and the Congressional Bills Project data are coded using the same methodology and categories, and therefore I was able to use the same process to further code the data for my analysis. In particular, the datasets on congressional hearings and bills, and media coverage are coded into 19 major topics and 225 subtopics. Some of these topics and sub topics were germane to my analysis, as I was able to isolate hearings, bills and media coverage on topics including international development, international affairs, defense, domestic health, and domestic welfare. But, there is no specific topic or subtopic that would isolate coverage and attention to HIV/AIDS or global HIV/AIDS, and therefore I further coded the datasets to identify all hearings, bills, and media stories that pertain directly to HIV/AIDS, as well as other related policy areas such as global health. Specifically, I searched the description field provided for each entry in the datasets, using a range of key words, in order to create additional variables on HIV/AIDS, domestic HIV/AIDS, global HIV/AIDS, and global health. First, I searched the description field of each entry for any mention of HIV and/ or AIDS, and then read the entry to code the item as either domestic HIV/AIDS or global HIV/AIDS. Similar to the methodology used in the congressional analysis described above, it was very easy to determine if an entry was focused on domestic or global HIV/AIDS. If there was not a specific indication that the entry was focused on global HIV/AIDS, I coded the item as domestic HIV/AIDS. For example, a hearing on "the status of research on AIDS" was coded as domestic and not global HIV/AIDS.

After creating variables to indicate the detailed topics of each hearing, bill, and media story, I created graphical depictions of these items in order to identify trends in congressional and media attention to global HIV/AIDS and related issues over time. In

addition to analyzing the trends in attention to each individual topic, I also looked at the potential relationship between attention and coverage on related issues. For example, I overlaid the trends of congressional attention and media coverage on domestic and global HIV/AIDS, to compare the patterns. The interesting results that help shed light on congressional and media attention to global HIV/AIDS are presented as graphs with accompanying narrative throughout the findings, particularly in chapter 4 on Congress, and in chapter 6 on interest groups, media attention, and public opinion.

Finally, as described above in the case study methodology section, I was able to corroborate the results from the quantitative analysis using other sources and research. The congressional hearings data were corroborated by my qualitative analysis of congressional hearings on global HIV/AIDS, which uncovered an almost identical list of hearings. The congressional bills data were corroborated with my qualitative analysis of bills on global HIV/AIDS, which also identified an almost identical list of bills. Similarly, the results and patterns found from the analysis of the media attention data were corroborated by other studies and research in this area, which detected very similar patterns over the time period. Ultimately, this quantitate analysis was used to supplement the case study information in order to shed further light in particular on congressional and media attention to global HIV/AIDS leading up to the establishment of PEPFAR.

Qualifications and Limitations

My own work over the last decade in the international affairs and development field, examining a range of government policies and programs, including on PEPFAR,

has provided me with a strong base of knowledge about these programs. In particular, as a U.S. government researcher and analyst in the field, I am familiar with the key political issues, stakeholders, and events impacting the policy process in this area. Accordingly, in addition to the sources and methods described above, my research has also been informed by my own interactions with relevant U.S. government agency officials, congressional staff, interest groups, civil society, foreign government officials, multilateral and international organizations, program implementers as well as program beneficiaries.

In designing the research methodology for this dissertation, I chose not to include expert interviews as one of my data collection tools. Interviewing experts who played a role in the policy making process leading up to PEPFAR offers the potential for them to offer their own recollections of the establishment PEPFAR. In particular, interviews of policymakers and staff working on global HIV/AIDS leading up to PEPFAR might have provided additional context for my findings. For example, discussions from interviews might have covered issues such as which individuals were viewed as policy brokers or leaders on the issue, what events or changes impacted the rise of global HIV/AIDS onto the political agenda, and what was the involvement of various stakeholders in the policy process. I do not expect that these discussions would have tangibly altered my findings and conclusions on a range of topics such as Congressional, Presidential, media and public attention to global HIV/AIDS, the framing of global HIV/AIDS, and political agreements negotiated in the creation of PEPFAR. However, these interviews could have been useful in providing additional information on the contribution of interest groups and other outside stakeholders where primary documents are more limited, and whose input into the policy process is often not recorded in official records. Thus, while I do not

expect that my findings and conclusions would have been altered by expert interviews, such discussion might have informed my interpretation of results and provided further context. As a result, focusing solely on primary, secondary and quantitative data sources, is a potential limitation of the methodology used in this dissertation.

Another potential limitation of my research was the lack of primary source documents from interest groups. I was able to obtain primary source documents for certain groups, such as international organizations, however it was much more difficult to obtain many primary source documents from other groups, such as religious and global health groups and the pharmaceutical industry. Thus, while the analyses on Congress and the President are almost entirely based on primary source documents, the analyses on the role of interest groups draw heavily on secondary sources. As a result of this limitation, it is possible that there were other key interest groups involved in the policy process leading up to PEPFAR, that were not captured in my analysis.

Relatedly, my analysis on the role of the President also relied on some secondary sources, including the autobiographies of Presidents Clinton and Bush, in addition to the numerous primary documents. While there were very few mentions of global HIV/AIDS in President Clinton's book, President Bush wrote a fair amount about PEPFAR, which I utilized in my analysis and findings. President Bush has an incentive to portray PEPFAR and his role in its creation in a certain light, and therefore my use of this autobiography may have influenced my findings. However, given my in depth analysis of the vast amount of Presidential primary source documents, which underlies the findings on the President, as well as corroboration from other secondary sources, I am confident in my results.

My analysis of congressional documents focuses more heavily on authorizing committees in Congress rather than appropriations committees. The methodology used in selecting hearing transcripts and bills for analysis selects those focused on global HIV/AIDS, rather than those that may briefly mention the issue. Accordingly, to the extent that congressional appropriators dealt with global HIV/AIDS in bills or hearings focused on larger topics, such as the annual foreign operations appropriations bill, these documents were not included in my analysis. However, any appropriations bills or hearings that focused solely on global HIV/AIDS would have been captured in my analysis. In addition, the many of the statements and proposals of appropriations committee members would still be captured in my analysis, as appropriations committee members are also members of other relevant committees, able to introduce legislation, and speak on the floor. Thus, I am confident that this exclusion did not tangibly impact my results.

The issue of measurement reliability in conducting the content analysis of congressional and presidential documents is another potential limitation of my research method. In particular, given the subjective nature of content analysis, there is a question as to whether or not my research accurately and consistently identified key issues raised by each Member and President in transcripts of hearings, speeches, and other documents. I sought to follow the exact same procedures in reviewing each document, first grouping documents by type, then reading and taking notes on individual documents within each group, and writing high level conclusions and patterns for each group based on the notes from each individual document. In addition, in reading and taking notes on each document, I included all potentially relevant issues in my notes, in order to look for all

conceivable patterns and not inadvertently disregard an issue of possible importance. In addition, as noted above, many of the conclusions and patterns identified in my content analysis were confirmed in other secondary sources or research. Thus, I am confident in the consistency and accuracy of the conclusions yielded from my analysis.

Ultimately, I have noted earlier, many of the individual patterns and analytical conclusions yielded from my own analysis have been corroborated by additional methods and sources as well. Therefore, I am confident that the findings and conclusions resulting from the sources and methods used are an accurate depiction of the policy process leading to PEPFAR.

Summary

This chapter outlined the mixed method approach to this dissertation, which is primarily qualitative, but also draws on some quantitative data. In particular, I outlined the numerous data sources and methods used to construct a detailed case history, which provides an analytical account of the policymaking process leading up to PEPFAR. In addition, I described the quantitative data sources and methods that were used to supplement the case study information. Together the case history and qualitative analyses provide an account of the political interests and events that shaped the policy process, the framing of and attention to global HIV/AIDS as it rose to the national agenda, and the political agreements negotiated in the establishment of PEPFAR.

Chapter Four
Congressional Politics of Global HIV/AIDS

This chapter provides an analysis of the key factors shaping the politics of global HIV/AIDS in Congress and the process of policy formation that resulted in congressional support for the President's Emergency Plan for AIDS Relief (PEPFAR). In 2003, after President George W. Bush proposed PEPFAR, Congress authorized the program amongst significant bipartisan political support. Given the traditional political and public opposition to such U.S. foreign assistance expenditures, the overwhelming congressional support for PEPFAR raises questions about the policy process leading up to its establishment.

In particular, this chapter explores the pattern of congressional attention to global HIV/AIDS leading up to PEPFAR, in order to discern when, and under what circumstances, global HIV/AIDS rose to the congressional agenda. This chapter also provides a detailed analysis of the framing of global HIV/AIDS in congressional debate, including the dominant justifications for increasing the U.S. response to global HIV/AIDS, how the problem was framed, and changes over time. In order to determine the key congressional stakeholders, this chapter examines the sources of congressional leadership on global HIV/AIDS, including a discussion of potential differences across political parties and congressional chambers. Finally, I consider the specific policy negotiations and political agreements that were negotiated to enable passage of the final PEPFAR authorization with such noteworthy political support.

This chapter on congressional politics of global HIV/AIDS utilizes a research design based on a comprehensive case history and data analysis. In particular, I collected

and systematically analyzed the congressional record from 1995 through 2004, including transcripts from hearings and floor debate, and the text of bills and amendments, as well as accompanying committee reports. I also collected and analyzed quantitative data sources measuring congressional hearings and congressional bills on global HIV/AIDS from 1981 through 2004. The qualitative and quantitative information was also supplemented by secondary sources comprised of media reports, as well as academic and popular literature. For more information on the data sources and methodology used to conduct the case history and data analysis, see chapter 3.

Congressional Attention to Global HIV/AIDS

This section provides an analysis of congressional attention to global HIV/AIDS leading up to and following the emergence of PEPFAR, including the factors that affected congressional attention, as well as observed differences by congressional chamber and political party.

One of the key components of analyzing the policy process leading up to PEPFAR is the pattern of congressional attention to the underlying issue of global HIV/AIDS. Baumgartner and Jones (1993) put forth that public and official attention follows a particular pattern, with increased attention leading up to a major policy change, and a decrease in attention following the establishment of a new policy or institution. Accordingly, this theory would predict that congressional attention to global HIV/AIDS would increase in the years leading up PEPFAR's creation in 2003, and fall again shortly thereafter, and as described in the following section, I find that such a pattern exists.

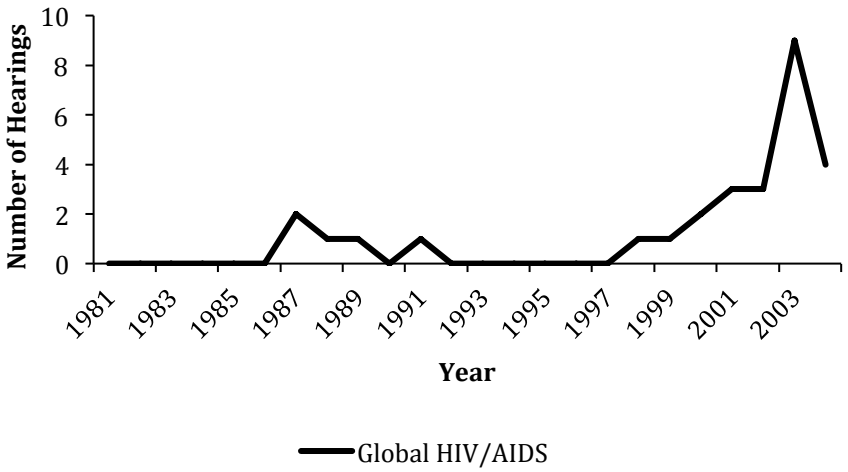
Congressional Interest Measured by Hearings and Bills

One method to measure congressional interest in an issue is the number of hearings held in Congress. If members in the House or Senate are especially interested in an issue or trying to generate attention on an issue, then members can call for hearings to be held in relevant committees or subcommittees. As a result, looking at the number of hearings held on an issue can help one discern the level of congressional interest over time. In total, there were over 39,000 hearings held in Congress between 1981 and 2004, 145 of which were focused on HIV/AIDS, and 39 specifically on global HIV/AIDS. While less than one percent of congressional hearings during this period were focused on HIV/AIDS, given the vast array of issues and matters considered before Congress, the relatively small level of attention on HIV/AIDS is anticipated. However, while a small portion of the total hearings, the pattern on congressional attention on HIV/AIDS, particularly global HIV/AIDS, can still be used to shed light on the trend in congressional attention to the issue.

Hearings were held in Congress addressing global HIV/AIDS beginning in 1987. In September 1987, the House Committee on Science and Technology, Subcommittee on Natural Resources, Agricultural Research, and Environment held a hearing on international efforts to control AIDS. Later that same year, the Senate Foreign Relations Committee held a hearing on the role of the United States in global AIDS prevention. Analysis of the Policy Agendas Project dataset shows that after 1987, there were few

hearings addressing global HIV/AIDS (either none or one per year) until 1998 when a continually upward trend in hearings on global HIV/AIDS began (see figure 4.1).

Figure 4.1 Hearings held in Congress on Global HIV/AIDS, 1981-2004



Source: Policy Agendas Project data.

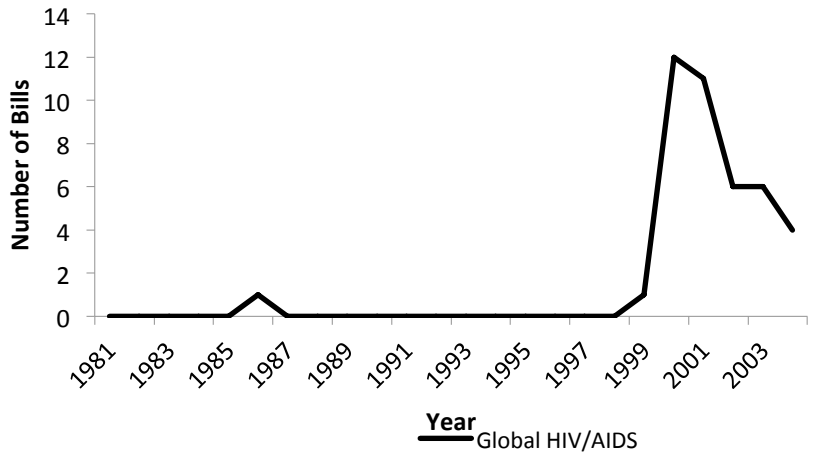
In 1998, the House Committee on International Relations held a hearing to review U.S. and international efforts in HIV/AIDS prevention. After 1998, there were an increasing number of hearings on global HIV/AIDS (between one and three per year), with a peak of nine hearings in 2003. After 2003, when Congress passed PEPFAR authorization, there was a decline in hearings on global HIV/AIDS.

Similarly, one can also measure congressional interest in an issue by examining the number of bills introduced at a given time. When members are particularly focused on an issue they tend to introduce bills addressing the issue or problem, sometimes regardless of the likelihood of passage. There were over 104,000 bills introduced in Congress between 1981 and 2004, 256 of which were focused on HIV/AIDS, and 41

specifically on global HIV/AIDS. While less than one percent of the total bills were focused on HIV/AIDS, the pattern on congressional attention to the issue, these data can still be used to illustrate the trend in congressional attention over the time period.

Similar to the pattern found on congressional hearings, my analysis of the Congressional Bills Project data showed that there was some interest in the late 1980s, but in general congressional interest in global HIV/AIDS did not ramp up until the late 1990s (see figure 4.2). In 1986, Representative Henry Waxman (D-CA) introduced a bill in the House to amend the Public Health Services Act to authorize assistance for research on AIDS in foreign countries, in consultation with the World Health Organization (WHO). With the exception of this one bill in 1986, there were no bills introduced in Congress addressing global HIV/AIDS until 1999 when Representative Barbara Lee (D-CA) introduced the AIDS Marshall Plan for Africa Act. Following 1999, there was a sudden spike in bills addressing global HIV/AIDS with 12 bills introduced in 2000 and 11 in 2001.

Figure 4.2 Bills introduced in Congress on Global HIV/AIDS, 1981-2004



Source: Congressional Bills Project data.

This analysis of the number of hearings held and bills introduced shows congressional interest in global HIV/AIDS intensified in the late 1990s, prior to 2003 when President Bush called for a multi-billion dollar emergency fund to address HIV/AIDS in his State of the Union address. Furthermore, earlier large-scale global HIV/AIDS legislation had been introduced and even passed in the House and Senate as early as 2001. Specifically, in June 2001 Representative Hyde introduced HR 2069 the Global Access to HIV/AIDS Prevention, Awareness, Education and Treatment Act of 2001, which passed the House in December 2001. Later in the 107th Congress, in May 2002, Senator Kerry introduced a competing bill in the Senate, with a more comprehensive plan and even higher funding levels. In July 2002, the Senate voted to pass the House bill by substituting Senator Kerry's version for the text of the House bill. But, these two versions were never reconciled, and the 107th Congress ended without finalizing this legislation. These bills were briefly described in the House report that

accompanied the final PEPFAR authorization in 2003, noted

> "the House and Senate were unable to reconcile the two versions of the bill, but both chambers agreed upon the need for expanded assistance to fight the HIV/ AIDS pandemic. Both versions of the bill supported increases in funding for bilateral and multilateral approaches to fighting HIV/ AIDS. Both bills stressed the urgency of the need for the President to develop a comprehensive strategy to expand U.S. assistance to encompass treatment of HIV/AIDS through the use of antiretroviral therapy" (House report number 108-60, 2003).

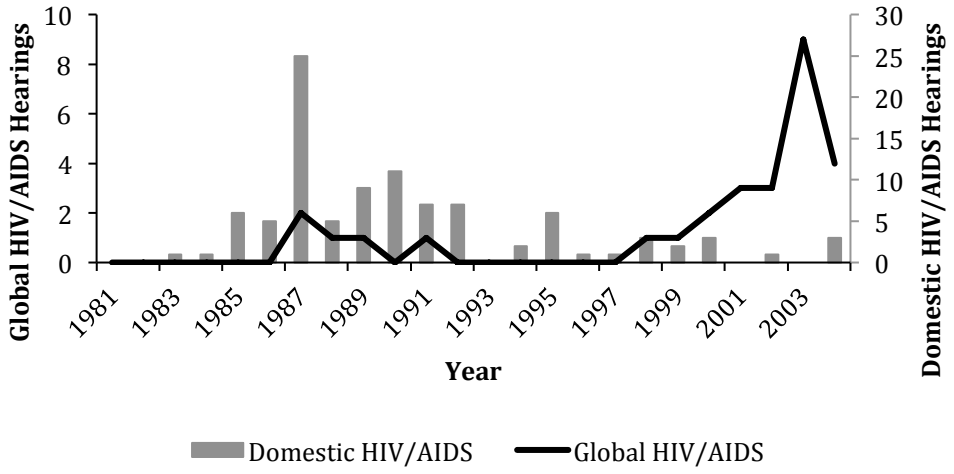
Thus, congressional interest in global HIV/AIDS as well as motivation to create a PEPFAR-style program preceded President Bush's State of the Union address.

Conventional wisdom on the establishment of PEPFAR suggests that President Bush led Congress in approving his proposal to create the program. Most mentions of the creation of PEPFAR begin with President Bush's announcement of the program in his 2003 State of the Union address. However, these findings on congressional attention to global HIV/AIDS demonstrate that while President Bush assumed a leadership position on global HIV/AIDS (discussed more in chapter 5 on Presidential leadership), many in Congress were motivated to create a PEPFAR-style program to address global HIV/AIDS prior to the President's announcement. Thus, when President Bush decided to announce PEPFAR in his State of the Union Address there were strong indications that he could count on strong support from Congress in authorizing and funding the program. In addition, while the prominence of the President's State of the Union Address helped propel PEPFAR to the top of the political agenda, these findings show that global HIV/AIDS had already been present on the congressional agenda. Accordingly, rather than President Bush leading Congress in approving his PEPFAR proposal, the leadership of the President was coupled with already existing enthusiasm in Congress, which together formed the basis of the strong bipartisan support for the formation of PEPFAR.

Factors Affecting Congressional Attention to Global HIV/AIDS

In order to determine if the sudden spike in congressional interest in global HIV/AIDS is related to other factors, I examined the number of hearings held and bills introduced on related issues. My analysis shows a potentially inverse relationship between the number of hearings held or bills introduced on global HIV/AIDS and those addressing HIV/AIDS in the United States (see figure 4.3). In particular, congressional attention to domestic HIV/AIDS spiked in the late 1980s and decreased rapidly after the late 1990s. At the same time that congressional interest in domestic HIV/AIDS decreased, the focus on global HIV/AIDS began to rise.

Figure 4.3 Hearings held in Congress on Global HIV/AIDS and Domestic HIV/AIDS, 1981-2004



Source: Policy Agendas Project data.

One potential explanation for this shift in focus from domestic HIV/AIDS in Congress is that by the end of the 1990s great progress had been made to address HIV/AIDS in the United States. Large-scale programs were established to address HIV/AIDS in the U.S., and following the establishment and expansion of these programs, there was a decrease in congressional attention to the issue, as measured through hearings and bills. This decrease in attention fits with Baumgartner and Jones's theory of punctuated equilibrium in which attention to an issue increases leading up to large policy changes, and wanes afterwards. Specifically, in 1990 Congress passed the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, which aimed to improve the quality and availability of care for low-income and uninsured individuals affected by HIV/AIDS.[10] Following the establishment of the Ryan White Care Act, policy discussions around domestic HIV/AIDS centered around funding for this program, which was vastly increased throughout the 1990s. Thus, general congressional attention to domestic HIV/AIDS decreased following this large policy change, as congressional attention to domestic HIV/AIDS shifted to oversight and appropriations on existing programs, some of which may not be captured in the analysis of congressional hearings and bills data.

Additionally, while the spread of HIV/AIDS was rapid in the U.S. throughout the 1990s, in the mid-1990s breakthroughs had been achieved in the development of treatments, and by 1997 it was reported that the number of deaths from AIDS in the U.S.

[10] Ryan White was diagnosed with AIDS in the mid-1980s as a teenager after contracting the disease through a blood transfusion. With little public understanding or tolerance surrounding HIV/AIDS at the time, Ryan White was banned from attending public school. He fought for his right to attend school and he became a national voice for tolerance regarding HIV/AIDS. After his death in 1990, Congress passed the major AIDS bill that bears his name.

began to decline considerably (Centers for Disease Control and Prevention, 1997). The disease remained prevalent in the United States throughout the next decade and to date, but as access to continually improving treatment steadily increased through the early 2000s, public and congressional attention on the issue of domestic HIV/AIDS waned. Thus, while there was some continued focus in Congress on domestic HIV/AIDS, such as periodically renewing the Ryan White CARE Act or through the annual appropriations process, congressional attention on domestic HIV/AIDS fell to lower levels in the early 2000s than in the 1980s and 1990s.

While Congress was shifting its focus from domestic HIV/AIDS, at the same time, attention began to increase on global HIV/AIDS. While death rates began to fall precipitously in the U.S., in the developing world HIV/AIDS was reaching new heights in infection and mortality rates. In 1996, the WHO estimated that more 4.6 million people had died from AIDS since the beginning of the epidemic and that over 20 million were living with the virus (Knight, 2008). While those living with HIV/AIDS in developed countries began taking the new treatments in the mid-to-late 1990s, those in developing countries still had little to no access. Of the estimated 20 million people living with HIV/AIDS in 1996, 15 million were living in sub-Saharan Africa and had little access to the newly developed life-saving treatments.

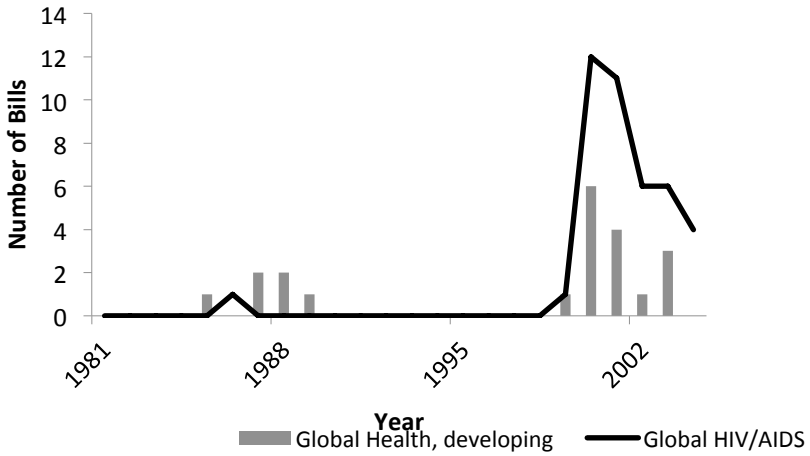
Accordingly, it appears that after the HIV/AIDS issue in the United States had been sufficiently addressed, Congress turned its attention to the HIV/AIDS epidemic abroad. Many issues typically addressed through foreign aid are generally not present in the U.S., such as democracy and human rights, clean water and sanitation, and political and military conflict. In addition, the issues addressed by foreign aid, which also affect

Americans, are often so extremely different in nature and therefore almost unrelated; such as food security, poverty, and health. Conversely, while there are differences in addressing HIV/AIDS in the U.S. and in developing countries, the basic focus on increasing prevention efforts and access to treatment is the same. Accordingly, unlike most other areas of foreign aid, it is unlikely that Americans, who are already skeptical of efforts to increase foreign aid, would support providing HIV/AIDS treatments to those in developing countries, before widespread access had been achieved at home. As such, the finding that Congress turned it's attention to global HIV/AIDS only after the issue had been sufficiently addressed in the U.S., is consistent with American public opinion on foreign aid.

In addition to the seemingly inverse relationship between congressional attention on domestic and global HIV/AIDS, there appears to be a positive relationship between congressional attention to global HIV/AIDS and global health in developing countries. My analysis of the Congressional Bills Project data and the Policy Agendas Project data found that as congressional interest in global HIV/AIDS grew, so did interest in global health in developing countries (see figure 4.4). This analysis included any bill or hearing on global health that focuses particularly on developing countries, including topics such as Tuberculosis, Malaria, Polio, and international family planning.[11]

[11] The measure on global health excluded any bills or hearings that also dealt with global HIV/AIDS to avoid double counting.

Figure 4.4 Bills introduced in Congress on global HIV/AIDS and global health in developing countries, 1981-2004



Source: Congressional Bills Project data.

It is possible that congressional attention on global HIV/AIDS was part of a larger increased focus on global health. As HIV/AIDS grew as an issue on the world stage so did the focus on global health and international development more generally. In 2000, at the Millennium Summit of the United Nations, world leaders adopted eight goals on international development, the Millennium Development Goals (MDGs), three of which were focused specifically on global health.[12] In addition, the Global Fund for AIDS, Tuberculosis, and Malaria (Global Fund) was established in 2002 in order to fight three of the world's deadliest infectious diseases. It should also be noted that PEPFAR was established as part of a law focused also on Tuberculosis and Malaria, P.L. 108-25 the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

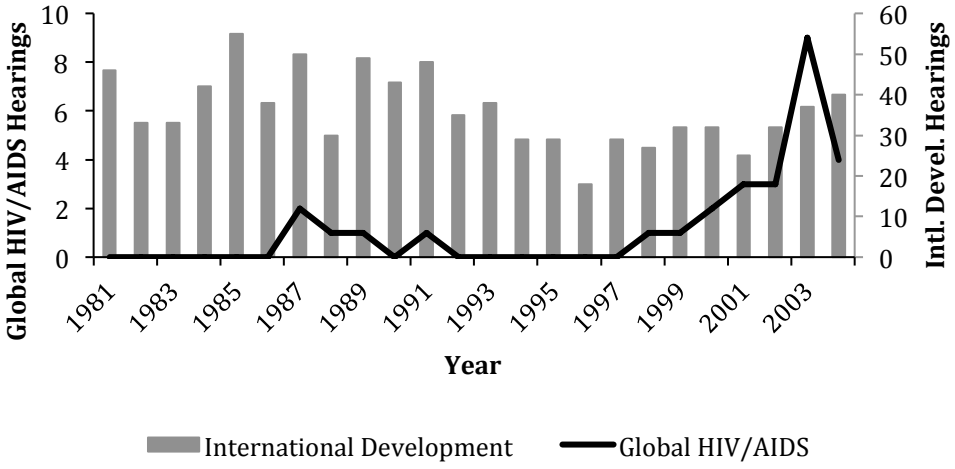
[12] The three MDGs focused on global health include: reducing child mortality, improving maternal health and combating HIV/AIDS, Malaria and other diseases.

Thus, it appears that global and congressional attention to global HIV/AIDS was coupled with increased attention to related international development and health issues.

The increased attention to global HIV/AIDS in conjunction with attention to global health can likely be explained by the interconnected relationship between these issues. For example, people with HIV/AIDS are more likely than others to become sick with Tuberculosis, and as a result, Tuberculosis is one of the leading causes of death among those with HIV/AIDS. Accordingly, to comprehensively address global HIV/AIDS it is important to address related health problems. As a result, the increasing attention to global HIV/AIDS in conjunction with related health issues is likely accounted for by the strong relationship between these issues.

While increased congressional interest in global HIV/AIDS is coupled with interest in global health more generally, there does not appear to be a relationship with interest in international development more generally (see figure 4.5).

Figure 4.5 Congressional hearings on global HIV/AIDS and international development, 1981-2004



Source: Policy Agendas Project data.

Additionally, my analysis of the Congressional Bills Project and Policy Agenda Project data also included measures of other related variables including, food assistance, international affairs, international trade, and defense. Thus, while there appears to have been a shift in congressional attention from domestic to global HIV/AIDS, and a coupling of global HIV/AIDS with other global health issues in developing countries, there does not appear to be a noteworthy relationship between congressional attention to global HIV/AIDS and other related issues in Congress. An increase in attention to international development or food assistance might have suggested that global HIV/AIDS rose to the policy agenda as part of a larger focus on foreign assistance. Similarly, increased attention to international affairs, international trade, or defense would indicate that the increase in attention to global HIV/AIDS was related to a larger shift in the policy agenda toward foreign affairs and defense. Without these relationships, the increase in attention

to global HIV/AIDS, and related issues of global health, suggests that Congress was focused on the HIV/AIDS issue independently. Thus, it appears that congressional interest in addressing global HIV/AIDS was genuinely focused on addressing the HIV/AIDS problem, and cannot be explained by a larger shift in the policy agenda towards international development or foreign affairs.

Attention to Global HIV/AIDS by Congressional Chamber

In considering congressional attention to a particular issue, there can sometimes be differences across congressional chambers. There is a significant body of literature that focuses on the impact of divided government on legislative outcomes, both divisions between Congress and the White House (Mayhew, 1991) as well as differences across chambers (Binder, 1999). Accordingly, the policy agenda and outcomes can be impacted not only by Congress as a whole, but differences or similarities across congressional chambers could offer additional insights into how global HIV/AIDS rose to the policy agenda. If the push for action on global HIV/AIDS came from one chamber only, it would have been much more difficult to build the strong base of political support that formed around PEPFAR. Correspondingly, my findings suggest that global HIV/AIDS rose onto the agenda leading up to PEPFAR in both congressional chambers.

In some instances the push for hearings or legislation on a particular issue can be found in the House, or in the Senate, or in both. In order to discern any potential differences in the level of attention between each chamber of Congress, I analyzed the number of hearings held in the House versus the Senate leading up to PEPFAR. There

were significantly more hearings held on global HIV/AIDS in the House than in the Senate prior to 2003. Of the 15 hearings held in Congress between 1987 and 2002, one was held in a joint committee (7 percent), two in the Senate (13 percent), and 12 in the House (80 percent). When 2003 is included, the proportion of Senate hearings rises slightly, but the percentage of hearings on HIV/AIDS is still House dominated.[13] After 2004, the number of hearings held in each chamber is much more evenly spread, although a slight House domination remains.

When looking at the total number of bills and amendments introduced on global HIV/AIDS, there is an even spread between the House and Senate. According to my analysis, of the 113 bills and amendments introduced between 1995 and 2004, approximately half were introduced in the House and half in the Senate (see table 4.1).

Table 4.1 Bills and amendments introduced on global HIV/AIDS, by congressional chamber, 1995-2004

Chamber	Number of bills and amendments	Percentage
House	53	47%
Senate	60	53%
Total	113	100%

In addition, the Policy Agendas Project data also suggests a more even distribution between the House and Senate. Based on the Policy Agendas Project data, of the 41 bills

[13] Of the 24 hearings held in Congress between 1987 and 2003, two were held in a joint committee (8 percent), eight in the Senate (33 percent), and 14 in the House (58 percent).

introduced in Congress on global HIV/AIDS between 1981 and 2004, 23 (56 percent) originated in the House and 18 (44 percent) originated in the Senate.[14] Thus, when looking at congressional attention by chamber, there does not appear to be major differences between the House and Senate. This suggests that global HIV/AIDS rose onto the agenda in the Senate and House together, which helps to explain the broad base of political support for PEPFAR that existed across Congress. Differences across congressional chambers in the global HIV/AIDS debate are discussed further below.

Attention to Global HIV/AIDS by Political Party

In addition to potential differences between each chamber of Congress, it is possible that there are differences in congressional attention between political parties. For example, while any member of the House or Senate can introduce a bill or amendment regardless of which party holds the majority, only the majority party can schedule hearings in committee or subcommittees. Thus, an examination of party control of the House and Senate at the time of congressional hearings on global HIV/AIDS might identify differences in attention among political parties. Of the 28 hearings held in the House and Senate from 1981-2004, 23 were under a Republican controlled chamber, and five under a Democratic controlled chamber. Accordingly, Republican committees and subcommittees held the majority of hearings in Congress on global HIV/AIDS from 1981 to 2004.

[14] This pattern of an even distribution between bills holds even if you exclude 2003 or 2004.

It should be noted that Republicans resumed control of both the House and Senate in 1995 at the same time the attention to global HIV/AIDS began to rise in the U.S. and worldwide. Republicans remained in control of the House from 1995 through the passage of PEPFAR authorization, and the Republicans held the majority of the Senate from 1995 until mid-2001, and regained control in 2003. Thus, it is difficult to ascertain how the number of hearings might have been different under a Democratic controlled House or Senate. As will be discussed further below, the majority of leaders in Congress on global HIV/AIDS were Democrats, which suggests that congressional attention to global HIV/AIDS might have been even higher under a Democratic controlled House or Senate. The hearings held by a majority of Republicans might simply have been a virtue of Republicans controlling Congress at the time when global HIV/AIDS rose to the agenda. Nonetheless, it is important to note that the rise of congressional attention to HIV/AIDS occurred under a strongly Republican Congress. The role of party politics in the global HIV/AIDS debate in Congress is discussed further below in the section on congressional leadership.

Framing Global HIV/AIDS in Congress

One key method to understanding how PEPFAR emerged is to analyze the ways in which key stakeholders framed the issue of global HIV/AIDS both in opposition and in garnering support. Baumgartner and Jones's theory of punctuated equilibrium reasons that one of the key components of major policy change is the development of new interpretations of a policy problem leading up to the policy change. Relatedly, Sabatier

and Jenkins-Smith put forth in advocacy coalition framework that stakeholders are guided by their deep core beliefs and that such beliefs can gradually change as a result of new information or other outside factors. As such I seek to understand how the issue of global HIV/AIDS was framed in congressional debate prior to PEPFAR, particularly what justifications were used for increasing the U.S. effort, how the problem of global HIV/AIDS was defined, and what changes occurred over time.

Drawing on a detailed analysis of the congressional record, this section provides a discussion of the major frames present in congressional debate on global HIV/AIDS. For example, I looked for particular mentions of the justification for increasing the U.S. response to the global HIV/AIDS epidemic, and whether such justifications focused mostly on security, humanitarian or economic arguments. In addition, I concentrated on identifying whether the global HIV/AIDS was framed as a problem of prevention, care, or treatment. I also identified other frequently mentioned themes and key terms present in congressional debate, and I grouped similar themes and frames together. For instance, discussions on mode of transmission were grouped with related discussions on homosexual and heterosexual sex, sexual behavior, prostitution, drug users, and sex workers; and discussions on humanitarian rationales included a range of terms and sentiments such as moral obligation, moral outrage, moral imperative, and humanitarian crisis. Accordingly, this section presents the major frames present on congressional debate on global HIV/AIDS, with similar topics grouped together.

Morals, Behavior, and Innocent Victims

One of the major themes present in congressional debate on global HIV/AIDS was an ongoing discussion of the morals and behaviors that impact the spread of HIV/AIDS. Some in Congress felt less sympathetic toward those contracting the disease through behaviors such as sex and drug use. Comparatively, many members expressed more compassion for the "innocent victims" of AIDS, such as those who became infected through other means such as a blood transfusion or mother-to-child transmission, and orphans whose parents had died from AIDS. This focus on morals, behaviors, and "innocent victims" was a pervasive theme throughout congressional debate on global HIV/AIDS.

When global HIV/AIDS first appeared on the congressional stage in the late 1980s, one of the key frames present in the debate concerned morals and behavior. Specifically, most hearings contained a mention of topics such as morality, sexual behavior, and responsibility. For example, in one of the first congressional hearings held on global HIV/AIDS in 1987, Senator Jesse Helms (R-NC), who at the time was the ranking minority member on the Senate Foreign Relations Committee, made a number of statements about morality and personal conduct as part of a larger discussion of the spread of HIV/AIDS. Senator Hems stated;

> "So it gets back to this question of personal conduct, and if you will allow me to use the word 'morality'…And maybe everyone better pull in the reins a little bit and say, 'whoa here,' and examine their own priorities and their own conduct" (U.S. Role In International Efforts, 1987).

Similarly, at a hearing on global HIV/AIDS in 1991, the First Lady of Uganda testified that "the sexual spread of the epidemic has obviously been very fast in Uganda"

which can be blamed on "sexual permissiveness" (The Impact of HIV/AIDS, 1991). Representative Dan Burton (R-IN) reiterated the sentiments of this testimony stating that "until we have a change of attitude toward the morals of this country and this world, I do not think we are going to come to grips with this thing, no matter how hard we try" (The Impact of HIV/AIDS, 1991). Thus, there was a pervasive attitude that immoral behavior, and sexual permissiveness in particular, led to the spread of HIV/AIDS globally, and therefore the sexual conduct of individuals was to blame for the epidemic. The framing of the spread of global HIV/AIDS as a moral issue was present in early congressional debate on the topic, in the late 1980s and early 1990s. Morality then returned as a theme in subsequent congressional dialogue in the late 1990s and early 2000s, but by this time morality was used to describe the inaction in responding to the problem, as discussed later in this section.

Another aspect of behavior that was discussed in some of the earlier congressional debate on global HIV/AIDS was a continued focus on the mode of transmission. At the beginning of the epidemic in U.S. and other developed countries, HIV/AIDS was concentrated among homosexual men and intravenous drug users. While the distribution of those affected by HIV/AIDS in the U.S. quickly grew to the wider population, the history of HIV/AIDS in the U.S. is intertwined with the treatment of homosexuals, and for many years early in the epidemic, HIV/AIDS was know as a homosexual disease (Altman, 1982). But, in the developing world, particularly in Africa, HIV/AIDS was prevalent among heterosexual men and women in roughly equal proportions from the beginning.

These regional differences in mode of transmission led to much discussion in Congress about which particular behaviors were causing the spread of the epidemic globally; homosexual sex, heterosexual sex, intravenous drug use, blood transfusion, or mother to child transmission. In a 1991 hearing on HIV/AIDS in the developing world, the Director of the Global AIDS Program at the WHO testified that since the beginning of the epidemic, HIV had always predominantly been transmitted through heterosexual sex in sub-Saharan Africa. He also noted that during the later half of the 1980s, heterosexual transmission increasingly became the primary mode of transmission globally as well, which was not previously the case (Hearing on AIDS, 1991). Members continued to ask witnesses to characterize how much of the epidemic could be traced back to particular behaviors. For instance, during a 1991 hearing, Representative Tony P. Hall (D-OH) asked a witness, "heterosexual sex is causing what percentage of it?" (Hearing on AIDS, 1991). There seemed to be concerted effort among certain members to identify which particular behaviors were most to blame for the epidemic.

Members also appeared to differentiate between modes of transmission with differing levels of blame and sympathy attached, indicating that some individuals who contracted HIV/AIDS are "innocent" and others not. For example, in a 1987 hearing, Senator Helms discussed the fears of the medical community in treating those infected by AIDS, and the steps that should be taken to protect the medical community under these situations. On the cost of testing all blood transfusions in the developing world, Senator Helms responded that he would be willing to spend that money, "because you might get the next transfusion that is tainted" (U.S. Role In International Efforts, 1987). Even as late as 2003, a Senate hearing focused exclusively on medical transmission even though

most research at the time identified sexual transmission and mother to child transmission as the major modes of transmission in Africa. At the beginning of the hearing, Senator Jeff Sessions (R-AL) stated;

> "the idea of a young person, or any person for that matter, going into a clinic to have an immunization or a shot for an infection and departing after having been inadvertently infected by a deadly disease like AIDS is too horrible to contemplate" (AIDS Crisis in Africa, 2003).

Even though most researchers agreed that medical transmission of HIV/AIDS accounted for a very small proportion of new infections, this issue received a disproportionate amount of attention in congressional hearings on global HIV/AIDS. Specifically, the issue of medical transmission of HIV/AIDS and contaminated blood supply was raised at many of the early hearings on global HIV/AIDS, even though this accounted for an extremely small portion of the spread of HIV/AIDS. Thus, certain members seemed to continually prioritize prevention of HIV/AIDS through medical transmission above the millions of new cases contracted through sexual transmission. Accordingly, as global HIV/AIDS began to appear on the congressional agenda, there were differences in how different groups were treated in congressional debate.

Certain members also tried to delineate different types of sexual transmission, implying that some cases of HIV/AIDS are more compelling than others, some individuals more "innocent" than others. For example, in a 1998 hearing, Representative Benjamin A. Gilman (R-NY), who was Chairman of the House International Relations Committee noted,

> "there are still people who think that the average person with AIDS is a young person living in New York City who contracted the disease via intravenous drug use or unsafe sex with another person. Nothing could be further from the truth. As we will learn, in the next decade the average person with HIV will be a young

> Asian woman who contracted the disease from her husband" (Spread of AIDS in the Developing World, 1998).

The implication was that medical transmission or sexual transmission from a married spouse could happen to any individual, while transmission through drug use or other types of sexual transmission was characterized as somehow intentional as it resulted from immoral behavior, as discussed above. Thus, just as occurred in the U.S. in the case of Ryan White, there seemed to be continued segregation in congressional discourse of the truly "innocent" victims of global HIV/AIDS. This notion was captured at a hearing in 2002 when Sir Elton John testified that, Ryan White was troubled "when he gained so much sympathy for having AIDS, because he knew it was based on a distinction between people with AIDS who are innocent and people with AIDS who are not" (Capacity to Care, 2002).

This notion of separating out the "innocent" victims of HIV/AIDS continued to be a pervasive theme as the debate over global HIV/AIDS continued in the dialogue promulgated by Congress. In particular, there was widespread sympathy for babies infected through mother to child transmission, as well as children orphaned by AIDS. For example, at a hearing in 1999, Representative John L. Mica (R-FL) stated, "the millions of infected babies, orphaned children, new infections each year, and deaths that occur internationally without treatment are simply unacceptable" (What is the U.S. Role, 1999). In trying to garner sympathy and highlight the importance of the issue, Representative Mica focused particularly on populations everyone can agree are outrageous situations, infected babies and orphaned children. As attention to global HIV/AIDS grew, most hearings and congressional floor statements on the topic at least mentioned the "orphan crisis" and the problem of mother-to-child transmission of HIV/AIDS.

In another hearing in 2000, Representative Barbara Lee (D-CA) stated in a hearing,

> "I visited southern Africa …and I believe our findings and the report that we issued and the public awareness that we were able to present actually was somewhat useful in helping to begin to focus on this whole HIV/AIDS pandemic in sub-Saharan Africa, and I believe it was the orphan crisis that really initially captured the attention of many in our country" (HIV/AIDS in Africa, 2000).

Representative Lee pointed to the orphan crisis as the compelling case that fueled enthusiasm in the U.S. for addressing the HIV/AIDS crisis in Africa. In addition, Representative Henry J. Hyde, the Chairman of the House International Relations Committee stated, "Children suffer inordinately from the cruel AIDS pandemic. Millions are born HIV infected, even though mother to child transmission can be easily avoided if adequate training and health care is provided" (Amending the Foreign Assistance Act, 2001). Thus, while there was an increasing focus in Congress on the plight of global HIV/AIDS in general, there was a particular focus on what was perceived to be the sympathetic or innocent cases, those of infected babies and orphans.

This notion of singling out the most innocent victims of AIDS was present in many pieces of legislation on global HIV/AIDS as well. There were a number of bills in the House and Senate, beginning in the early 2000s, that focused on preventing mother to child transmission and assisting AIDS orphans. For example, in 2000, Senator Richard Durbin (D-IL) introduced the "AIDS Orphans Relief Act of 2000" which, among other things, would have authorized appropriations for the purpose of assisting microcredit programs in communities heavily affected by AIDS. Additionally, Senator Daniel Patrick Moynihan (D-NY) introduced a bill in 2002 called the "Mother-to-Child HIV Prevention Act of 2000" which directed the U.S. Agency for International Development (USAID) to

focus on prevention of mother to child transmission in coordination with other multilateral organizations. Finally, in a column in the Washington Post titled "We Cannot Turn Away," Senator Helms wrote about an amendment he co-sponsored with Senator Bill Frist (R-TN) to address mother to child transmission, stating;

> "This year more than half a million babies in the developing world will contract from their mothers the virus that causes AIDS, despite the fact that drugs and therapies exist that could virtually eliminate mother-to-child transmission of the killer disease… There is no reason why we cannot eliminate, or nearly eliminate, mother-to-child transmission of HIV-AIDS" (Helms, 2002).

These bills, as well as many others, highlight the focus in Congress on the most compelling situations within the global HIV/AIDS epidemic.

ABCs: Abstinence, Be Faithful, and Condoms

Another theme present in congressional debate on global HIV/AIDS, which is related to the previous discussion of morals and individual behavior, was the framing of prevention methods of sexual transmission. For some members of Congress, a discussion over prevention of sexual transmission was loaded with religious and moral beliefs about appropriate sexual behavior. Given the discomfort of some to have an open debate about these topics, the debate played out through a discussion of prevention methods. Just as the U.S. political debate over international family planning is often influenced by religious beliefs about abortion (Petroni, 2011), the debate over global HIV/AIDS prevention is laden with beliefs about sexual behavior.

In particular, these prevention debates centered around the ABC approach which is Abstain, Be Faithful (or reduce partners), and/or use Condoms. The ABC approach was

developed and implemented in Uganda in the late 1980s, and by many accounts was extremely effective at reducing HIV/AIDS prevalence (Halperin, et al. 2004; Hazel, 2007; Ekwaru, 2012). HIV prevalence in Uganda fell from about 15 percent of the adult population in 1991 to about 5 percent in 2001 (UNAIDS, 2002). But, some researchers question whether this decline should be attributed to the ABC approach, and critics argue that the ABC approach incorrectly emphasizes abstinence over condom use (Murphy, Green, Mihailovic, and Olupot-Olupot, 2006).

Accordingly, debate over which of the three ABC prevention strategies should be prioritized, abstinence, monogamy, or condom use, was a common theme in the framing of global HIV/AIDS in Congress leading up to PEPFAR. Many members of Congress supported the view that global HIV/AIDS programs should focus primarily on abstinence and monogamy. In a hearing in 1991, Representative Burton stated,

> "we have talked for some time here today about political and economic approaches to solving this problem, scientific research, but we have not talked about one of the things that is the most important in my view and that is abstinence, a monogomistic sexual relationship." (The Impact of HIV/AIDS, 1991)

In some cases, members tried to bring religion directly into the conversation. For example, in a 2003 hearing, as part of a discussion of the ABC approach, Representative Bilirakis asked a witness, "What role…have faith-based groups and organized religion played in the success of the ABC program in Uganda and what role do you believe they should play in the United States global AIDS research" (HIV/AIDS, TB, and Malaria, 2003).

There were also plenty of members touting the view that condom use should be targeted as an equally important method of sexual prevention. In 2003, in a discussion

about the efficacy of the ABC approach in Uganda, Representative Lois Capps (D-CA) noted, that the program in Uganda has been so successful because,

> "It touts the principles of abstinence, be faithful and condom use all together…There is also no evidence that abstinence works alone. There is no data that sufficiently reports abstinence only rhetoric as causally decreasing rates of HIV/AIDS in Africa….Science is out best guide in these efforts. We cannot allow ideological beliefs and fears to undermine the health of nations" (HIV/AIDS, TB, and Malaria, 2003).

In addition, when H.R. 1298 (the bill that authorized PEPFAR) was brought up for markup in committee in 2003, there was a long debate over the relative prioritization of abstinence versus condoms, and a number of amendments were offered addressing this issue. For example, Representative Pitts (R-PA) offered an amendment to H.R. 1298 which specifically prioritized funding for programs promoting abstinence over those that focused on condom use. In the committee markup meeting, Representative Pitts stated that prioritizing funding for abstinence programs over social marketing of condoms was what worked in Uganda (United States Leadership Against HIV/AIDS, 2003). In response, Representative Lee offered a substitute amendment which requires the President's AIDS prevention strategy to broaden its approach to include the effective use of condoms (House report number 108-60, 2003).

As demonstrated, one of the key frames present in congressional debate leading up to PEPFAR was the continued focus on the relative importance of abstinence, monogamy, and condoms as effective means of sexual prevention, with regular references to religious and moral beliefs about sexual behavior. This finding indicates a strong presence of religious sentiment in congressional discourse on global HIV/AIDS. As some have found that religion can impact political partisanship and voting in Congress (Benson and Williams, 1982; Baker, Tuch, and D'Antonio, 2013), these

findings suggest that religion played a large role in shaping the framing of global HIV/AIDS in Congress.

The Call For Drugs

Another key theme in the framing of global HIV/AIDS in congressional discourse was the shift in focus over time from prevention and care to treatment. Early on in the global HIV/AIDS epidemic, there were very few effective drug treatments available, and those that were available were prohibitively expensive for the developing world. Due to the high cost and limited availability of treatment, congressional debate on global HIV/AIDS in the 1990s focused almost exclusively on prevention. For example, in a hearing in 1988, Representative Federick S. Upton (R-MI) engaged in a lengthy question and answer with a witness asking about a range of prevention methods including education campaigns, abstinence, condoms, and even quarantine (AIDS and the Third World, 1988). In another hearing in 1991, a witness responded to a question on effective strategies for addressing global HIV/AIDS by stating, "there are many agencies today working both on prevention and on care activities, providing care and support" (Hearing on AIDS, 1991).

During congressional hearings in the early 1990s, there were little to no mention of drugs or treatment. Some members even directly addressed the prohibitive cost of HIV/AIDS drugs and noted how unrealistic it was to consider treatment for those in developing countries. For example, in a hearing in 1998, Representative Gilman stated,

> "There is another emerging misconception, and while the mixture of antiviral drugs like AZT offer hope for Americans with HIV to survive, people in the

> developing world cannot afford this option…The only hope is a change in behavior and a vaccine" (The Spread of AIDS, 1998).

Beginning in the early 2000s as a result of numerous factors, including activist pressure, competition from generics, and negotiations with pharmaceutical companies, there was a dramatic drop in the price of HIV/AIDS medicines in developing countries (Avert, 2014a). Correspondingly, when global HIV/AIDS regained the attention of Congress in the late 1990s and early 2000s, there was a growing focus on providing care and treatment to those affected by HIV/AIDS. The call for treatment began modest and focused on certain groups, such as pregnant women. In 1998, Representative Gilman noted that drugs can

> "be provided to pregnant women with the virus as a way of preventing its transmission to their babies. They advise me that for $150 million the international community could prevent 680,000 babies from being infected by their mothers. I think that is worthy of consideration" (The Spread of AIDS, 1998).

Soon, the call for treatment grew into an appeal to provide treatment for the general population of those suffering from HIV/AIDS in developing countries. For example, Representative Hyde noted in 2001 that with less expensive medications, "with sufficient resources, it is now possible to improve treatment options" for those in developing countries (The United States' War on AIDS, 2001). Representative Gilman, who a few years earlier stated that those in developing countries could afford treatment, stated in 2001, "I strongly support our committee's intention to authorize AIDS funding for fiscal year 2002 to the highest level to date…and an additional $50 million for a pilot treatment program" (The United States' War on AIDS, 2001).

Furthermore, as the consensus grew that treatment should be an option for those in developing countries, proposed legislation also included a focus on treatment as well. For example, in 2001, Representative Hyde introduced the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2002, which among other things, authorized a number of treatment activities including, assistance to strengthen health care delivery systems to deliver HIV/AIDS pharmaceuticals and the provision of pharmaceuticals, including antiretroviral drugs. Early in the epidemic while treatments were not available or affordable, Congress focused its debate on prevention efforts. As drugs were developed and prices brought down within reach, the focus in Congress shifted to include access to treatment for those suffering from HIV/AIDS in developing countries. Baumgartner and Jones (1993) put forth that major events can affect an issue rising onto the agenda, and similarly Sabatier and Jenkins-Smith (Sabatier, 1988; Sabatier and Jenkins-Smith, 1993; 1999) indicate that policy change is affected by real worth changes such as socio-economic conditions. Accordingly, the development of new HIV/AIDS drugs, and the major reduction in the cost of these drugs in the early 2000s, was a major event affecting the change in congressional framing of global HIV/AIDS.

As Congress began focusing on providing treatment to those in developing countries, a global debate raged on the on the balance between intellectual property rights and access to medicines. In 1997, in response to a high HIV/AIDS prevalence rate and the increasing efficacy of new HIV/AIDS medications, the South African government enacted a law to override pharmaceutical company patents and allow imports of cheap HIV/AIDS drugs from other countries (Russell, 1999). The South African government faced legal challenges from the international pharmaceutical industry, as well as pressure

from the U.S. and EU governments not to enforce the new law, as will be discussed further in subsequent chapters. The lawsuit filed by the pharmaceutical companies claimed that the South African law designed to increase access to HIV/AIDS medicines violated the terms of the World Trade Organization (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). In response to mounting international pressure from AIDS activists, the U.S. government changed its position on the South African law, and eventually the pharmaceutical companies dropped their lawsuit against the South African government.

Following this huge international dispute, public health emergencies, including global HIV/AIDS, were discussed at the WTO Forth Ministerial Conference in Doha, Qatar in November 2001. What resulted from this discussion was the 2001 WTO Doha Declaration on TRIPS and Public Health. The declaration states that the TRIPS Agreement does not prevent members from using certain flexibilities to protect public health, and that the agreement should be implemented in a manner supportive of WTO members' right to protect public health and promote access to medicines (WTO, 2001).

Many members of Congress also began debating this issue of intellectual property rights and access to HIV/AIDS medications. Some members were outraged by the actions of the U.S. government against South Africa. For example, in discussing how Congress and the U.S. government should respond during a hearing in 1999, Representative Jesse Jackson Jr. (D-IL) stated, "we can either be politically correct and side with the pharmaceutical companies, or be morally correct and side with the millions of people in South Africa, Kenya, Zimbabwe, and beyond Sub-Saharan Africa" (What is the U.S. Role, 1999).

In addition, many members offered bills and amendments encouraging the U.S. government not to fight developing countries in disagreements over intellectual property rights and access to HIV/AIDS medicines. For example, in 2000, Representative Maxine Waters (D-CA) introduced H.R. 5105, the Affordable HIV/AIDS Medicines for Poor Countries Act, which directed the President to encourage countries and the WTO to allow free or cheap access to HIV/AIDS medicines in developing countries, and prohibited the U.S. government from challenging a developing country that was trying to provide access to HIV/AIDS medicines. Similarly, in 2001, while introducing a similar bill on the floor of the Senate, Senator Dianne Feinstein (D-CA) stated,

> "unless the United States takes a leadership role in recognizing…that there is a moral obligation to put people over profits, the human devastation and social instability that has already begun in countries facing an AIDS crisis will grow to unfathomable levels" (Feinstein, 2001).

In total there were 10 bills or amendments pushing to ensure that the U.S. did not interfere with developing countries' ability to obtain access to affordable HIV/AIDS medicines, as had been done in the case against South Africa. Accordingly, the South Africa trade dispute on intellectual property rights and public health is another major world event that impacted congressional attention to global HIV/AIDS.

While a number of members sympathized with the developing countries in utilizing flexibilities in TRIPS to ensure access to HIV/AIDS medicines, some members felt strongly about defending the intellectual property rights of pharmaceutical companies. For example, the 1999 Omnibus Consolidated Appropriations Act, contained a provision inserted by Representative Rodney Frelinghuysen (R-NJ), which cut off U.S. aid to South Africa (What is the U.S. Role, 1999). Such aid was not to be restored until the

Department of State submitted a report to Congress outlining its efforts to "negotiate the repeal, suspension, or termination" of South Africa's access to medicines law (Public Law 105-277).

But, while there were a number of bills and amendments that would have prevented the administration from interfering with developing countries' efforts to make HIV/AIDS medicines available, most of these bills and amendments were not passed. In addition some members and witnesses in hearings also cited a number of other obstacles to getting treatment to those in Sub-Saharan Africa, beyond the price of medicine. Members cited obstructions including drug quality, corruption, and poor infrastructure. Their key point was that lower drug prices alone would not overcome the large issues facing those in developing countries in accessing medicines for HIV/AIDS. Thus, as the call for treatment for HIV/AIDS sufferers in developing countries grew in Congress, so too did the discussion on the role of the U.S. government regarding intellectual property rights and access to medicines.

Resources: The Move to Increase Funding for Global HIV/AIDS

Early on in congressional dialogue on global HIV/AIDS, discussions about resources were sometimes overshadowed by the many challenges to addressing global HIV/AIDS. Discussions focused on challenges to ensuring funding in developing countries were used to address HIV/AIDS, due to issues such as corruption, limited capacity, and inadequate infrastructure. For example, in a hearing in 1989 Representative Amo Houghton (R-NY) asked a witness about the ability of certain countries to utilize

funds provided for HIV/AIDS given "corruption, in places like Zaire" (Coping with AIDS in Africa, 1989). The witness from WHO responded by stating the corruption is a problem in most governments in the world, but "it is possible to set up mechanisms that ensure that resources dedicated to AIDS are used for AIDS work" (Coping with AIDS in Africa, 1989). The assumptions underlying many of these discussions was that increasing funding alone would not necessarily be enough to run successful HIV/AIDS programs in many countries as a result of institutional challenges. Ultimately, the reference to these other challenges served as arguments against increasing funding for global HIV/AIDS, as funding alone would not be sufficient to address the problem.

In the late 1990s and early 2000s, as Congress began to increase its focus on global HIV/AIDS, some in Congress demonstrated motivation for increasing U.S. funding for addressing global HIV/AIDS. In 1998, Representative Tom Lantos (D-CA) stated, the U.S. is "the largest single support of HIV/AIDS prevention in the developing world. We must continue this commitment and in my judgment must increase it dramatically" (The Spread of AIDS, 1998). Similarly, many in Congress proposed substantial increases in U.S. funding for global HIV/AIDS efforts. For example, the Global Access to HIV/AIDS Prevention, Awareness, Education, and Treatment Act of 2001 introduced by Representative Hyde in June 2001, included $560 million for bilateral assistance programs, $50 million for the purchase of medicines, and $750 to support million multilateral efforts (House report number 107-137, 2001). In addition, in May 2003, Senator Kerry introduced a competing version of Hyde's bill which included authorization for $4.7 billion over two years for contribution to the Global Fund and for

bilateral programs. Thus, prior to PEPFAR, calls grew for a dramatic expansion in funding for global HIV/AIDS programs.

In 2001, the United Nations Secretary General Kofi Annan called on the world to join together to create a global fund to combat HIV/AIDS at an estimated annual cost of $7 to $10 billion. At the time, global spending on HIV/AIDS in developing countries was around $1 billion annually, and many leaders and activists in the HIV/AIDS community stressed the need for the United States to assume a leadership role in funding such a large global effort. Some members of Congress felt strongly that the U.S. contributions should be significantly increased, in line with Kofi Annan's proposal. For example, in the committee markup of Representative Hyde's bill in 2001, Representative Barbara Lee (D-CA) stated that the current proposed level of funding for HIV/AIDS,

> "does not come close to what is necessary to address the global AIDS pandemic, but, once again it is a step in the right direction…in order to comprehensively address the global AIDS pandemic, the United States will have to make a major increase in its bilateral assistance and will have to go far beyond the President's current commitment to the multilateral global health fund" (Amending the Foreign Assistance Act, 2001).

Representative Lee went on to explain that according to many world leaders and HIV/AIDS experts, the United States' contribution should be "billions and billions of dollars each year."

While many in Congress began calling for increasingly large sums of money for global HIV/AIDS, others still raised concerns about increasing resources. Representative Jeff Flake (R-AZ), stated that while he supported funding for HIV/AIDS in Africa, he also believed it was necessary to stay within budget guidelines. Therefore, he did not support the increase in funding proposed in Representative Hyde's bill, which was $200

million over the President's request, "because there is no budget offset in the proposal" (Amending the Foreign Assistance Act, 2001). Thus, while the development of the global HIV/AIDS debate in Congress led to widespread agreement that funding on such activities should be massively scaled up, there were still some in Congress who were reluctant to significantly increase HIV/AIDS funding.

As the call for additional resources grew, other issues were also raised about spending such money, including a debate over using bilateral versus multilateral mechanisms. Most early calls for funding were focused on spending the money through multilateral mechanisms. For example, in 2000, there were a number of different bills in both the House and Senate that proposed the establishment of a World Bank trust fund to finance prevention and treatment of global HIV/AIDS in developing countries. The first was the Global AIDS and Tuberculosis Relief Act of 2000, introduced by Representative James Leach (R-IA), which among other things, instructed the Secretary of Treasury to negotiate with the World Bank to create a trust fund, taking funds from governments, non-governmental organizations, and private sources, in order to address the HIV/AIDS epidemic in developing countries.[15] Later, there were calls to establish the Global Fund to Fight AIDS, Tuberculosis, and Malaria, which is an international financing organization that eventually began operations in 2002. For example, in 2001, Senator Bill Frist (R-TN) introduced the International Infectious Diseases Control Act of 2001, which directed the President to work with other governments and the UN to create the Global Fund.

These calls to finance global HIV/AIDS using multilateral mechanisms were met with concerns over issues of efficiency and corruption. For example, in a hearing in 1998,

[15] The Global AIDS and Tuberculosis Relief Act of 2000 became Public Law 106-264 on August 19, 2000.

Representative Jim McDermott (D-WA) posed a question to a witness, inquiring whether U.S. funding should "all be put into USAID programs because that is totally controlled by the United States and we can direct it exactly where we want it; or is it more efficiently used through the United Nations?" (The Spread of AIDS, 1998). In addition, during a hearing in 2001, Representative Brad Sherman (D-CA) summarized this debate by stating, "it's not whether we support doing more…the question is, do we do it through USAID or do we do it through these multinational institutions" (World Bank and IMF Activities, 2001). Representative Sherman went on to explain that while he went to Congress to fight for more foreign aid, participation in some of these multilateral organizations was undermining his ability to argue for foreign aid. He cited a recent example where the World Bank loaned money to Iran, over strong American opposition. He then touted his recently successful amendment on U.S. global HIV/AIDS funding, which "took the money away from the World Bank and gave it to USAID to be used to fight AIDS in Africa" (World Bank and IMF Activities, 2001). Ultimately, in response to the concerns over international and multilateral mechanisms, proposals for global HIV/AIDS funding increasingly focused on either a bilateral or mixed approach funding both methods.

Humanitarian, National Security, and Economic Justifications

Much academic research focuses on evaluating the purpose of U.S. foreign assistance programs, and whether humanitarian, foreign policy, or economic interests drive foreign aid decisions. Many researchers find that humanitarian considerations drive

foreign aid (Dowling and Hiemenz, 1985; Gillis, Perkins, Roemer and Snodgrass, 1992; Trumbull and Wall, 1994; Wall, 1995); a few studies find that economic incentives dominate foreign aid allocations (Mayer and Raimondos-Møller, 2003); and a significant body of literature suggests that such programs are used to achieve foreign policy objectives (Alesina and Dollar, 2000; Dudley and Montmarquette, 1976; McKinlay and Little, 1977 and 1979; Burnside and Dollar, 2000; Schrader, Hook, and Taylor, 1998; Beenstock, 1980). While much literature attempts to identify the principal justification, some suggest foreign aid decisions are guided by a mixture of rationales (Lancaster, 2007; Riddell, 2007). Accordingly, my research seeks to find which rationales were used in public debate about global HIV/AIDS, and whether the justification for PEPFAR was based in humanitarian, foreign policy, or economic interests.

Based on a systematic review of congressional documents I found that congressional dialogue on global HIV/AIDS included a variety of justifications for increasing U.S. expenditures on such activities, including humanitarian, national security and economic rationales. While an array of rationales were mentioned in congressional debate, the moral obligation of the U.S. to meet the humanitarian needs of those in developing countries was the primary reason cited leading up to PEPFAR. In particular, after cataloguing all mentions of humanitarian, foreign policy, or economic justifications in congressional debate on global HIV/AIDS, humanitarian considerations were mentioned significantly more frequently than other justifications.

Some members cited national security concerns. For example, in 1987 Senator Helms stated, “our primary duty is to protect the American people from this plague. And in that effort, perhaps we can assist other countries in protecting their own populations”

(U.S. Role in International Efforts, 1987). In 1998 Representative Sam Gejdenson (D-CT) cited the both the humanitarian and economic costs of HIV/AIDS stating,

> "This is a case where it is not simply humanitarian. It is also economic. The economic devastation of AIDS will bring ruin upon the economies of sub-Saharan Africa and other communities in the world and will have an economic impact on the United States as well." (The Spread of AIDS, 1998)

Representative John L. Mica (R-FL) also cited a mixture of economic and humanitarian rationales stating, "this growing problem is both a trade issue, a health issue, and most certainly a humanitarian issue that we cannot ignore" (What is the U.S. Role, 1999). In 2003 Senator Richard Lugar (R-IN) noted that while the main reasons were humanitarian in nature, funding global HIV/AIDS programs is also in the national security interest of the United States;

> "The United States has a clear moral obligation as the most powerful nation on earth to respond generously and quickly to this crisis. But…we should recognize that responding to the pandemic is squarely in the self-interest of the United States and the American people. If we are to protect our national security and overcome terrorism, we must devote ourselves to strengthening democracy, building free markets, and encouraging civil society in nations that otherwise might become havens or breeding grounds for terrorists" (Senate Foreign Relations Confirmation Hearing, 2003).

In 2002, Representative Hyde highlighted the mixture of justifications used by members noting,

> "the pandemic is spreading to our next door neighbors…this creates a clear and present danger to our national security…Thanks to the support of many members of Congress, the AIDS pandemic has received its proper focus as a humanitarian, national security, and developmental crisis" (AIDS Orphans and Vulnerable, 2002).

While a number of justifications were used in discussions over global HIV/AIDS programs, the primary motivation cited was clearly humanitarian. Humanitarian

rationales cited included a range of terms and sentiments such as moral obligation, moral outrage, moral imperative, emergency, humanitarian crisis, poverty, hunger, orphans, and plague. For example, Representative Barney Frank (D-MA) explained that while other justifications could be used, humanitarian reasons were, and as they should be, the central rationale.

> "The main reason for us to substantially increase resources for fighting AIDS is a humanitarian one. Innocent, helpless people are dying, and they shouldn't die…But, for some perverse reason, humanitarian responses are somehow out of favor. So there will be great effort…to try to sum up with a selfish rationale for what is essentially a humanitarian impulse…Yes, think it is in our interests for Africa not to be destabilized…but that is secondary. The primary reason is humanitarian" (H.R. 3519—The World Bank, 2000).

Other members also tapped into sentiments of morality and obligation. For example, Representative Schiff (D-CA) noted, "The loss of life, the orphaning of countless, countless children around the world, makes this a moral imperative for this country" (Amending the Foreign Assistance Act, 2001). In fact, while the term "moral" was used early in the global HIV/AIDS debate to depict the behavior of individuals, as the debate progressed, this term was increasingly used to describe the "moral obligation" of the United States to take action. For example, in one hearing in 2001 the idea of moral obligation was used in over 20 instances with comments including, "the AIDS crisis one of the great moral challenges of our era," "moral obligation to make a substantial contribution to this global effort," "one of he great moral tests of our era," "we are the richest country in the world and we have a moral obligation" and, "attacking the problem is a moral imperative" (Amending the Foreign Assistance Act, 2001). Thus, while discussion for new global HIV/AIDS expenditures included a range of rationales, the

main justification used in these debates was the humanitarian need and moral obligation of the U.S. to take action.

Congressional Leaders and Stakeholders

In order to understand the interests that shaped the policy process leading up to PEPFAR, it is essential to identify the key leaders and stakeholders in Congress involved with the issue of global HIV/AIDS. Many theories on policy making put forth that one of the key components of policy change is the presence of "policy brokers" or "policy entrepreneurs," who help bring stakeholders together for a major policy change (Sabatier and Jenkins-Smith, 1993; 1999; Kingdon, 1984). As such, I examine the key congressional leaders on global HIV/AIDS in order to detect the existence of a policy broker. In addition, differences across parties or chambers can impact the ability of Congress to enact a major policy change, and therefore my analysis presents findings on potential these differences. Specifically, through an analysis of sponsors and co-sponsors of global HIV/AIDS legislation, as well as key members identified in hearing transcripts and floor statements, this section provides my findings regarding the key congressional leaders and stakeholders on global HIV/AIDS.

Leading Members on Global HIV/AIDS Legislation

As noted earlier, when members are especially dedicated to an issue they tend to introduce legislation addressing the issue, whether a stand-alone bill, an amendment to

another bill, a large policy proposal, or a resolution expressing a sense of the Congress. Accordingly, one key method to identify congressional leaders on global HIV/AIDS is to examine which members introduced the most pieces of legislation on that issue. My analysis of key sponsors and co-sponsors of legislation yielded three groups of members, (1) sponsors: those who sponsored legislation on global HIV/AIDS,[16] (2) original co-sponsors: those acting as an original co-sponsor on legislation, and (3) later co-sponsors: those who co-sponsored legislation, but not as an original co-sponsor. In total there were 234 members who acted as a sponsor, original co-sponsor, or later co-sponsor of at least one piece of legislation on global HIV/AIDS over the period. [17]

Those sponsoring the most legislation are arguably the most interested members on an issue, and can be considered key leaders in that area. The sponsor of legislation has taken the time not only to draft a piece of legislation, but also to champion that legislation in an attempt to yield a successful vote. This often involves spending significant time and energy recruiting others to co-sponsor and/or votes for the bill, as well as navigating the politics and rules of the House and Senate. All of these activities take time and energy away from other potential issues the member could be working on, thereby demonstrating that this is an issue of great importance to that member. In total there were 55 members who acted as the sponsor of a least one piece of global HIV/AIDS legislation over the period. In particular, Representative Barbara Lee (D-CA), Senator Richard Durbin (D-IL), and Representative Juanita Millender-McDonald (D-CA) sponsored the most legislation

[16] While it is possible to have more than one sponsor on a piece of legislation, Thomas.gov only identifies one sponsor and therefore this analysis included only the sponsor listed in Thomas.gov. Therefore, other potential sponsors would have been counted as original co-sponsors instead.
[17] Members that were in both the House and Senate during the period were counted once and their activity in both chambers was combined.

on global HIV/AIDS, with between 6 and 10 pieces of legislation each (for the ten members sponsoring the most global HIV/AIDS legislation see table 4.2).

Table 4.2 Members most frequently sponsoring legislation on global HIV/AIDS, 1995-2004

Member	Number of Bills/ Amendments Sponsored
Rep. Lee, Barbara (D-CA)	10
Sen. Durbin, Richard (D-IL)	8
Rep. Millender-McDonald, Juanita (D-CA)	6
Sen. Boxer, Barbara (D-CA)	5
Sen. Kennedy, Edward M. (D-MA)	5
Sen. Kerry, John F. (D-MA)	5
Rep. Waters, Maxine (D-CA)	5
Sen. Frist, Bill (R-TN)	4
Sen. Dewine, Mike (R-OH)	3
Sen. Helms, Jesse (R-NC)	3
Rep. Hyde, Henry J. (R-IL)	3
Sen. Lugar, Richard G. (R-IN)	3

Note: Members sponsoring an equal number of bills or amendments are listed in alphabetical order by last name. All members sponsoring an equal number of bills or amendments as the 10th ranked individual were included in the list.

In addition to sponsors, members who act as an original co-sponsor or later co-sponsor of legislation are also very focused on the issue. Those acting as an original co-sponsor of legislation may be involved in the drafting of the legislation, recruiting

additional co-sponsors, and working to bring the legislation to a successful vote. These members are dedicated enough to the issue that they are willing to allocate time and energy to another member's legislation, even though they are unlikely to receive as much recognition for these endeavors. In addition, the sponsor often approaches original co-sponsors before the bill is introduced because of their known commitment or leadership on the issue. There were 140 members who acted as an original co-sponsor of at least one piece of legislation on global HIV/AIDS over the period.

Later co-sponsors may not make the same time and energy commitment as sponsors or original co-sponsors, but their willingness to co-sponsor the legislation shows their enthusiasm for the success of the legislation beyond a simple yes vote, should the legislation come to a vote. There were 186 members who acted as a later co-sponsor of at least one piece of global HIV/AIDS legislation over the period.

In addition to identifying sponsors of legislation, it is important to also consider those who frequently acted as original or later co-sponsors as well. For my analysis I considered the leading members to be those that have acted as either sponsor or original co-sponsor of the most legislation on global HIV/AIDS. In total there were 159 members who acted as either a sponsor or original co-sponsor of at least one piece of global HIV/AIDS legislation over the period. In particular, Senator Patrick Leahy (D-VT), Senator Richard Durbin (D-IL), and Representative Barbara Lee (D-CA), were the most frequent sponsor or original co-sponsors of legislation on global HIV/AIDS, with between 15 and 19 pieces of legislation each (for the ten members acting as sponsor or original co-sponsor of the most legislation see table 4.3).

Table 4.3 Members acting most frequently as sponsors or original co-sponsors legislation on global HIV/AIDS, 1995-2004

Member	Number of Bills/ Amendments Sponsored
Sen. Leahy, Patrick J. (D-VT)	19
Sen. Durbin, Richard (D-IL)	15
Rep. Lee, Barbara (D-CA)	15
Sen. Feingold, Russell D. (D-WI)	12
Sen. Boxer, Barbara (D-CA)	11
Sen. Kerry, John F. (D-MA)	10
Sen. Daschle, Thomas A. (D-SD)	9
Sen. Frist, Bill (R-TN)	9
Sen. Kennedy, Edward M. (D-MA)	9
Rep. Millender-McDonald, Juanita (D-CA)	9

Note: Members sponsoring or acting as an original co-sponsor of an equal number of bills or amendments are listed in alphabetical order by last name. All members sponsoring or acting as an original co-sponsor of an equal number of bills or amendments as the 10th ranked individual were included in the list.

Both of the lists of members above can be considered leaders on global HIV/AIDS, and in total, there are 15 members included on at least one of the two lists: Senator Barbara Boxer (D-CA), Senator Thomas A. Daschle (D-SD), Senator Mike Dewine (R-OH), Senator Richard Durbin (D-IL), Senator Russell D. Feingold (D-WI), Senator Bill Frist (R-TN), Senator Jesse Helms (R-NC), Representative Henry J. Hyde (R-IL), Senator John Kerry (D-MA), Senator Edward Kennedy (D-MA), Senator Patrick J. Leahy (D-VT), Representative Barbara Lee (D-CA), Senator Richard G. Lugar (R-IN),

Representative Juanita Millender-McDonald (D-CA), and Representative Maxine Waters (D-CA). In order to narrow the list of members acting as true leaders, one can limit the list to members identified through *both* measures which includes, Senator Barbara Boxer (D-CA), Senator Richard Durbin (D-IL), Senator Bill Frist (R-TN), Senator John Kerry (D-MA), Senator Edward Kennedy (D-MA), Representative Barbara Lee (D-CA), and Representative Juanita Millender-McDonald (D-CA). While the members acting as a later co-sponsor are also very supportive of the issue, this level of support is less than acting as a sponsor or original co-sponsor.[18] Thus, by looking at the numbers of legislation introduced in Congress, the group of seven members identified above can be considered the key leaders on global HIV/AIDS.

While introducing the most legislation is one way to identify leadership on global HIV/AIDS, this measure might not capture all of those who are considered legislative leaders on the issue. For example, one member might introduce a huge number of unsuccessful bills, while another member drafts one piece of legislation that ultimately becomes an important law. In addition, some members might introduce a short resolution expressing a sense of the Congress, while another member might have written a large policy proposal to address the issue in a comprehensive manner. Therefore, in determining the source of congressional leadership on global HIV/AIDS, it is important to also consider which members introduced successful or particularly sweeping legislation. For example, the first piece of proposed legislation on global HIV/AIDS that became public law was the Global AIDS and Tuberculosis Relief Act of 2000 sponsored

[18] The ten members that acted as a sponsor or co-sponsor (original or later) of the highest number of bills or amendments on global HIV/AIDS over the period, is a very similar and overlapping list of members to the lists in table 4.2 and 4.3. There are eight members from this list that are also on the list in tables 4.2 and 4.3. Thus, by any of these measures, the members listed in these tables can considered leaders in Congress on global HIV/AIDS legislation.

by Representative James Leach (R-IA). Thus, while not included in the lists of members sponsoring or co-sponsoring the most legislation on global HIV/AIDS, Representative Leach might also be considered a leader on the issue.

Accordingly, my research highlights members sponsoring key pieces of successful legislation on global HIV/AIDS. When examining all bills and amendments, there are over 20 examples of successful legislation on global HIV/AIDS, and I narrow the list to legislation that is particularly impactful or groundbreaking. Legislation was considered key if it successfully included efforts to expand, through programmatic scope and/ or resources, U.S. efforts to address global HIV/AIDS. I did not include legislation that generically mentioned the need to increase efforts on global HIV/AIDS without laying out specific policies or spending increases. Similarly, significant pieces of legislation that were not ultimately made law were not included. A list of members who have introduced key successful legislation on global HIV/AIDS is provided in table 4.4.

Table 4.4 Members sponsoring key pieces of successful legislation, 1995-2004

Member	Bill/ Amendment and Result
Rep. Leach, James (R-IA)	Bill (H.R. 3519): Global AIDS and Tuberculosis Relief Act of 2000 – Became P.L. 106-264 on 8/19/2000
Sen. Helms, Jesse (R-NC)	Amendment (S.AMDT.4018 to H.R. 3519): To authorize additional assistance to countries with large populations having HIV/AIDS – Became P.L. 106-264 on 8/19/2000
Rep. Lee, Barbara (D-CA)	Amendment (H.AMDT.983 to H.R. 4811): Amendment adds $40 million to the child survival fund for the prevention and treatment of HIV/AIDS

	– Became P.L. 106-429 on 11/6/2000
Rep. Sherman, Brad (D-CA)	Amendment (H.AMDT.985 to H.R. 4811): Amendment increasing funding for disease programs related to HIV/AIDS by $10 million – Became P.L. 106-429 on 11/6/2000
Rep. Pelosi, Nancy (D-CA)	Amendment (H.AMDT.145 to H.R. 2330): Amendment makes available Foods for Peace commodities valued at $25 million to developing nations to assist in mitigating the effects of HIV and AIDS – Became P.L. 107-76 on 11/28/2001
Rep. Millender-McDonald (D-CA)	Amendment (H.AMDT.201 to H.R. 2506): Makes available $5 million for prevention of mother-to-child HIV/AIDS transmission – Became P.L. 107-115 on 1/10/2002
Rep. Lee, Barbara (D-CA)	Amendment (H.AMDT.213 to H.R. 2506): To increase funding for the Global AIDS Trust fund by $60 million – Became P.L. 107-115 on 1/10/2002
Sen. Kerry, John F. (D-MA)	Amendment (S.AMDT.4157 to S. 2514): To require the Secretary of Defense to expand HIV/AIDS prevention educational activities – Became P.L. 107-314 on 12/2/2002
Sen. Durbin, Richard (D-IL)	Amendment (S.AMDT.127 to H.J.RES.2): To provide an additional amount for funding global HIV/AIDS programs – Became P.L. 107-314 on 12/2/2002
Rep. Hyde, Henry J. (R-IL)	Bill (H.R. 1298): United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 – Became P.L. 108-25 (PEPFAR Authorization) on 5/27/2003

By virtue of sponsoring key successful pieces of legislation on global HIV/AIDS, table 4.4 includes nine members who can each be considered leaders on the issue. One member, Representative Barbara Lee (D-CA) appears on the list twice. In addition, four of the nine members, Senator Richard Durbin (D-IL), Senator John Kerry (D-MA), Representative Barbara Lee (D-CA), and Representative Juanita Millender-McDonald (D-CA), each were included in the list of seven key leaders identified above (those who were identified as sponsoring and co-sponsoring the most legislation and appeared in *both* table 4.2 and 4.3 above). Only three of the nine members were not included in one of the lists of key members sponsoring or co-sponsoring legislation above (those identified in *either* table 4.2 or 4.3 above): Representative James Leach (R-IA), Representative Nancy Pelosi (D-CA), and Representative Brad Sherman (D-CA). Thus, combining each of these methods to identify leaders, those sponsoring or co-sponsoring the most legislation and those sponsoring key pieces of successful legislation, yields a total of 18 potential congressional leaders on global HIV/AIDS.

There were three members in particular who introduced key pieces of legislation that while ultimately unsuccessful, demonstrated strong leadership on global HIV/AIDS. The first is Representative Barbara Lee who introduced the AIDS Marshall Plan for Africa Act in August 1999. This bill would have created an independent corporation, funded by governments and private sources, to provide grants on HIV/AIDS research, prevention, and treatment activities in Africa. While this bill was ultimately unsuccessful, the concept of a private entity collecting money from a variety of sources for grants on HIV/AIDS predated the Global Fund which follows a similar model. In addition, Barbara

Lee's bill laid the groundwork for the Global AIDS and Tuberculosis Relief Act of 2000, which became law in August 2000, and also followed a similar approach. The second is Representative Henry Hyde who in 2001 introduced the ultimately unsuccessful United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2002. This was a significant bill that authorized funding for bilateral efforts to address HIV/AIDS, Tuberculosis, and Malaria. Representative Hyde's bill passed the House in December 2001. The third is Senator Kerry who introduced a competing bill in the Senate authorizing significantly higher funding for bilateral and multilateral assistance for global HIV/AIDS. The Senate passed Senator Kerry's version of the bill, but neither bill signed into law the congressional session ended before there was any reconciliation or reconsideration in the House. Ultimately, even though their three bills were unsuccessful, each of these members, Representative Barbara Lee, Representative Henry Hyde, and Senator Kerry, each showed tremendous leadership in taking some of the earliest steps to put forth substantive policy and funding proposals to address global HIV/AIDS. Identifying these leaders shows that in addition to the successful legislation on global HIV/AIDS, there were members of Congress making significant attempts to increase U.S. efforts to address global HIV/AIDS, which preceded President Bush's announcement of PEPFAR in 2003.

Leading Members in Congressional Debate

Another key metric of congressional leadership are the members who were particularly vocal or engaged in congressional debate, including attending and speaking

in hearings. Similar to sponsoring legislation, choosing to participate in hearings on global HIV/AIDS, signifies a particular level of interest, as it requires time and energy that could be spent working on other issues, or attending other hearings. Through analysis of the hearings held on global HIV/AIDS, I identified seven members who were particularly active in attending and speaking in these hearings: Senator Russell D. Feingold (D-WI), Senator Bill Frist (R-TN), Representative Henry J. Hyde (R-IL), Senator John Kerry (D-MA), Representative Tom Lantos (D-CA), Representative Barbara Lee (D-CA), and Senator Richard G. Lugar (R-IN). All but one of these members, Representative Tom Lantos, was also identified above as a leading member on global HIV/AIDS legislation.

Certain members not only participated as members of the committee, but also were asked to testify as witnesses. For instance, in 2000, Representative Amo Houghton and Senator John Kerry testified at a House Banking and Financial Services Committee hearing on the World Bank AIDS Prevention Trust Fund Act. At this hearing Chairman Leach introduced Senator Kerry by stating that he is a strong advocate of the need to address the global HIV/AIDS crisis, and Representative Houghton by stating he is one of Congress's leading experts on Africa (World Bank AIDS Prevention, 2000). In addition, in 2003, Senator Bill Frist was the sole witness at a joint Senate hearing held specifically discuss his recent trip to, and report on Africa, which focused on HIV/AIDS.[19] Certainly by virtue of being asked to testify on the issue of global HIV/AIDS, Senators Kerry and Frist, and Representative Houghton were identified by their congressional colleagues as

[19] This hearing was a joint hearing before the Subcommittee on Children and Families of the Senate Heath Education Labor and Pensions Committee, and the Subcommittee on African Affairs of the Senate Foreign Relations Committee.

leaders on the issue. Senators Kerry and Frist were both identified above as active participants in hearings as well as leaders on legislation, but this is the first identification of Representative Houghton as a leader in global HIV/AIDS.

In addition to actively participating in hearings, congressional leaders on global HIV/AIDS can be identified though frequent floor speeches on the issue. Publicly speaking on the floor is a way for members to communicate with their congressional colleagues and garner support for a particular cause. In addition, members can only attend hearings held in the committees on which they sit, whereas all members have the opportunity to speak on the floor. When examining the number of times individual members spoke on the floor on global HIV/AIDS, Senator Bill Frist is the clear leader in the Senate and Representative Barbara Lee is the leader in the House. Both of these members have been identified repeatedly through other measures of leadership including on legislation and in hearings.

Partisanship in Congressional Leadership

As noted earlier, another key factor in considering congressional leadership leading up to PEPFAR is the role of party politics in global HIV/AIDS. In order to determine if congressional leadership on global HIV/AIDS was partisan or bipartisan one can consider the political party of key congressional leaders. Based on the analysis above identifying leading members on legislation and in congressional debate, 20 total members have been identified through at least one method as potential leaders on global HIV/AIDS (see table 4.5 for a complete list of these 20 members). Of these 20 members,

13 (65 percent) are Democrats and 7 (35 percent) are Republicans. Thus, a majority of members identified as leaders on global HIV/AIDS are Democrats.

Table 4.5 List of Twenty Members Identified as Potential Leaders on Global HIV/AIDS, 1995-2004

Member
Sen. Boxer, Barbara (D-CA)
Sen. Daschle, Thomas A. (D-SD)
Sen. Dewine, Mike (R-OH)
Sen. Durbin, Richard (D-IL)
Sen. Feingold, Russell D. (D-WI)
Sen. Frist, Bill (R-TN)
Sen. Helms, Jesse (R-NC)
Rep. Houghton, Amo (R-NY)
Sen. Hyde, Henry J. (R-IL)
Sen. Kennedy, Edward M. (D-MA)
Sen. Kerry, John F. (D-MA)
Rep. Lantos, Tom (D-CA),
Rep. Leach, James (R-IA)
Sen. Leahy, Patrick J. (D-VT)
Rep. Lee, Barbara (D-CA)
Sen. Lugar, Richard (R-IN)
Rep. Millender-McDonald, Juanita (D-CA)

Rep. Pelosi, Nancy (D-CA)
Rep. Sherman, Brad (D-CA)
Rep. Waters, Maxine (D-CA)

In addition, when looking at all of the 113 bills or amendments introduced on global HIV/AIDS, over 70 percent were sponsored by Democrats, and less than 30 percent by Republicans (see table 4.6). Thus, while there is significant leadership on global HIV/AIDS from Republicans, the majority of support and leadership originated from Democrats.

Table 4.6 Party affiliation of lead sponsor of bills or amendments on global HIV/AIDS, 1995-2004

Party	Number of Bills/ Amendments	Percentage
Democrat	80	71%
Republican	33	29%
Total	113	100%

While there was leadership from both Republicans and Democrats on global HIV/AIDS, prior to PEPFAR, Democrats were the drivers on expanding U.S. efforts on global HIV/AIDS. However, PEPFAR was ultimately championed by a Republican President, and passed by a Republican Congress. The final PEPFAR authorization legislation passed in 2003 originated in the House, which was majority Republican at the time, and was sponsored by Representative Henry Hyde (R-IL), who was chairman of the

House Foreign Affairs Committee. Senator Lugar (R-IN), the chairman of the Senate Foreign Relations Committee, introduced the competing bill in the Senate, which was also controlled by Republicans at the time. Accordingly, while Democrats dominated leadership for global HIV/AIDS leading up to PEPFAR, congressional leadership on the final PEPFAR authorization was much more bipartisan. As discussed further below, the Republican-led process and negotiations on PEPFAR enabled more Republicans to support PEPFAR than had previously supported such legislation on global HIV/AIDS. Thus, while many Democrats and Republicans were already driven to increase U.S. efforts on global HIV/AIDS, the Republican-led process on PEPFAR enabled a huge bipartisan consensus where one had not previously existed.

Congressional Leadership by Congressional Chamber

As noted above, in considering the source of congressional leadership on global HIV/AIDS leading up to PEPFAR, there could also be differences between the chambers of Congress. Some have studied the impact of intra-Congress differences on policy outcomes and legislative gridlock. For example, Binder (1999) finds that divisions in Congress across chambers increase policy gridlock. In addition Peake (2002) puts forth that gridlock on foreign policy is affected by ideological differences between congressional chambers as well as between political parties. Thus, it is important to evaluate potential differences across congressional chambers, as these differences or similarities might help explain the large policy shift represented by PEPFAR.

My research demonstrates that there does not appear to be a strong difference between congressional chambers on the global HIV/AIDS debate leading up to PEPFAR. Of the 20 total members who have been identified through at least one method as potential leaders on global HIV/AIDS, 12 (60 percent) were Senators and eight (40 percent) were members of the House. Thus, a majority of those identified as leaders on global HIV/AIDS were in the Senate. Nevertheless, several competing precursor bills to PEPFAR were introduced in both the House and the Senate, and versions were passed in each chamber. In addition, while the final PEPFAR authorization originated in the House, there was a competing version introduced in the Senate. Furthermore, as noted earlier, the majority of hearings were held in the House, yet the distribution of legislation introduced on global HIV/AIDS was evenly split between the chambers. Accordingly, the bicameral attention on increasing U.S. efforts to address global HIV/AIDS likely contributed to the broad congressional support for PEPFAR.

Political Agreements and Negotiations on PEPFAR

The final vote on PEPFAR's authorization in 2003 was overwhelmingly bipartisan, passing the House with a vote count of 375 to 41, and passing the Senate with a voice vote. While there was some support in Congress for increasing the U.S. response to global HIV/AIDS prior to PEPFAR, it is important to examine the negotiations and compromises reached on the PEPFAR authorization bill that enabled a noteworthy increase in political support. Accordingly, this section explores the specific policy

negotiations and political agreements that were debated to enable passage of the final PEPFAR with such broad support.

Republican-led Negotiations in the House and Senate

As noted earlier in this chapter, prior to the President's announcement and PEPFAR's authorization in 2003 (the 108th Congress), a large-scale global HIV/AIDS proposal had been passed in both the House and Senate in the 107th Congress. In particular, in December 2001, the House had passed a bill sponsored by Representative Hyde, Chairman of the House Foreign Affairs Committee, which scaled up funding for global HIV/AIDS, proposing $50 million for the purchase of medicines, and $750 million for multilateral efforts. In July 2002, the Senate passed a bill sponsored by Senator Kerry which was a much larger expansion of global HIV/AIDS programs similar to PEPFAR, authorizing funding for $4.7 billion over two years for contribution to the Global Fund and for bilateral programs. But, these two bills were never reconciled prior to the end of the 107th Congress. Accordingly, following the President's State of the Union address in January 2003 where he announced PEPFAR, Representative Hyde introduced H.R. 1298, a large global HIV/AIDS bill in the House in March 2003, and Senator Lugar, Chairman of the Senate Foreign Relations Committee, introduced S. 1009, a competing bill in the Senate in May 2003.

Senator Lugar's bill was a slightly revised version of Senator Kerry's legislation from the 107th Congress, as Senator Lugar explained,

> "In June 2002, the Foreign Relations Committee unanimously approved an HIV/AIDS bill, initially introduced by Senators Frist and Kerry…however, the

> House of Representatives failed to act on it before the end of the 107th Congress. At the start of this Congress, the Foreign Relations Committee undertook…to reintroduce the 2002 Senate-passed bill, with some minor changes…Simultaneously, the House proceeded with its own bill to authorize the President's AIDS initiative" (Sen. Lugar, 2003).

In addition, Senator Kerry explained that the House bill was also modeled on the Senate bill from the 107th Congress, but that there are some key differences that still needed to be resolved,

> "The pending House bill…like last year's bipartisan Senate bill on which it is modeled…established an HIV/AIDS coordinator, and it mandates a coordinated, comprehensive, and integrated U.S. 5-year strategy. But the bill remains flawed. If left unaddressed, those flaws will seriously undermine the effectiveness and the comprehensiveness of the U.S. AIDS programs" (Sen. Kerry, 2003).

But, even though the Senate had led the bipartisan effort to draft the original PEPFAR legislation, the Senate version was never even considered.

When the House passed Representative Hyde's version, H.R. 1298, on May 1, 2003, there was immediate pressure on the Senate to quickly pass the House version. In particular, the White House and Republican leadership in Congress pressured the Senate to minimize any changes to the bill in order to pass the bill expeditiously. The goal was to ensure that President Bush would be able to announce the new United States effort on global HIV/AIDS at the upcoming G-8 meeting taking place later that same month. For example, Senator Lugar, who introduced the Senate version stated,

> "Many Senators, including myself, come to this debate with preferences on how a bill should be structured on this subject. Nevertheless, I share the majority leader's hope that the Senate will move quickly to pass the House bill before us so that HIV/AIDS funding will not be delayed any further and so President Bush can have an AIDS initiative in hand when he travels to the G–8 summit later this month of May" (Sen. Lugar, 2003).

Senator Frist, the Republican Senate Majority Leader and co-sponsor of Kerry's global HIV/AIDS bill from the 107th Congress, stated,

> "From our side of the aisle, we have no amendments. We made it very clear what our strategy is, and that is to defeat the amendments. Why? Because it is the clearest way to help the hundreds of thousands of people who we know will benefit if we pass this bill tonight and get it to the G–8 so that the President can use it appropriately" (Sen. Frist, 2003).

In addition, in congressional debate there were references to a White House meeting with House and Senate leadership in which the President pushed for swift action.

The sudden need to quickly pass the House version of the legislation, H.R. 1298, without consideration for the Senate version appeared to be a situation manufactured by the White House. Senator Biden, ranking Democrat on the Senate Foreign Relations Committee, explained that the White House and Republican leadership pressured Senate leaders to wait to introduce their version of the bill,

> "Unfortunately, each time we tried to proceed with the bill, the White House or the majority leader asked the chairman to delay, because the administration wanted more time to work on its proposal. We might have passed a very strong bill months ago. But we did not. Now we are told that time is up, that we must take up the House bill, and that we must not amend the House bill" (Sen. Biden, 2003).

Senator Kerry also underscored that had the House leadership or the White House been interested, there could have been legislation on global HIV/AIDS much earlier, "to underscore what the ranking member of the Foreign Relations Committee just said, the President could have had this legislation last year, or even earlier this year, had the administration and Republican allies in Congress wanted it" (Sen. Kerry, 2003). In addition, there were clear threats from Republican leadership that any substantive amendments to the bill would derail the entire proposal. Senator Biden explained,

> "The House doesn't give a darn about this bill. Frankly, they are threatening if we add any amendments to just ditch it… What the leader is really saying is this: we must be a rubber-stamp for the other body. We cannot amend it, not even one word, or else the bill will be in trouble" (Sen. Biden, 2003).

While in the 107th Congress, when the original Senate version of the bill was proposed, the Democrats held the majority in the Senate and Republicans in the House, in the 108th Congress when PEPFAR authorization became law, Republicans held a majority in both chambers. This is significant, because while support for the bill was overwhelmingly bipartisan, the little bit of opposition that existed for the bill was almost entirely among Republican members. For example, when the House version of the bill was voted out of the House Foreign Relations Committee with a 37 to 8 vote, all eight no votes were Republicans. In addition, when the House voted on the legislation before sending the bill to the Senate, the vote was 375 to 41 (with 19 non-votes) and 40 of the 41 no votes were Republicans. As a result, it is important to note that the Republican threat to torpedo the whole bill if Senate Democrats altered the controversial aspects of the bill was a real risk. In addition, as will be discussed further below, if compromises were not reached in the House to assuage Republican concerns on particular issues, a deal might not have been reached at all.

Accordingly, even though the original legislation that laid the groundwork for PEPFAR authorization was a bipartisan bill that originated in the Senate, there was a calculated effort by Republicans to control the negotiations of the final PEPFAR authorization and ensure that the Senate had little input.[20] In the 108th Congress, the

[20] Out of 14 amendments to H.R. 1298 submitted in the Senate, only one amendment was passed. This amendment, submitted by Senator Joseph Biden (D-DE), amended the International Financial Institutions Act to provide for modifications of the Enhanced Heavily Indebted Poor Countries (HIPIC) Initiative. Thus, none of the amendments

Republican leadership appeared to coordinate with the White House to ensure that the House version dominated the agenda with little input from Senate Democrats. All but one amendment in the Senate was defeated (out of 13 proposed) and derailment of the entire process was threatened if Democrats in the Senate tried to significantly alter the deal reached in the House. Thus, as discussed in the remainder of this section, each of the compromises were negotiated in the House rather than the Senate. Ultimately, these agreements reached in the House enabled such a monumental foreign aid bill to pass a Republican led House, and ultimately become law.

Control over the legislative process of PEPFAR raises the questions over what potential proposals and aspects of global HIV/AIDS policy were kept off of the agenda leading up to PEPFAR. Specifically, Bachrach and Baratz (1962) discuss the "restrictive face of power" whereby certain groups or persons influence policy outcomes by limiting the issues that are on the agenda for decision-making. Thus, by removing certain issues from consideration, those manipulating the issues on the agenda have influenced the outcome through non-decisions. Accordingly, certain controversial issues related to global HIV/AIDS that would have torpedoed Republican support for PEPFAR, and therefore its prospects for passage, were kept off the agenda. For example, there was limited discussion and consideration of provisions related to family planning, which given that the majority of new HIV infections are sexually transmitted, family planning and reproductive health are often seen as an important component of HIV/AIDS prevention and treatment. However, debating provisions related family planning would raise concerns over abortion, which would have made PEPFAR politically impossible.

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offered in the Senate that substantively amended the proposed PEPFAR authorization bill were approved.

Another example of issues kept off the agenda is the lack of discussion over provisions involving needle exchange. HIV/AIDS transmission through injection drug use is a central concern in the spread of HIV/AIDS in certain areas, particularly in Asia, and therefore needle exchange programs are often viewed as integral to fighting HIV/AIDS in those areas. However, similar to family planning, needle exchange is extremely political controversial, and debating such a provision would have been a major issue in building political support for PEPFAR. Instead, PEPFAR authorization did not explicitly address needle exchange, and the Bush administration chose to implement PEPFAR as if the domestic ban on needle exchange programs also applied to U.S. funding for international programs, a policy that was reversed when President Obama took office. Thus, in addition to controlling the legislative process, and limiting Democratic influence over PEPFAR negotiations, certain issues were kept out of PEPFAR negotiations discussions altogether, therefore raising the possibility that these absent proposals were also an important aspect of the policy process that led to PEPFAR.

Negotiations on Abstinence and Condoms

Representative Hyde's PEPFAR authorization legislation, H.R. 1298, which eventually became law, was first considered in the House Foreign Affairs committee. As a result, many of the negotiations and agreements reached on PEPFAR authorization were established in committee before being considered by the larger House or Senate. As such, most highly controversial issues debated in committee were prevention strategies, particularly the focus on the abstinence and condoms.

As discussed earlier on the framing of global HIV/AIDS, Uganda's ABC strategy (abstinence, be faithful, and condoms) received a lot of attention in Congress, specifically the relative weight that should be placed on each of these three strategies. The ABC strategy was incorporated into H.R. 1298, with Republicans mainly arguing to prioritize abstinence and monogamy over condoms, whereas Democrats sought for the legislation to incorporate all three strategies equally. Accordingly, Representative Joseph R. Pitts (R-PA) offered an amendment in committee "to provide prioritized funding for programs promoting abstinence over those that focus on condom use" (House report number 108-60, 2003). In response, Representative Barbara Lee (D-CA) offered a substitute amendment to the Pitts amendment which requires prevention strategies "to prioritize behavioral risk reduction by promoting abstinence, encouraging monogamy and faithfulness, promoting the effective use of condoms, and eradicating prostitution, the sex trade, rape, sexual assault and the sexual exploitation of women and children" (House report number 108-60, 2003). The Pitts amendment was voted down, with 21 yeas (all Republican) and 23 nos (22 Democrats and 1 Republican); and the Lee amendment was approved, with 24 yeas (22 Democrats and 2 Republican) and 20 noes (all Republican). Ultimately, the Pitts amendment, as modified by the Lee amendment, was agreed to by voice vote.

Even though Republicans were not successful in inserting language in the bill to prioritize abstinence above condoms in committee, the committee report on H.R. 1298 clearly put condom use on a lower footing. Specifically, in laying out the activities of the bilateral program, the report states, "programs and efforts…including delaying sexual debut, abstinence, fidelity and monogamy, reduction of casual sexual partnering, and

where appropriate, use of condoms" (House report number 108-60, 2003). The use of "where appropriate" communicates that condom use is somehow not appropriate in a number of instances. In addition, when introducing the bill on the House floor, Representative Hyde stated, "it endorses prevention programs that stress sexual abstinence and monogamy as a first line of defense against the spread of this disease" (Rep. Hyde, 2003).

Additionally, when the bill was considered on the House floor, Republicans again argued to alter the bill to focus on abstinence programs. Specifically, Representative Pitts (R-PA) offered an amendment that required 33 percent of prevention funds to be used on abstinence-only programs. Speaking about his amendment on the floor, Representative Pitts stated,

> "H.R. 1298 endorses Uganda's ABC model that focuses on abstinence, but it does not ensure that money is actually directed to abstinence programs…[this amendment] mandates a percentage: 33 percent of the prevention funds disbursed under the bill for abstinence" (Rep. Pitts, 2003).

Some Republicans noted that the Pitts amendment could have gone even further in promoting abstinence. For instance, Representative Dave Weldon (R-FL) stated the following about the Pitts amendment,

> "I think this is a very modest amendment. I actually think we should be putting substantially more money than he is proposing into abstinence education because it has been shown scientifically to be the most effective way and cost-effective way to prevent the spread of this disease" (Rep. Weldon, 2003).

Democrats in the House argued against the Pitts amendment. Representative Lee pointed out that Representative Pitts had proposed a similar approach in committee which was voted down. Others spoke about the potential problems with mandating such

requirements in the legislation. For example, Representative Louise Slaughter (D-NY) stated,

> "Abstinence-only education has been proven to be ineffective time and time again, while only truly comprehensive sex education really prevents unwanted pregnancies and deadly diseases…Congress should not tie the hands of health care professionals as they attempt to stop the spread of AIDS" (Rep. Slaughter, 2003).

Others raised more practical questions about the Pitts amendment. For example, Representative Lantos asked, "do abstinence programs that are part of a multisectoral approach count towards this set-aside" (Lantos, 2003). Nonetheless, with a huge Republican majority in the House, the Pitts amendment was agreed to in the House with a closely party line vote with 220 yeas (201 Republican and 19 Democrats) and 197 nos (175 Democrats and 21 Republicans, with 18 members not voting (7 Republicans and 11 Democrats).

When H.R. 1298 was sent to the Senate for consideration, Democrats in the Senate again tried to ensure that the legislation did not prioritize abstinence, and instead utilized all prevention strategies. For example, Senator Kerry discussed the 33 percent abstinence-funding requirement by stating, "I will support an amendment to strike this earmark. We ought to be rational enough as human beings to understand that you do not want to just promote abstinence" (Sen. Kerry, 2003). In addition, Senator Frank Lautenberg (D-NJ) offered an amendment, which stated,

> "Rule of Construction Relating to Method of Prevention: Nothing in this Act (or an amendment made by this Act) shall be construed to require that an organization utilize or endorse any particular approach to HIV/AIDS prevention, except that any information provided by the organization about any particular preventive approach shall be complete and medically accurate including both the public health benefits and failure rates of the approach involved." (Senate Amendment 679 to H.R. 1298)

But, as discussed above, Republicans in the Senate were determined to pass the version of H.R. 1298 that passed the House with no changes or amendments, and therefore this amendment, along with nearly all others proposed in the Senate did not succeed. As a result, the final PEPFAR authorization bill that became P.L. 108-25 included the restriction on prevention funds, that 33 percent of such funds be distributed for abstinence-only programs. Republicans arranged this restriction on the program in order to gain Republican support for the larger bill, and Democrats ultimately accepted this compromise in the face of the threat of no bill at all. Thus, an earmark for abstinence-only funding was one of the key political agreements that enabled broad bipartisan support for PEPFAR authorization.

Faith-Based Organizations

Closely related to the discussion on abstinence and condoms were the negotiations regarding the treatment of faith-based organizations in the PEPFAR authorization bill. In particular, Republican members sought to include special language protecting faith-based organizations for participating in certain activities. During the markup hearing of H.R. 1298 in the House Foreign Affairs Committee, Representative Lantos noted that faith-based organizations were specifically added into the bill "as a modifier along with community-based organizations, at the request of Republican members and pro-family groups" (United States Leadership Against HIV/AIDS, 2003). Republicans viewed the focus on faith-based organizations as another way for U.S. global

HIV/AIDS to focus on abstinence education at the exclusion of other prevention methods they found objectionable, such as funding for condoms.

For instance, Representative Pitts (R-PA) offered an amendment in committee that would have "required the HIV/AIDS Coordinator to respect the views of faith-based organizations by not requiring such organizations to participate in any aspect of any assistance program if it violated their views as a matter of conscience" (House report number 108-60, 2003). Representative Pitts explained the rational for his amendment stating,

> "this is a conscience clause amendment. Rightly or wrongly, some groups believe that providing condoms encourages promiscuity or wrongdoing. The Catholic Church, which may have a conscientious objection to distributing condoms, cares for one in four AIDS patients around the world. To deny them funding would be ignore a crucial partner in the fight against AIDS" (United States Leadership Against HIV/AIDS, 2003).

Many Democrats pointed out the danger in funding prevention programs that are not coordinated. Representative Lantos explained his concern that,

> "groups utilizing one approach to HIV/AIDS prevention and treatment will refuse to refer someone to another organization which offers a different method of HIV/AIDS prevention…it is critically important that organizations which receive HIV/AIDS funds from the US work closely together...Recipients of U.S. HIV/AIDS money should not undermine approaches to HIV/AIDS that they do not utilize or do not endorse" (United States Leadership Against HIV/AIDS, 2003).

Ultimately, the Pitts amendment on faith-based organizations failed in committee with a vote of 21 yeas (all Republican) and 23 noes (22 Democrats and 1 Republican).

Representative Leach noted that willingness to pass the bill might be lost without incorporating some type of exception language for faith-based organizations. He stated,

> "my strong sense is from hearing from a number of people that are very desirous of this bill going forward, who believe that unless we incorporate something like

> this, we might shatter some of the consensus that does exist in communities that might not otherwise be as supportive" (United States Leadership Against HIV/AIDS, 2003).

Thus, even though the Pitts amendment failed in committee, Republicans took another opportunity to add more language to the bill about protecting faith-based organizations when the bill went to the House floor. Representative Christopher Smith (R-NJ) offered an amendment that clarified that organizations shall not be required to endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection. This amendment was agreed to in the House by a voice vote.

When the bill was then considered on the Senate floor, Democrats again tried to offer alternative language that still included participation by faith-based organizations without enabling those organizations to potentially undermine the effectiveness of U.S. prevention efforts. Senator Frank Lautenberg (D-NJ) offered an amendment which stated that nothing in the act shall require that an organization utilize or endorse any particular approach to HIV/AIDS prevention, except that any information provided by the organization shall be complete and medically accurate including both the public health benefits and failure rates of the approach involved. Thus, this amendment would have enabled faith-based organizations to receive funding for abstinence education programs, but prevented those organizations from potentially misleading people about the effectiveness of such prevention methods. But, as noted earlier, Senate Democrats were unsuccessful in almost every attempt to amend H.R. 1298, and this amendment was no exception, as the Senate did not adopt this amendment.

Republicans were diligent and ultimately successful in their efforts to include exception language for faith-based organizations, which provided another means to undermine prevention efforts not supported by many Republicans.

Prostitution

Another controversial issue debated and negotiated as part of the PEPFAR authorization bill was the issue of prostitution. Prostitution and sex trafficking are major issues in the fight against global HIV/AIDS, as these populations are particularly prone to becoming infected with and spreading HIV/AIDS. Thus, organizations involved in HIV/AIDS programs often engage with this population as part of their prevention and treatment efforts. While everyone in Congress was opposed to prostitution and sex trafficking, some Republicans insisted on language in the PEPFAR authorization bill that specifically outlined U.S. opposition to these activities. Representative Christopher Smith (R-NJ) proposed an amendment in committee to prohibit funds from going to any organization that does not have a policy explicitly opposing prostitution and sex trafficking. Representative Smith explained,

> "in other parts of the world many officials…feel that legalizing prostitution and focusing primarily on safe sex for victims of trafficking who are being raped every day is a solution. Some actually look at prostitution as a workers' rights issue…the issue…is whether or not we will provide money to organizations that seek the legislation of prostitution and also enable the traffickers" (United States Leadership Against HIV/AIDS, 2003).

The committee approved the Smith amendment on prostitution with a vote of 24 yeas (all Republican) and 22 nos (all Democrats).

Democrats tried to alter this amendment, raising concerns that this amendment would have had the unintended consequence of cutting off funding for organizations that were not involved with prostitution. Representative Lantos (D-CA) explained that most organizations have nothing to do with prostitution "moreover, some of these groups may have bylaws that prohibit them from adopting positions on specific policy matters. Many groups, particularly in nations without freedom of speech, deliberately seek to stay out of political fights" (United States Leadership Against HIV/AIDS, 2003). Therefore, Representative Lantos offered an amendment to the Smith amendment in committee that would have provided exceptions to the prostitution policy. Ultimately, the Lantos amendment was defeated with a vote of 21 yeas (20 Democrats ad 1 Republican) to 22 nos (all Republicans). When H.R. 1298 was considered in the Senate, Democrats again raised concerns about the requirement that organizations explicitly oppose prostitution. Senator Patrick Leahy (D-VT) stated,

> "No one here supports prostitution or sex trafficking. In fact, we abhor these practices, which are demeaning and degrading towards women, and also extremely dangerous….I am concerned that this provision, which requires such organizations to explicitly oppose prostitution and sex trafficking, could impede their effectiveness. In fact, some or many of these organizations may refuse to condemn the behavior of the women whose trust they need in order to convince them to protect themselves against HIV" (Leahy, 2003).

But, this aspect of the bill was not altered in the Senate and therefore the requirement that organizations adopt a prostitution policy in order to qualify for U.S. funding was incorporated into the final law.

Bilateral Versus Multilateral Programs

Disagreement over using bilateral versus multilateral mechanisms to fund global HIV/AIDS efforts was an issue that arose early in the global HIV/AIDS debate in Congress, as discussed earlier, and pervaded through PEPFAR negotiations. In particular, Republicans favored funding bilateral programs, while Democrats were interested in also increasing support for multilateral mechanisms, specifically the Global Fund. Ultimately, the two sides reached a compromise on funding for the Global Fund, but added a number of restrictions to that funding. The House report for H.R. 1298 notes,

> "the one billion dollar figure represents a carefully crafted compromise that builds bipartisan support for the bill while at the same time includes additional safeguards. United States financial support would be limited to 33 percent of the total amounts contributed by other donors…This provision promotes better burden-sharing and follow-through for the donations of other countries." (House report number 108-60, 2003).

The bill allowed for an exception to this provision, "if the President determined that an international health emergency threatens the national security interests of the United States," but the bill clearly revealed a strong preference for funding bilateral global HIV/AIDS programs over multilateral. Specifically, the House report states, that if the President utilizes this exception, a justification should be provided to Congress "as to why increased United States Government contributions to the Global Fund is preferable to increased United States assistance to…bilateral."

There was also concern that the Global Fund would provide funding to certain governments that sponsor terrorism. Representative Jeff Flake (R-AZ) offered an amendment in committee that if the Global Fund provided funding to an organization on the State Department's terrorist list, all U.S. funding to the Global Fund for the following year would be withdrawn. Representative Lantos (D-CA) offered an amendment to the

Flake amendment, which instead would decrease the next year's funding by the amount given to such countries, rather then suspend all funding. The Flake amendment, as modified by the Lantos amendment was passed through committee by voice vote. When H.R. 1298 reached the House floor, additional restrictions were placed on the Global Fund. Representative Cliff Stearns (R-FL) introduced an amendment to limit the top salary level for employees of the Global Fund to that of the Vice President of the United States. The amendment passed in the House with 276 yeas (221 Republicans and 55 Democrats) and 145 nos (141 Democrats, 3 Republicans, and 1 Independent).

When the Senate took up H.R. 1298, Democrats again raised concerns that funding for the Global Fund was not high enough, and PEPFAR focused too heavily on bilateral over multilateral programs. Senator John Kerry (D-MA) stated,

> "the Bush administration's preference for bilateral efforts over multilateral efforts, in my judgment, is discernible because of the way the allocation of funds within the President's announced initiative takes place. The President promised $15 billion over 5 years. But only $1 billion of those funds—that is $200 million a year—would go to the Global Fund" (Sen. Kerry, 2003).

Senator Joseph Biden (D-DE) also noted that the House bill authorizes "up to" $1 billion, explaining, "it could be $1 or $1 billion. Which one is it? What do we really expect the Committee on Appropriations to provide? The President's budget requests just $200 million for the fund, which is far from adequate" (Sen. Biden, 2003). Ultimately, the Senate did not pass any changes to the House bill regarding funding for the Global Fund or the restrictions placed on the funding. Thus, while Democrats remained unsatisfied with the level of funding for the Global Fund, the emphasis on bilateral over multilateral programs remained a large component of the final negotiated PEPFAR authorization.

Paying for Treatment

As discussed earlier, the United States' policy towards intellectual property rights related to HIV/AIDS treatment in developing countries was a highly controversial issue in the global HIV/AIDS debate. As such, purchasing cost effective treatment was an issue raised as part of the debate over the PEPFAR authorization bill. This issue did not arise in debate in the House, but was raised when H.R. 1298 was taken up in the Senate. Senator Edward Kennedy (D-MA) proposed an amendment that would have provided for the procurement of pharmaceuticals at the lowest possible price. Senator Kennedy noted,

> "our amendment is intended to see that these drugs will help the largest number of people possible. It does that by requiring that products be purchased at the lowest possible price…it also means that we will get the greatest value for this very urgently needed investment to top the HIV/AIDS epidemic" (Sen. Kennedy, 2003).

Ultimately, as with almost all of the amendments offered in the Senate, this amendment was voted down with a vote of 42 yeas (40 Democrats, 1 Republicans and 1 Independent) and 54 nos (49 Republicans and 5 Democrats). As a result, while there was some concern, mostly among Democrats in the Senate, about ensuring PEPFAR procured drugs at the lowest possible price, the final bill remained silent on this issue.

Conclusion

This chapter explored a number of factors that shaped the politics of global HIV/AIDS in Congress and the process of policy formation that resulted in Congress passing PEPFAR authorization in 2003. This analysis showed that congressional interest

in global HIV/AIDS, as well as the motivation to create a PEPFAR-style program, preceded President Bush's 2003 State of the Union Address calling for the creation of PEPFAR. In particular, congressional interest in global HIV/AIDS began to rise in the late 1990s with a peak in 2003, the year PEPFAR was authorized by Congress. Thus, rather than President Bush leading Congress on global HIV/AIDS, it is clear that many on Congress were ahead of the President on this issue. These findings suggest that instead of the President's announcement bringing global HIV/AIDS onto the agenda, Presidential attention to the issue helped to solidify its place on the official agenda, enabling the creation of PEPFAR.

In addition, congressional attention to global HIV/AIDS appeared to increase after attention to domestic HIV/AIDS began to wane. Congressional attention to domestic HIV/AIDS dropped after a new program to address the issue was established and expanded through the 1990s. However, it was not until the late 1990s, after broad access to new lifesaving medicines had been achieved in the U.S., that attention to global HIV/AIDS began to rise. This trend suggests that only after the issue had been sufficiently addressed in the U.S., did Congress support efforts to address the issue abroad. However, as discussed further in subsequent chapters, the increase in attention to global HIV/AIDS among other stakeholders such as global health groups and international organizations, also likely affected the timing of congressional attention to the issue.

There were also a number of key events that impacted congressional attention to global HIV/AIDS such as the issue rising to the international stage, as discussed further in chapter 6, and the development and decreasing prices for new effective treatments.

Many of these events preceded attention to global HIV/AIDS by Congress, some of which were explicitly referenced in congressional debate, suggesting that these key events helped draw congressional attention to the issue leading up to PEPFAR.

In identifying the key congressional leaders who pushed to address global HIV/AIDS, a few members can be identified as key leaders on the issue. In particular, while my analysis yielded a list of 20 total members active on global HIV/AIDS, six members in particular appeared to be the true drivers pushing for the passage of a large PEPFAR-style program. The leading three members include Representative Barbara Lee, Senator John Kerry, and Representative Henry Hyde. The additional three key members are, Senator Richard Durbin, Senator Bill Frist and Representative Juanita Millender-McDonald.

When examining congressional leadership by political party, while members of both parties maintained interest in global HIV/AIDS, Democrats dominated most of the leadership on this issue. For instance, Representative Lee introduced some of the first bills calling for an increased focus on global HIV/AIDS, and Senator John Kerry (along with Senator Bill Frist) drafted the bill that ultimately served as a model for the final PEPFAR authorization bill. In addition, much of the opposition to increasing funding for global HIV/AIDS programs came from Republican members. But, at the time PEPAR authorization was passed by Congress, Republicans held the majority in the House and Senate, and Republicans dominated the negotiations for the final bill. In terms of leadership by congressional chamber, while members of both chambers were focused on this issue, the House overwhelmingly dominated the final PEPFAR negotiations. Thus, while congressional attention to global HIV/AIDS leading up to PEPFAR was dominated

by Democrats, and spread evenly across both chambers, PEPFAR authorization was largely controlled by Republicans in the House.

Finally, there were a number of key frames and issues that arose in congressional debate on global HIV/AIDS, and many of these issues shaped political agreements negotiated as part of the final PEPFAR authorization bill. For example, framing of global HIV/AIDS in Congress focused on issues of morals and sexual behavior, as well as particular prevention methods such as abstinence and condoms. Accordingly, the key political agreements in the final PEPFAR bill included an earmark for abstinence-only funding, language providing exceptions for faith-based organizations, and a requirement that organizations adopt a prostitution policy in order to qualify for U.S. funding. In addition, congressional debate over increasing funding on global HIV/AIDS programs was centered on discussions of corruption and whether or not to use bilateral versus multilateral mechanisms. Accordingly, the political negotiations surrounding PEPFAR involved a carefully crafted compromise with an emphasis on bilateral over multilateral programs in the final bill.

This chapter helped to clarify the pattern of congressional attention to global HIV/AIDS, the key leadership and events that shaped the policy process, as well as the framing of the issue and political agreements that were negotiated as part of the final legislation. I drew on theories of policymaking to inform my analysis and findings on congressional politics of global HIV/AIDS, particularly punctuated equilibrium theory and advocacy coalition framework. For example, punctuated equilibrium theory points to the importance of assessing patterns in official attention, and I focused my analysis on patterns in congressional attention to global HIV/AIDS leading up to and immediately

after the establishment of PEPFAR. Accordingly, my findings on congressional attention to global HIV/AIDS predating President Bush's PEPFAR proposal, as well as the inverse relationship between congressional attention to global and domestic HIV/AIDS would not have been uncovered without utilizing the theory and methodology put forth in punctuated equilibrium. In addition, punctuated equilibrium points to changes in the framing of issues as an important component leading up to a large policy change, and my analysis and findings similarly focused on the framing of global HIV/AIDS leading up to and immediately following the creation of PEPFAR. As such, my findings on the shift in framing of global HIV/AIDS in Congress from a focus on morals and sexual behavior to innocent victims, from prevention to treatment, as well as the reliance on humanitarian arguments as the primary justification for PEPFAR, were all generated from my focus on framing which was shaped by punctuated equilibrium theory.

Similarly, advocacy coalition framework highlights the importance of external changes to the policy sub-system, and as such I focused my analysis and findings on determining particular events or turning points related to congressional attention to global HIV/AIDS. Accordingly, my findings on the importance of a change in the governing coalition in Congress and the resulting Republican leadership on global HIV/AIDS was shaped by advocacy coalition framework. Finally, Kingdon's Multiple Streams model (Kingdon, 1984) describes the role of a policy entrepreneur in bringing about policy change, and my analysis in this chapter focuses on identifying congressional leaders on global HIV/AIDS in order to detect such a policy entrepreneur. Thus, my analysis and findings on key congressional leaders in each party and chamber were shaped by Kingdon's focus on a policy entrepreneur. These theories of policymaking and agenda

setting heavily shaped how I analyzed the primary and secondary source information, as well as the quantitative data, in constructing a detailed case history and developing the associated findings.

My sources for this chapter consisted of both qualitative and quantitative, primary and secondary source information. In particular, I conducted a detailed content analysis of the congressional record, particularly transcripts from hearings and floor debate, and the text of bills and amendments, including accompanying committee reports. This information was also supplemented by secondary sources comprised of media reports, as well as academic and popular literature. Additionally, I utilized the Policy Agenda Project data on hearings, and the Congressional Bills Project data on bills, as a means to measure congressional attention to global HIV/AIDS. My sources for this analysis did not include interviews with experts or policymakers that might have added further context and shaped my interpretation of the findings. See chapter three for more details on the methodology of this dissertation.

The next chapter will discuss the trends in presidential attention to, and framing of, global HIV/AIDS prior to and immediately after the establishment of PEPFAR.

Chapter Five

Presidential Leadership on Global HIV/AIDS

This chapter provides a detailed analysis of presidential attention to global HIV/AIDS prior to and immediately after the establishment of The President's Emergency Plan for AIDS Relief (PEPFAR) in 2003. President Bush called for the establishment of PEPFAR and is widely credited with leading the expansion of U.S. efforts to address global HIV/AIDS. This emphasis on Presidential leadership on PEPFAR raises questions about the pattern of presidential attention leading up to PEPFAR.

Accordingly, this chapter provides a detailed account of presidential attention to HIV/AIDS for the ten years leading up to PEPFAR, as well as immediately after its establishment, covering the Clinton presidency, and the first term of George W. Bush's presidency. I also provide an analysis of the framing of HIV/AIDS by each President, focusing in particular on the justification offered for global HIV/AIDS expenditures, and whether the President used security, humanitarian or economic arguments. In addition, I concentrated on how the issue was framed as a policy problem, whether focused on prevention or access to treatment. My analysis also highlights other topics important to Presidential attention to global HIV/AIDS including: bilateral versus multilateral mechanisms, concentration on sexual prevention programs such as abstinence education or condoms, and the treatment of domestic HIV/AIDS. Finally I outline the key initiatives undertaken by each President on HIV/AIDS, as well as major events impacting Presidential attention and framing.

This chapter utilizes a case history to outline Presidential attention to and framing of global HIV/AIDS from 1993 through 2004. I collected and conducted detailed analysis of presidential records, including speeches, public papers, press releases, radio addresses, government reports, executive orders, and government websites. I also used secondary sources such as academic and popular literature, media reports, and the autobiographies of each President. See chapter 3 for more information on the data sources and methodology used to conduct the case history.

Clinton Administration: Presidential Attention to Global HIV/AIDS

This section provides an analysis of presidential attention to global HIV/AIDS during the Clinton administration, from January 1993 to January 2001, including a detailed account of when the issues of both domestic and global HIV/AIDS rose to the presidential agenda.

Clinton Administration Had An Early Focus on Domestic HIV/AIDS

Analysis of presidential records shows that the Clinton administration was focused on the issue of domestic HIV/AIDS from the very beginning of the administration. In particular, speeches, press releases and other public documents show that Clinton made speeches and began taking actions to address domestic HIV/AIDS soon after he took office in 1993. For example, in June 1993, a few months into his first term, President Clinton created the Office of National AIDS Policy (ONAP) at the White House, which was tasked with coordinating efforts to combat HIV/AIDS in the United

States. In his remarks announcing the appointment of the first AIDS policy coordinator to run this office, President Clinton mentioned that this new position would involve bringing "higher visibility, a more important policy role and more influence," on the issue of HIV/AIDS (Clinton, 1993, vol. 1 p. 931).

Clinton administration documents also highlight a number of other actions taken early in his first term to address domestic HIV/AIDS including: calling for increases in funding for preventing and treating HIV/AIDS; calling for increases in funding for AIDS research; establishing the Office of AIDS Research at the National Institutes of Health;[21] establishing the President's advisory council on AIDS; and increasing spending on care and treatment for those living with HIV/AIDS. For example, in December 1993, in his remarks on his first World AIDS Day as President, President Clinton highlighted a number of actions already taken by his administration to address domestic HIV/AIDS, including increased funding for the Ryan White Health Care Act by over 60 percent, and for AIDS research by over 20 percent (Clinton, 1993, vol. 2 p. 2089). President Clinton also mentioned that funding for domestic HIV/AIDS got "substantial increases" at a time when "overall domestic spending was held absolutely flat," indicating that addressing HIV/AIDS in the U.S. was a priority for the Clinton administration in his first budget (Clinton, 1993, vol. 2 p. 2089). President Clinton even brought attention to the domestic HIV/AIDS issue during the 1992 campaign, before he was elected President. For example, President Clinton noted in his autobiography that he "called for federal aid…for an all-out effort to turn back the tide of AIDS in America" (Clinton, 2004, p. 410). Thus,

[21] The Office of AIDS Research was established through congressional legislation, which President Clinton signed as one of his first acts as President in 1993.

presidential attention to the domestic HIV/AIDS issue began immediately after President Clinton took office in 1993.

President's Clinton's early focus on domestic HIV/AIDS was also part of a larger focus on health care reform that dominated the early part of his first term. Documents indicate that many mentions of HIV/AIDS early in the Clinton administration (in the 1993 and 1994 timeframe) were part of larger discussions of health care reform and issues facing the U.S. health system. In particular, the rate of HIV/AIDS in the U.S. was often highlighted by President Clinton as part of a discussion of health care expenses and shortfalls in the U.S. health care system. For example, in a question and answer session with small business leaders on health care reform in September 1993, President Clinton noted,

> "We have the highest percentage of AIDS of any advanced nation, and that's extremely expensive. And as, thank God, we find drugs to keep people alive and their lives better longer, it will be more expensive. We have to have a preventive strategy there" (Clinton, 1993, vol. 2 p. 1513).

In addition, President Clinton also frequently highlighted the difficulty of getting treatment for HIV/AIDS, which was one of many issues he proposed to address through comprehensive health care reform. For example, in June 1993, President Clinton noted that, "the upcoming health care reform plan will make sure that AIDS sufferers are not victimized by unfair insurance policies when they seek treatment for their illnesses" (Clinton, 1993, vol. 1 p. 933). After President Clinton's health care proposal failed, the administration used existing health care systems to increase spending on care and treatment for those living with HIV/AIDS. Thus, the focus on health care reform that characterized the early days of Clinton's first term may have affected President Clinton's

early focus on addressing HIV/AIDS domestically.

By the mid to late 1990s, as a result of breakthroughs in research and the development of new treatments for HIV/AIDS, the tide of HIV/AIDS in the United States dramatically improved. In February 1997, the Centers for Disease Control and Prevention (CDC) announced a historic reduction in the number of Americans dying from AIDS (Clinton, 1997, vol. 1 p. 221). President Clinton did not hesitate to attribute some of this good news to the actions taken by his administration. In a statement marking the CDC's announcement, President Clinton stated,

> "In these last 4 years, we have steadily increased our national commitment to fighting HIV and AIDS. We have increased funding for the programs by more than 50 percent, developed the first-ever national AIDS strategy, accelerated approval of successful new AIDS drugs by the Food and Drug Administration, strengthened and focused the Office of AIDS Research at the National Institutes of Health, and created a White House Office of National AIDS Policy" (Clinton, 1997, vol. 1 p. 221).

Toward the end of the Clinton administration, President Clinton maintained and even continued to raise funding for addressing domestic HIV/AIDS. But, presidential attention to domestic HIV/AIDS, as measured through speeches, press releases and other documents, started to wane. Instead, as discussed further below, as the tide of HIV/AIDS turned in the U.S., President Clinton began to decrease his focus on domestic HIV/AIDS.

Almost No Presidential Attention to Global HIV/AIDS for Most of the Clinton Administration

While domestic HIV/AIDS rose to the presidential agenda at the beginning of the Clinton administration, global HIV/AIDS received little to no attention until the very end

of the second term. Analysis of speeches, press releases, public papers and other government documents show that global HIV/AIDS was mentioned very rarely by the President or the White House from 1993 until late in 1998 or early 1999. Most speeches and statements related to HIV/AIDS focused entirely on domestic HIV/AIDS, and did not even acknowledge the global epidemic. For example, in July 1995, when giving remarks to the AIDS advisory council, President Clinton talked about the "terrible plague [that] has cost our country 270,000 American lives, and over 100 every day" without any mention of the epidemic abroad (The White House, 1995a). When the global epidemic was mentioned, it tended to be a passing acknowledgement with little attempt to offer policies or programs to deal with the issue. For example, in remarks made at the first White House conference on HIV/AIDS held in December 1995, President Clinton gave a long speech focused on the HIV/AIDS burden in the U.S. and laid out a number of detailed actions taken by the government in response. His mention of global HIV/AIDS came at the very end of his remarks stating,

> "The American people need to know that everybody in this country and, indeed, throughout the world, is now vulnerable to this disease. We need to identify what our responsibilities are in this country, and our responsibilities to developing countries" (The White House, 1995b).

Documents and speeches also demonstrate that for most of Clinton's entire administration, the government officials who focused on HIV/AIDS were those with a mainly domestic mandate, such as the Secretary of Health and Human Services (HHS), [22]

[22] While the mission of HHS is focused on protecting the health of the American people, there are some offices working on international health issues. CDC often has staff seconded to ministries of health throughout the world, to assist on a range of health issues, including global HIV/AIDS. In addition, CDC established its Global AIDS Program in 2000, which provides assistance to countries on global HIV/AIDS. The

with little involvement from those focused on international issues such as the Secretary of State or Administrator of the U.S. Agency for International Development (USAID). In addition, the structures set up by President Clinton to address HIV/AIDS were entirely focused on domestic HIV/AIDS. For example, the Office of National AIDS Policy (ONAP) that was created in 1993 was established as part of the domestic policy council, signaling its domestic agenda. Moreover, as will be discussed further below, large increases in funding to deal with domestic HIV/AIDS were not met with corresponding funding increases for global HIV/AIDS until late in the second term. Furthermore, even documents produced by the Clinton administration to document the history and accomplishments of the administration highlight domestic HIV/AIDS as a major priority with little mention of global HIV/AIDS. For example, a report titled "The Clinton Administration Cabinet: Eight Years of Peace, Progress, and Prosperity" contained an entire section on domestic HIV/AIDS. The report section covering the Secretary of HHS states "President Clinton made funding for AIDS research, prevention, and treatment a priority of his administration," and laid out a large number of efforts taken on domestic HIV/AIDS (The White House, 2001a). Conversely, there was only one brief mention of HIV/AIDS in the international section of the report. Specifically, the report section on the Secretary of State included HIV/AIDS in a long list of accomplishments stating,

> "we have expanded NATO…supported the expansion of democracy, taken strong action to prevent ethnic cleansing…reduced nuclear dangers, and built the international capacity to address new dangers that respect no boundaries, like

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Office of Global Affairs (OGA) within HHS is responsible for working with other U.S. government agencies on the coordination of global health policy. In particular, OGA acts as the main liaison with multilateral organizations including WHO and UNAIDS, as well as foreign ministries of health. However, OGA does not provide assistance to developing countries.

> international organized crime, HIV/AIDS, and trafficking in human beings" (The White House, 2001a).

Thus, for most of the Clinton administration, from 1993 until late 1998, while there was a focus on addressing the domestic HIV/AIDS issue, there was almost no presidential attention to the global HIV/AIDS epidemic.

As Domestic HIV/AIDS is Brought Under Control, Presidential Attention Turns Abroad

In 1997, while the death rates in the United States dramatically slowed, the HIV/AIDS epidemic globally was reaching new catastrophic levels. The development of new treatments translated to great improvement in life expectancy for those in the U.S. with HIV/AIDS. Conversely, internationally the HIV/AIDS picture was quite different. In 1997, the same year the CDC announced a historic reduction in the number of Americans dying from AIDS, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 2.3 million people globally died of AIDS, a 50 percent increase over 1996. UNAIDS also stated that in terms of AIDS mortality, "the full impact of the epidemic was only just beginning" (Avert, 2014a). In addition, the newly developed drugs that were helping to increase life expectancy for those with HIV/AIDS in the U.S. and other wealthy nations were not accessible to those in developing countries due to the high cost of treatment.

In late 1996 and early 1997 the rates of new infections in the U.S. fell dramatically, and while the spread of HIV/AIDS was decreasing, there were still large issues to address, particularly among minority populations. Analysis of documents

indicates that President Clinton remained focused on addressing the HIV/AIDS in the U.S., and began targeting government actions to deal with the evolving problem. For example, in October 1998 the White House issued a press release stating that while overall AIDS deaths had declined for two years in a row, AIDS remained the leading killer in the African American community. The press release also outlined the actions President Clinton planned to take stating, "the President will declare HIV/AIDS in racial and ethnic minority communities to be a 'severe and ongoing health care crisis' and will unveil a series of initiatives that invest $156 million to address this urgent problem" (The White House, 1998a).

As the domestic HIV/AIDS problem was stabilizing in the late 1990s presidential attention began to turn to the global epidemic. For example, in his remarks on World AIDS Day in December 1998, President Clinton highlighted the great successes made on domestic HIV/AIDS, and noted the need to address the epidemic abroad. President Clinton spoke about the large number of actions taken to tackle HIV/AIDS in the U.S., noting,

> "the results of these and other efforts have been remarkable. For the first time since the epidemic began, the number of Americans diagnosed with AIDS has begun to decline. For the first time, deaths due to AIDS in the United States have declined. For the first time, therefore, there is hope that we can actually defeat AIDS" (The White House, 1998b).

President Clinton then stated that "it's all right to celebrate our progress, but we cannot rest until we have actually put a stop to AIDS," for the epidemic abroad is worsening. For the first time, Clinton went on to discuss in detail the HIV/AIDS epidemic facing developing countries particularly those in Africa.

In fact, analysis of Clinton administration documents shows that there was an actual switch from domestic to global HIV/AIDS in terms of presidential attention. For the first 5 to 6 years of the administration speeches and press releases were almost entirely focused on domestic HIV/AIDS with little mention of global HIV/AIDS. In 1998, global HIV/AIDS began making an appearance in presidential speeches and press releases, with domestic HIV/AIDS mentioned first and global HIV/AIDS second. But by 1999, there was a complete switch in focus with documents and speeches on HIV/AIDS focusing primarily on the global epidemic with little mention of domestic HIV/AIDS. Thus, as the domestic HIV/AIDS problem was brought under control, and HIV/AIDS domestically was no longer a large concern for the President, President Clinton began bringing attention to the epidemic abroad.

Global HIV/AIDS Gains Presidential Attention Late in Clinton Administration

Analysis of administration documents shows that President Clinton mentioned global HIV/AIDS on a few occasions prior to 1998, but it wasn't until late 1998 or early 1999 that the issue really began getting direct attention from the President. For instance, the President first mentioned global HIV/AIDS at a joint press conference with the Prime Minister of Japan in 1994, and in remarks in Bangkok, Thailand in 1996 (Clinton, 1994 and 1996). These mentions were directed at a global audience, and they were brief references to the issue as part of larger discussions on foreign policy and development. Even on a trip to Africa in 1998, President Clinton briefly mentioned HIV/AIDS in some of his speeches, but the focus of his trip remained on economic growth. In 1999,

President Clinton's focus on global HIV/AIDS began to grow, with more frequent and substantial mentions of the issue than in years past. For example, in his World AIDS Day remarks in 1999, President Clinton stated, "while we've made great strides in treating AIDS here at home, there is much more that needs to be done, particularly in the developing world, where AIDS poses our greatest challenge" (Clinton, 1999, vol. 2 p. 2184).

It should be noted that while global HIV/AIDS did not rise to the presidential agenda until late in the administration, other Clinton administration officials began discussing the global HIV/AIDS issue earlier. In June 1995, the State Department released the first U.S. International Strategy on HIV/AIDS. In December 1996, Secretary of State Madeline Albright issued a statement on World AIDS Day, marking the first time a Secretary of State addressed the issue of HIV/AIDS as a foreign policy issue. On World AIDS Day the following year, Secretary Albright stated that "reducing the threat of infectious diseases, including HIV/AIDS, is a major goal of U.S. foreign policy," and went on to describe the actions taken by the U.S. government to address global HIV/AIDS over the last decade (U.S. Department of State, 1997). By December 1998, Secretary Albright noted that global HIV/AIDS "is a deep human tragedy" and that "fighting HIV/AIDS, and helping its victims, is a foreign policy imperative" (U.S. Department of State, 1998). Thus, while the issue did not rise to the presidential agenda until late 1998 or early 1999, other administration officials began to acknowledge the issue a few years earlier.

Even after President Clinton began addressing global HIV/AIDS in late 1998 and 1999, the issue did not constitute a high priority for the White House until 2000. For

example, in 1999 the President began to express his intentions to increase funding to address global HIV/AIDS, but global HIV/AIDS funding was not a priority for White House staff. Analysis of emails between White House staff and Office of Management and Budget staff in early 1999 shows that these officials were inclined to leave global HIV/AIDS funding to the discretion of the USAID Administrator. In addition, the resulting Clinton administration request for increased funding for global HIV/AIDS in 1999 involved an amendment to the fiscal year 2000 budget proposal, indicating that such a request was not initially included in the President's budget proposal. Thus, these examples suggest, that even when global HIV/AIDS began to garner presidential attention in 1999, the issue still constituted a relatively low priority for the White House in 1999.

By 2000, President Clinton was addressing the global HIV/AIDS very frequently in a number of different forums. For instance, in August 2000, President Clinton delivered a radio address on global HIV/AIDS, discussing a range of new initiatives addressing global HIV/AIDS, stating, "while we're making real progress in the fight against AIDS here at home, we have to do more to combat this plague around the world" (Clinton, 2000, vol. 2 p. 1670). In this address, as well as a number of others, President Clinton began making the case to start ramping up U.S. government efforts of the to deal with the issue,

> "Fighting AIDS worldwide is not just the right thing to do; it's the smart thing…In the hardest hit countries, AIDS is leaving students without teachers, patients without doctors, and children without parents. Today alone, African families will hold nearly 6,000 funerals for loved ones who died of AIDS. But we still have time to do a world of good if we act now" (Clinton, 2000, vol. 2 p. 1670).

In addition, in his remarks on World AIDS Day in December 2000, President Clinton declared, "when the disease threatens to triple child mortality and to reduce life expectancy by 20 years in some African countries, it is time to say that AIDS is also a moral crisis" (Clinton, 2000, vol. 3 p. 2603). Thus, by 2000, global HIV/AIDS was truly on the presidential agenda, with President Clinton using many different opportunities to bring attention to the issue and make the case for greater U.S. involvement. In addition, as will be discussed further below, this increased presidential attention to global HIV/AIDS in 1999 and 2000 was accompanied by a variety of policy efforts to address the issue.

Clinton Administration: Key Initiatives and Events on Global HIV/AIDS

In an effort to shed further light on the timeline of presidential attention to global HIV/AIDS and the major turning points in the Clinton presidency, this section provides an overview of the key initiatives and events related to global HIV/AIDS during the Clinton administration, from January 1993 to January 2001.

Key Clinton Administration Policies and Initiatives on Global HIV/AIDS

As indicated above, there were a number of Clinton administration policies and initiatives designed to address domestic and global HIV/AIDS (see table 5.1 for a timeline of key events on HIV/AIDS during the Clinton administration). While there are a number of policies and initiatives referred to in documents and speeches, analysis of

presidential records and documents highlight a few particularly significant initiatives on global HIV/AIDS. For example, as discussed further below, one of the cornerstones of President Clinton's response to global HIV/AIDS was the focus on developing a vaccine. While a successful AIDS vaccine has still yet to be discovered, throughout the 1990s, scientists remained hopeful and focused on vaccine development as a key means to address the epidemic. In May 1997, President Clinton announced an AIDS vaccine research initiative with the goal of developing an AIDS vaccine within 10 years. In addition, in May 2000, the President announced the Millennium Vaccine Initiative, which called for large increases in funding for vaccine research in an effort to expand and accelerate vaccine research and promote the purchase and delivery of existing vaccines. The Millennium Vaccine Initiative also included a substantial tax credit for the private sector to speed the development of new vaccines. President Clinton frequently touted these vaccine initiatives in speeches on the U.S. response to global HIV/AIDS. For example, in a World AIDS Day proclamation in December 1998, President Clinton wrote,

> "Developing a vaccine for HIV is perhaps our best hope of eradicating this terrible disease and stemming the tide of pain and desolation it has wrought. The global community has joined together in making the development of an HIV vaccine a top international priority" (The White House, 1998c).

In addition, in his last State of the Union Address to Congress in January 2000, President Clinton noted that "last year in Africa, 10 times as many people died from AIDS as were killed in wars" and in response, "I propose a tax credit to speed the development of vaccines for diseases like malaria, TB, and AIDS" (Clinton, 2000, vol. 1 p. 137).

Table 5.1 Timeline of key events on HIV/AIDS during Clinton presidency, 1993-2001

Date	Event
June 1993	Creation of the Office of National AIDS Policy (ONAP)
June 1993	Establishment of the Office of AIDS Research at the National Institutes of Health (NIH)
June 1995	Executive Order 12963 established the presidential Advisory Council on HIV/AIDS
July 1995	State Department releases the first U.S. International Strategy on HIV/AIDS
December 1995	White House held first conference on HIV/AIDS
December 1996	White House releases the First National AIDS Strategy Report
December 1996	Secretary of State Madeleine Albright issues a World AIDS Day statement: marks the first time a Secretary of State addressed HIV/AIDS as a foreign policy issue.
May 1997	Launch of Comprehensive AIDS Vaccine Initiative: President Clinton establishes a goal of developing an AIDS vaccine within 10 years.
December 1997	President Mandela signs amendments to the South African Medicines Act into law
February 1998	Pharmaceutical companies file lawsuit against South Africa
May 1998	South Africa Added to the Special 301 Watch list
March 1999	ONAP Director leads a presidential delegation to Africa

March 1999	Secretary of State Albright launches an HIV/AIDS diplomatic initiative
April 1999	U.S. negotiates an HIV/AIDS resolution at the UN Human Rights Commission
June 1999	Protesters Target Gore's 2000 presidential Campaign
July 1999	ONAP Report on presidential Mission to Africa
July 1999	Gore Announces new LIFE initiative
September 1999	U.S. Government announces it will stop opposing South African law
September 1999	Pharmaceutical industry drops it's case against the South African government
December 1999	President Clinton announces a more flexible approach to intellectual property rights with respect to HIV/AIDS
January 2000	National Intelligence Estimate Report: on "The Global Infectious Disease Threat and Its Implication for the United States"
January 2000	Gore chairs UN Security Council Session on HIV/AIDS
January 2000	President Clinton announces Millennium Vaccine Initiative
February 2000	National Security Council forms an interagency working group on HIV/AIDS
May 2000	President Clinton Issues Executive Order on Access to Medicines: EO 13155

June 2000	President Clinton signed HR 3519, the Global AIDS and Tuberculosis Relief Act of 2000 into law: authorizes funding for AIDS prevention and treatment programs worldwide and increases investment in vaccines.
July 2000	Clinton administration made global HIV/AIDS and infectious diseases a top priority at the G-8 Summit in Okinawa
August 2000	President Clinton appoints first presidential Envoy for AIDS Control: envoy has a focus on global HIV/AIDS
September 2000	President Clinton addresses UN Millennium Summit: discusses HIV/AIDS as a key issue for the millennium

On World AIDS Day in December 1998, President Clinton directed Sandra Thurman, the ONAP director, to lead a fact finding mission to sub-Saharan Africa to address children orphaned by AIDS. Such a trip was conducted in March 1999, and included members of Congress, congressional staff, non-governmental participants and administration officials. The ONAP director was instructed to report back to the President on the results of the mission with recommendations for productive action, and ultimately, a full report was issued in July 1999. This mission and its resulting report were mentioned in a number or administration speeches and testimonies as another key step taken by President Clinton in addressing global HIV/AIDS.

In July 1999, the Clinton administration announced a new initiative to address global HIV/AIDS called Leadership and Investment in Fighting an Epidemic (LIFE). The central feature of the LIFE initiative was a $100 million increase in funding for

HIV/AIDS prevention and care activities in sub-Saharan Africa and India. This $100 million funding increase was supported through a budget amendment to the fiscal year 2000 budget proposal. Analysis of administration speeches and documents indicate that the LIFE initiative was a key component of the administration's strategy to address global HIV/AIDS. For example, in a radio address in August 2000, President Clinton plugged the LIFE initiative as "an aggressive response to the global AIDS pandemic" (The White House, 2000a). In addition, a number of documents and reports recording the administration's record on various issues highlight the LIFE initiative as a major aspect of the Clinton administration's response to global HIV/AIDS. For example, a December 2000 report entitled "Action Against AIDS Legacy of Leadership" stated, "LIFE represented a major breakthrough – a turning point in the role of the U.S. government in the global battle against AIDS" (The White House, 2000b). Ultimately, funding for the LIFE initiative continued to grow for the last few years of the Clinton administration, with U.S. funding for global HIV/AIDS growing from $140 million in fiscal year 1999 to $466 million in fiscal year 2001.

Another key policy instituted under President Clinton to address global HIV/AIDS, was an Executive Order (EO) on access to medicines signed in May 2000. This EO stated that the U.S. government would not try to seek the revocation or revision of any intellectual property law in sub-Saharan Africa that dealt with access to HIV/AIDS medicines, so long as the law was consistent with World Trade Organization (WTO) rules. While not acknowledged in administration documents, this EO was designed to address a raging global debate on intellectual property rights and access to medicines, specifically as it related to the global HIV/AIDS epidemic in developing

countries, which is discussed further below. President Clinton tried to strike a balance on this debate by stating the importance of protecting intellectual property rights as well as the rights of countries to adopt measures necessary to protect public health. In a letter to Senator Dianne Feinstein on the signing of the EO, President Clinton noted that the EO "is intended to help make HIV/AIDS-related drugs and medical technologies more accessible and affordable in beneficiary sub-Saharan African countries" (Clinton, 2000, vol. 1 p. 888).

Key Clinton Administration Events and Interests on Global HIV/AIDS

One major event related to global HIV/AIDS that occurred during the Clinton Administration was an intense global debate on the balance between intellectual property rights and access to medicines. As discussed in chapter 4, in December 1997, President Mandela of South Africa signed into law an amendment to the South Africa Medicines Act, which enabled South Africa to benefit from lower drug prices in other countries by allowing imports of cheap HIV/AIDS drugs. The pharmaceutical industry appealed to the Clinton administration for support in opposing this law, and the South African government received significant push back from U.S. government officials both before and after the law was enacted. For instance, in July 1997, Vice President Gore sent a letter to the Deputy President of South Africa expressing concern about intellectual property protection (Halbert, 2002). In February 1998, the South African and international pharmaceutical industry filed a lawsuit against the South African government, claiming that the new laws were unconstitutional and violated the terms of

the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). In addition, a number of U.S. pharmaceutical companies lobbied the Clinton administration to list South Africa in the annual Special 301 report, which in some cases can yield trade sanctions (Love, 1999).[23] Ultimately, in May 1998, South Africa was placed on the Special 301 Watch List, and the announcement focused on the new Medicines Act (Love, 1999). In addition, Clinton administration officials continued to pressure the South African government about its new law, and voiced concerns about pharmaceutical patent protection. For example, in August 1998, during a meeting of the U.S.-South Africa Binational Commission, Vice President Gore raised pharmaceutical intellectual property protection in discussions with the South African Deputy President (Love, 1999).

While Clinton administration documents, speeches, and press releases on global HIV/AIDS do not acknowledge the controversy over the South African law, press articles, academic articles and secondary sources indicate that this case became a major issue for the Clinton administration on global HIV/AIDS. In 1999 the Clinton administration continued to side with the pharmaceutical industry on the South African law, keeping South Africa on the Special 301 Watch list in May 1999 (Love, 1999). A domestic and global debate began to rage on the issue of access to medicines and intellectual property rights. As noted in chapter 4, the issue was hotly debated in Congress, with some bills proposing to cut off funding to South Africa, and other bills proposing that the U.S.

[23] The Trade Act of 1974 mandates the United States Trade Representative (USTR) to publish an annual report on the adequacy and effectiveness of U.S. trading partners' protection and enforcement of intellectual property rights, the Special 301 Report. This report identifies three categories of countries; "priority foreign countries" which may be subject to trade sanctions, as well as "priority watch list" and "watch list" countries where intellectual property protection is deemed a concern by USTR.

government be prevented from interfering. In addition, the issue was taken up in international settings such as the WTO and World Health Organization (WHO), and many domestic and international non-governmental organizations began to demand that the U.S. and other wealthy nations stop opposing the new law. Relatedly, in June 1999, HIV/AIDS activists interrupted Gore's formal announcement of his candidacy for President (Gore launches, 1999). The activists continued to interrupt Vice President Gore's campaign events throughout the month chanting phrases like "Gore's greed kills," accusing Gore of favoring drug profits over the lives of South Africans infected with HIV/AIDS, and pressuring the South African government to change its laws (Babcock and Connolly, 1999).

The South Africa case, and the strong domestic and international opposition to the U.S. position, appears to have been a turning point for the Clinton administration policies on global HIV/AIDS. As noted earlier, the Clinton administration unveiled what became the cornerstone of its global HIV/AIDS policy, the LIFE initiative, which was announced by Vice President Gore in July 1999, one month after HIV/AIDS protestors targeted his presidential campaign. In addition, the U.S. government soon changed its position on the South African law, announcing in September 1999, that it would back off it's aggressive approach to South Africa, a move directly attributed to the pressure of activists (Halbert, 2002). Later that same month, the pharmaceutical industry announced it was dropping the lawsuit against the South African government in response to concessions on certain provisions (Halbert, 2002). Furthermore, at the December 1999 WTO ministerial held in Seattle, Washington, President Clinton announced a more flexible position on the issue, stating that the U.S. government will "develop a cooperative approach on health-related

intellectual property matters consistent with our goal of helping poor countries gain access to affordable medicines" (The White House, 1999a). Finally, President Clinton signed an EO on access to medicines in May 2000, which, as noted above, prohibited the U.S. government from trying to change the intellectual property laws in sub-Saharan Africa, thus presenting a direct response to the South Africa dispute. Ultimately, while the Clinton administration documents do not acknowledge the South Africa controversy that ensued, secondary sources suggest that this event served as a turning point for the administration in it's approach to global HIV/AIDS.

Another major event on global HIV/AIDS that occurred during the Clinton administration was the United Nations (UN) Security Council Session held on HIV/AIDS in January 2000. This session marked the first time in UN history that a health issue was taken up by the Security Council. In January 2000, Africa was as the center of the UN Security Council agenda, and with the U.S. presiding over the UN Security Council at the time, U.S. ambassador to the UN Richard Holbrook convened a meeting on the security threat posed by the growing HIV/AIDS epidemic. Vice President Gore presided over the start of the session, speaking to the Security Council about the grave economic and security threat posed by HIV/AIDS, and called on all nations to do more to address the epidemic. He noted, "we also must do much more to provide basic care and treatment to the growing number of people who, thank God, are living instead of dying with HIV and AIDS" (The White House, 2000c). Vice President Gore highlighted the LIFE initiative, which the Clinton administration had announced the previous year, and he also pointed to a number of new administration efforts to address global HIV/AIDS. This Security Council meeting marked a change in the importance of the global HIV/AIDS issue both

for the Clinton administration and the international community. As will be discussed below, the Clinton administration began to take steps to frame the HIV/AIDS epidemic as a security threat in both the domestic and international spheres.

As indicated in the description of key events above, Vice President Gore played a large role in the Clinton administration's policies on HIV/AIDS. Analysis of documents and speeches shows that Vice President Gore played a large role in both domestic and HIV/AIDS policies for the administration. For example, in 1996, Vice President Gore led discussions with pharmaceutical firms and AIDS researchers "about how to speed up the development of vaccines and treatments" (The White House, 1996). In addition, in 1998, Vice President Gore made an announcement about a new Clinton administration policy designed to provide housing support services for Americans with HIV/AIDS. Vice President Gore was chair of the U.S.-South Africa Bi-national Commission, which handled an array of issues, and meant that Gore was an administration point person on the South Africa pharmaceutical law when the situation arose. In addition, as noted earlier, in 1999, Vice President Gore unveiled that LIFE initiative, which, along with its vaccine initiatives, was the cornerstone of the administration's global HIV/AIDS policies. As discussed above, Vice President Gore chaired the UN Security Council session on global HIV/AIDS in January 2000. Given Gore's large role on HIV/AIDS, and his presidential run at the end of the Clinton administration, his campaign was the target of protests and criticism regarding global HIV/AIDS. Thus, analysis of Clinton administration documents shows that Vice President Gore's attention to global HIV/AIDS was very visible as well.

Clinton Administration: Framing of Global HIV/AIDS

The following section outlines the manner in which the issue of global HIV/AIDS was framed under the Clinton administration. Through a detailed analysis of reports, speeches, press releases, websites and other documents, this section provides a discussion of the major frames present in Presidential discourse on global HIV/AIDS, and changes over time. My analysis focused particularly on the justification for U.S. expenditures on global HIV/AIDS, whether the global HIV/AIDS was framed as a problem of prevention, care, or treatment, as well as other frequently mentioned themes and key terms.

Global HIV/AIDS Defined as a Security Issue

As noted in previous chapters, in justifying new international development funding or programs there are typically three possible competing goals put forth for such expenditures, the humanitarian justification, the economic justification, and the foreign policy justification. Previous academic literature has addressed this issue with regard to global HIV/AIDS, as studies outline an array of factors influencing the politics of global HIV/AIDS, including economic interests, and the framing of global HIV/AIDS as a humanitarian versus a security issue (Dietrich, 2007; Sagala, 2010; Holmes et. al., 2010). Similarly my research focused on discerning which frame was used by the Clinton administration in discussions on global HIV/AIDS.

While global HIV/AIDS did not receive very much presidential attention until late in the Clinton administration, one pattern that is apparent from analysis of documents and

speeches from those final years is the focus on framing global HIV/AIDS as a security issue. In particular, while discussions of global HIV/AIDS regularly mention the large human cost of the global HIV/AIDS epidemic, the problem was often described relative to U.S. interests, with a particular focus on security and political stability. For example, in March 1999 a State Department report entitled the U.S. International Response to HIV/AIDS, there is a large section on an assessment of U.S interests which begins, "in the face of HIV/AIDS, the U.S. Government aims to reduce human suffering and stem further disease transmission" (U.S. Department of State, 1999). The report goes on to explain that global HIV/AIDS needs to be considered a security issue, "although not an issue of strategic security in the classic sense, the growing prevalence of HIV/AIDS internationally and its pervasive impact must reshape U.S. thinking about definitions of security and about U.S. leadership in a changing world." In particular, the report notes that "the increase in HIV-infected military personnel is gradually weakening the capacity of militaries to defend their nations and maintain civil order," and "HIV/AIDS has potential implications for political stability." Thus, this report, as well as others suggests that in early 1999, right around the time global HIV/AIDS began receiving presidential attention, the issue was characterized as a security issue.

According to analysis of administration documents and speeches, the Clinton administration continued to frame global HIV/AIDS as a security issue throughout the rest of the administration. For example, the December 1999 National Security Strategy report states that the global HIV/AIDS epidemic "can undermine hard-won advances in economic and social development and contribute to the failure of fledgling democracies" (The White House, 1999b). The report also characterized the epidemic not only as a

political stability issue, but also an issue that can affect American citizens directly, noting "serious transnational security threats emanate from pockets of Africa, including…infectious diseases, especially HIV/AIDS. Since these threats transcend state borders, they are best addressed through effective, sustained sub-regional engagement in Africa" (The White House, 1999b). In addition, there was a January 2000 National Intelligence Estimate report which outlined the likely impact of HIV/AIDS and other infectious diseases on Americans, U.S. security interests, foreign country economic and political development, and detailed other implications for U.S. national security (January 2000 – National Intelligence Estimate).

Finally, when making the case to the domestic and international community for more engagement on addressing global HIV/AIDS, the Clinton administration focused largely on the security aspect of the problem. For example, as noted above, when the U.S. was presiding over the UN Security Council in January 2000, Vice President Gore and Ambassador Holbrook led a Security Council session on HIV/AIDS. In his address to the Security Council Vice President Gore noted, "for the nations of sub-Saharan Africa, AIDS is not just a humanitarian crisis. It is a security crisis" and "we are putting the AIDS crisis at the top of the world's security agenda" (January 10, 2000 – Remarks to UN Security Council). In addition, in a World AIDS Day address in December 2000, President Clinton declared global HIV/AIDS to be a moral, economic, and security crisis, noting "when nations are already struggling against great odds to build prosperity and democracy, it is time to say that AIDS is also an international security crisis" (December 1, 2000 – Remarks). Thus, while documents and speeches suggest that the administration

was concerned about the humanitarian cost of global HIV/AIDS in sub-Saharan Africa, the case for further involvement was made based on security and political stability.

Prevention and Care for all, Treatment for some

The framing of the global HIV/AIDS problem can greatly affect the policy options put forth to address the problem. As noted in earlier chapters, the problem can be framed as the rapid spread of the disease, which would yield a policy focus on prevention efforts, or as an issue of health care access among those affected, which would lead to a policy solution focused on care or treatment programs. In this vein, the Clinton administration framing of HIV/AIDS changed over the course of the administration, as did the development and availability of various prevention and treatment options. Specifically, during the early years of the Clinton administration, effective drugs for the treatment of HIV/AIDS had not yet been developed, and as a result, the Clinton administration was focused on the development of effective prevention and treatments for addressing HIV/AIDS. For example, in his remarks at the December 1995 White House Conference on HIV and AIDS, President Clinton said, "our common goal must ultimately be a cure, a cure for all those who are living with HIV, and a vaccine to protect all the rest of us from the virus" (Clinton, 1995, vol. 2 p. 1846). The focus on the development of vaccines and treatment can also be seen in the policies put in place by the Clinton administration including establishing the Office of AIDS Research at the National Institutes of Health, speeding up the Food and Drug Administration approval process for new drugs treating HIV, and increasing federal funds and tax breaks for vaccine research.

While the development of a vaccine and treatments could help address domestic and global HIV/AIDS, the Clinton administration focus on vaccines and treatments was initially aimed at domestic HIV/AIDS, as there was not much presidential attention paid to global HIV/AIDS until late in the administration, as noted earlier.

As new effective drugs for treating HIV/AIDS were developed in the mid to late 1990s, there were many efforts in the Clinton administration to increase the availability of such drugs to those in the U.S. as noted earlier, but such a focus on treatment did not translate to the global HIV/AIDS issue. In particular, as the global HIV/AIDS issue finally rose to the presidential agenda in late 1998 and early 1999, the focus was strictly on furthering prevention efforts, as opposed to increasing access to treatment. For example, in a statement issued by the President on World AIDS Day in December 1998, he initially focused on the great contribution of scientists in the development of treatment options available to those in the U.S., noting, "because of the heroic efforts of these people, fewer and fewer Americans are losing their lives to AIDS" (The White House, 1998). But, when President Clinton turned to the global epidemic, he advocated for focusing on a vaccine, rather than expanding treatment access globally (The White House, 1998). Thus, while the Clinton administration was working to develop a vaccine and expand access to treatment for those with HIV/AIDS in the U.S., the focus abroad was mainly limited to vaccine development.

My analysis of documents suggests that officials in the Clinton administration did not think it was a viable policy proposal to provide treatment for HIV/AIDS globally. For instance, a 1999 report on the U.S. response to global HIV/AIDS included a long discussion of the limits of expanding access to new HIV drugs in the developing world

including, the prohibitive cost and the need for developed health systems to implement difficult treatment regimens. The report noted,

> "The relative short-term success of potent three-drug combinations, due to the development of drug resistance and the extreme costs and difficulty in the treatment regimen, undermines the long-term prospects for continued success and their widespread availability beyond the developed world" (U.S. Department of State, 1999).

While the Clinton administration did not attempt to increase widespread access to treatment to address global HIV/AIDS, the administration did increase funding for treatment of certain limited groups. In particular the increases in funding for global HIV/AIDS in fiscal year 2000 and 2001, included funding for preventing mother-to-child-transmission of HIV as well as treatment of certain opportunistic infections, such as Tuberculosis and Malaria. A July 1999 report outlined the administration's LIFE proposal, which included funding for interventions to reduce mother-to-child-transmission, treatment for opportunistic infections and Tuberculosis, but there was no mention of access to HIV medicines for the general population (The White House, 1999c). Unlike most HIV/AIDS treatments, which were costly, with relatively unknown long-term efficacy at the time, prevention of mother-to-child transmission was achieved through a comparatively inexpensive and a short-term treatment. Thus, Clinton administration policies for addressing global HIV/AIDS were focused on prevention efforts through vaccine research, with support for treatment options only for limited groups.

Diplomatic Efforts Focused on An International and Multilateral Response

One of the key elements of the Clinton administration response to global HIV/AIDS that is highlighted in various documents and speeches is the focus on utilizing diplomatic avenues to raise HIV/AIDS on the global agenda and gain more involvement from other governments. Part of this strategy was focused on working with African governments to increase leadership in addressing HIV/AIDS. For example, a July 1999 report highlighted a high-level meeting with African government and community leaders to address the "critical role of leadership in arresting the epidemic" (The White House, 1999c). The report also noted that the U.S. government "will work with US and African ambassadors to increase attention to AIDS within the diplomatic community." Another September 2000 Clinton administration document highlights diplomatic efforts among the main components of the U.S. response to global HIV/AIDS, including Vice President Gore chairing the first UN Security Council Session on HIV/AIDS, and the White House ensuring that HIV/AIDS was a top priority at U.S.-European Summit in May 2000 and a G-8 Summit in July 2000 (The White House, 2000d).

The Clinton administration's focus on raising global HIV/AIDS on the international agenda through diplomatic channels suggests a strong preference for further international and multilateral involvement in addressing global HIV/AIDS. For example, Clinton administration documents outlining the successful policies on global HIV/AIDS highlight the mobilization of billions of dollars from other wealthy nations as the direct result of administration efforts. In addition, a 1999 State Department report outlining the major goals of the U.S. response to global HIV/AIDS included a number of items focused

on increasing the leadership of the international community. Specifically, the report outlined goals including "Raise awareness of the issue of international HIV/AIDS," "Raise the level of priority accorded to stemming the spread of HIV/AIDS by all governments," "Promote collaboration between governments, international organizations, and the private sector in developing international partnerships to leverage investments of capital and expertise into sustainable programs to fight HIV/AID," and "Encourage and support the efforts of UNAIDS and other international organizations" (U.S. Department of State, 1999). Thus, the administration emphasis on raising global HIV/AIDS on the international agenda and mobilizing support from the international community suggests that the Clinton administration favored increasing international and multilateral involvement in global HIV/AIDS, as opposed to exerting bilateral leadership.

Concluding Remarks about the Clinton Administration

Major aspects of the HIV/AIDS changed during the Clinton administration including the development of new treatments, a decrease in the death rate incidence of HIV/AIDS in the U.S., and the major explosion of the epidemic abroad, particularly in sub-Saharan Africa. There were also major events related to global HIV/AIDS that occurred during Clinton's time in office including: the South Africa trade dispute and access to medicines emerging on the international agenda, Vice President Gore's presidential campaign, and the increasing awareness of HIV/AIDS among the international community, particularly the UN.

Many of these changes were reflected in the Clinton administration's attention to and framing of global HIV/AIDS. In particular, the Clinton White House focused the majority of their efforts on addressing the domestic HIV/AIDS issue, until the tide had turned in the U.S., at which point President Clinton turned his attention to HIV/AIDS abroad. In addition, the Clinton administration accepted the limited availability of medicines in developing nations, given the prohibitive cost of newly developed HIV treatments. When the Clinton administration began to address global HIV/AIDS in the last two years of the administration, efforts were focused on prevention rather than treatment. It was only during the final year of the administration when President Clinton began addressing the access to medicines issue, which seems to have been a response to the uproar over the administration's policies during the trade dispute with South Africa.

Ultimately, while President Clinton started to pay attention to global HIV/AIDS late in his administration, both in terms of increased funding and using his position to raise awareness and support, these efforts were not enough to address global HIV/AIDS in a substantial manner. The increase of a few hundred million dollars to address global HIV/AIDS over two years pales in comparison to the increase of billions of dollars that came just a few years later under President Bush. This paltry increase in funding, mixed with the strong stance taken against the South African government during the trade dispute, translated to a meager record for the Clinton presidency on global HIV/AIDS. In 2001, just after President Clinton left office, there were increasing international calls for greater action on the HIV/AIDS epidemic and leadership from the U.S., in particular. For example, as noted in previous chapters, in 2001, the United Nations Secretary General Kofi Annan called on the world to join together to create a global fund to combat

HIV/AIDS at an estimated annual cost of $7 to $10 billion. Similarly, early in his post-presidency President Clinton focused the work of his foundation on global HIV/AIDS and access to medicines, which some have noted was designed to atone for his actions, or lack thereof, during his presidency. As one senior Clinton administration official was quoted as saying,

> "The motive for Clinton's advocacy work is simple—he is trying to atone for what he did not do about AIDS and Rwanda when he was President…His failure as President on AIDS is incredible. He knew all about the issue, but he let people push him away from it" (Remnick, 2006).

Thus, while President Clinton became a major influence on the global HIV/AIDS crisis after he left office, his leadership while in the White House was lacking.

Bush Administration: Presidential Attention to Global HIV/AIDS

This section provides an analysis of presidential attention to global HIV/AIDS during the Bush administration from January 2001 through December 2004, which encompasses the lead up to the creation of PEPFAR, as well as the beginning stages of PEPFAR operations. This section includes a detailed account of the pattern of presidential attention during this period, specifically, an outline of when the issue of both domestic and global HIV/AIDS rose to the presidential agenda.

Bush Focused on Global HIV/AIDS From Start of Administration

Analysis of presidential records shows that global HIV/AIDS drew presidential

attention from the very beginning of the Bush administration. Speeches, press releases, and other public documents demonstrate that President Bush began addressing global HIV/AIDS almost immediately after taking office. For example, President Bush first addressed the issue of global HIV/AIDS in early February 2001, just a few weeks after taking office. Specifically, a joint statement with Prime Minister Tony Blair of the United Kingdom mentioned support for a new partnership on Africa "to address, in a systematic way, conflict and disease—especially HIV/AIDS—and to promote economic growth and good governance" (Bush, 2001, vol. 1 p. 131). Similarly, the issue of global HIV/AIDS was raised in a number of other documents and joint statements with world leaders during the first few months of 2001.

In addition to raising global HIV/AIDS in statements and documents early in his administration, President Bush also began taking steps to address global HIV/AIDS very quickly after taking office. For example, in April 2001 in the announcement of a new director for the Office of National AIDS Policy at the White House, it was also announced that the office would have an increased focused on international HIV/AIDS (The White House, 2001b). The announcement referred to a new high-level HIV/AIDS task force co-chaired by the Secretary of State and the Secretary of Health and Human Services, that included the White House Domestic Policy Advisor and the National Security Advisor to coordinate all aspects of the domestic and international AIDS epidemic. While this office and HIV/AIDS policy in the Clinton White House had previously been dominated by domestically focused positions including the Secretary of Health and Human Services and the Domestic Policy Council, President Bush reshaped the office to more prominently include foreign policy positions, including the Secretary

of State and National Security Council. Thus, in organizing the Office of National AIDS Policy, which had been created by President Clinton to initially address domestic HIV/AIDS, President Bush shifted the focus of the office toward global HIV/AIDS.

Documents also show that as early as March 2001, in meetings with United Nations Secretary-General Kofi Annan, President Bush talked about the global HIV/AIDS pandemic and "agreed on a goal of creating a fund to fight HIV/AIDS, Malaria, and Tuberculosis" (Bush, 2001, vol. 1 p. 513). Additionally, in May 2001, President Bush announced support for the creation of such a fund and committed the U.S. to providing the founding contribution of $200 million. In addition, in June 2002, President Bush announced the creation of a new $500 million global HIV/AIDS initiative to address mother-to-child transmission of HIV. The initiative was created to improve care and drug treatment and to build healthcare delivery capacity to prevent the transmission of HIV/AIDS from mothers to infants in Africa and the Caribbean (The White House, 2002a). By June 2002, the Bush administration had also increased the amount of funds dedicated to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) to $500 million. Additionally, USAID and HHS funds for global HIV/AIDS were raised by over 35 percent from fiscal year 2001 to 2002 and another 13 percent in fiscal year 2003 (The White House, 2002a). Thus, in addition to bringing presidential attention to the issue of global HIV/AIDS early in his presidency, President Bush increased funding to address the issue prior to the establishment of PEPFAR.

In addition to raising global HIV/AIDS to the presidential agenda and taking steps to address the issue early in his presidency, President Bush provided indications that he was willing to increase funding for global HIV/AIDS efforts even further. For example,

in a June 2002 speech announcing the new initiative for prevention of mother-to-child transmission of HIV, President Bush indicated that the program could be considered a pilot program which would be used to scale up efforts in the future. President Bush stated, "we will gain valuable experience, improve treatment methods, and sharpen our training strategies…and this will make even more progress possible. And as we see what works, we will make more funding available" (Bush, 2002, vol. 1 p. 1013). In addition, President Bush also noted that he was willing to increase U.S. funding for the Global Fund, noting "we've committed $500 million to the Global Fund to Fight AIDS and other infectious diseases, and we stand ready to commit more as this fund demonstrates its success" (Bush, 2002, vol. 1 p. 1013). In his autobiography, President Bush described instructing his staff to put together a group of experts to discuss proposals to address the global HIV/AIDS pandemic. In 2002, the group recommended the creation of the initiative for prevention of mother-to-child transmission of HIV. While Bush acted immediately on this proposal, he noted that he instructed the group to come up with something more substantial "this is a good start, but it's not enough" (Bush, 2010, p. 338). Thus, even before announcing PEPFAR President Bush voiced his commitment to use presidential attention to address global HIV/AIDS.

Little Presidential Attention to Domestic HIV/AIDS in Bush Administration

While global HIV/AIDS was on the presidential agenda directly after President Bush took office, the issue of domestic HIV/AIDS was barely addressed from 2001 to 2004. Analysis of speeches, statements, and other documents from the Bush

administration show that President Bush rarely raised the issue of domestic HIV/AIDS. Even in the many instances where HIV/AIDS was the subject of a speech, President Bush focused almost exclusively on the epidemic abroad, and seldom mentioned the HIV/AIDS issue facing Americans. For example, in his World AIDS Day Proclamation in December 2002, President Bush exclusively focused on global HIV/AIDS, making no direct reference to the domestic HIV/AIDS problem. Specifically, the proclamation highlighted the many initiatives designed to address global HIV/AIDS, without mention of any efforts to fight HIV/AIDS domestically (The White House, 2002b). In addition, Bush's first public mention of domestic HIV/AIDS did not occur until February 2002, when President Bush had been in office over a year. Specifically, in remarks on the 2002 National Drug Control Strategy in February 2002, President Bush discussed targeting drug treatment to particular groups, including those with HIV/AIDS. Even in this instance domestic HIV/AIDS was only raised as a secondary issue.

In addition to rarely mentioning domestic HIV/AIDS from 2001 through 2004, in the instances where the issue was raised, presidential attention was primarily focused on the epidemic abroad. For example, as part of a speech laying out the PEPFAR program in early 2003, Bush said, "a major initiative in Africa doesn't mean we're going to forget the 900,000 people living in America today who carry the HIV virus…It's an issue we must continue to deal with" (Bush, 2003, vol. 1 p. 113). President Bush then proceeded to announce a modest 7 percent increase in funding for prevention, care and treatment for HIV/AIDS domestically. But, this mention came towards the end of a long speech outlining the details of the PEPFAR proposal, thus the mention of domestic HIV/AIDS in this instance appeared to be included as an afterthought.

While the Bush administration continued to fund programs and initiatives to address HIV/AIDS domestically, domestic HIV/AIDS spending did not increase significantly during Bush's first term, especially compared to the huge increases seen in global HIV/AIDS. In June 2004 President Bush gave his only speech focused primarily on domestic HIV/AIDS where he announced new increases in spending on domestic HIV/AIDS treatment and prevention (Bush, 2004, vol. 1 p. 1111-1118). At the beginning of this speech President Bush stated,

> "We will continue to confront the disease abroad, and we will confront it here at home as well. I want our fellow citizens to understand that we can work in Africa, and we can work in America at the same time. We've got plenty of capacity. These efforts are not mutually exclusive. They're complementary." (Bush, 2004, vol. 1 p. 1114)

This statement indicated a potential response to charges that the Bush administration was focused on global HIV/AIDS to the exclusion of domestic HIV/AIDS. In addition, in 2004, President Bush was facing criticism about waiting lists for the AIDS Drug Assistance Program, which peaked in May 2004. Thus, this speech was the only instance directly addressing domestic HIV/AIDS during Bush's first term, and appeared to respond to criticisms on neglecting the issue. In particular, the speech appeared to respond to criticism for focusing presidential attention on global HIV/AIDS to the exclusion of domestic HIV/AIDS, and the increases in spending on domestic HIV/AIDS were a response to criticisms on the growing waiting lists for AIDS drugs.

The Announcement: Global HIV/AIDS Takes Center Stage in the State of the Union Address

In the months leading up to the announcement of PEPFAR in January 2003, the Bush administration was relatively quiet on the issue of global HIV/AIDS. Specifically, analysis of presidential documents shows that in the last few months of 2002, there was very little presidential attention paid to global HIV/AIDS. In his autobiography Bush explained the rationale for keeping the plan secret, noting

> "If word leaked out, there would be a turf war among government agencies to control the money. Members of Congress would be tempted to dilute the program's focus by redirecting funds for their own purposes. I didn't want PEPFAR to end up hamstrung by bureaucracy and competing interests." (Bush, 2010, p. 340)

Thus, while presidential attention was paid to global HIV/AIDS from the start of the Bush administration, there appeared to have been a concerted effort to decrease attention to the issue in the months before the announcement, so as not to interfere with the upcoming announcement.

President Bush announced his proposal of PEPFAR in January 2003 during his State of the Union address before a joint session of Congress. The annual State of the Union Address is historically where the President outlines his legislative agenda and priorities, and the significant initiatives that the President and his aides will work to initiate and ultimately get passed through Congress. Issues raised in the State of the Union typically receive the highest level of presidential attention, as they represent issues of great importance to the President, and are provided the widest audience including Congress, the press and, the American public. Thus, in announcing his PEPFAR proposal

in this address, President Bush elevated global HIV/AIDS as a key component of the presidential agenda, and brought the issue into the political spotlight. President Bush arguably provided global HIV/AIDS the highest level of presidential attention possible.

In his 2003 State of the Union Address, President Bush highlighted the staggering statistics demonstrating the problem of AIDS in Africa, stating

> "Today, on the continent of Africa, nearly 30 million people have the AIDS virus, including 3 million children under the age 15. There are whole countries in Africa where more than one-third of the adult population carries the infection. More than 4 million require immediate drug treatment. Yet across that continent, only 50,000 AIDS victims—only 50,000—are receiving the medicine they need" (Bush, 2003, vol. 1 p. 85).

After outlining the problem, President Bush outlined his rationale for asking Congress and the American people to intervene,

> "AIDS can be prevented. Antiretroviral drugs can extend life for many years. And the cost of those drugs has dropped from $12,000 a year to under $300 a year, which places a tremendous possibility within our grasp. Ladies and gentlemen, seldom has history offered a greater opportunity to do so much for so many" (Bush, 2003, vol. 1 p. 85).

Finally, President Bush provided a broad sketch for his vision of the PEPFAR program,

> "to meet a severe and urgent crisis abroad, tonight I propose the Emergency Plan for AIDS Relief, a work of mercy beyond all current international efforts to help the people of Africa. This comprehensive plan will prevent 7 million new AIDS infections, treat at least 2 million people with life-extending drugs, and provide humane care for millions of people suffering from AIDS and for children orphaned by AIDS. I ask the Congress to commit $15 billion over the next 5 years, including nearly $10 billion in new money, to turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean" (Bush, 2003, vol. 1 p. 85).

By introducing PEPFAR in such a significant forum, in just over 300 words President Bush brought global HIV/AIDS and his PEPFAR proposal to the top of the presidential, and ultimately, congressional agenda.

Following the announcement of PEPFAR in the State of the Union, global HIV/AIDS received a huge amount of additional presidential attention through speeches, statements, documents, and interviews. For example, in the two weeks following the State of the Union, PEPFAR and global HIV/AIDS were mentioned almost every day in remarks made by the President. Some of those speeches were focused exclusively on global HIV/AIDS, while others were focused on other issues, but still addressed global HIV/AIDS. For example, the day after the State of the Union in January 2003, President Bush referenced his PEPFAR proposal in remarks given on a range of issues, including health care, the war on terror, and the role of government (Bush, 2003, vol. 1 p. 95). In addition, two days later, President Bush gave a lengthy speech focused exclusively on global HIV/AIDS that detailed various components of his PEPFAR proposal (Bush, 2003, vol. 1 p. 110-114). Moreover, the day after the State of the Union the White House released fact sheets on global HIV/AIDS and the PEPFAR proposal, as is often done for issues highlighted in the State of the Union Address (The White House, 2003a).

President Bush continued to make frequent mentions of global HIV/AIDS in the next few months, especially to encourage Congress to pass authorizing legislation. For example, in late April 2003 President Bush delivered remarks on the global HIV/AIDS initiative where he stated, "We are here today to urge both Houses of the United States Congress to pass the Emergency Plan for AIDS Relief, which will dramatically expand our fight against AIDS across this globe" (Bush, 2003, vol. 1 p. 392). In addition, after PEPFAR was authorized by Congress and signed by the President in May 2003, President Bush travelled to sub-Saharan Africa in July 2003, which brought additional attention to the global HIV/AIDS issue. President Bush travelled to Senegal, South Africa, Botswana,

Uganda, and Nigeria and he frequently raised global HIV/AIDS and the newly signed PEPFAR law in interviews and speeches. Thus, in the days and months following the announcement of PEPFAR in the State of the Union, global HIV/AIDS continued to receive significant presidential attention from President Bush.

Analysis of speeches and presidential documents suggests that after 2003, while President Bush continued to mention global HIV/AIDS and PEPFAR, presidential attention to the issue waned slightly in 2004. While PEPFAR was still mentioned frequently, the number of speeches and statements focused exclusively on global HIV/AIDS was much lower in 2004 than in 2003. In addition, in 2004 President Bush often mentioned PEPFAR and global HIV/AIDS as one of a number of humanitarian efforts undertaken by the administration, or as part of larger speeches on foreign policy. For example, in a speech in August 2004, President Bush mentioned PEPFAR in a larger discussion on foreign policy,

> "There is a pandemic of HIV/AIDS on the continent of Africa that we are leading the charge against…We're not only leading in the cause of freedom and security; we're leading in the cause of freedom by helping to defeat disease and hunger as well" (Bush, 2004, vol. 2 p. 1822).

The role of PEPFAR in the larger Bush administration foreign policy will be discussed further below, but the important point here is that while global HIV/AIDS continued to get presidential attention throughout the Bush administration, after the initial roll-out in 2003, attention to the issue decreased. Baumgartner and Jones's theory of punctuated equilibrium predicts such a decrease in official attention following the establishment of a large program such as PEPFAR, as routine administration and oversight do not require the same level of high-level official attention. In addition, 2004 was a presidential

election year, and President Bush was running for re-election. Thus, President Bush may have felt political pressure to discuss and explain his policies that are more essential to domestic politics, and this may have contributed to the decreased attention he gave to global HIV/AIDS.

Overall, the pattern of presidential attention to global HIV/AIDS under the first term of the Bush administration was high from the beginning, peaked in 2003 with the announcement of PEPFAR, and decreased slightly thereafter. Analysis of Bush administration documents shows that global HIV/AIDS was a priority issue for President Bush. In his autobiography, President Bush noted that in discussions with Condoleezza Rice, who later became National Security Advisor and Secretary of State for President Bush, when deciding to run for President, "we agreed that Africa would be a serious part of my foreign policy" (Bush, 2010, p. 334). President Bush also noted that early on in his presidency, he "decided to make confronting the scourge of AIDS in Africa a key element of my foreign policy" (Bush, 2010, p. 335). As described above, this responsiveness to the issue of global HIV/AIDS was certainly evident in the level of presidential attention provided by President Bush.

Bush Administration: Key Initiatives and Events on Global HIV/AIDS

This section provides an overview of the key initiatives and events related to global HIV/AIDS during the first term of the Bush administration, from January 2001 to December 2004.

Key Bush Administration Policies and Initiatives on Global HIV/AIDS

As indicated above, there were a number of Bush administration policies and initiatives designed to address global HIV/AIDS prior to the establishment of PEPFAR (see table 5.2 for a timeline of key events on HIV/AIDS during the Bush presidency). For example, as noted earlier, in April 2001, President Bush expanded the White House Office of National AIDS Policy, that was initially formed by President Clinton, to incorporate a greater focus on global HIV/AIDS. In May 2001, President Bush announced support for the creation of the Global Fund and committed the U.S. to providing the founding contribution of $200 million. The following year, in June 2002, President Bush announced the creation of a new $500 million global HIV/AIDS initiative to address mother-to-child transmission of HIV. In 2002, President Bush also raised the U.S. financial commitment to the Global Fund to $500 million. In addition, prior to PEPFAR, U.S. funds for global HIV/AIDS were increased by more than 40 percent from 2001 to 2003. Thus, prior to PEPFAR's creation in 2003, President Bush took a number of steps to increase U.S. funding and support for addressing global HIV/AIDS.

Table 5.2 Timeline of key events on HIV/AIDS during Bush presidency, 2001-2008

Date	Event
April 9, 2001	President Bush announces new director of the Office National AIDS Policy, and expands the office to include global HIV/AIDS
April 26, 2001	UN Secretary General Kofi Annan calls for the creation of a $7-10

	billion per year global fund to fight HIV/AIDS
May 11, 2001	President Bush announced support for global fund and makes first financial commitment to the fund
June 2001	United Nations General Assembly special session on HIV/AIDS
September 11, 2001	September 11 terrorist attacks
October 7, 2001	War in Afghanistan begins
January 2002	Creation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria
March 14, 2002	President Bush calls for creation of Millennium Challenge Account
April 9, 2002	President Bush appoints Jack C. Chow as Special Representative of the Secretary of State for HIV/AIDS with the rank of Ambassador
June 19, 2002	Bush announces new mother to child HIV prevention initiative
October 10-11, 2002	Congress passes resolution for authorization of use of military force in Iraq
January 28, 2003	President Bush proposes PEPFAR in his State of the Union Address (also makes the case to invade Iraq)
March 19, 2003	Military invasion of Iraq begins
May 27, 2003	Congress passes, and President Bush signs, the Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003, which authorizes PEPFAR

July 2, 2003	President Bush Nominates Randall Tobias to be Global AIDS Coordinator
July 8-12, 2003	President Bush travels to Sub-Saharan Africa including Senegal, South Africa, Botswana, Uganda, and Nigeria
October 3, 2003	Ambassador Tobias confirmed by the Senate
January 23, 2004	PEPFAR receives its first funding from Congress
January 2004	Millennium Challenge Corporation Established
February 23, 2004	Office of the Global AIDS Coordinator disbursed the first $350 million of the total $865 million fiscal year 2004
June 23, 2004	Bush announced new funding on drugs for people with HIV/AIDS in the U.S.
June 30, 2005	President Bush launches the President's Malaria Initiative to help control Malaria
February 16-21, 2008	President Bush travels to Sub-Saharan Africa, including: Benin, Tanzania, Rwanda, Ghana and Liberia
July 30, 2008	President Bush Signs H.R. 5501, PEPFAR reauthorization

In addition to creating PEPFAR, President Bush also established other large-scale humanitarian and economic development programs during his time in office. In March 2002, President Bush announced his proposal for a Millennium Challenge Account,

which was a new form of development assistance designed to provide aid to countries focused on "ruling justly, investing in their people, and encouraging economic freedom" (Bush, 2002, vol. 1 p. 411). President Bush proposed to increase development assistance by $5 billion dollars over three years as part of this new compact for global development. In January 2004, a new government entity, the Millennium Challenge Corporation, was established to administer the account, which forms partnerships with and provides large-scale grants to well-performing developing countries. These new compacts were designed to fund country-led solutions for reducing poverty through sustainable economic growth.

Furthermore, in June 2005, President Bush established the President's Malaria Initiative, which was a $1.2 billion five-year program to combat Malaria in Africa. The President's Malaria Initiative was designed to reduce Malaria deaths in Africa countries with the highest Malaria burden by expanding coverage of effective prevention and treatment measures. Thus, in addition to PEPFAR, which increased funding not only for combating global HIV/AIDS, but also for Tuberculosis and Malaria, President Bush further increased funding for improving global health in Africa, by creating a new initiative focused on eliminating Malaria. The creation of the Millennium Challenge Account and the President's Malaria Initiative, as well as the accompanying increases in humanitarian and development assistance funding, suggests President Bush's commitment to addressing global poverty and health beyond global HIV/AIDS. While highlighting key Bush administration policies on global HIV/AIDS, it is worth nothing that while PEPFAR was financially the largest new program in international development, it was part of a broader set of policies designed to increase global health and development assistance in Africa.

Key Bush Administration Events and Interests on Global HIV/AIDS

Public attention to global HIV/AIDS grew significantly in the late 1990s and early 2000s just before and while President Bush took office. For example, as previously noted, in January 2000, the United Nations (UN) Security Council, led by the U.S., held a session on HIV/AIDS. In addition, in April 2001, the United Nations Secretary General Kofi Annan called on the world to join together to create a global fund to combat HIV/AIDS at an estimated annual cost of $7 to $10 billion. This idea of a global fund was first discussed at a G8 summit in July 2000, was followed by a United Nations General Assembly special session on HIV/AIDS held in June 2001, and finally endorsed by the G8 in July 2001.[24] Many leaders stressed the need for the United States to assume a leadership role in funding this effort. As discussed above, in May 2001 President Bush announced his support and made the first financial commitment to the global fund, although the $200 million contribution was significantly less than the amounts called for by the Secretary General. In January 2002 the Global Fund was created as an international organization funded through voluntary contributions from governments as well as the private sector. The first $600 million in grants from the Global Fund were approved in April 2002. Thus, just before President Bush took office, and during the first few months of his presidency, public international attention to global HIV/AIDS was extremely high. President Bush's willingness to address global HIV/AIDS from the

[24] The G8, or Group of Eight, is a forum held by the governments of the eight wealthiest countries. The G8, currently the G7, holds an annual meeting of the leaders from each of these governments to discuss a range of topics affecting global affairs.

beginning of his presidency may have been colored by the creation of the Global Fund and the accompanying increased public attention to global HIV/AIDS.

Another important development leading up to the creation of PEPFAR was the innovation in pharmaceutical treatment regimens for HIV/AIDS, as well as the huge decreases in the price of treatment. A January 2003 fact sheet put out by the White House noted that,

> "Recent developments have now made widespread therapy for HIV possible. The price of advanced antiretroviral (ARV) drugs, which can effectively suppress the AIDS virus in infected people, has fallen from more than $12,000 to under $300 per year. In addition, ARV treatment regimens have been greatly simplified…" (The White House, 2003a).

The enormous improvement in treatment regimens and decrease in the prices meant that providing treatment for HIV/AIDS, which was available to those in the U.S. and other wealthy nations, was no longer considered unachievable for those living in developing countries. In his January 2003 State of the Union address proposing PEPFAR, President Bush also noted the importance of this price decrease in the ability of the U.S. to act,

> "Antiretroviral drugs can extend life for many years. And the cost of those drugs has dropped from $12,000 a year to under $300 a year, which places a tremendous possibility within our grasp. Ladies and gentlemen, seldom has history offered a greater opportunity to do so much for so many" (Bush, 2003, vol. 1 p. 85).

President Bush's willingness to increase funds for global HIV/AIDS in order to offer lifesaving treatment to millions suffering from HIV/AIDS in developing countries might not have been politically or financially feasible without the preceding price decrease.

The global political climate and major world events and policies that occurred during the early years of the Bush administration may have also played a role in Bush's

focus on the global HIV/AIDS crisis. In particular, less than 8 months into his presidency, on September 11, 2001, terrorists attacked the United States, killing almost 3,000 people.

This attack on 9/11 immediately altered the focus of the Bush administration from domestic towards international policies. In particular, the U.S. led a military invasion into Afghanistan in order to remove from power the terrorist organization that was responsible for the 9/11 terrorist attacks. In addition to invading Afghanistan, the Bush administration had an increased focus on Iraq, and in 2002, President Bush began making statements about the potential need invade Iraq.

In October 2002, in response to a recent National Intelligence Estimate about the threat of weapons of mass destruction, Congress passed a resolution for authorization of use of military force in Iraq. Soon after, in January 2003, during the same State of the Union address in which President Bush proposed PEPFAR, President Bush outlined the threat posed by Iraq's leader Saddam Hussein, and made the case that the United States needed to take military action against Iraq. Ultimately, President Bush began a U.S.-led invasion of Iraq in March 2003. Unlike the war in Afghanistan, which was widely supported domestically and internationally, the war in Iraq was much more controversial. Both wars continued for the remainder of the Bush administration, and these wars, as well as the preceding 9/11 terrorist attacks, dominated political discourse throughout much of his time in office. While these events seemingly have little relation to HIV/AIDS, as will be discussed further below, the huge impact of these events on Bush administration discourse and policies, may have impacted discussions about the global HIV/AIDS crisis.

Bush Administration: Framing of Global HIV/AIDS

The following section provides an analysis of the framing of global HIV/AIDS during the first term of the Bush administration, including changes over time. My analysis focused particularly on the justification for U.S. expenditures on global HIV/AIDS, whether the global HIV/AIDS was framed as a problem of prevention, care, or treatment, as well as other frequently mentioned themes and key terms.

Global HIV/AIDS Justified on Humanitarian Grounds

As noted earlier, the justification for new spending on global HIV/AIDS can be framed based on humanitarian goals, economic interests or foreign policy objectives, and this research focused on uncovering which frame was predominantly used by President Bush in discussions on global HIV/AIDS. A thorough analysis of Bush administration speeches, reports, press releases and other documents indicates that President Bush focused primarily on the humanitarian justification for new global HIV/AIDS spending. In particular, President Bush often referenced the morality involved in responding to the HIV/AIDS crisis. For example, in a speech immediately following the PEPFAR proposal in January 2003 President Bush stated,

> "That's the great compassion about our country: We're strong in our might; we're compassionate in our vision. Everybody matters. Everybody has worth in the eyes of the American people…This is a moral nation. We're a great nation. We have a chance to use our wealth and our abilities to help cure that epidemic that plagues a group of people. I call upon the generosity of the American people, at this time of tragedy, where thousands are dying, where thousands of children are being orphaned, to join in a great cause, a great humanitarian cause, a cause beyond all

> imaginable—a cause to solve unimaginable problems, to help the people who are needlessly dying" (Bush, 2003, vol. 1 p. 95).

This quote demonstrates that in promoting the new PEPFAR proposal, President Bush was trying to appeal to the moral need for the United States to respond to the humanitarian disaster created by HIV/AIDS. On multiple occasions President Bush used phrases including "moral imperative," or "moral obligation," as well as many other statements to invoke the sentiment that the United States should respond on moral grounds. For example, in May 2003 at the signing ceremony for the authorizing legislation for PEPFAR, President Bush stated,

> "America makes this commitment for a clear reason, directly rooted in our founding. We believe in the value and dignity of every human life. In the face of preventable death and suffering, we have a moral duty to act, and we are acting." (Bush, 2003, vol. 1 p. 541)

The focus on the moral need to act on global HIV/AIDS was closely related to a concept central to President Bush's administration, compassionate conservatism. This concept was used by President Bush to describe his philosophy focused on utilizing traditionally politically conservative mechanisms to help those in need. Relatedly, the Bush administration was particularly focused on volunteerism among faith-based and community organizations. In January 2001, less than two weeks after taking office, President Bush issued his first executive order, which established the White House Office of Faith-Based and Community Initiatives. This office was designed to "help the Federal Government coordinate a national effort to expand opportunities for faith-based and other community organizations and to strengthen their capacity to better meet social needs in America's communities" (Executive Order No. 13198, 2001). Analysis of documents

from the Bush administration shows that President Bush invoked the term "compassion" quite frequently in addressing an array of topics, including in discussions on global HIV/AIDS. For example, in a speech in January 2003, President Bush stated, "Part of being a compassionate country also means we need to be compassionate abroad. That's one of the reasons I laid out a powerful AIDS initiative for the citizens in Africa who suffer from AIDS" (Bush, 2003, vol. 1 p. 104).

President Bush also considered himself a religious person, and he regularly referenced those religious beliefs in his justification for PEPFAR. Specifically, analysis of Bush administration documents reveals many references to God or to religious sentiments in characterizations of the global HIV/AIDS epidemic. For example, in a speech given on a trip to Africa in July 2003, President Bush said, "You know, I believe God has called us into action" (Bush, 2003, vol. 2 p. 862). During this same trip to Africa, President Bush described his reaction to visiting an HIV/AIDS clinic in Uganda,

> "I left the clinic inspired. The patients reaffirmed my conviction that every life has dignity and value, because every person bears the mark of Almighty God. I saw their suffering as a challenge to the words of Gospel: 'To whom much is given, much is required.' American had been given a lot, and I had resolved that we would answer the call" (Bush, 2010, p. 333).

In another speech, President Bush explained the need for the U.S. to take action on global HIV/AIDS by referencing the religious gospel story of the good Samaritan, "When we see the wounded traveler on the road to Jericho, we will not—America will not pass to the other side of the road" (Bush, 2003, vol. 1 p. 395). Thus, in making the humanitarian case to take action on global HIV/AIDS, President Bush drew on a range of moral and religious sentiments.

In addition to using moral and religious justifications to promote PEPFAR, President Bush also focused very heavily on the importance of involving religious organizations in the response to global HIV/AIDS. In particular, the involvement and importance of faith-based organizations was frequently cited in Bush administration documents and speeches. For example, in speaking about the pending PEPFAR authorization legislation in April 2003, President Bush noted,

> "And because so much of the health care in sub-Sahara Africa is provided by facilities associated with churches and religious orders, we must ensure that the legislation provides the greatest opportunity for faith-based and community organizations to fully participate in helping a neighbor in need" (Bush, 2003, vol. 1 p. 395).

Similarly, Bush administration documents about the management of PEPFAR mention a range of different partners, but particularly highlight faith-based organizations. For example, a July 2003 fact sheet noted that PEPFAR would be able to "contract with and provide grants to nongovernmental organizations, including faith-based and community-based organizations" (The White House, 2003b). In addition, the State Department published a report in September 2005 which focused exclusively on faith based organizations, highlighting the importance of these groups for care delivery and sustainability (U.S. Department of State, 2005a). President Bush not only focused on his religious beliefs in justifying the new expenditures on global HIV/AIDS, but also highlighted the administration's focus on utilizing faith-based organizations for implementation of the program.

PEPFAR as a Component of Bush Foreign Policy

While analysis of Bush administration documents suggests that the primary justification provided for PEPFAR was based in humanitarian concerns, speeches and documents also show that President Bush often characterized PEPFAR in light of larger foreign policy goals. In particular, as noted above, after the 9/11 terrorist attacks, the Bush administration foreign policy was dominated by military invasions in Afghanistan and Iraq. In addition, PEPFAR was sometimes characterized by the Bush administration in light of these larger foreign policy influences. Specifically, the Bush administration often justified its military actions as efforts to maintain security, fight terrorism, and promote freedom, and these same concepts were occasionally used to promote PEPFAR as well. For example, in January 2003, President Bush referenced his State of the Union address where he announced PEPFAR, when he provided a justification for military action against Iraq, stating

> "As I said in my State of the Union, freedom is not America's gift to the world; freedom is God's gift to humanity. Freedom means freedom from a lot of things. And today, on the continent of Africa, freedom means freedom from the fear of a deadly pandemic" (Bush, 2003, vol. 1 p. 111).

Similarly, in a speech in August 2004 President Bush discussed the U.S. taking a leadership role throughout its foreign policy by noting, "we're not only leading in the cause of freedom and security; we're leading in the cause of freedom by helping to defeat disease and hunger as well" (Bush, 2004, vol. 2 p. 1822). President Bush characterized his work on global HIV/AIDS, noting that PEPFAR is "part of the freedom initiative, the freedom agenda" (The White House, 2008a). Thus, President Bush tried to characterize PEPFAR as part of his larger foreign policy objectives of pursuing freedom.

Similarly, President Bush also occasionally cited national security justifications in promoting PEPFAR, noting that addressing the global HIV/AIDS crisis helps to reduce terrorism in the long run. For example, the Bush administration made the case that PEPFAR works in conjunction with other aspects of Bush's foreign policy to achieve the same goals, noting; "there is no way to quantify PEPFAR's greatest achievement – the spread of hope. Spreading hope is in America's security interests, because the only way our enemies can recruit people to their dark ideology is to exploit despair." (The White House, 2008b) In addition, in a 2008 interview President Bush noted PEPFAR is,

> "…really good foreign policy. It's good national security policy, too, because the truth of the matter is we are involved in an ideological conflict against people who can only recruit when they find hopelessness. And there's nothing more hopeless than to be an orphan, for example, whose parents died of HIV/AIDS, wondering whether or not there's a future for them" (The White House, 2008a).

Thus, while the primary justification seems to have been focused on humanitarianism and morals, President Bush also cited national security concerns as well in promoting PEPFAR.

In addition to defining PEPFAR in light of larger foreign policy goals, President Bush also occasionally raised PEPFAR as a way to suggest a softer side of his foreign policy agenda. Specifically, in discussing and answering questions about his policies in Afghanistan and Iraq, President Bush often raised PEPFAR as a way to suggest a more nuanced view of his foreign policy. For example, in response to a media question about the Iraq war and the Bush doctrine, President Bush mentioned PEPFAR, stating "There are other parts of the Bush doctrine, if you want to call it that, that are equally important. One, the AIDS initiative in Africa is an incredibly important initiative" (Bush, 2003, vol. 1 p. 379). President Bush also specifically characterized PEPFAR as an example of the

soft counterbalance to the military might of the United States, noting, "I proposed an AIDS initiative because I believe it's very important for the United States to not only show its muscle to the world but also its heart" (Bush, 2003, vol. 2 p. 831). President Bush mentioned that his foreign policy was "not only work to keep the peace, we will work to make sure society is a more compassionate place" (Bush, 2003, vol. 1 p. 124). While the vast majority of speeches and documents from the Bush administration promote PEPFAR based on humanitarian obligation, the Bush foreign policy agenda played a role in the characterization of PEPFAR as well.

PEPFAR Focus on Results in Prevention, Treatment, and Care

Analysis of Bush administration documents and speeches indicates that there were three primary components of the PEPFAR proposal, 1) prevention, 2) treatment, and 3) care for infected individuals and AIDS orphans. These central components of the PEPFAR program were laid out both in President Bush's announcement of and speeches about PEPFAR, but also in fact sheets and reports released through the first years of PEPFAR administration. In particular, the Bush administration was focused on achieving very clear and quantifiable results in all of these categories. For example, Bush administration fact sheets following the announcement of PEPFAR indicated that the goal of the new funds was to "prevent 7 million new infections," "treat 2 million HIV-infected people," and "care for 10 million HIV-infected individuals and AIDS orphans" (The White House, 2003a). President Bush also cited those same statistics in his State of the Union address when he announced the PEPFAR proposal. Similarly, PEPFAR's first

annual report to Congress focused on prevention, treatment, and care activities, and mentioned specific quantifiable results (U.S. Department of State, 2005b)

In reporting the goals and results of PEPFAR, Bush administration documents and speeches focused primarily on treatment provided for those suffering from HIV/AIDS. While U.S. government efforts on global HIV/AIDS prior to PEPFAR focused primarily on prevention and research, the groundbreaking aspect of PEPFAR was providing treatment to millions of people, mostly in sub-Saharan Africa. In his autobiography, President Bush noted, "the first part of the proposal, treatment, was the most revolutionary. Across Africa, it was estimated that four million AIDS patients required antiretroviral drugs to stay alive. Fewer than fifty thousand were receiving them" (Bush, 2010, p. 338). In addition, the results achieved from providing treatment are much more concrete than results from other efforts. For instance, it is quite complex to estimate the number of HIV cases prevented, whereas the number of people receiving treatment is more tangible and easily measureable. As a result, while Bush administration documents reported results on all aspects of the program, treatment efforts were emphasized. For example, in the first PEPFAR annual report submitted to Congress in 2005, the summary of early results focused predominantly on treatment, stating,

> "By September 30, 2004, just eight months after the first appropriation of funds by Congress, the Emergency Plan worked…to support ART for 155,000 HIV-positive adults and children, on target to exceed its Year One goal to support ART for at least 200,000 by June 2005." (U.S. Department of State, 2005b)

Relatedly, in his autobiography Bush highlighted the results of treatment efforts noting,

> "In five years, the number of Africans receiving AIDS medicines has risen from fifty thousand to nearly three million—more than two million of them supported by PEPFAR. People who had been given up for dead were restored to health and

productive lives." (Bush, 2010, p. 334)

Thus, while PEPFAR focused on prevention, treatment, and care activities, treatment efforts were the primary focus in documents and speeches during the Bush administration.

The Bush administration focus on results, particularly the results from treatment activities, was also evident in the new bureaucratic structure put in place to implement PEPFAR. President Bush was open about his skepticism of past foreign assistance programs, and the success of these activities in achieving their intended mission. For example, in his autobiography he noted,

> "Our foreign assistance programs in Africa had a lousy track record…In 2001, Africa received $14 billion in foreign aid, more than any other continent. Yet economic growth per capita was flat, even worse than it had been in the 1970s." (Bush, 2010, p. 335)

Unlike most other humanitarian aid programs, which are primarily run by USAID, PEPFAR involved creating a new bureaucratic structure led by a newly established Office of Global AIDS Coordinator in the State Department. President Bush clarified that he wanted the program to achieve results, and not be hamstrung by bureaucracies. For example, in appointing Randall Tobias to be the first Global AIDS Coordinator to run PEPFAR, President Bush noted, "to direct this mission, I have chosen a superb leader who knows a great deal about lifesaving medicines and who knows how to get results" (Bush, 2003, vol. 2 p. 815). The Bush administration focus on results and skepticism about the effectiveness of past foreign aid programs, may have been influential in the creation of a new bureaucratic structure to implement PEPFAR.

In addition to focusing on treatment activities, analysis of Bush administration speeches and documents also highlights the emphasis on prevention activities. In

particular, one aspect of prevention that was continually raised was the ABC approach, which was incorporated into the PEPFAR model.[25] While in some speeches and documents the Bush administration tried to portray that PEPFAR utilized the ABC approach as a balanced approach to prevention, in other instances, President Bush indicated a preference for abstinence education. For example, in explaining the ABC approach to prevention, President Bush frequently made jokes about the relative efficacy of abstinence education, and his implicit preference for abstinence as a method of prevention,

> "ABC method is the method to—used in Uganda to reduce the number of HIV—incidence of HIV/AIDS, and it's worked. There's three components to it: Abstinence— which, by the way, works every time—[*laughter*]—be faithful, and use condoms" (Bush, 2004, vol. 2 p. 1378).

In another interview President Bush stated, "Look, I mean, abstinence is a loaded word here in Washington, D.C., it's become politicized. My only -- my answer to that is it's a part of a comprehensive strategy and, by the way, abstinence works every time" (The White House, 2008a). In addition, in discussing domestic HIV/AIDS, President Bush highlighted his clear preference for abstinence education, "I think our country needs a practical, effective, moral message. In addition to other kinds of prevention, we need to tell our children that abstinence is the only certain way to avoid contracting HIV. It works every time" (Bush, 2004, vol. 1 p. 1116). Thus, the Bush administration highlighted PEPFAR's prevention approach, which utilized the ABC method, while communicating a preference for abstinence education, which fit in with President Bush's religious conservative views discussed above.

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[25] ABC is an HIV/AIDS prevention strategy which teaches three modes of prevention; Abstain, Be Faithful (or reduce partners), and/or use Condoms.

Another aspect of prevention, which was prominently highlighted in Bush administration documents and speeches on global HIV/AIDS, was prevention of mother-to-child transmission of HIV. As noted earlier, prior to PEPFAR, the Bush administration created a new global HIV/AIDS program focused on prevention of mother-to-child transmission, which massively increased funding in this area. In addition, prevention of mother-to-child transmission was regularly underlined as a key component of PEPFAR. For example, a fact sheet on PEPFAR results in 2008 noted, "Nearly 240,000 babies have been born HIV-free due to the support of the American people for programs to prevent mothers from passing the virus on to their children" (The White House, 2008c). Furthermore, a 2004 State Department report focused exclusively on prevention of mother-to-child transmission activities noted,

> "Since the launch of President George W. Bush's International Mother and Child HIV Prevention Initiative in 2002, the United States Government has focused significant resources on reaching HIV-positive, pregnant women with short-term antiretroviral (ARV) prophylaxis to prevent the transmission of HIV to their babies during delivery and in early infancy" (U.S. Department of State, 2004).

Thus, in addition to highlighting the ABC approach to prevention, Bush administration documents underlined the importance of prevention of mother-to-child transmission.

As noted earlier, the three main components of PEPFAR were prevention, treatment and care, and while treatment and prevention efforts were more prominently emphasized, care activities were also present. In particular, just as the transmission of mother-to-child-transmission received significant attention, Bush administration documents and speeches show that framing of care activities particularly highlighted children orphaned by AIDS. For example, in one speech President Bush noted, "We cry for the orphan. We care for the mom who is alone. We are concerned about the plight,

and therefore, will respond as generously as we can" (Bush, 2003, vol. 2 p. 857). In addition, in making the humanitarian case for the PEPFAR proposal, President Bush often discussed AIDS orphans to intensify the compelling nature of his case. For example, in a January 2003 speech President Bush stated,

> "This is a moral nation…I call upon the generosity of the American people, at this time of tragedy, where thousands are dying, where thousands of children are being orphaned, to join in a great cause, a great humanitarian cause, a cause beyond all imaginable" (Bush, 2003, vol. 1 p. 95).

Thus, in framing the care activities of PEPFAR, the Bush administration focused on the heartbreaking aspect of children orphaned by AIDS.

Emphasis on Bilateral and Presidential-Run Efforts to Address Global HIV/AIDS

Another aspect of the Bush administration framing of the global HIV/AIDS problem that is evident is the clear preference voiced for bilateral over multilateral solutions. Analysis of Bush administration documents and speeches shows that while President Bush was initially publicly supportive of the Global Fund, he was very skeptical of the success of the Global Fund. As noted above, President Bush announced his support for the Global Fund at its inception, and in May 2001 the U.S. subsequently made the first financial commitment to the Global Fund. But, instead of making a multi-billion dollar commitment, as was called for by UN Secretary General Kofi Annan, President Bush made an initial $200 million and then $500 million commitment. In addition, President Bush noted on multiple occasions that while the U.S. was willing to spend significantly more on fighting global HIV/AIDS, the Global Fund needed to first

demonstrate its ability to achieve success. For example, in a speech in May 2002 President Bush stated,

> "You know, I'm desperately concerned about AIDS…And we've put a significant amount of money on the table. But eventually I hope to see a strategy that will work. It's one thing to commit money; it's another thing to insist that the money actually work and start saving people's lives. And when that happens, we'll commit more money" (Bush, 2002, vol. 1 p. 853).

In addition, in his autobiography, President Bush noted his skepticism of the Global Fund even before it was created. In describing his concerns about the Global Fund, President Bush noted,

> "I considered the UN to be cumbersome, bureaucratic, and inefficient. I was concerned that a fund composed of contributions from different countries with different interests would not spend taxpayer money in a focused or effective way. Nevertheless, Secretary of State Colin Powell and Health and Human Services Secretary Tommy Thompson recommended that I support the Global Fund with an initial pledge of $200 million…Their persistence overcame my skepticism" (Bush, 2010, p. 336).

Thus, it seems that President Bush was skeptical of the possibility that the global HIV/AIDS could be effectively dealt with through a multilateral response such as the Global Fund.

Furthermore, while President Bush said publicly that he would commit more financial resources to the Global Fund after clear results had been demonstrated, in reality he did not even give the Global Fund a chance to achieve success before he began planning a bilateral response. The Global Fund was established in 2002, and President Bush announced his PEPFAR proposal in January 2003. Thus, in 2002, during the first year of Global Fund operations before it would be possible to show results, President Bush already began planning a large bilateral response to global HIV/AIDS. President

Bush confirmed this timeline in his autobiography, noting,

> "By early 2002, I had concluded that the Global Fund was not a sufficient response to the AIDS crisis. While America has increased our contribution to $500 million, the Fund was short on money and slow to act…I couldn't stand the idea of innocent people dying while the international community delayed. I decided it was time for America to launch a global AIDS initiative of our own. We would control the fund. We would move fast. And we would insist on results" (Bush, 2010, p. 337).

While President Bush was publicly supportive of the Global Fund, he seems to have been unwilling to utilize multilateral mechanisms to address global HIV/AIDS, showing a clear preference for a U.S.-led bilateral response.

While President Bush preferred bilateral over multilateral mechanisms to address global HIV/AIDS, as noted in the previous chapter, the final PEPFAR authorization bill involved a large increase in funding for the Global Fund. In addition, President Bush continually raised global HIV/AIDS with other world leaders in a variety of diplomatic forums in order to increase international funding for fighting global HIV/AIDS. For example, from 2001 to 2004, global HIV/AIDS was discussed with other world leaders in a range of situations such as a meeting with the British Prime Minister in February 2001, the Summit of the Americas in April 2001, and meetings with European Union leaders in June 2001, the German Chancellor in May 2002, and the President of South Africa in July 2003. In addition, while Congress was debating PEPFAR authorization legislation in April and May 2003, President Bush pressured Congress to act quickly so he could leverage additional international funds at an upcoming G-8 meeting. In fact, in remarks given in Poland in May 2003, President Bush used PEPFAR to leverage funds and urged European leaders to join the fight against global HIV/AIDS. President Bush stated,

> "The United States has undertaken a comprehensive, $15-billion effort to prevent AIDS and to treat AIDS and provide humane care for its victims. I

> urge our partners in Europe to make a similar commitment, so we can work together in turning the tide against AIDS" (Bush, 2003, vol. 1 p. 576).

Thus, while President Bush preferred a bilateral response to the global HIV/AIDS crisis, the final PEPFAR program also involved increased funding for the Global Fund, and President Bush made significant efforts to involve international partners in the fight against HIV/AIDS.

In addition to creating a U.S.-led response to global HIV/AIDS, analysis of documents and speeches from the Bush administration highlights the strong emphasis on presidential leadership. First, President Bush's global HIV/AIDS proposal was named by the administration as "The President's Emergency Plan for AIDS Relief," which underscores the idea that the program was conceived of and designed by President Bush. Second, analysis of documents and speeches demonstrates very little acknowledgment by the administration of the role of other stakeholders, particularly Congress. President Bush rarely referenced the role of Congress in establishing PEPFAR, and when he did mention Congress, it was mostly to underscore their role in passing legislation based on his proposal. For instance, in a February 2003 radio address President Bush stated, "I'm asking the Congress to commit $15 billion to fight AIDS overseas for the next 5 years, beginning with $2 billion in 2004" (Bush, 2003, vol. 1 p. 119). In addition, in an April 2003 speech urging Congress to pass PEPFAR authorization, President Bush mentioned a few specific members by name, but focused mostly on their ability to move the legislation;

> "I also want to thank the chairman and the ranking members of the committees responsible for getting this legislation moving. Senator Lugar and Senator Biden both committed to this legislation, both working closely with our administration to get a good bill out of the Senate. And

> Senator Hyde and Senator Lantos have been at work already, and I appreciate their leadership as well. We're honored to have you here, and we're honored to have the other members of the Congress with us today who care deeply about this issue" (Bush, 2003, vol. 1 p. 393).

There is no acknowledgment by President Bush of the global HIV/AIDS proposals in Congress that predated his PEPFAR announcement. Thus, President Bush not only wanted the U.S. to lead the response to global HIV/AIDS, but President Bush seems to have waited to portray that he individually led the fight against global HIV/AIDS.

Concluding Remarks on the Bush Administration

President Bush was focused on global HIV/AIDS from the beginning of his presidency, and spent a significant portion of time and energy on addressing global HIV/AIDS. While many policies during the Bush administrations are hugely controversial, PEPFAR is widely considered to be a huge success. In his autobiography, in which an entire chapter is dedicated to PEPFAR, President Bush notes that instead of covering all aspects of his presidency in the book he chose to cover the "most consequential decisions that reached my desk" (Bush, 2010, p. 476). It should be noted that one of the most groundbreaking aspects of PEPFAR, which committed the U.S. government to providing treatment to millions suffering from HIV/AIDS, was partly a product of the times. In particular, the huge decrease in the price of HIV/AIDS drugs, coupled with the increased international awareness of and attention to global HIV/AIDS, enabled PEPFAR to be a politically possible reality. Likewise, while President Bush spent political capital on global HIV/AIDS, which was gaining public popularity, he

almost entirely ignored the issue of domestic HIV/AIDS, which was not receiving much public attention at the time.

Discussions of PEPFAR during the Bush administration were also heavily influenced by the major foreign policy events which defined President Bush's time in office: the 9/11 terrorist attacks, and the wars in Afghanistan and Iraq. In particular, while the primary impetus of PEPFAR was focused on humanitarian justifications, the framing of PEPFAR was also intertwined with the rest of President Bush's foreign policy. In his autobiography, President Bush directly rebuts the claim that PEPFAR was designed to divert attention from Iraq, and notes that PEPFAR was focused exclusively on saving lives. That claim does appear genuine after a complete analysis of Bush administration documents. But, President Bush often raised PEPFAR in discussions on Iraq in order to counterbalance the military actions of the U.S. with the softer side of American power. In addition, while PEPFAR is arguably the most substantial humanitarian program established during the Bush administration, it is important to note that it was the centerpiece of a larger set of Bush policies designed to address global health and development goals particularly in Africa.

Finally, as noted in earlier chapters, PEPFAR always benefited from enormous bipartisan support, and this can largely be attributed to the framing of global HIV/AIDS by the Bush administration. In particular, President Bush's focus on religion, as well as his preference for abstinence programs, and support for faith-based organizations, helped send strong signals to the religious community that might not have otherwise supported a new program focused on HIV/AIDS. Similarly, President Bush's skepticism of multilateral mechanisms, as well as the existing foreign aid bureaucratic structure, was

likely well received by conservatives who also would not ordinarily support such a program. Ultimately, while a number of domestic and world events helped to enable the political environment for PEPFAR, President Bush's framing of global HIV/AIDS solidified the political success of the proposal.

Presidential Attention Conclusion

This chapter explored the level of presidential attention to global HIV/AIDS leading up to and immediately following the formation of PEPFAR. In particular, this chapter focused on Presidents Clinton and Bush, who each faced very different domestic and international politics during their time in office. Whereas President Clinton's term in office was characterized by a focus on domestic politics and the U.S. economy, President Bush's years in office were heavily dominated by security and foreign affairs issues. These differences in focus between domestic versus foreign affairs played into the different approaches these two Presidents took in framing HIV/AIDS. Whereas President Clinton's early mentions of domestic HIV/AIDS were part of a larger focus on health care reform, President Bush's justifications for increased spending on global HIV/AIDS were closely related to his larger foreign policy strategy.

The budget environments of each President were dramatically different which may have colored the amount of funding each President was willing to direct toward global HIV/AIDS. The Clinton presidency was focused on achieving balanced budgets, and many documents indicate that all new spending proposals had to be accompanied by a budget offset. In contrast, the Bush presidency began with huge and very costly changes

to the budget, such as new tax cuts and military spending. Thus, President Clinton's meager increases in funding for global HIV/AIDS may have been reflective of a time when there was less political appetite for large foreign affairs expenditures. In addition, the massive global HIV/AIDS funding increases that occurred during the Bush administration may have been more politically palatable given the different approach to new budget expenditures during that time.

Another major difference in the political environments faced by President Clinton and President Bush was their relationship with Congress. At the end of President Clinton's time in office, when global HIV/AIDS finally gained presidential attention, President Clinton faced a Congress where Republicans, the opposition party, dominated both chambers. In contrast, during President Bush's first term in office, President Bush faced opposition leadership in the Senate but not in the House, and in 2003 when PEPFAR was established, Republicans, President Bush's party, controlled both the Senate and House. Thus, the political realities faced by each President in Congress were different as well.

In addition, the progression of the HIV/AIDS epidemic and availability of effective treatments, both in the U.S. and abroad, was very different during each presidency. At the beginning of President Clinton's term in office the disease was progressing unchecked, as there were very few effective treatments available. By the mid 1990s new treatments were developed which enabled those with HIV to lead normal lives, and access to these new treatments in the U.S. led to a dramatic drop in AIDS death rates. This meant that in the mid to late 1990s, as the tide of HIV/AIDS dramatically improved in the U.S., attention to global HIV/AIDS became politically practical. This helps to

explain why President Clinton spent most of his energy focused on domestic HIV/AIDS, in order to increase research and access to new medicines in the U.S., and only turned his attention to global HIV/AIDS at the end of his presidency. Conversely, when President Bush took office and access to treatment was widely available in the U.S., the HIV/AIDS epidemic abroad, particularly in sub-Saharan Africa, was raging with little access to lifesaving medicines. Thus, these major differences in infection rates and access to treatment helps to explain why President Clinton focused almost exclusively on domestic HIV/AIDS, while President Bush concentrated entirely on global HIV/AIDS.

The price of treatments also changed dramatically over this time period, which played a large role in the approach to global HIV/AIDS taken by each President. In addition, during Clinton's term in office these new drugs remained extremely expensive, and early in Bush's term the prices dropped dramatically from about $12,000 a year to under $300. Thus, whereas President Clinton's approach to global HIV/AIDS was focused on prevention programs due to the prohibitive cost of treatment, one of the most dramatic aspect of President Bush's PEPFAR proposal was the expansion of treatment for those suffering from HIV/AIDS.

Major world events and attention to global HIV/AIDS changed dramatically at the end of the 1990s, and this impacted each President's approach to the issue as well. The intense global debate on the balance between intellectual property rights and access to medicines that resulted from the trade dispute with South Africa put the global HIV/AIDS epidemic and the lack of coherent policies to address it at center stage. Similarly, the UN Security Council session on HIV/AIDS in 2000, followed by the UN Secretary General calling for the creation of the Global Fund, and the UN Special Session

on HIV/AIDS in 2001 solidified the global epidemic on the international agenda. President Clinton also changed his position on intellectual property as it relates to HIV/AIDS and finally began addressing the issue more prominently. Similarly, President Bush began his presidency addressing the issue, and his attention to the issue grew through the announcement of PEPFAR. While prior research has discussed the impact of international framing of global HIV/AIDS as a security issue, there has been very little research considering the influence of international attention to global HIV/AIDS on official attention in the U.S.. As a result, these findings pointing to the impact of international attention to global HIV/AIDS on the level of Presidential attention to the issue is novel.

In addition to the very different situations faced by each President, they each took extremely different approaches to framing the issue of global HIV/AIDS. When President Clinton finally began focusing on global HIV/AIDS late in his administration, he chose to frame the issue as a security issue, rather economic or humanitarian. This finding is in line with much research on the framing of HIV/AIDS, which mostly contends that global HIV/AIDS was framed as a security issue both in the U.S. and internationally. Given the limited interest of Americans on foreign aid, framing global HIV/AIDS as a security issue makes political sense, especially at a time when domestic issues dominated the policy landscape. It seems plausible that the best way to build public and political support for address global HIV/AIDS in this environment was to make an argument based in national security. Conversely, President Bush primarily focused his arguments for increased action on global HIV/AIDS on humanitarian grounds. While the first term of the Bush administration was dominated by national security debates, President Bush saw

PEPFAR as a strictly humanitarian effort. Given the substantial military operations undertaken by the U.S. at this time, perhaps appealing to the softer side of American power both domestically and internationally was fitting. This finding that Bush chose to focus his arguments on humanitarian rationales, is also in line with prior research on the framing of global HIV/AIDS during the Bush administration. The extremely different approaches to framing the issue of global HIV/AIDS by each President, also fits within the political and historical realities faced by each President at the time.

Ultimately, the level of presidential attention to and framing of global HIV/AIDS differed in many respects, across the two administrations, and it is important to remember that each President operated in very different environments and political circumstances. For instance, not only were there different political, historical and budgetary environments, but scientific breakthroughs meant different available policy options during each time. President Clinton points to these major differences when discussing his record on global HIV/AIDS and the establishment of PEPFAR, "I applaud what they did…But to say that the same thing was possible when I was President is naïve, and a distortion of the way things were" (Remnick, 2006). When assessing the factors that led to the creation of PEPFAR and presidential attention to global HIV/AIDS, it is important to consider the different environment of each presidency.

While my findings on framing of global HIV/AIDS by each President are in line with prior literature on this issue, the pattern of Presidential attention uncovered in my empirical analysis presents ideas new in academic literature. In particular, while President Clinton's meager record on global HIV/AIDS is widely accepted in popular literature and among policy experts, the lack of Presidential attention to global

HIV/AIDS through the Clinton administration is not commonly discussed in academic research. Similarly, President Bush's focus on global HIV/AIDS is widely cited in academic and popular literature, but there is little written about his relative neglect of domestic HIV/AIDS during the same time period. Additionally, my focus on Presidential attention to domestic and global HIV/AIDS in juxtaposition with one another in both administrations had not bee explored in prior research. Finally, this chapter provides a new picture of the trends in Presidential attention, to HIV/AIDS leading up to President Bush's announcement of PEPFAR in 2003, across two presidencies. Thus, my findings on Presidential attention to HIV/AIDS present new ideas in academic literature.

In constructing the case history for this chapter and conducting my analysis of primary and secondary source information, I drew on theories of policymaking, particularly punctuated equilibrium theory and advocacy coalition framework. My focus on determining the pattern of Presidential attention to HIV/AIDS and the change in framing of the issue leading up to PEPFAR was based on punctuated equilibrium theory, which points to these as potential catalysts of policy change. Specifically, my analysis and findings that President Clinton focused much of his attention on domestic HIV/AIDS efforts and on prevention strategies, whereas the Bush administration focused on global HIV/AIDS as well as treatment strategies, was shaped by punctuated equilibrium theory. In addition, my findings that the Clinton administration focused primarily on a national security argument for increased U.S. action on global HIV/AIDS, whereas President Bush highlighted humanitarian justifications for PEPFAR, was also influenced by the importance of framing underscored by punctuated equilibrium as well as Stone's characterization of issue definition (Stone, 1988).

My analysis for this chapter also sought to uncover key events, initiatives, and turning points in Presidential attention to global HIV/AIDS, just as advocacy coalition framework highlights the importance of external changes to the policy sub-system. As such, my findings on the importance of key events including the South Africa trade dispute and the decrease in the price of treatment were influenced by my focus on advocacy coalition framework. In addition, my analysis and findings focused on determining the level of leadership provided by each President, in order to assess the potential for a policy entrepreneur in global HIV/AIDS policy as described by Kingdon (1984).

The case history for this chapter was based on a detailed content analysis of qualitative primary and secondary source documents. In particular, my analysis focused mainly on official presidential records from the entire Presidency of Bill Clinton and the first term of President George W. Bush, 1993 to 2004, including speeches, public papers, press releases, radio addresses, government reports, executive orders, and archived websites. I also supplemented this detailed analysis using the autobiography of each President, media reports, and academic and popular literature. My sources for this chapter did not include interviews of experts or policymakers, which may have added additional context for these findings or informed my interpretation of results. See chapter three for more details on the methodology of this dissertation.

The next chapter will discuss the role of interest groups, the media, public opinion and other such actors in the creation of PEPFAR.

Chapter Six

The Role of Interest Groups, International Organizations, Media Attention and Public Opinion on Global HIV/AIDS Policymaking

This chapter contains detailed analysis of the role of interest groups, the media, public opinion and other such actors on the politics of global HIV/AIDS and the process of policy formation that resulted in the creation of the President's Emergency Plan for AIDS Relief (PEPFAR). In particular, this chapter focuses on what interests and events shaped the policy process leading up to PEPFAR, as well as media and public attention to the issue of global HIV/AIDS. There are a number of interest groups active on the issue of HIV/AIDS, which have been chronicled in news articles, as well as popular and academic literature. For example, health groups work to bring services to those in need, as well as raise awareness. In addition, international organizations have tackled global HIV/AIDS in numerous forums and established groups to address the issue. However, there is little known about the influence of these groups on the policy debate leading up to PEPFAR, and the extent to which these groups impacted the establishment of PEPFAR. As such this chapter seeks to explain the involvement and impact of key interest groups on the official debate over global HIV/AIDS leading up to PEPFAR.

As noted earlier, there is a significant body of literature discussing the important role of these various groups on the policy process. Sabatier and Jenkins-Smith (1993; 1999) explain policy change through the behavior of elites in a policy subsystem, or advocacy coalitions. Baumgartner and Jones (1993) suggest that major events, increased media attention, and public enthusiasm, can lead to the reframing of issues, and rapid

change which can result an issue becoming present on the policy agenda. In a study of the impact of interest group lobbying on government policy, Baumgartner et al (2009) find that policy change occurs in a sizable percentage of issues where interest groups were actively involved in lobbying, and that this influence is not determined by resources. Baumgartner et al also posit that rather than a single lobbying group impacting policy, changes tend to be the result of organized coalitions. Berry (1997) and Walker (1991) also discuss the role of interest groups in the political process as well as the explosion in interest groups in recent decades. There has also been significant research in the relationship between agenda setting and the media and public opinion (McCombs and Shaw, 1972; McCombs, 2004). Finally, some have also written about the role of interest groups in the politics of PEPFAR in particular (Doonan, 2010; McDonnell, 2007; Petro, 2011). Thus, there is a significant body of research pointing to the potentially large role of interest groups, the media, and public opinion in shaping the policy process that led to the creation of PEPFAR.

Drawing on a comprehensive analysis of documents, reports, public statements, websites, the Presidential and congressional record, existing literature, public opinion surveys, and quantitative data on media coverage, this chapter provides a detailed history of the role of interest groups, and the media and public opinion on the politics of global HIV/AIDS. I highlight the role of religious groups, the pharmaceutical industry, non-governmental organizations (NGOs) and foundations, multilateral and international organizations, celebrity activists, the media, and public opinion. In particular, I sought to identify areas or instances where groups influenced official debate, legislation or public opinion on global HIV/AIDS. I considered the involvement of each of these groups in

global HIV/AIDS from the mid-1990s through 2004, focusing on identifying for each group, the prominent actors, defining events, positions taken, role in addressing HIV/AIDS, and influence among policy-makers. In addition, my research examines the patterns in media attention and public opinion on HIV/AIDS leading up to the establishment of PEPFAR. My analysis of media attention to HIV/AIDS utilizes the Policy Agenda Project data on the New York Times index, as well as existing studies on media attention to HIV/AIDS. My examination of public opinion draws on surveys and public opinion polls conducted by a variety of organizations including, the Kaiser Family Foundation, the Chicago Council on Foreign Affairs, and others. For more information on the data sources and methodology used to conduct this case history and data analysis, see chapter 3.

Religious Groups

Since the early days of the HIV/AIDS epidemic, religious groups have been greatly involved, as religious organizations have a long history of providing a range of assistance and services for those affected by HIV/AIDS in the U.S. and abroad. For example, in the U.S., the National Catholic AIDS Network was established in 1989 in order to respond to the HIV/AIDS crisis through a network of religious organizations providing care and support. In sub-Saharan Africa, where the epidemic is worst, many religious organizations run clinics for those suffering from HIV/AIDS as well as centers to care for AIDS orphans. The Vatican estimates that approximately 25 percent of all HIV/AIDS services are provided by Catholic organizations (UNAIDS, 2012).

Given the connection between HIV/AIDS and sexual behavior, support from religious organizations can often be complicated by the religious beliefs and teaching of religious leaders. For example, the Catholic Church rejects contraception as a sin, and therefore Pope John Paul II, who was Pope from 1978 to 2005, condemned the use of condoms to prevent the spread of HIV/AIDS and taught that abstinence should be exercised instead (Pope rejects condoms, 2005). Given the importance of condoms on the sexual prevention of HIV/AIDS (Weller and Davis, 2003; The White House, 2010), messages projected by religious leaders on sexual activity and prevention methods can have wide-reaching consequences. In particular, there are a number of studies highlighting the important role of religious leaders and church on fighting the global HIV/AIDS epidemic (Rakotonia et al, 2014; Adeboye, 2008; Freidman, 1995)

In addition, religious groups, particularly the evangelical community in the U.S., have had a complicated and evolving relationship with HIV/AIDS since its discovery in the early 1980s. As has been noted in earlier chapters, at the beginning of the HIV/AIDS epidemic in U.S., the disease was concentrated among homosexual men and intravenous drug users. As a result, HIV/AIDS was originally known in the U.S. as a gay disease (Avert, 2014b) and even though the disease quickly spread to the broader population, the history of HIV/AIDS in the U.S. is entangled with views on homosexuality. Furthermore, given that many evangelical Christians believe that homosexuality is a sin and conflicts with biblical doctrine (Edger, 2010; Lienemann, 1998; Scott, 2007) the evangelical community had generally disregarded the spread of HIV/AIDS among homosexuals and even considered it a punishment by God for engaging in homosexual behavior (Kowalewski, 1990; Burkhalter, 2004). In 1983, Jerry Falwell, a fundamentalist preacher,

infamously stated that AIDS is “the judgment of God upon moral perversion in this society” (Zorn, 2005).

In the early 2000s, religious leaders, particularly in the evangelical community decided to make fighting the global HIV/AIDS epidemic a central focus of their charitable mission. In particular, in February 2002, Franklin Graham, founder of the evangelical Christian organization Samaritan’s Purse, organized an international Christian conference on HIV/AIDS, entitled Prescription for Hope. The conference assembled more than 800 evangelical Protestant and Catholic leaders in Washington, D.C. from 87 countries, and demanded treatment for those suffering from HIV/AIDS (Burkhalter, 2004). Franklin Graham stated he believes “the church of Jesus Christ around the world should be at the forefront of the AIDS crisis” and “the church should take a leadership role” (Sternberg, 2002). While Franklin Graham, like many evangelical Christians, is opposed to the use of condoms, he believes it is important to work together with all groups willing to fight the HIV/AIDS crisis (Sternberg, 2002).

In addition, Franklin Graham noted that many Christians are hesitant to get involved in fighting HIV/AIDS because they believe HIV/AIDS afflicts only homosexuals or drug users, stating “unfortunately and shamefully, the church has been somewhat asleep on this issue, and maybe it's because of the social stigma” (Murphy, 2002). He wanted to publicize that HIV/AIDS is not a homosexual issue, noting “it's heterosexual, and the danger is to all of us” (Murphy, 2002). In particular, unlike in the U.S. where HIV/AIDS was first known as a homosexual disease, in the developing world, particularly in Africa, HIV/AIDS was prevalent among heterosexual men and women in roughly equal proportions from the beginning. Thus, while there are still complications

between HIV/AIDS activism and conservative religious beliefs, particularly related to the use condoms and sexual behavior, the homosexual issue was not as relevant for addressing the HIV/AIDS epidemic in sub-Saharan African.

The increased focus on global HIV/AIDS among evangelical Christians, in the early 2000s, coincided with the increased official attention to the issue. While other religious groups, particularly Catholic groups, were very active on global HIV/AIDS for many years, it was the pivot of evangelical groups that predominantly affected public debate on the issue. For example, the February 2002 conference on global HIV/AIDS among Christian leaders had a major impact on important conservative political leaders. Namely, Senator Jesse Helms (R-NC), who was a long serving and influential senator and chairman of the Senate Foreign Relations Committee, and who held particularly conservative views on a number of issues including homosexuality, HIV/AIDS, and foreign assistance. In 1995, Senator Helms fought against federal money for HIV/AIDS because "deliberate, disgusting, revolting conduct" is responsible for the spread of the disease (Seelye, 1995). In discussions with Senator Helms prior to 2002, Franklin Graham replied to Helms' opposition to fighting HIV/AIDS and pointed to particular scripture to help change Senator Helms' position on the issue (Graham, 2012). As a result, the highlight of the conference was when Senator Helms spoke to the conference stating, "I'm so ashamed that I have done so little" to fight global HIV/AIDS (Burkhalter, 2004). A few weeks after the conference, Senator Helms wrote an op-ed in The Washington Post outlining his support for increasing federal spending for fighting global HIV/AIDS, particularly focused on the prevention of mother-to-child-transmission (Helms, 2002).

Senator Helms noted the importance of Franklin Graham and the International Christian AIDS conference on changing his position on the issue,

> "I said publicly that I was ashamed that I had not done more concerning the world's AIDS pandemic. I told this to a conference organized by Samaritan's Purse, the finest humanitarian organization I know of. Indeed, it is their example of hope and caring for the world's most unfortunate that has inspired action by so many. Samaritan's Purse is led by Franklin Graham, son of Billy Graham – both of whom I count as dearest friends…I know of no more heartbreaking tragedy in the world today than the loss of so many young people to a virus that could be stopped if we simply provided more resources." (Helms, 2002).

Ultimately, the efforts of the evangelical community, including Franklin Graham and the international Christian AIDS conference, helped to bring major religious and conservative leaders, such as Senator Helms, on board with fighting global HIV/AIDS.

In addition to altering the position of one of the most influential and conservative members of congress, the religious community also had a continued presence in discussions on HIV/AIDS in both Congress and the White House. For example, in February 2000, Franklin Graham testified on the HIV/AIDS crisis in Africa before the Senate Foreign Relations Subcommittee on African Affairs. This hearing also included testimony from another religious leader, Reverend Angelo D'Agostino, who was both a physician and a Jesuit priest who opened orphanages for abandoned HIV-positive children. In another example, representatives of World Vision, a Christian relief and development organization, testified at congressional hearings on global HIV/AIDS in 1991 and 2002.

During the Clinton administration, a July 1999 White House report on children orphaned by AIDS in Africa discussed the importance of including religious leaders in the response to HIV/AIDS. The report indicated a religious leaders summit would be held, noting,

> "The U.S. government will facilitate a meeting of African, American, and other religious leaders to discuss the important role of communities of faith in the fight against AIDS…The outcome of such a meeting would be to increase attention to the need for involving religious communities, to mobilize these organizations and leaders in the fight against AIDS, and to identify ways to support their efforts." (The White House, 1999c)

Thus, even before the international Christian AIDS conference held in 2002, religious leaders were a part of conversations in Congress and the White House in global HIV/AIDS. This suggests that religious groups had been involved in official debate on global HIV/AIDS for many years leading up to PEPFAR.

President Bush in particular was thought to have particularly close ties to the religious community and sought to reach out to this community on a range of issues, including global HIV/AIDS. For example, less than two weeks after taking office, President Bush established the White House Office of Faith-Based and Community Initiatives to increase cooperation between government and faith-based and other community organizations. Similarly, on global HIV/AIDS, President Bush sought to include religious organizations in the implementation of PEPFAR (Bush, 2003, vol. 1 p. 395). In addition, President Bush removed a number of restrictions governing the collaboration between the federal government and faith-based groups (Evertz, 2010). As a result, the White House ensured that PEPFAR would be able to work with and provide grants to faith-based and community-based organizations (The White House, 2003b). The White House estimated that in 2007, 87 percent of PEPFAR partners were local organizations, mostly faith-based and community groups (The White House, 2008d). PEPFAR documents indicate that faith-based groups are viewed as "priority local partners" because so many individuals participate in religious organizations and a

significant portion of health services are received from faith-based institutions (U.S. Department of State, 2005b). In addition, Franklin Graham, who as noted above was the evangelical leader organizing for action on global HIV/AIDS, performed the invocation at President Bush's first inauguration. Thus, religious organizations were prominently included in discussions and decision-making on global HIV/AIDS during the Bush administration.

The presence of religious groups in global HIV/AIDS discussions in Congress and the White House had an impact on shaping PEPFAR legislation as well as the implementation of PEPFAR. One of the clearest examples of religious impact on the global HIV/AIDS debate is the prominence of abstinence in PEPFAR prevention policy. While most public health experts and scientists have disputed the efficacy of the abstinence approach to HIV/AIDS prevention (Evertz, 2010), it remained a large component of the PEPFAR policy. There were attempts by members of Congress to ensure that abstinence was prioritized over condom use in PEPFAR authorization legislation. After an intense debate in Congress, the final PEPFAR authorization law included a provision that required 33 percent of prevention funds to be used on abstinence-only programs. In addition, in June 2001, USAID Administrator Andrew Natsios reassured Congress of the Bush administration's prioritization of abstinence over condoms, noting in a congressional hearing that, "our two preferred strategies before condoms, and I say this very seriously, are abstinence and faithfulness" (The United States' War on AIDS, 2001). Given the agreement in the scientific community about the importance of condoms on HIV/AIDS prevention (Weller and Davis, 2003; The White House, 2010), and the teachings of many religious groups, including the Catholic church,

in opposing condoms and favoring abstinence and monogamy, it seems that the focus on abstinence in PEPFAR policy is a result of religious influence.

In addition to inserting language into the PEPFAR authorization bill that ensured funding for abstinence programs, Congress also took special steps to protect the ability of religious groups to participate in PEPFAR. For example, during the mark-up of PEPFAR authorization legislation, language on faith-based organizations was inserted into the bill "at the request of Republican members and pro-family groups" (United States Leadership Against HIV/AIDS, 2003), which is a veiled reference to religious organizations. Additionally, as noted above, the Bush administration took special steps to prioritize working with religious partners in implementing PEPFAR. Thus, Congress and the Bush administration ensured the strong presence of religious thinking and participation in the implementation of PEPFAR.

Ultimately, while religious organization had always been participating in the response to HIV/AIDS through providing a variety of services, in the early 2000s, religious groups, particularly evangelical Christians, decided to embark on a mission to address global HIV/AIDS. These religious organizations had a strong presence in government discussions on global HIV/AIDS, both in Congress and the White House. As a result, the efforts of these organizations to advance global HIV/AIDS to the agenda brought leading conservative politicians on board with increasing funding for such activities. In addition, religious thinking in debate on global HIV/AIDS shaped PEPAR legislation and implementation. A report written by a former Director of the White House Office of National AIDS Policy under President Bush notes, PEPFAR's positive impact on the number of lives saved "has been limited due to program requirements in the law

that are based largely on a conservative religious ideology, rather than a sound, scientifically driven strategy" (Evertz, 2010). The leadership of religious leaders on global HIV/AIDS and the resulting impact on PEPFAR policy likely increased the ability of religious and conservative leaders to support such a policy. Thus, the activism of religious leaders, particularly evangelical Christians, helped to increased public and official attention on global HIV/AIDS, and build politically conservative support that made PEPFAR possible.

Pharmaceutical Industry

As the developers and producers of antiretroviral medications, which are used to treat HIV/AIDS, the pharmaceutical industry has a particularly unique economic interest in potential policies designed to address global HIV/AIDS. Analyses of congressional documents, presidential documents, as well as other reports documenting the history of HIV/AIDS show that the pharmaceutical industry was heavily involved in debates on HIV/AIDS. For example, in 1998 a Vice President of research and development at Glaxo Wellcome, a pharmaceutical company, testified at a congressional hearing on AIDS in the developing world (The Spread of AIDS, 1998). The Glaxo Wellcome executive spoke about the need for collaboration between all sectors, private and public, in order to achieve progress against HIV/AIDS. He noted that his company is "one of the private sector's leading researchers and suppliers of medicines for HIV," and, they take "very seriously the fact that 90 percent of the world's HIV population lives in an environment where limited public health infrastructure, medical capabilities and resources constrain

access to HIV treatments" (The Spread of AIDS, 1998). The Glaxo Wellcome executive then proceeded to outline the company's efforts to provide HIV/AIDS medications to those in the developing world at a reduced price. He stated, "earlier this year, we announced a commitment to preferential prices for poor countries, as much as 75 percent lower than the cost of a comparable regimen in the United States." The Glaxo Wellcome executive also added a caveat that "pricing is not by any means the solitary obstacle to effective use of AZT."

In 1999, a representative of the Pharmaceutical Research and Manufacturers of America (PhRMA) testified on the global HIV/AIDS epidemic before the House Committee on Government Reform (What is the U.S. Role, 1999). PhRMA is the trade association that represents U.S.-based pharmaceutical companies, and the representative explained the important role of the pharmaceutical industry in developing treatments for HIV/AIDS. He also spoke about a number of pharmaceutical industry endeavors to improve treatment for HIV/AIDS in the developing world. In 2000, Harvey Bale, the Director-General of the International Federation of Pharmaceutical Manufacturers Association (IFPMA) testified on the HIV/AIDS crisis in Africa before the Senate Foreign Relations Subcommittee on Africa Affairs (The AIDS Crisis in Africa, 2000). IFPMA represents the research-based industry in over 50 countries, and Mr. Bale noted that, "the Pharmaceutical Research and Manufacturers of America (PhRMA) is one of our most important members" (The AIDS Crisis in Africa, 2000). In his prepared statement, Mr. Bale affirmed that the industry recognizes its unique role in fighting the HIV/AIDS epidemic, and he "called upon all parties, national governments and international organizations to take coordinated strong action to fight AIDS." He went on

to explain that the primary role of the industry in combating HIV/AIDS is through research and development (R&D) and, "industry R&D can only continue when there is respect for and implementation of protection for intellectual property rights which promote and protect such research." Mr. Bale proceeded to say that while there are real concerns about access to AIDS medicines in Africa, patents are not the problem, and weakening intellectual property rights in developing countries will ultimately hurt not help access to AIDS medicines. This statement was then followed by an intense debate during the hearing on intellectual property rights and access to medicines.[26]

In addition to participating in the congressional debate on global HIV/AIDS, the pharmaceutical industry was also involved in various White House forums on HIV/AIDS. For example, during the Clinton administration, Vice President Gore led discussions with a number of pharmaceutical firms and AIDS researchers on the development of vaccines and treatments. In 1999, Bristol Meyers Squibb, a large pharmaceutical company that also produces HIV/AIDS medicines, attended a White House event held on AIDS in Africa.

President Bush also made a number of mentions of the important role of the pharmaceutical industry in addressing global HIV/AIDS. For example, a joint statement with the European Union in June 2001 President Bush stated,

> "we welcome the steps taken by the pharmaceutical industry to make drugs more affordable…we will work with the pharmaceutical industry and with affected countries to facilitate the broadest possible provision of drugs in an affordable and medically effective manner." (Bush, 2001, vol. 1 p. 667)

[26] There are a number of studies that suggest a positive impact of intellectual property protection on pharmaceutical innovation (Cohen et al. 2000; Qian, 2007; Kyle and McGahan, 2012; Arora et a. 2008). In addition there is literature citing the potentially negative impact of intellectual property rights on access to medicines (Beall and Kuhn, 2012; Chaudhuri et al 2006).

In its involvement in the HIV/AIDS debate, the pharmaceutical industry sought policies that would protect its interests. As the new wave of effective treatment for HIV/AIDS became available in the mid 1990s, there was almost no access to these drugs in developing countries due to high prices. Facing an ever growing epidemic, developing countries began pushing for flexibilities in intellectual property laws in order to increase access to medicines, but the U.S. and international pharmaceutical industry fought back to maintain high levels of intellectual property protection. In particular, South Africa enacted an amendment to the South Africa Medicines Act in December 1997, which enabled the country to benefit from lower drug prices in other countries by allowing imports of cheap HIV/AIDS drugs.[27] The pharmaceutical companies responded by filing a lawsuit against the South African government in February 1998, claiming that the new laws were unconstitutional. In speaking against the particular policies the South African government was attempting to utilize, the Director-General of IFPMA noted,

> "it takes hundreds of millions of dollars to research, develop and test a new medicine, including treatments for AIDS. It is vital that this research is not hindered by quick-fix solutions such as compulsory licensing, parallel trade and other measures which may sound attractive to some in the short term, but would fatally retard R&D into HIV/AIDS related medicines in the medium and long-term, disappointing the hopes of millions who look for a cure for AIDS." (The AIDS Crisis in Africa, 2000)

[27] The law was changed to allow parallel importation and compulsory licensing of pharmaceuticals in certain situations, which can circumvent or override patents. Parallel importation is when a good is sold by the patent owner (or someone else with the patent owner's permission) in one country, and is imported into a different country without the patent owner's permission. This enables countries to benefit from lower prices of goods offered in other countries. Compulsory licensing is when a government gives permission for someone other than the patent owner to produce a product, without the consent of the patent owner. This enables countries to obtain goods, in this case drugs, at prices lower than available from the patent owner.

In addition to filing a legal complaint in South African Courts, the pharmaceutical industry also sought support from the Clinton administration in order to further their case. In May 1997 the Pharmaceutical Research and Manufacturers of American (PhRMA) wrote a letter to a Deputy U.S. Trade Representative discussing objections to proposed amendments to the South African Medicines and Related Substances Control Act" (Love, 1999). A month later, representatives of a number of pharmaceutical companies including Bristol-Myers Squibb, Merck, Johnson & Johnson, and Eli Lilly, met with South African's Ambassador to the U.S. about the new South African law (Love, 1999). In February 1998, a number of U.S. pharmaceutical companies lobbied the Clinton administration to list South Africa in its annual Special 301 report, which in some cases can yield trade sanctions (Love, 1999). Ultimately, South Africa was added to the Special 301 Watch List in May 1998, demonstrating the weight of the arguments made by the pharmaceutical industry. In response, PhRMA put out a press release applauding the U.S. for this decision, *"*PhRMA strongly supports the United States Trade Representative (USTR) in naming South Africa to its 'Special 301' Watch List for failure to provide adequate and effective intellectual property protection" (PhRMA, 1999).

The pharmaceutical industry also sought support from Congress in passing legislation that would protect intellectual property rights abroad and shape U.S. policy toward safeguarding their interests. In 1999 the omnibus appropriations act cut off aid to South Africa until the State Department submitted a report to Congress on its efforts to address the new South African medicines law. This provision of the appropriations bill was initially inserted by Representative Rodney Frelinghuysen (R-NJ) who has a significant interest in protecting the pharmaceutical industry, as New Jersey is home to

many of these companies including, Merck, Johnson & Johnson, Bristol-Myers Squibb and Novartis.

While the pharmaceutical industry was successful in pushing its agenda in Congress in certain instances, there still remained a push in Congress to increase access to HIV/AIDS medicines. In the late 1990s and early 2000s there were 10 bills or amendments pushing to ensure the U.S. does not interfere with developing countries' ability to obtain access to affordable HIV/AIDS medicines, as had been done in the case against South Africa. For example, in February 1999, Representative Jesse Jackson Jr. (D-IL) introduced the HOPE for Africa Act, which among other things would have prohibited the U.S. government from seeking revisions to any laws in sub-Saharan African countries that are designed to promote access to medicines. Ultimately, none of these bills or amendments, which would have altered U.S. policy towards intellectual property and access to HIV/AIDS medicines were passed. Thus, the arguments made against these bills by the pharmaceutical industry were influential in Congress.

While the pharmaceutical industry began its case against South Africa with many wealthy governments behind their efforts, increasing public outrage led the United States and other governments to change its position *(*'T Hoen, 2002). In particular, protests by activists and health groups at political and international gatherings put significant pressure on the U.S. and other governments. In May 2000 President Clinton issued an Executive Order that the U.S. government would not try to seek the revocation or revision of any intellectual property law in sub-Saharan Africa that deals with access to HIV/AIDS medicines, so long as the law is consistent with World Trade Organization

(WTO) rules.[28] This EO also stated the importance of protecting intellectual property rights. After the United States and other governments stopped backing the pharmaceutical industry in its lawsuit against South Africa, the industry eventually dropped their case in 2001. Following the South Africa lawsuit fiasco, the pharmaceutical industry then made many efforts to publicize their efforts to reduce prices for HIV/AIDS medicines in developing countries.

The interests of the pharmaceutical industry were well represented during the debate and negotiations on PEPFAR. President Bush's PEPFAR proposal was heavily focused on providing treatment, which would entail a huge increase in U.S. government spending on HIV/AIDS medicines, and therefore a huge economic benefit to the pharmaceutical industry. As a consequence, the industry had a large incentive to shape the policies of PEPFAR. In analyzing the debate and resulting PEPFAR authorization law, one can clearly identify the strong influence of the pharmaceutical industry. For example, one issue that arose during the debate over PEPFAR authorization that is particularly important to the pharmaceutical industry was the set policies guiding purchases of HIV/AIDS medicines. Specifically, after the final PEPFAR authorization bill was passed by the House and taken up by the Senate, Senator Edward Kennedy (D-MA) offered an amendment to the bill that would provide for the procurement of pharmaceuticals at the lowest possible price. The amendment stated, "medicines to treat opportunistic infections, at the lowest possible price for products of assured quality…Such procurement shall be

[28] The WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) requires all member countries to establish a minimum standard of intellectual property protection, including patents, trademarks and copyrights. The TRIPS agreement allows certain exceptions or flexibilities under particular circumstances, such as the right of countries to issue compulsory licensing in emergencies.

made anywhere in the world notwithstanding any provision of law restricting procurement of goods to domestic sources" (Congressional Record, S6531, 2003). Ultimately, this amendment was voted down with a vote of 42 yeas to 54 yeas, with most Republicans voting against the amendment and most Democrats voting for. Thus, while there was some concern, mostly among Democrats in the Senate, about ensuring PEPFAR procured drugs at the lowest possible price, Republicans ultimately protected the interests of the pharmaceutical industry in voting down this amendment.

In addition to voting down an amendment that was contrary to the interests of the pharmaceutical industry, the final PEPFAR authorization law contained a number of provisions that also safeguarded the industry's financial interests. For example, one section of the law states that law enforcement officials shall conduct monitoring "to ensure that HIV/AIDS pharmaceuticals are not diminished through illegal counterfeiting or black market sales of such pharmaceuticals" (U.S. Leadership Act, P.L. 108-25, 2003). Thus, the law took steps to ensure that in implementing PEPFAR the intellectual property rights of pharmaceutical companies are monitored carefully and protected. In addition, the law also includes a provision to ensure that "appropriate medicines are quality-controlled and sustainably supplied" (U.S. Leadership Act, P.L. 108-25, 2003). This provision is designed to ensure that all medicines purchased through PEPFAR meet high standards of quality and production, which acts to encourage the purchase of pharmaceuticals produced by large name-brand manufacturers, instead of generic medicines potentially produced abroad. Thus, the PEPFAR authorization law clearly protects the interests of the pharmaceutical industry in establishing the policies that guide the purchase of HIV/AIDS medicines.

Even after Congress passed PEPFAR authorization legislation, the pharmaceutical industry continued to exert its influence over the administration of PEPFAR under the Bush administration. In 2003, President Bush appointed Randall Tobias, who had very strong ties to the pharmaceutical industry, to be the first Global AIDS Coordinator. In announcing his appointment in July 2003, President Bush remarked, "Randy is one of America's most talented and respected executives… He went to head Eli Lilly and Company, one of our Nation's largest and most innovative pharmaceutical companies" (Bush, 2003, vol. 2 p. 815). Appointing a pharmaceutical industry executive with little experience on HIV/AIDS sent a strong message about the administration's position on protecting the industry.

The appointment of the Global AIDS Coordinator required Senate confirmation, and analysis of the nomination hearing and votes on this nomination demonstrates little controversy in Congress over Tobias' pharmaceutical industry allegiances. For example, during his confirmation hearing, Senator Richard Lugar (R-IN), then chairman of the Senate Foreign Relations Committee, spoke about Tobias' financial investments in the pharmaceutical industry, indicating that while he would divest from certain companies he would remain heavily invested in Eli Lilly. Senator Lugar indicated that since Eli Lilly (which is based in Senator Lugar's home state of Indiana) does not produce HIV/AIDS or Malaria medicines, and only a tiny fraction of the company's sales are from drugs used to treat Tuberculosis, Tobias' continued investment in the company was reviewed and approved by the State Department ethics panel. In addition, the hearing included a short discussion on Tobias' position on the purchase of generic versus patented medicines, and Tobias responded that, "I'm hopeful that my experience in the pharmaceutical industry

might even lead me to get a better deal" (Nomination, 2003). Thus, Tobias' nomination by President Bush and non-controversial bipartisan confirmation by the Senate suggests comfort within government about the influence of the pharmaceutical industry in global HIV/AIDS policy.

In addition to appointing a pharmaceutical industry representative to establish and run PEPFAR, the Bush administration adopted policies that were in the interest of the industry. When PEPFAR first began operations approximately half of the budget was allocated for the purchase of pharmaceuticals, and policies prevented the purchase of most low-cost generic HIV/AIDS medicines in favor of more costly original versions of drugs. In particular, the Bush administration mandated that only medicines that had been approved by the U.S. Food and Drug Administration (FDA) could be purchased through PEPFAR, which meant the purchase of only a few original versions of HIV/AIDS medicines. In contrast, other initiatives, including the Global Fund and the World Bank used drugs that had been prequalified by the World Health Organization (WHO), which meant they were able to purchase a number of lower-cost generic versions of drugs (U.S. Government Accountability Office, 2005). Insisting on these policies meant that PEPAR was paying higher prices for HIV/AIDS medicines that could translate into hundreds of millions of dollars of additional expense (U.S. Government Accountability Office, 2005). In 2004, when commenting on the topic of purchasing generics pharmaceuticals, Ambassador Tobias said that generics may be safe and effective but "nobody really knows" (Dietrich, 2007). This comment further highlighted the administration's preference for purchasing more expensive name brand drugs instead of cheaper generics, which ultimately helps the profits of the pharmaceutical industry.

A few years into implementation of PEPFAR the Bush administration changed this policy of only purchasing original HIV/AIDS medicines, and established the FDA's generic drug preapproval process to support the purchase of cheaper generic drugs for the PEPFAR program that still met U.S. quality standards. The focus on achieving PEPFAR's extensive treatment goals as well as mounting public pressure regarding its drug purchase policies brought the Bush administration to change its position on generics. Thus, while the pharmaceutical industry held significant influence at the beginning of PEPFAR, the need to bring PEPFAR policy in line with other international donors and maximize U.S. government dollars translated to a decrease in responsiveness to pharmaceutical industry interests.

Ultimately, the pharmaceutical industry was not only regularly included in policy discussions on HIV/AIDS, but also held significant influence in both the Clinton and Bush administrations as well as in Congress. The industry continually pushed for increased intellectual property protection for HIV/AIDS drugs, even in the face of a growing global crisis. Even after finally dropping their lawsuit against the South African government, the industry continued to push for their interests in the implementation of PEPFAR. Furthermore, the early policies of PEPFAR demonstrated the influence of the pharmaceutical industry in the policies and debate surrounding global HIV/AIDS. However, as PEPFAR implementation continued, the need to maximize results trumped the interests of the pharmaceutical industry, and its influence in U.S. global HIV/AIDS policy waned.

Non-Governmental Organizations and Foundations

Non-Governmental Organizations (NGOs) and foundations, including global health organizations, poverty groups, children's advocates, and those focusing specifically on HIV/AIDS, had always played a large role in responding to the HIV/AIDS epidemic both in the U.S. and abroad. NGOs and foundations often provide direct services and care to those affected by HIV/AIDS, or participate by funding such activities. From the beginning of the HIV/AIDS epidemic, NGOs, community-based organizations, and foundations have taken the lead in providing services and promoting prevention, care and treatment for HIV/AIDS, including providing a large proportion of total financial contributions for such activities (Rau, 2006). For example, the Gay Men's Health Crisis, which was the first organization of its kind, and provides HIV/AIDS prevention, care and advocacy, was created in 1981, when six gay men gathered "to address the 'gay cancer' and raise money for research" (About Us: Gay Men's Health Crisis, n.d.).

In addition, NGOs have filled the gap left by the limitations of the services and support provided by governments. NGOs often complement the work of government in providing care, support and treatment for those affected by HIV/AIDS (Chikwendu, 2004). For example, governments often lack the ability or will to successfully work with marginalized groups such as homosexuals, drug users, or sex workers, and therefore, NGOs throughout the world play a critical role in the delivery of HIV/AIDS prevention and care services (Kelly et. al., 2006). In addition, in developing countries, such as those in sub-Saharan Africa, it is common for many health care services to be provided by NGOs. For example, the African Medical and Research Foundation is an NGO that was

founded in the 1950s to improve health among people in Africa, and they cover a number of areas including HIV/AIDS, Tuberculosis, Malaria, safe water, and family health.

In some cases, NGOs and foundations have worked with governments to form public-private partnerships to build capacity in responding to health needs including HIV/AIDS. For example, the African Comprehensive HIV/AIDS Partnerships was created in 2000 as a partnership between the Bill & Melinda Gates Foundation, the Merck Foundation, and the Government of Botswana, in order to provide financial and technical support in the field of HIV/AIDS and related health conditions.

In addition to funding and providing direct services for those affected by HIV/AIDS, NGOs and civil society groups have also played a large advocacy role on the issue. These groups have engaged in activism on many aspects of HIV/AIDS, bringing attention both to specific problems and to the epidemic generally. It is expected that NGOs would be involved in public debate on HIV/AIDS, as they are regular participants in policy discussions, and garner public and official attention. Thus, policy makers involved in debate are often aware of the views and position of NGOs. However, the extent that NGO positions or framing is considered in policy debate is less clear. In the case of HIV/AIDS, NGOs had a large impact on shaping both policy and debate, particularly in the area of access to medicines.

In 1990, Act-Up, an AIDS protest group was credited with keeping HIV/AIDS in the news and helping to "bring major changes to the way the Federal Government tests and distributes experimental drugs, allowing patients to obtain them much faster" (DeParle, 1990). NGOs and think tanks were also active in trying to bring global HIV/AIDS onto the political agenda. For example, in 2002, the Council on Foreign

Relations, which is an influential think tank on foreign policy issues, held a roundtable on the U.S. role in global health, which focused on global HIV/AIDS and why it is important for U.S. foreign policy (CFR/Milbank Memorial Fund Roundatble, 2002).

NGOs and think tanks took steps to convene U.S. and world leaders and policymakers in order to bring attention to global HIV/AIDS and encourage the U.S. to take further action in addressing the epidemic. For example, the Center for Strategic and International Studies (CSIS), which is a prominent think tank in Washington, D.C., established an HIV/AIDS task force in 2002, in order to "outline strategic choices for the United States in fighting the global HIV/AIDS pandemic" (About the Task Force, n.d.). The task force was compromised of influential experts from Congress, the administration, public health groups, the corporate sector, activists and others. In June 2002, Senators Bill Frist (R-TN) and John Kerry (D-MA), who were both influential leaders on global HIV/AIDS, chaired the first formal session of the task force, which also included a number of other prominent attendees from UNAIDS, the U.S. State Department, the Global Fund, as well as other members of Congress. At this event, the task force unveiled its "Call to Action" report which laid out a series of concrete steps required for effective U.S. leadership on HIV/AIDS, as well as a number of other reports designed to generate dialogue about the epidemic and U.S. leadership on global HIV/AIDS. For example, one report discussed the destabilizing impacts of HIV/AIDS, and another called for the expansion of antiretroviral treatment in developing countries. Thus, many NGOs, civil society groups, and think tanks worked to bring global HIV/AIDS onto the U.S. government agenda before PEPFAR.

In the late 1990s, as new HIV/AIDS treatments became available in developed countries, NGOs and civil society groups were very vocal about the need to decrease prices and increase access to HIV/AIDS drugs for those with HIV/AIDS in developing countries. For example, Médecins Sans Frontières (MSF), which is an international medical humanitarian organization, is a leading voice advocating for increased access to medicines in developing countries. In addition to delivering emergency medical aid, MSF is also an influential vocal advocate on the inadequacies of the aid system, and was awarded the Nobel Peace Prize in 1999 in recognition of the organization's pioneering humanitarian work around the world. As such a prominent organization on medical humanitarian aid, MSF worked to bring attention to the issue of access to HIV/AIDS medicines in developing countries, launching its Access Campaign in 1999, to push for access to, and the development of life-saving and life prolonging medicines, diagnostic tests and vaccines. MSF also worked with developing countries to use international trade rules "to prevent inappropriate patenting or to overcome patents and improve access for key medicines" (About Us: MSF Access Campaign, n.d.). In addition, in 1999, three NGOs, Consumer Project on Technology, Health Action International, and MSF, organized two international conferences on intellectual property rights and access to HIV/AIDS medicines that brought together hundreds of participants from all over the world ('T Hoen, 2002).

Many NGOs played particularly active roles in opposing the actions of the pharmaceutical industry in their case against the South African government in the late 1990s. NGOs, civil society groups, and AIDS activists took steps to bring attention to the lawsuit as well as the positions taken by the U.S. and other governments in support of the

pharmaceutical industry. For example, in early 1999, a group of U.S.-based AIDS activists created an NGO called Health Global Access Project, to concentrate on eliminating barriers to access to HIV/AIDS medicines. The organization focused on bringing attention to the policies of the U.S., other governments and pharmaceutical companies, through "building a broad-based social mobilization effort in the U.S. to challenge obstructionist U.S. policies," and "engaging with international treatment access activists in coordinated actions, activities and campaigns directed toward obstructionist multilateral policies, the pharmaceutical industry, or multinational corporations" (About Health Global Access Project, n.d.). These groups were united on the issue of increasing access to medicines, and began holding strategic protests in order to force a change in U.S. policy on the issue. For instance, as noted in previous chapters, in mid-1999 AIDS protesters interrupted Vice President Gore's announcement of his candidacy for President, accusing Gore of favoring drug profits over the lives of those suffering from HIV/AIDS, and these protests gained media attention (Gore launches, 1999*;* Babcock and Connolly, 1999).

Eventually, following the international gathering of NGOs on access to medicines, and the protests during Al Gore's Presidential campaign, President Clinton announced that the U.S. would change its position on health-related intellectual property matters and access to HIV/AIDS medicines at the 1999 WTO Ministerial held in Seattle (The White House, 1999a). A few months later, in May 1999, President Clinton signed an Executive Order formalizing the new position on access to medicines, which was a direct response to the South Africa trade dispute and the protests and bad publicity that ensued.

Even after the U.S. government moderated its position on intellectual property rights and access to medicines, NGOs continued to remain active on the issue. For example, in early 2001, the U.S. brought a WTO case against Brazil over the country's intellectual property policies related to its national AIDS program. In response, the U.S. faced intense pressure from the international NGO community, and a few months later the U.S. and Brazil jointly announced the withdrawal of the WTO complaint on this matter ('T Hoen, 2002).

Oxfam, another prominent international NGO active in global poverty issues, also took steps to bring attention to the issue of access to HIV/AIDS medicines by publishing a series of papers in 2001 as part of its "Cut the Cost" campaign. For example, two of these papers focused on the intellectual property practices of specific pharmaceutical companies, and pressured the companies to ensure their drugs are available to developing countries at more affordable prices. Ultimately, NGOs have played a significant role in drawing international attention to relationship of intellectual property rights and access to medicines ('T Hoen, 2002), and AIDS activists were credited with driving down the price of HIV/AIDS treatment from thousands to hundreds of dollars per year (Burkhalter, 2004).

In addition to playing an activist role on HIV/AIDS, NGOs and foundations were also very involved in influencing discussions and decision-making on global HIV/AIDS in the White House. For example, during a 1999 White House event held on AIDS in Africa during the Clinton administration, First Lady Hillary Clinton highlighted a range of NGOs and foundations that were influential on HIV/AIDS,

> "We are also very fortunately to have with us the National Association of People with AIDS and the Global AIDS Action Network – two non-governmental

> organizations that are on the frontlines. In addition there are representatives of foundations here that have provided great leadership in the fight against HIV/AIDS. I want to thank the Rockefeller Foundation, the Gates Foundation, and the Open Society Institute for their generous contributions." (H. R. Clinton, 1999)

The first lady then continued to mention additional foundations taking a leadership role on global HIV/AIDS, including the Kaiser Family Foundation, and the MacArthur Foundation.

NGOs also sent letters to the White House in order to persuade the President into raising funds for global HIV/AIDS. For example, in May 1999, the National Organizations Responding to AIDS (NORA), which is a coalition of over 175 health, labor, religious and professional advocacy groups representing a consensus on HIV/AIDS, sent a letter to President Clinton urging "bold action to increase America's response to the global spread of HIV" (National Organizations Responding to AIDS, 1999). The letter echoed concerns that funding for global HIV/AIDS was flat-lined in the President's budget request, and encouraged the White House to increase funds and take steps to convene world leaders to increase attention to the issue.

Furthermore, when NGOs assumed an advocacy role on the access to medicines issue, these efforts also translated into meetings with White House and administration officials about their concerns. For example, in 1999 a group of NGOs, including the Consumer Project on Technology, Act Up and other AIDS activists, met with a number of administration officials including the Director of the White House Office of National AIDS Policy, the Vice President's foreign policy spokesman, and officials at the Department of Health and Human Services, on access to HIV/AIDS medicines in

developing countries (Love, 1999). Thus, NGOs and foundations were very much involved in White House discussions on global HIV/AIDS prior to PEPFAR.

In addition to influencing the White House, NGOs and foundation were also very involved in congressional debate and discussions on global HIV/AIDS. In particular, representatives from NGOs, civil society groups and foundations made frequent appearances as witnesses at congressional hearings on global HIV/AIDS. For example, a representative of the American Foundation for AIDS Research (AmFAR) provided witness testimony to a congressional hearing in 1991 on the impact of HIV/AIDS on the social and economic development in Africa, and again in 2003 on China's Mounting HIV/AIDS Crisis. In total, representatives from approximately 20 NGOs and foundations testified at congressional hearings on global HIV/AIDS from the late 1980s through 2004, some organizations appearing more than once. The list of organizations appearing before Congress includes MSF, the Global Health Council (formerly the National Council of International Health), Family AIDS Network, Carnegie Endowment for International Peace, Opportunity International and many others.

Analysis of the congressional record shows that certain organizations were particularly influential on the global HIV/AIDS debate in Congress. For example, CSIS testified a total of six times at congressional hearings over the period. In addition, when speaking on the Senate floor during debate about the pending PEPFAR authorization bill in 2003, Senator Frist, the Senate Majority Leader at the time, discussed his work on global HIV/AIDS at part of the CSIS HIV/AIDS task force, noting

> "Senator Kerry and I have been working on this issue for years, in an apolitical way, in working with CSIS, which is a nonprofit group that all of us know, and we have brought in the experts from all over the world. They have done a beautiful job." (Sen. Frist, 2003)

Thus, for many years leading up to and through the debate on PEPFAR, NGOs and foundations were highly present and involved in congressional deliberations over global HIV/AIDS.

In terms of NGO influence on PEPFAR authorization, it has been noted in previous chapters that Republican leaders in Congress, particularly the House, overwhelmingly dominated the agenda and composition of the final PEPFAR authorization bill with little input from Democrats. For example, all but one of the 13 amendments offered by Senate Democrats were defeated, and Republicans threatened to derail the entire bill if Democrats tried to alter the bill passed by House Republicans. As a result, while a number of controversial issues were discussed and debated leading up to PEPFAR's authorization, there is little detectable impact of NGOs on the final bill. For example, as noted earlier, Senator Kennedy offered an amendment what would have mandated the procurement of HIV/AIDS drugs at the lowest possible price, which clearly the NGO community would support given their work on decreasing prices and increasing access to medicines. Ultimately, Republicans defeated this amendment. In addition, Republicans in the House insisted on inserting language into the PEPFAR authorization bill that would prohibit funds from going to any organization that does not have a policy explicitly opposing prostitution and sex trafficking. Democrats in the House and Senate opposed this provision, noting that many NGOs expressed concern about wanting to stay out of political fights and that taking such positions could impede their effectiveness. Even though Democrats tried to amend this language to provide exceptions for certain groups, Republicans defeated these proposals and the policy was ultimately incorporated into PEPFAR policy. Thus, while NGOs were very prominent in congressional

discussions on global HIV/AIDS, and even mentioned during floor debate on PEPFAR, Republican control of the legislative process resulted in little NGO influence on the final PEPFAR bill.

Conversely, NGOs did play a larger role in PEPFAR, once implementation began. In particular, since HIV/AIDS care and services in many developing countries are provided by NGOs, PEPFAR provided funding and support for those NGOs and community-based organizations, in implementing the program. In particular, NGOs focused on program implementation, as opposed to those previously working on advocacy efforts, became involved in implementation of PEPFAR. For instance, a July 2003 fact sheet noted that, to implement PEPFAR, the coordinator "will have the authority to act internationally, to transfer and allocate funds among executive branch agencies, and to contract with and provide grants to nongovernmental organizations, including faith-based and community-based organizations" (The White House, 2003b). In addition, as NGOs continued their activism on access to HIV/AIDS medicines, they were able to influence President Bush to alter PEPFAR policy. Specifically, as noted earlier, PEPFAR policies initially prevented the purchase of most low-cost generic HIV/AIDS medicines, which meant that PEPAR was paying higher prices for HIV/AIDS medicines, and ultimately treating fewer people than otherwise possible. As NGOs continued to lobby on decreasing prices and increasing access, the Bush administration eventually gave into pressure and changed the policy to support the purchase of cheaper generic drugs for the PEPFAR program. Thus, while NGOs were not able to significantly impact the PEPFAR authorizing legislation, they played a large role in PEPFAR implementation.

NGOs and foundations have influenced HIV/AIDS policy through providing services and funding, advocating for change, influencing the policy debate, and bringing attention to the issue. By bringing attention to the South Africa trade dispute with pharmaceutical companies, NGOs and AIDS protestors successfully compelled the U.S. and other governments to alter positions on intellectual property rights and access to medicines. In addition, these organizations were integral to bringing attention to the global HIV/AIDS epidemic generally, thereby helping to put the issue on the public agenda. Thus, while NGOs and foundations did not significantly influence the PEPFAR bills, they helped bring the issue onto the agenda and continued to influence its implementation.

Multilateral and International Organizations

In understanding the influence of actors in the policy process leading up to the establishment of PEPFAR, it is beneficial to also consider the context of the international political agenda. Many international and multilateral organizations and institutions, of which the U.S. is a participating member, play a large role in setting the international political agenda. In particular, while the United Nations (UN) was slow to respond to HIV/AIDS when the disease was first discovered in the early 1980s (Knight, 2008), the UN system ultimately assumed a leadership role on global HIV/AIDS. The World Health Organization (WHO), which is the directing and coordinating authority for health within the UN system, established its AIDS program in 1986, and many donor countries chose to employ multilateral mechanisms through the WHO for assistance, rather than bilateral

agreements (Knight, 2008). In order to bring global attention to the issue, in 1988 WHO established December 1 as World AIDS Day, which has become one of the most successful commemorative days celebrated throughout the world every year (Knight, 2008).

While the WHO AIDS program played an important role in responding to global HIV/AIDS in the 1980s and early 1990s, criticisms about their interaction with other UN agencies working on HIV/AIDS led to calls for a new coordinating body on HIV/AIDS. The Joint United Nations Programme on HIV/AIDS (UNAIDS) was created in 1996 in order to strengthen the UN response to HIV/AIDS and coordinate the HIV/AIDS activities of six (now eleven) UN agencies.[29] In addition to playing a coordination role, UNAIDS took on an active advocacy function in order to bring global HIV/AIDS to the international agenda. UNAIDS staff spent significant time in meetings with political leaders, as well as business and civil society groups in order to stress the importance of addressing global HIV/AIDS (Knight, 2008). In 1997, UNAIDS established the HIV Drugs Access Initiative, which was a partnership with pharmaceutical companies to decrease prices and increase access to HIV/AIDS drugs in developing countries. While this initiative was small in scale, it helped to show the world that treatment could be provided to those in the developing world (Knight, 2008). Nevertheless, high prices and a lack of resources meant an increasing gap between access to drugs in wealthy countries

[29] UNAIDS was initially set up too coordinate the activities of six UN agencies: United Nations Children's Fund, United Nations Development Programme, United Nations Population Fund, United Nations Educational, Scientific and Cultural Organization, WHO, and the World Bank. Currently UNAIDS has eleven total cosponsors which include the six previously mentioned plus; United Nations High Commissioner for Refugees, World Food Programme, United Nations Office on Drugs and Crime, United Nations Entity for Gender Equality and the Empowerment of Women, and International Labour Organization.

and developing countries. Thus, the 12th International AIDS conference held in 1998, focused on "bridging the gap" between wealthy countries and developing countries, and this helped garner international attention to the access to medicines issue, and to HIV/AIDS in general.

In the late 1990s into the early 2000s, UN organizations continued to take a leadership role in drawing attention to global HIV/AIDS, and the lack of resources dedicated to addressing the growing crisis. In 1999, the WHO declared AIDS to be the leading cause of death in Africa, and global leaders began discussing global HIV/AIDS at high-level UN events. Notably in January 2000, the UN Security Council held a session on HIV/AIDS, which, as noted in previous chapters, marked the first time in UN history that a health issue was taken up by the Security Council. The session was engineered by U.S. ambassador to the UN Richard Holbrook, presided over by Vice President Al Gore, and included major speeches by other influential international leaders including UN Secretary-General Kofi Annan, UNAIDS Executive Director Peter Piot, and the World Bank President James Wolfensohn. In June 2000, UNAIDS released a status report on the global HIV/AIDS epidemic in which the Executive Director Peter Piot noted,

> "the evidence demonstrates that we are not powerless against this epidemic, but our response is still at a fraction of what it needs to be. The real task now is to increase, massively, the political will, resources, systems and social commitment needed to turn the tide of the epidemic." (UNAIDS, 2000)

A few months later, in April 2001, the United Nations Secretary General Kofi Annan called on the world to join together to massively increase funding to address the global HIV/AIDS epidemic. In particular, Annan called for the creation of a global fund, at an estimated annual cost of $7 to $10 billion, to combat HIV/AIDS and other infectious diseases.

In response to Secretary-General Annan's proposal to create a global fund, world leaders in donor countries as well as Africa increased discussions of financing and commitment to addressing global HIV/AIDS at a variety of international forums. In July 2000, world leaders from donor countries discussed the idea of a global fund at the G8 summit,[30] and acknowledged that maintaining good health contributes directly to economic growth and drives prosperity. They committed to mobilizing the resources of the international community to implementing "an ambitious plan on infectious diseases, notably HIV/AIDS, malaria, and Tuberculosis (TB)" (G8 Communiqué, 2000). In addition, these leaders committed to working with governments, UN organizations and other partners to reach the targets set by the UN on HIV/AIDS, Tuberculosis, and Malaria. The following year, HIV/AIDS also became a central agenda item at the African Leaders Summit in April 2001 in Abuja, Nigeria. African leaders issued a declaration on HIV/AIDS, Tuberculosis and other infectious diseases which classified "AIDS as a state of emergency in the continent" and stated that they would "place the fight against HIV/AIDS at the forefront and as the highest priority issue in our respective national development plans" (African Summit on HIV/AIDS, 2001). There were many instances of world leaders making commitments to make HIV/AIDS a priority.

These international discussions on global HIV/AIDS peaked in June 2001 in a UN General Assembly Special Session held on HIV/AIDS, which aimed "to intensify international action to fight the epidemic and mobilize the resources needed" (Special Session of the General Assembly on HIV/AIDS, n.d.). In his February 2001 report on HIV/AIDS that was used as the basis for the special session, Secretary-General Annan

[30] The G8, or Group of Eight, is a forum held by the governments of the eight wealthiest countries.

called for stronger political and financial commitments to respond to the HIV/AIDS crisis, noting, "it is technically, politically and financially feasible to contain HIV/AIDS and dramatically reduce its spread and impact" (Special Session of the General Assembly on HIV/AIDS, n.d.). Thus, UN leaders continued to use their influence to bring global HIV/AIDS to the forefront of the international political agenda, and increase global resources for fighting HIV/AIDS.

Ultimately, Kofi Annan's idea for a global fund was endorsed by the G8 in July 2001, and The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) was established in January 2002 in Geneva, Switzerland. The Global Fund is an international organization funded through voluntary contributions from governments, the private sector, and civil society in order to rapidly disburse grants to developing countries for prevention and treatment of HIV/AIDS, Tuberculosis and Malaria. In the first year of operation, the Global Fund awarded hundreds of millions of dollars in grants to developing countries, and quickly became a prominent and instrumental entity working to address and bring attention to HIV/AIDS, Tuberculosis, and Malaria. As noted in earlier chapters, President Bush made the first financial commitment to the Global Fund in early 2001, and since its inception the U.S. has remained the largest contributor. Ultimately, Secretary-General Kofi Annan, as well other influential UN figures, such as UNAIDS Executive Director Peter Piot, encouraged world leaders to address global HIV/AIDS at high-level of forums which culminated in the creation of the Global Fund.

In addition to the efforts of Secretary-General Kofi Annan, the WHO, and UNAIDS to bring attention to the HIV/AIDS epidemic, in the early 2000s the issue was also gaining prominence among organizations and forums focused on related issues of

development. For example, in September 2000 the UN hosted the Millennium Summit, which resulted in 189 countries signing the Millennium Declaration covering a range of topics including peace and security, development and poverty eradication, protecting the environment, and human rights. As part of this summit, the UN established eight international development goals, the Millennium Development Goals (MDGs), which all 189 countries as well as many international organizations committed to achieving by 2015. One of these eight goals focuses on HIV/AIDS, Malaria and other diseases, specifically aiming to 1) halt and reverse the spread of HIV/AIDS by 2015, 2) achieve universal access to treatment for HIV/AIDS by 2010, and 3) halt and begin to reverse the incidence of Malaria and other major diseases by 2015. The establishment of the MDGs, and the inclusion of addressing HIV/AIDS as one of the eight goals, helped to encourage attention to global HIV/AIDS among those focused on a range of related health and development goals. Similarly, the World Bank, began increasing its focus on and funding for global HIV/AIDS by initiating an HIV/AIDS program for Africa in 2000. Thus, in addition to the creation of the Global Fund, many existing international organizations began focusing on HIV/AIDS in striving to achieve related development goals.

As noted above, access to medicines for those suffering from HIV/AIDS in developing countries became a huge issue for pharmaceutical companies and civil society in the late 1990s and early 2000s, and this debate played out in international forums as well. In particular, when the South African government took steps to lower prices of medicines for its population, the opposition from pharmaceutical companies, the U.S. government and others focused on the potential violation of the WTO Agreement on Trade-Related Aspects of International Property Rights (TRIPS).

The debate over access to medicines and global HIV/AIDS emerged in the WTO, as South Africa and its opponents argued their case about whether or not these actions were in line with TRIPS. In addition, while intellectual property rights were debated at the WTO, the WHO weighed in on the access to medicine side of the debate. For example, in the late 1990s, the governing body of the WHO, the World Health Assembly, began a working group to revise its drug strategy to address this issue, and in 2001, the WTO and WHO jointly sponsored a workshop on pricing and access to medicines. Eventually, these discussions on access to medicines in WTO and WHO culminated in November 2001, when the issue was addressed at the WTO Forth Ministerial Conference in Doha, Qatar. The Declaration on TRIPS and Public Health (Doha Declaration) was adopted by WTO members, which both recognized the gravity of the HIV/AIDS epidemic in developing countries, as well as the importance of intellectual property protection for the development of new medicines (WTO, 2001). The declaration states that "the TRIPS Agreement does not and should not prevent members from taking measures to protect public health" and that the agreement should be "implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all" (WTO, 2001). While, there are still some disagreements about the interpretation of the Doha Declaration (U.S. Government Accountability Office, 2007), one of the effects of the declaration was to underline the pervasive impact of the global HIV/AIDS epidemic on many other diplomatic and international discussions.

As global HIV/AIDS became more prominent on the international political agenda, the discussions that took place at these international organizations and forums

also influenced the U.S. debate. For example, in addition to raising global HIV/AIDS on the international agenda, the Doha Declaration drew the attention of the U.S. Congress as well. When Congress passed the Trade Act of 2002, which granted the President authority for negotiating trade agreements with other countries, the law specified a number of goals for intellectual property rights, including "to respect the Doha Declaration on TRIPS and Public Health," which was added in response to an amendment by Senator Edward Kennedy (D-MA) (U.S. Government Accountability Office, 2007). In addition, in the early 2000s, many proposals in Congress to address global HIV/AIDS involved utilizing existing international structures and organizations. Specifically, in 2000, there were a number of different bills in both the House and Senate that proposed the establishment of a World Bank trust fund to finance prevention and treatment of global HIV/AIDS in developing countries. In 2000, a bill first introduced by Representative James Leach (R-IA), was passed into law and allowed for the establishment of such a trust fund to address the epidemic. The following year, in 2001, Representative Barbara Lee (D-CA) proposed an increase in funding for this trust fund noting,

> "Last year, the United States spent $490 million on global HIV/AIDS programs. This amount falls short of the billions required to fight the global AIDS crisis…I participated in the United Nations General Assembly Special Session on HIV/AIDS as part of the official United States delegation. World leaders, international HIV experts, and economists in civil society called for a $7 billion to $10 billion Global AIDS Trust Fund in order to address HIV and AIDS prevention, education, care, and treatment in Africa." (Rep. Lee, 2001).

This suggests that discussions in the international political sphere also impacted the U.S. political debate on global HIV/AIDS. This finding is in line with previous research on the potential interaction between the international and domestic political spheres. In

particular, some research points to the influence of international norms on domestic politics and decisions (Cortell and Davis, 1996; Cortell and Davis, 2000). Thus, the notion that discussions and debate in the international sphere influenced policy debate in the U.S. on global HIV/AIDS fits with previous research in this area.

In addition, not only does the U.S. participate in and often play a leadership role in many of these organizations and institutions, but the officials from these international organizations also participate in policy discussions held in Congress and the White House. Officials from a range of international organizations, including WHO, UNAIDS, the UN World Food Program, the World Bank, and the Pan American Health Organization, testified in Congress on global HIV/AIDS on multiple occasions beginning in the late 1980s. For instance, officials from UNAIDS testified on global HIV/AIDS in five separate hearings between 1987 and 2004, and officials from WHO testified on three occasions. In addition, some UN officials were able to use their influence with U.S. policymakers in the Clinton and Bush administrations to increase attention to global HIV/AIDS. For example, a senior UNAIDS, Sally Cowal, who had served in senior positions in the U.S. government prior to joining UNAIDS, was able to use her U.S. political connections to advocate for UNAIDS, noting

> "I had mostly US political connections through having been an Assistant Secretary of State and an ambassador … so I was able to pull those in. The Secretary of Health and Human Services was Donna Shalala at that time, she was one of my best buddies, we went trekking every summer. That is how we met Madeleine Albright [US Secretary of State] and Richard Holbrooke [UN Ambassador]" (Knight, 2008).

Peter Piot, Executive Director of UNAIDS, also made many trips to Washington, D.C. in order to bring attention to global HIV/AIDS and to encourage the U.S. government to increase its response (Knight, 2008). Thus, UN officials used their influence not only to

increase international political attention to global HIV/AIDS, but also U.S. attention to the issue.

International organizations, particularly leaders in the UN, were trailblazers not only in addressing the global HIV/AIDS crisis, but also in their efforts to bring global HIV/AIDS to the forefront of the international agenda. The WHO AIDS programs, the creation and activism of UNAIDS, and Secretary-General Kofi Annan's call for increased financing and the establishment of a global fund, all brought global HIV/AIDS onto the agenda at high-level diplomatic international forums. In addition, other international organizations, such as the World Bank, began addressing the extensive impact of global HIV/AIDS on wider development goals, which also helped underscore the importance of addressing the epidemic. Relatedly, the access to medicines debate, which brought significant global attention to global HIV/AIDS, was dealt with in the international political arena as well, through the WTO. Finally, the debate on global HIV/AIDS that occurred in these international settings, as well as the leadership of particular UN officials, affected the debate in the U.S. and helped to bring global HIV/AIDS to the domestic political agenda. Thus, the increased attention to HIV/AIDS in the international political sphere directly boosted attention to the issue among U.S. political leaders as well.

Celebrity Activists

Another unique group of stakeholders that can affect media coverage and ultimately public opinion on issues such as HIV/AIDS are individuals famous in popular culture, celebrities. Many have noted the potential impact of celebrity activism on

bringing attention to particular issues by gaining significant media coverage of their efforts, as well as by using their celebrity to influence public opinion (Drezner, 2007; Busby, 2007). For example, Drezner (2007) notes,

> "…celebrities actually have an advantage over other policy activists and experts because hard-news outlets have incentive to cover them too. Celebrities mean great attention, and hard-news outlets are not above stunts designed to attract readers and ratings…There is no doubt that celebrities have the ability to raise the profile of issues near and dear to their hearts."

In addition, there has also been research on the growing role of celebrity activism or celebrity diplomacy in the international affairs and international development arena (Richey and Stefano, 2008; Dieter and Kumar, 2008; Cooper, 2008). Dieter and Kumar (2008) note, "the phenomenon of celebrity activism in international affairs has become too serious to be ignored." One of the most famous examples of celebrity involvement in humanitarian causes were the charity Live Aid concerts held in London and Philadelphia in 1985 to raise funding and awareness for famine in Ethiopia. These concerts raised $150 million, were watched by an estimated 2 billion people, and were considered a turning point in celebrity engagement on humanitarianism (Muller, 2013). Activism of rock stars, celebrities, and NGOs in the international development area help to generate what Paul Collier called "development buzz" bringing attention to the humanitarian plight of the world's most impoverished (Collier, 2007). This type of activism among celebrities has been credited with keeping African poverty on the international political agenda (Collier, 2007). For example, Bono, a world-famous musician, who is as well-known for his music as for his activism on international poverty and Africa, has been credited with directly impacting the 1999 debt cancellations offered by the G7 and the U.S. contribution to the Heavily Indebted Poor Country initiative, through his activism on

debt relief (Richey and Stefano, 2008). Thus, celebrity attention to sub-Saharan Africa, which began in the mid-1980s and 1990s helped to bring much international attention to the region, and therefore it is important to consider the role of celebrity activism in agenda setting on global HIV/AIDS.

In the early and mid 1980's when HIV/AIDS was first discovered, and misunderstanding and prejudice about the disease was rampant, a few world-famous celebrities used their fame to bring attention to HIV/AIDS and foster understanding and sympathy for those suffering. For example, Diana, Princess of Wales, was well known for her compassion and dedication to those in need, as well as her ability to use her celebrity status to bring attention to important and often ignored issues, including HIV/AIDS. In 1987, Princess Diana was photographed touching a person with AIDS, and at the time she was the first high-profile celebrity to be pictured doing so. Given her enormous public identity, even seemingly small gestures such as these had a huge impact on raising awareness and bringing attention to HIV/AIDS. President Clinton highlighted the importance of this moment on public perception, noting

> "when so many still believed that AIDS could be contracted through casual contact, Princess Diana sat on the sickbed of a man with AIDS and held his hand. If the Princess of Wales could hold the hand of a man with AIDS, who could claim to be above it? She showed the world that people with AIDS deserved not isolation, but compassion. It helped change world opinion, helped give hope to people with AIDS, and helped save lives of people at risk." (McDonald, 2014)

Princess Diana formally supported a United Kingdom-based charity focused on helping people with HIV/AIDS, the National AIDS Trust, as a patron from 1991 until her death

in 1997.[31] Princess Diana took many actions to raise both consciousness and funding for HIV/AIDS through her travels, charity auctions, and ability to garner press coverage. For example, she organized large concerts on World AIDS Day, which aimed to raise both attention and money for HIV/AIDS. Princess Diana made a huge and very early impact on bringing global attention to HIV/AIDS.

Another prominent example of early celebrity activism on domestic HIV/AIDS was Elizabeth Taylor, a famous actress, who utilized her status and finances to address HIV/AIDS. Like Princess Diana, Elizabeth Taylor was one of the first celebrities focused on HIV/AIDS, and she became extremely well-known for her dedication as an AIDS activist, hosting the first fundraiser for the disease in the mid-1980s that both attracted many celebrities and raised millions of dollars. In 1985, she helped to found amfAR, which is one of the leading and most high profile NGOs focused on HIV/AIDS, and in 1991, she established the Elizabeth Taylor AIDS Foundation. In addition to raising substantial funding for addressing HIV/AIDS, these organizations garner huge media and public attention for HIV/AIDS through activities such as their annual fundraising galas that attract celebrities from all over the world, and as a result significant media coverage. Elizabeth Taylor also testified in Congress on multiple occasions about the importance of funding HIV/AIDS research. She won a number of significant awards for her efforts on HIV/AIDS, and the high-profile nature of her work helped bring significant media and public attention to the issue. For example, President Clinton awarded her the Presidential Citizens Medal in 2001 noting "a dedicated leader in the fight against AIDS, she has

[31] While married to Prince Charles, Princess Diana was patron of over 100 charities, and following her divorce she resigned most of these positions except for a few charities, including the National AIDS Trust.

focused national attention on this devastating disease" (The White House, 2001c), and upon her death in 2011, President Clinton and Hillary Clinton issued a statement,

> "With the passing of Elizabeth Taylor, America has lost one of its greatest talents and fiercest advocates for HIV/AIDS research…in founding amfAR, she raised both millions of dollars and our level of awareness about the impact of AIDS in the United States and around the world." (Klairmont, 2011).

Thus, Elizabeth Taylor had an important impact on media coverage and public perceptions of HIV/AIDS. While Elizabeth Taylor's efforts were largely focused on domestic HIV/AIDS, she helped change public perception of HIV/AIDS, and helped to establish amfAR, which later garnered significant attention for global HIV/AIDS.

In addition to Princess Diana and Elizabeth Taylor, there were a number of other celebrities who have played a role in raising public consciousness of HIV/AIDS. For example, Elton John, a famous musician, also became extremely involved in activism on HIV/AIDS, taking many steps to raise funding and attention to the issue. He not only started his own AIDS foundation in 1992, but used his celebrity to bring attention to HIV/AIDS. In 1985 he joined together with other famous musicians, including Dionne Warwick, Gladys Knight, and Stevie Wonder to record a hit song with all the proceeds going to amfAR.

Another particularly momentous event affecting public perceptions of and attention to HIV/AIDS was in 1991, when Earvin "Magic" Johnson, a hugely famous and successful sports figure, announced that he had HIV. This announcement created significant media attention on HIV/AIDS, prompted national conversations about prevention, and at a time when many still believed that only gay men could get HIV, changed public perceptions about the disease. Also in 1991, the red ribbon, which signifies awareness and support for those living with HIV/AIDS, was established and has

become one of the most recognizable symbols of awareness (also the first of its kind). Soon after the red ribbon was established, celebrities began wearing it, providing great publicity for the symbol. For example, in 1991, Jeremy Irons, a British actor, was the first celebrity on camera to wear the red ribbon when he appeared at the Tony awards. Additionally, Tom Hanks, another famous actor, won an Oscar award for his portrayal of a gay man with AIDS in the 1993 movie Philadelphia. These examples all demonstrate the important role of celebrity activism in affecting public perceptions and media coverage of HIV/AIDS.

While initially celebrities were focused on raising general understanding and sympathy on HIV/AIDS, as the epidemic became exacerbated in developing countries, celebrity attention soon turned to focus particularly on the global epidemic. In addition, celebrities not only took steps to increase public awareness for global HIV/AIDS, but many used their influence to directly influence policymakers in Congress, the White House and in the international political arena. For example, Bono, who was particularly vocal on African debt relief as well as global HIV/AIDS, has used his influence to meet with members of Congress and the administration in order to increase public attention to these issues. In 2000, Bono noted that he met with Sandy Berger, the U.S. National Security Advisor for President Clinton, as well as Robert Rubin, U.S. Treasury Secretary under President Clinton, and Senator Jesse Helms (Dominus, 2000). Bono also developed close ties in the Bush administration, traveling to Africa on a ten-day trip with U.S. Treasury Secretary Paul O'Neill in 2002. Bono has also been known to attend the World Economic Forum in Davos, Switzerland, as well as the G8 summit on several occasions. Bono's activism with public officials on poverty in Africa may have impacted public

debate on global HIV/AIDS and even helped to build political support for the establishment of PEPFAR. For instance, in 2003, when the House of Representatives was debating the proposed PEPFAR authorization bill, Bono's role was mentioned by both Representative James Leach (R-IA), and Representative Tom Lantos (D-CA). Representative Lantos stated,

> "Let me also underscore the important contribution to the fight against HIV/AIDS of Bono who has worked with us on all aspects of this problem and whose leadership worldwide is deeply appreciated by all of us concerned with this issue." (Rep. Lantos, 2003)

In addition, in his memoirs, President Bush discussed his encounters with Bono on poverty and HIV/AIDS in Africa, noting, "he quickly dispelled the notion that he was a self-promoter. He knew our budgets, understood the facts, and had well-informed views about the challenges in Africa" (Bush, 2010).

Other celebrities also took steps to influence policy makers to bring global HIV/AIDS onto the public agenda. For example, in 2000, Mpule Kwelagobe, who was crowned Miss Universe in 1999, testified in front of the House Foreign Affairs Committee on global HIV/AIDS. In 2002, Elton John testified before the Senate Committee on Health, Education, Labor and Pensions also on the global HIV/AIDS epidemic. A range celebrities used their influence to bring public and media attention to global HIV/AIDS, as well draw the attention of policy makers in brining global HIV/AIDS onto the official agenda.

Another example of an individual using his prominence to address global HIV/AIDS is President Clinton. While not especially active on global HIV/AIDS during his presidency, in his post-presidency, President Clinton focused a significant portion of his foundation's work on the issue of global HIV/AIDS, brining further prominence and

attention to the issue. In particular, in 2002, the Clinton HIV/AIDS initiative, now the Clinton Health Access Initiative, was founded to work with governments and other partners to improve markets, lower costs, and expand access to treatment. President Clinton focused on driving down the price of HIV/AIDS drugs for people in developing countries by lobbying heads of state in Europe and Canada, pressuring generic-drug manufacturers to cut prices, and working with other leaders, multilateral institutions and foundations to set up treatment and distribution centers (Remnick, 2006). President Clinton's celebrity status in his post-presidency enabled him to achieve the significant price reductions he sought, as well as to bring noteworthy public attention to the issue of global HIV/AIDS and access to medicines in the years leading up to and following the establishment of PEPFAR.

Since the early years of HIV/AIDS, celebrities have had a long history of activism on HIV/AIDS, working to bring attention to the issue and increase understanding. Images of Princess Diana embracing individuals with HIV/AIDS, Elizabeth Taylor testifying before Congress, and Magic Johnson announcing his HIV status, each had a huge impact in raising awareness of HIV/AIDS. In addition, increased celebrity activism on international development, particularly related to Africa, also translated to increased attention on global HIV/AIDS. Many celebrities, such as Bono, have also used their influence among policy makers and the private sector to influence the public agenda and ultimately public policy. Thus, celebrity activism on global HIV/AIDS encouraged public and official attention to the issue leading up to the establishment of PEPFAR. While celebrity attention to global HIV/AIDS was likely not a crucial element to the

establishment of PEPFAR, celebrity activism helped reinforce the trend and further solidify support.

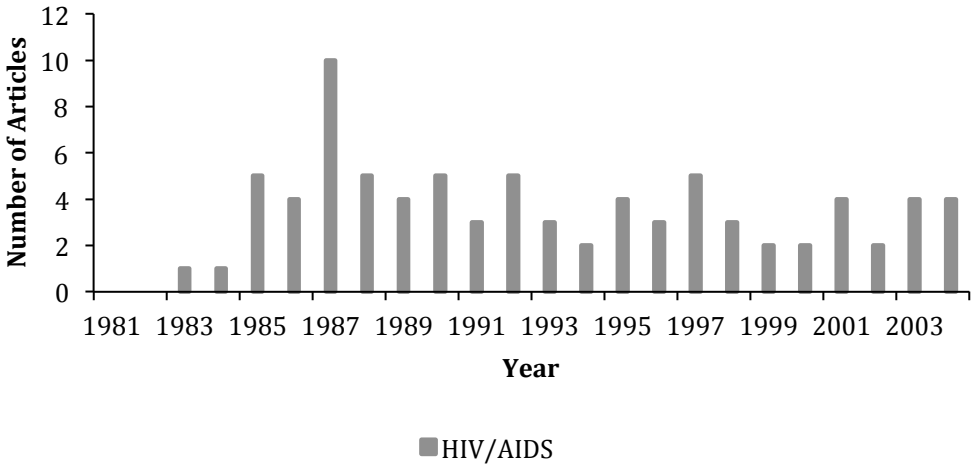
Media Attention

Media attention to global HIV/AIDS had a potentially large impact on raising public awareness of the issue, and helping to bring the issue onto the public agenda. Many have observed the impact of media coverage on public opinion and agenda setting (Baumgartner and Jones, 1993; Brody, 1991; Carpenter, 2002; Fan, 1988; Iyengar and Kinder, 1987; McCombs and Shaw, 1972; Page and Shapiro, 1992; West, Heith, and Goodwin, 1996). For example, McCombs and Shaw (1972) found that there is a strong correlation between the agenda of voters and that of the news media, and Iyengar and Kinder (1987) found that increased media attention to certain issues influences public perception on the importance of those issues. Page, Shapiro, and Dempsey (1987) also find that media coverage has a large influence over public opinion, with news commentary having the strongest impact. Baumgartner and Jones (1993) also find a clear impact of media attention on official attention and on which issues arise on the political agenda. In addition, the majority of Americans receive most of their information on HIV/AIDS from the media, a pattern that holds for all racial, age and ethnic groups (Kaiser Family Foundation, 2011). An examination of media attention to HIV/AIDS leading up to the establishment of PEPFAR can help shed light on the influences that enabled global HIV/AIDS to emerge on the public agenda and garner broad bipartisan support.

One method to analyze media attention to HIV/AIDS, is to count the number of news stories appearing on the topic. Utilizing the Policy Agendas New York Times Index, I analyzed the trends in media attention to HIV/AIDS from 1981, the start of the epidemic, through 2004, the first year of PEPFAR implementation. In total, there were over 18,000 media storied included in the dataset for 1981 through 2004, 81 of which focused on HIV/AIDS, and 12 specifically on global HIV/AIDS. While less than one percent of stories were focused on HIV/AIDS, given the vast array of issues and matters covered in the media, the relatively small level of attention on HIV/AIDS is anticipated. However, while a small portion of the total media stories, the pattern on attention on HIV/AIDS, particularly global HIV/AIDS, can still be used to shed light on the trend in media attention to the issue over the time period.

This analysis shows that in the early 1980s, there were an increasing number of news stories on HIV/AIDS (both domestic HIV/AIDS and global HIV/AIDS combined), which peaked in 1987 (see figure 6.1). From 1987 through 2004, there were a decreasing but steady number of stories on HIV/AIDS, with various peaks and valleys throughout this time period.

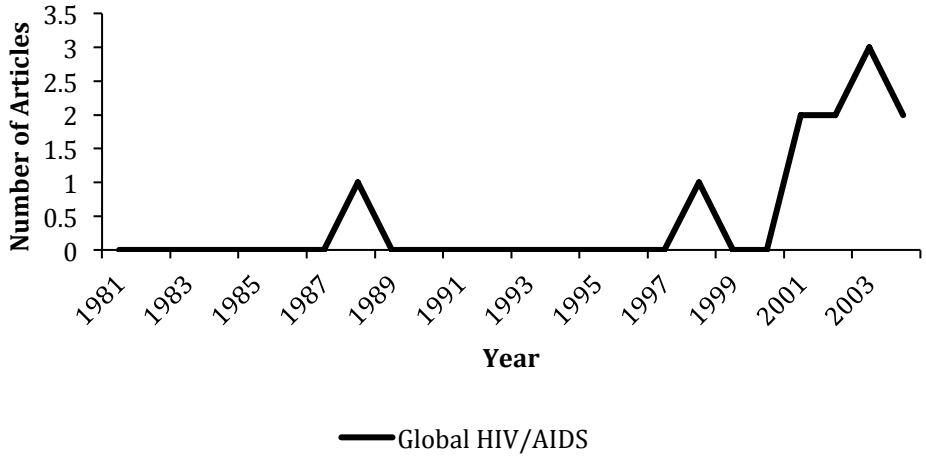
Figure 6.1 New York Times Articles on HIV/AIDS, 1981-2004



Source: Policy Agendas data.

When these data are disaggregated to separate news stories on domestic HIV/AIDS versus global HIV/AIDS, the pattern is slightly different. There is a sudden appearance of media coverage of global HIV/AIDS in the late 1980s, but in general global HIV/AIDS did not gain much media coverage until the late 1990s, with a peak in 2003 (see figure 6.2).

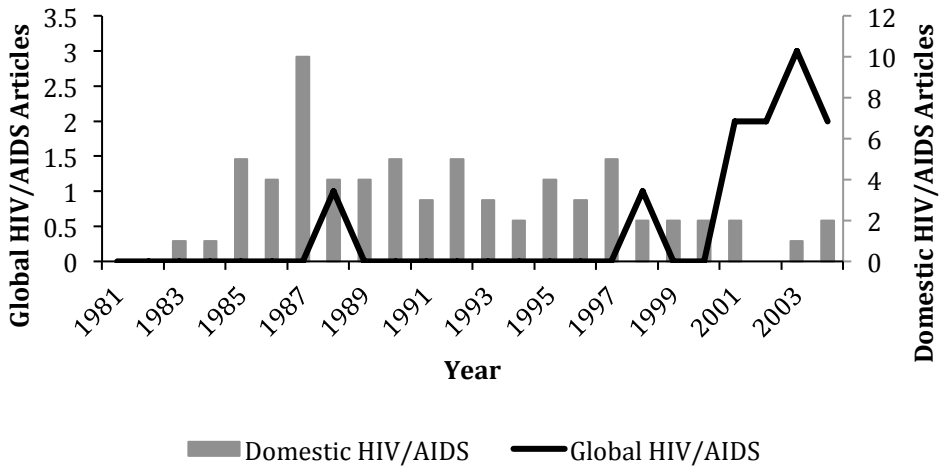
Figure 6.2 New York Times Articles on Global HIV/AIDS, 1981-2004



Source: Policy Agendas data.

Overall, there were a significantly higher number of news stories on domestic HIV/AIDS rather then global HIV/AIDS over the entire period. Nonetheless, coverage of the two issues appears to diverge over the period. In particular, coverage of global HIV/AIDS increases in the late 1990s and early 2000s, whereas the number of news stories on domestic HIV/AIDS decreases over that same time period (see figure 6.3).

Figure 6.3 New York Times Articles on Domestic and Global HIV/AIDS, 1981-2004



Source: Policy Agendas data.

This pattern of an inverse relationship between media coverage on domestic and global HIV/AIDS fits with the larger global context on the epidemic. In particular, as new effective medicines became available in the mid-1990s, the rates of new infections in the U.S. fell dramatically and this was accompanied by great improvements in life expectancy for those with HIV/AIDS. But, as noted above, high-prices and other challenges meant that there was little access to these medicines in the developing world, and the epidemic was rapidly worsening, particularly in sub-Saharan Africa. The pattern of increasing media attention to global HIV/AIDS in the late 1990s and early 2000s, combined with decreased attention to domestic HIV/AIDS, seems to mirror the varying differences in infection rates and access to medicines globally.

Another comprehensive study of media coverage of HIV/AIDS over a comparable time period found similar patterns. Specifically, Brodie et. al. (2004) looked at media coverage of HIV/AIDS across a variety of print and broadcast sources from 1981 through

2002, and also found that media coverage of HIV/AIDS peaked in the late 1980s, and since that time has decreased. After the late 1980s, the study finds a few 'minor peaks' which the authors say can be attributed to particular developments in the epidemic, including a peak in 1991 after Magic Johnson's announcement, in 1996 following the introduction of newly developed medicines, and in 2001 when there was increased attention on the global epidemic.

Beginning in the late 1990s and early 2000s Brodie et. al. also note a shift in media coverage of HIV/AIDS towards the global epidemic with stories focusing on Africa, the Global Fund, and the access to medicines debate. The authors noted a particular increase in media stories on the price of medicines and access to drugs in Africa in the 2000 to 2002 timeframe, indicating the strong impact of the South Africa case and NGO activism on this issue. In addition, the authors also observed that the increase in coverage of global HIV/AIDS was accompanied by a decrease in coverage of domestic HIV/AIDS. Furthermore, while U.S. media coverage of HIV/AIDS focused disproportionately on domestic HIV/AIDS, when looking at the international press (particularly U.K.-based media), this preference was less pronounced. The increased international attention on the global epidemic further underlines the potential impact of international politics on the U.S. agenda. Hence, both my analysis of the Policy Agendas data as well as other research has shown similar patterns of increased media attention to global HIV/AIDS in the years preceding PEPFAR. The increased media attention over the 1990s and early 2000s mirrors the increased attention from NGOs, religious groups, celebrities and others who made an effort to bring global HIV/AIDS onto the public agenda.

This examination of media coverage of HIV/AIDS shows that while media coverage of domestic HIV/AIDS fell after the late 1980s, and particularly in the late 1990s, coverage of global HIV/AIDS increased at the end of the 1990s and into the 2000s. This pattern of increased media attention on global HIV/AIDS in the late 1990s appears to mirror the increased attention paid to the issue among the many interest groups discussed above. Similar to the impact of celebrity activism, media attention to global HIV/AIDS was influential in garnering official attention to the issue as well. Thus, interest groups, celebrities, and media coverage all interacted in brining significant public and official attention to the issues of global HIV/AIDS.

Public Opinion

In considering the how the politics and policy process led to the formation of PEPFAR, it is important to consider the changes that occurred in public opinion leading up to the establishment of PEPFAR. There are a number of theories and studies on the relationship of public opinion on agenda setting and policy making (Baumgartner and Jones, 1993; Jacobs, 1992; Jacobs and Shapiro, 2000; Kingdon, 1984; Monroe, 1998; Page and Shapiro, 1983; Wright, Erikson and McIver, 1987). For example, as noted earlier, Baumgartner and Jones (1993) suggest that increased public attention, coupled with increased official attention and a sense of urgency, plays a large role in issues rising to the agenda, and ultimately major policy changes. In addition, in his theory of agenda setting, Kingdon (1984) also describes the potential for public opinion, or the national mood, to influence the political agenda. Page and Shapiro (1983) find that changes in

public opinion affect policy outcomes, rather than policy outcomes affecting public opinion. In addition, in a study of public opinion from 1935 to 1990, Page and Shapiro (1992) find that public opinion, rather than being irrational, is actually quite stable and informed, with the public making rational policy decisions.

There are also studies focusing on the relationship between public opinion and decision-making on foreign policy in particular (Jacobs and Shapiro, 1999; Powlick, 1995; Risse-Kappen, 1991; Sobel, 2001). Sobel (2001) seeks to determine how public opinion affects U.S. foreign policy, and finds that while public opinion does affect decision-making on foreign policy, policy leaders often strive to lead the public on foreign policy, rather than react. In a study of public opinion and leadership on foreign policy under President Lyndon Johnson, Jacobs and Shapiro (1999) argue that President Johnson was unresponsive to public opinion on foreign policy and also ineffective at moving public opinion himself. In addition, Holsti (1996) found that while the public is often less informed about foreign policy issues, beliefs on these issues are rational and stable. An examination of public opinion leading up to and following the establishment of PEPFAR can help shed light on the decision of policy-makers to establish PEPFAR. In particular, where public support or opposition to a particular policy is particularly strong, this can influence the decision of policy-makers to support such a policy. As such, public opinion on the issue of global HIV/AIDS had potential to impact the policy process leading up to PEPFAR.

One of the most astonishing aspects of PEPFAR, is that studies and opinion polls show that while the American public generally supports the principle of foreign aid, there are strong beliefs that the U.S. is spending too much on foreign aid and desire to

drastically reduce spending on these programs. Americans are critical of foreign aid because they feel too much money is dedicated to these programs and that such resources are used inefficiently, or "wasted" (John Doble Research Associates 1996). A 2004 survey showed that while 70 percent of Americans generally supported foreign aid to developing countries, when asked about U.S. federal funding for such programs, 64 percent wanted to reduce this spending (Chicago Council on Foreign Affairs, 2004). Another poll found similarly conflicting results, with 79 percent agreeing the U.S. should share its wealth with those in need around the world, yet 40 percent still wanting to reduce this spending (Program on International Policy Attitudes, 2001). In addition to a strong desire to cut U.S. foreign aid expenditures, the American public vastly overestimates the proportion of the federal budget spent on foreign aid. In particular, most Americans think that 25 percent of the U.S. federal budget is spent on foreign aid programs, and only 2 percent give the correct estimate of 1 percent or less (Chicago Council on Foreign Affairs, 2002a). When asked how much of the U.S. federal budget should be spend on foreign aid, the average response is 10 percent, which is more than ten times higher than reality (Chicago Council on Foreign Affairs, 2002a). Thus, in light of the public's misunderstanding about U.S. expenditures on foreign aid and the strong desire to cut such spending, public support for huge new increases in foreign aid, as established under PEPFAR is perplexing.

Studies on American public opinion on support for foreign aid show that support varies based on the type of program. In particular, polls show that while overall support for foreign aid is low, there is high support for humanitarian programs addressing, hunger, poverty and health (Chicago Council on Foreign Affairs, 2002a). Specifically, in 2002, a

poll found that 84 percent of Americans favored food and medical assistance to people in poor countries, while only 12 percent opposed spending for these purposes (Chicago Council on Foreign Affairs, 2002a). In addition, studies in the years leading up to PEPFAR showed that support for foreign aid to Africa was particularly high. In 2001, a survey found that 81 percent of Americans wanted to either increase (31 percent) or keep constant (50 percent) the level of U.S. funding for aid to Africa (Program on International Policy Attitudes, 2001). Similarly, some studies showed an increasing support for foreign aid programs leading up to PEPFAR. A 2001 study found that since 1995, there has been a decrease in the percentage of American's desiring to cut foreign aid expenditures, with 64 percent favoring cuts in foreign aid in 1995 dropping to 40 percent in 2001 (Program on International Policy Attitudes, 2001). The 2001 study also noted that this slight decline in opposition to foreign aid funding existed despite the persistent public misunderstanding about the proportion of the U.S. federal budget spend on these programs (Program on International Policy Attitudes, 2001). While support for foreign aid is very low, the positive feelings about humanitarian programs and aid to Africa, as well as the somewhat improving outlook on foreign aid in general, may have played a role in public support for spending on global HIV/AIDS.

Given the potential relationship between public perceptions about domestic HIV/AIDS and those on global HIV/AIDS, it is important to also consider public opinion on domestic HIV/AIDS leading up to PEPFAR. As noted earlier, media coverage of domestic HIV/AIDS decreased over time, and relatedly, while Americans viewed domestic HIV/AIDS as an urgent health problem, this urgency decreased steadily over time.

The percentage of American that view HIV/AIDS as the most urgent health problem facing the nation was highest in the late 1980s, and has declined steadily since that time (Kaiser Family Foundation, 2011). In 1987 (the first year in which this question was asked in surveys) 68 percent of American saw HIV/AIDS as the most urgent health problem facing the country. This share fell to 49 percent in 1990, 44 percent in 1995, 26 percent in 2000 and 21 percent in 2004 (Kaiser Family Foundation, 2011). In addition, an increasing number of Americans think that progress is being made on addressing the domestic epidemic (Kaiser Family Foundation, 2011). This pattern of perceived decreasing urgency and increasing progress in the domestic epidemic seems to coincide with the pattern of steadily decreasing media attention on domestic HIV/AIDS from 1987 onwards. Thus, the decreased media attention to domestic HIV/AIDS may have influenced the public's view that the issue is no longer of great concern.

In addition, the percentage of Americans having negative feelings toward individuals who have HIV/AIDS has steadily declined since the late 1980s. In 1987 (the first year this question was surveyed) 51 percent of Americans agreed that "it's people's own fault if they get AIDS," and 43 percent "sometimes think that AIDS is a punishment for the decline in moral standards" (Kaiser Family Foundation, 2011). By 2002, these percentages had fallen to 40 and 26 percent respectively. This change in feelings towards those battling HIV/AIDS seems to mirror the pattern of certain public officials, such as Jesse Helms, who, as noted above, in the mid 1990s stated that HIV/AIDS is the result of "disgusting and revolting conduct" and by 2002 was ashamed he had not done more to fight the global epidemic. Thus, leading up to PEPFAR, Americans were increasingly

optimistic about the state of HIV/AIDS in the U.S., as well as increasingly embracing those affected by HIV/AIDS.

Studies and public opinion polls show that in the years immediately leading up to and following the establishment of PEPFAR, Americans believed global HIV/AIDS was a major problem and worsening over time. The share of Americans naming HIV/AIDS as the most urgent health problem facing the world, was highest in 2000 (the first year the question was asked in surveys), and remained fairly steady throughout the establishment of PEPFAR. In 2000, 37 percent of Americans cited HIV/AIDS as the world's most urgent health problem, 33 percent in 2002, 36 percent in 2004, and 34 percent in 2006 (Kaiser Family Foundation, 2011). Related to the improving feelings about the domestic HIV/AIDS problem, during this time period, more Americans cited HIV/AIDS as the largest health problem facing the world than those that cited HIV/AIDS as the largest health problem facing the country.[32] In the early 2000s, Americans also believed that the global HIV/AIDS crisis was worsening, with 60 percent of people in 2000 saying that HIV/AIDS in Africa is a more urgent problem than it was a few years prior (Kaiser Family Foundation, 2000). Similarly, in 2002, when Americans were asked how serious is the problem of AIDS in Africa, 77 percent said "very serious" and 17 percent said "somewhat serious" with only 2 percent responding "not too serious" (The Washington Post, 2002). In 2004, an even higher percentage said that AIDS in Africa is a serious problem, with 83 percent choosing "very serious" and 10 percent choosing "somewhat serious" (Kaiser Family Foundation, 2004). Finally, Americans understood the global

[32] In 2000, 37 percent cited HIV/AIDS as the largest health problem in the world, compared to 26 percent viewing HIV/AIDS as the largest problem facing the country. These numbers change respectively to 33 percent and 17 percent in 2002, 36 percent and 21 percent in 2004, and 34 percent and 17 percent in 2006.

HIV/AIDS epidemic to be worst in Africa. In 2000, when asked which part of the world has the largest number of people with HIV/AIDS, a majority 70 percent said Africa (Kaiser Family Foundation, 2000). Thus, leading up to PEPFAR, Americans believed that global HIV/AIDS was a major problem, the epidemic was worsening, the problem abroad was more severe than domestically, and worst in Africa.

Not only did Americans perceive the global HIV/AIDS epidemic to be severe and worsening, particularly in Africa, but also polls and studies depicted public support for U.S. spending to address the epidemic. In 2000, a poll found that 66 percent of Americans supported U.S. government spending to address HIV/AIDS in sub-Saharan Africa, while 29 percent opposed this spending (Kaiser Family Foundation, 2001). In 2000, 40 percent of Americans said the U.S. should be spending more on addressing global HIV/AIDS, 33 percent said the U.S. was spending the right amount, and just 13 percent said the U.S. government should be doing less (Kaiser Family Foundation, 2001). This support for U.S. funding to address the epidemic remained high leading up to President Bush's PEPFAR proposal in 2003. In 2002, 65 percent of those surveyed favored spending to address global HIV/AIDS, saying the U.S. was either spending the right amount or too little on addressing HIV/AIDS in developing countries, while only 16 percent said the U.S. was spending too much on addressing global HIV/AIDS in developing countries (The Washington Post, 2002). Similarly, public support for President Bush's 2002 initiative to address prevention of mother-to-child transmission of HIV was very high. A 2002 survey found that 71 percent favored such a program, while only 21 percent opposed the idea (The Washington Post, 2002). Even after huge new increases in U.S. spending on global HIV/AIDS had been announced and approved in

2003, Americans continued to support increased spending on global HIV/AIDS. In 2004 the majority of Americans, 56 percent, still believed "the U.S. government currently does not spend enough on stopping the spread of HIV" (Kaiser Family Foundation, 2004). Interestingly, almost a decade after the establishment of PEPFAR, support for U.S. spending on global HIV/AIDS remained very high. In 2012, 69 percent of Americans polled said that the U.S. was either spending the right amount or too little on preventing and treating HIV/AIDS in developing countries (The Washington Post, 2012). Thus, public support for U.S. federal spending to address global HIV/AIDS was high in the years leading up to PEPFAR as well as many years after its creation.

In spite of low public support for foreign aid expenditures, Americans still support funding on global HIV/AIDS. As noted above, Americans generally do not support funding for foreign aid programs, but are more willing to support programs addressing humanitarian needs in developing countries. Thus, the findings above suggest that American support for humanitarian programs did appear to translate to support for spending on global HIV/AIDS. In particular, a 2004 survey found that while 62 percent of Americans believed that the U.S. is spending too much on foreign aid, when asked specifically about foreign aid to address global HIV/AIDS, 70 percent say the U.S. spends too little or the right amount (Kaiser Family Foundation, 2004). In a study on the extent to which the presence or absence of the phrase foreign aid affects public support for spending on global HIV/AIDS, Bleich (2007) found that Americans are more likely to support spending on global HIV/AIDS when foreign aid is not included in the question. Thus, public perceptions about global HIV/AIDS spending are potentially somewhat distinct from negative feelings on foreign aid in general.

While in the early 2000s Americans viewed global HIV/AIDS as a more severe problem than domestic HIV/AIDS, if given the choice, American still preferred spending to address the issue in the U.S. over international spending. In general, the American public ranks spending on domestic programs much higher than international programs, with 72 percent favoring domestic and 34 percent favoring international (Chicago Council on Foreign Affairs 2002a). So, while public support for U.S. spending on global HIV/AIDS was high leading up to an after the establishment of PEPFAR, this support was not immune from traditional public views on U.S. foreign aid spending. Specifically, in 2004 while half of the public, 53 percent, agreed that "the United States is a global leader and has responsibility to spend more money to help fight the HIV/AIDS epidemic in developing countries," when forced to choose between spending on domestic HIV/AIDS and global HIV/AIDS the majority chose spending on the domestic effort. Precisely, when asked to chose between two statements, 62 percent said "the U.S. should address problems at home first rather than spending more money to deal with the HIV/AIDS epidemic in developing countries," while 30 percent agreed that "the United States is a global leader and has responsibility to spend more money to help fight the HIV/AIDS epidemic in developing countries" (Kaiser Family Foundation, 2004). Bleich (2007) also found that "despite evidence suggesting support for increased spending on HIV/AIDS in developing countries, when asked to choose whether the United States should spend money to address problems at home or spend money to fight HIV/AIDS abroad, support for international HIV/AIDS spending significantly drops." Thus, while the pubic viewed global HIV/AIDS funding differently from foreign aid in general, the

public still preferred to allocate funding to address domestic HIV/AIDS over global HIV/AIDS.

As noted in earlier chapters, the framing of issues can affect public support and accordingly, the framing of global HIV/AIDS as a security and humanitarian issue has been compelling for the American public. In a study of whether U.S. public opinion on infectious disease is influenced by the framing of the issue, Saksena (2011) found that framing HIV/AIDS as both a security and human rights issue increased public support for policies to address the epidemic. In particular, Americans believe that global HIV/AIDS is a national security threat. About half of Americans in 2000, saw global HIV/AIDS as a national security threat, with 45 percent agreeing with the statement, "the AIDS epidemic in Africa is a threat to the national security of the United States" and 44 percent disagreeing (Kaiser Family Foundation, 2000). Of those who agreed the HIV/AIDS epidemic in Africa is a national security issue, 67 percent cited the potential uncontrolled spread of the disease worldwide as the reason (Kaiser Family Foundation, 2000). In addition, in 2002, when asked about the importance of potential threats to the United States, the majority of Americans, 68 percent, said that "AIDS, the Ebola virus, and other potential epidemics" were a critical threat (Chicago Council on Foreign Affairs, 2002). Thus, the framing of global HIV/AIDS as a security threat, by both domestic and international leaders appears to have influenced public opinion on global HIV/AIDS.

Furthermore, public opinion on the extremely prominent international debate on access to medicines, was strongly in support of developing countries. In 2000, 81 percent of survey respondents agreed that "pharmaceutical companies should be willing to cut drug prices in developing countries to help the fight against AIDS" (Kaiser Family

Foundation, 2000). In addition, a January 2003 poll found that the vast majority of Americans, 86 percent, believed that the U.S. should "not get involved" in trying to stop poor countries from producing generic AIDS drugs (Program on International Policy Attitudes, 2003). Thus, not only did framing global HIV/AIDS as a security issue appear to have resonated with the American public, the international focus on access to medicines was also supported by the public.

These findings suggest that the public demonstrated increasing awareness and concern about the problem of global HIV/AIDS leading up to PEPFAR, and while generally not supportive of foreign aid, there was strong support for increased funding on global HIV/AIDS. While this support was unlikely to directly impact the policy process leading up to PEPFAR, it meant that there was little public opposition to such a program, and therefore enabled policy-makers to support PEPFAR with little political risk. In addition, while Americans generally prefer to funding domestic rather than international programs (HIV/AIDS included), the perceived progress on domestic HIV/AIDS, contrast with the worsening epidemic abroad fueled public support for global HIV/AIDS programs in the late 1990s. Finally, while today Americans continue to support spending to address global HIV/AIDS, the issue of global HIV/AIDS appears to have fallen from public view after 2004.

Conclusion

In line with previous research, interest groups played a substantial role in the politics of global HIV/AIDS leading up to PEPFAR. Many of these groups have been

involved in efforts to address HIV/AIDS since the early days of its discovery, and have also played a role in shaping public and official attention to global HIV/AIDS. Certain events and moments changed the landscape of the global HIV/AIDS debate, and particular groups and individuals were especially influential in getting global HIV/AIDS in the agenda and shaping the policy process leading to PEPFAR.

One such event that shaped the policy process by increasing media attention, raising awareness to global HIV/AIDS, and impacting the official policy debate, was the South Africa medicines case. The South Africa case became a major international issue for both the pharmaceutical industry and NGOs, prompting a number of AIDS protests, which brought significant attention to the issue of access to medicines and global HIV/AIDS generally. In particular, these protests during Vice President Gore's Presidential campaign, along with public pressure on the issue of access to medicines, helped encourage the Clinton administration to change its position on access to medicines and intellectual property rights. While the pharmaceutical industry held out longer in their opposition to the South African government, eventually they were forced to drop the case. The entire ordeal caused a huge international backlash that resulted in WTO members adopting the Doha Declaration, which recognized the flexibilities in TRIPS for addressing public health emergencies such as HIV/AIDS. While the pharmaceutical industry continued to push for intellectual property protection leading up to and following the establishment of PEPFAR, international pressure on access to medicines continued, causing the Bush administration to eventually reverse its initial policy that prevented the purchase of most low-cost generic HIV/AIDS medicines through PEPFAR. Ultimately, this major event brought changes in administration policies on global HIV/AIDS,

impacted public debate in Congress, and helped to bring significant attention to global HIV/AIDS in the international community, the media, and among the public.

Another set of major events that shaped the landscape of politics on global HIV/AIDS was the 2000 UN Security Council session on HIV/AIDS and the 2001 UN General Assembly Special Session on HIV/AIDS. These events brought the global HIV/AIDS epidemic to the forefront of the international political agenda, and helped build support for the creation of the Global Fund, as called for by UN Secretary General Kofi Annan. Secretary General Annan's request for massive increases in global resources dedicated to global HIV/AIDS permanently altered the international discussion about resources, moving from millions of dollars to billions. These financing discussions, coupled with decreasing prices on HIV/AIDS medicines and the increased attention to access to medicines, changed perceptions on the feasibility of providing treatment to millions suffering from HIV/AIDS in developing countries. Discussions that were formerly focused exclusively on prevention and care activities started to include treatment in the realm of possibility. As the U.S. not only participated in these international forums, but was also considered a world leader, this international discourse on global HIV/AIDS impacted domestic politics as well. In particular, as calls for increased resources were made in the international community, many insisted the U.S. take a leadership role, and these sentiments were echoed in Congress and the administration. While President Bush decided to take a bilateral approach to addressing global HIV/AIDS in creating PEPFAR, his initial support for the Global Fund, providing the first financial commitment, both legitimized the new Global Fund and solidified the need for the U.S. to take a leadership role in addressing the epidemic. Thus, international

actors such as Kofi Annan, and major events such as the UN sessions on HIV/AIDS shaped both international and domestic politics on global HIV/AIDS leading up to PEPFAR.

The religious community was another important set of interests that heavily impacted the policy process leading up to PEPFAR. While religious groups had a mixed history on HIV/AIDS, with some groups offering care and support for communities affected by HIV/AIDS, and others fostering bigotry and fear, there was a major shift in the early 2000s. The evangelical community decided to make fighting global HIV/AIDS a central focus of their charitable mission, and this sentiment was intensified at the 2002 international Christian conference on HIV/AIDS organized by Franklin Graham. By joining together, Christian groups were able to solidify their dedication to addressing global HIV/AIDS as well as enhance their ability to influence policymakers on this issue. In particular, changing the mind of Senator Helms on HIV/AIDS, who was notorious for his opposition to funding HIV/AIDS as well as other foreign assistance programs, changed the landscape of conservatives on global HIV/AIDS. Senator Helms' speech at the Christian conference garnered much media attention, and as a leader in the conservative movement, he influenced many religious and political conservatives who would traditionally oppose a PEPFAR-style program to address global HIV/AIDS. In addition, the close ties between the religious community and President Bush, as well as the Republican Congress, meant that religious views were strongly represented in the debate and formation of PEPFAR. Religious groups were able to influence the final PEPFAR legislation to include funding for abstinence programs and special protections for religious organizations which all increased the political feasibility of conservative

support for PEPFAR. Thus, the involvement of the religious community in global HIV/AIDS helped to influence major thought leaders among political conservatives, as well as shape the final PEPFAR policy. The religious community helped build the base of strong bipartisan support for a bill that is atypical of a large foreign assistance program.

Other interests, such as NGOs, foundations, and celebrities, did not have as large of an impact on the final outcome of PEPFAR, but they each played a large role in bringing attention to global HIV/AIDS and getting it on the official agenda. As noted above, NGOs caused significant noise on access to medicines by staging huge protests in the early 2000s. These protests affected administration policy and also gained significant media and public attention. Similarly, major celebrities and public figures, such as Bono, Elton John, and President Clinton, helped to bring attention to the issue, and underline the urgent nature of the epidemic. This increased celebrity attention to global HIV/AIDS, Africa and international poverty in general, all worked to advance the importance of global HIV/AIDS in public discourse. Media coverage of global HIV/AIDS followed the trends with decreased attention to domestic HIV/AIDS and increased attention to global HIV/AIDS in the early 2000s. This impact of media attention and popular culture cannot be downplayed. While the American public is normally not very supportive of this type of foreign aid expenditure, the increased media attention and celebrity activism helped to shape public opinion, ultimately securing public support for PEPFAR.

Ultimately, the unique coalition of support for addressing global HIV/AIDS among groups on the political right and left translated to broad-based political support. As these groups each influenced different actors with varying political views, this distinctive coalition of interest groups helped to build strong public, and political support

for PEPFAR. Thus, in addition to taking many steps to garner media attention and change public perceptions, these groups came together to influence the policy making process that resulted in the creation of PEPFAR.

I drew on theories of policymaking to inform my analysis and findings in this chapter, primarily using the lenses of punctuated equilibrium theory and advocacy coalition framework. My focus on identifying the interest groups and stakeholders that influenced the policy process leading up to PEPFAR, was shaped by advocacy coalition framework, which explains policy change through focusing on the behavior of elites, particular a small number of advocacy coalitions. As such, I sought to uncover each of the relevant participants in the policy process and their varying roles in: bringing global HIV/AIDS onto the official and public agenda, participating in the policy debate and framing of the issue, influencing the negotiations or shape of the final PEPFAR policy, and impacting PEPFAR implementation.

In addition, advocacy coalition framework highlights the importance of external changes and policy oriented learning on bringing about policy change, and therefore my analysis was geared towards identifying any such influential external changes, as well as the presence of policy oriented learning among relevant interest groups. Accordingly, my findings on the importance of the change in focus of the evangelical religious community, the presence of global HIV/AIDS on the international agenda among the UN and other international organizations, and the importance of the South Africa trade dispute and associated activism by NGOs, were all influenced by advocacy coalition framework.

Punctuated equilibrium theory points to the importance of assessing patterns in media and public attention, which can lead an issue to rise onto the official agenda and

ultimately cause policy change. Accordingly, my analysis on identifying the pattern of media and public attention to global HIV/AIDS, and assessing the influence of this attention on the policy process leading to PEPFAR was impacted by punctuated equilibrium. In applying punctuated equilibrium, Baumgartner and Jones utilize particular practical analytical techniques, as well as accompanying data, on which I drew in my analysis of media attention global HIV/AIDS. As such my findings on the change in media coverage from domestic to global HIV/AIDS in the late 1990s and early 2000s, as well the public's support for increasing funding to address global HIV/AIDS was uncovered as a result of the theory and methods put forth in punctuated equilibrium theory.

My analysis for this chapter focused on analyzing both qualitative and quantitative, primary and secondary source information. In assessing the role of interest groups in the policy process I analyzed congressional and Presidential documents including hearing transcripts, speeches, press releases, and reports. I analyzed primary source documents from interest groups and stakeholders such as press releases, statements, and reports. In addition, I utilized secondary sources of information on the key interests and stakeholders on global HIV/AIDS, including academic and popular literature, as well as media coverage. In order to analyze media attention to global HIV/AIDS, I used Policy Agenda Project data, measuring coverage of this issue in the New York Times, and I also reviewed existing literature and research focused on media attention to HIV/AIDS. Finally, in assessing public attention to global HIV/AIDS, I drew on exiting public opinion poll data available through various databases, and collected relevant literature on public opinion.

My sources did not include interviews with experts or policymakers, which could have been useful in providing additional information on the contribution of interest groups and other outside stakeholders. Primary documents are more limited in this area, and the input of interest groups into the policy process is often not recorded in official records. Thus, while I do not expect that my findings and conclusions would have been altered by expert interviews, such discussion could have informed by interpretation of results and provided further context. For more information on the methodology of this dissertation, see chapter three.

The next chapter will provide a summary of the main findings and conclusions on how the politics of global HIV/AIDS and the process of policy formation resulted in the creation of PEPFAR.

Chapter Seven

Conclusion

This chapter provides an update on the status of the President's Emergency Plan for AIDS Relief (PEPFAR) over the last decade since its creation, a summary and consolidation of the major findings from this dissertation, as well as recommendations for policy makers and future research. In particular, this chapter includes an explanation of the changes in funding and political support over the life of PEPFAR, as well as a description of areas of continued controversy and changes in policy. Additionally, in this chapter I bring together the major findings from each chapter, draw high-level conclusions answering my initial research questions and provide an overarching characterization of the policy process that led to PEPFAR. I also discuss the usefulness of the theoretical lenses of punctuated equilibrium, advocacy coalition framework, as well as other related theories of agenda setting and policy making in evaluating the policy process that led to PEPFAR. Finally, I describe the contribution of this research, as well as recommendations for advocates and policy makers and future research.

Ten Years of PEPFAR

Over ten years after the establishment of PEPFAR, the program remains the cornerstone of U.S. global health policy as well as a groundbreaking feature of U.S. international development programs. Since implementation of PEPFAR began in 2004, Congress has provided approximately $57 billion for global HIV/AIDS programs, which

has saved millions of lives and prevented millions of infections throughout Africa, Asia and the Caribbean. As of the end of fiscal year 2014 (September 2014): 7.7 million people had received antiretroviral treatment due to PEPFAR; over a million babies were born HIV-free as a result of prevention of mother-to-child transmission activities; PEPFAR provided care and support for millions of orphans and vulnerable children; and PEPFAR has supported over 50 million HIV tests, including counseling for those tested. In addition, PEPFAR has provided significant support in improving health systems, providing technical assistance to medical professionals and enhancing health infrastructure capable of supporting a scale-up in health services. While HIV/AIDS still remains a major health issue globally, PEPFAR helped to turn the tide of the HIV/AIDS epidemic in the developing world, contributing to significant reductions in new HIV infections and AIDS deaths worldwide, as well as increases in life expectancy in many countries.

Since 2004, funding for global HIV/AIDS has continued to grown, although in recent years funding has leveled off. Appropriated funding for U.S. bilateral HIV/AIDS programs steadily increased from $1.6 billion a year in fiscal year 2004 to a peak of $5.6 billion in fiscal year 2010. After 2010, funding for bilateral HIV/AIDS programs leveled fell slightly to $4.9 billion a year in 2014.[33] It is important to note that the global financial crisis, which began in 2008, brought on a period of financial austerity in the U.S., as well as in many other donor nations, which led to cuts in many areas across the U.S. budget. In light of this context, while PEPFAR funding did not increase from 2010 to 2014, and

[33] While funding for bilateral HIV/AIDS programs fell slightly between 2010 and 2014, PEPFAR funding for multilateral HIV/AIDS programs (the Global Fund) and bilateral Tuberculosis grew over this period, which caused overall PEPFAR funding to flat-line at relatively constant levels from 2010 to 2014.

bilateral funds decreased, the overall funding picture of PEPFAR was strong. Relative to the many U.S. programs that experienced budget cuts in the aftermath of the global financial crisis, PEPFAR not experiencing cuts in funding is notable. Although the entire foreign operations budget also faired well over this period, experiencing relatively stable funding levels. In addition to PEPFAR funding, international resources available for fighting global HIV/AIDS have also grown significantly over the last decade, both from donor countries and developing countries. However, the U.S. government remains the largest contributor to global HIV/AIDS funding, providing over half of all donor contributions, and a quarter of total global resources (Salaam-Blyther, 2012).

In addition to faring well financially, PEPFAR has continued to enjoy high-levels of bipartisan political support from the U.S. Congress and White House. After PEPFAR was authorized in 2003 at a level of $15 billion over five years, Congress appropriated even higher funding for PEPFAR over this initial five year period, totaling over $18 billion. In 2008, Congress increased the funding levels for PEPFAR further, reauthorized PEPFAR at $48 billion for the five-year period between 2009 and 2013. In addition, from 2004 until 2011, Congress appropriated funding for PEPFAR above the President's budget request. In 2013, Congress passed additional legislation extending a number of PEPFAR authorities, as well as other updates. In addition, the Bush administration continued to strongly support PEPFAR throughout the entire administration. In addition to steadily increasing PEPFAR spending every year, the Bush administration continued to provide significant attention and priority to PEPFAR in speeches, events and reports. Similarly, the Obama administration has also strongly supported PEPFAR, making it the cornerstone of the new Global Health Initiative, which was launched in 2009. In addition,

in 2011 Secretary of State Hillary Clinton released the administration's plan for achieving an "AIDS-free generation." Thus, the initial political support that enabled the creation of PEPFAR seems to have been sustained over the life of the program so far.

In addition to changes in funding levels, a number of changes have occurred in PEPFAR policy since its establishment. For example, PEPFAR funding is now more dispersed among countries throughout the world. During the first five years of PEPFAR, program funding was heavily concentrated in 15 focus countries. Currently, U.S. bilateral HIV/AIDS funding is provided in 65 countries, and concentrated in 31 countries. In addition, the focus of PEPFAR has changed from an emergency response toward encouraging sustainability. During the first five years of PEPFAR, the focus was on ramping up activities to establish the emergency response, including building clinics, training health professionals, increasing testing, and providing treatment. Beginning in 2008, the second phase of PEPFAR shifted the focus to country ownership and sustainability. PEPFAR established joint agreements between the U.S. government and partner governments in order to increase the accountability and sustainability of the response. Currently, PEPFAR is beginning its third phase of operations, focused on sustainable control of the global epidemic.

The evolution of PEPFAR, and its incorporation into the Global Health Initiative have meant that the program no longer focuses as exclusively on providing treatment and care for HIV/AIDS, but now also emphasizes improvement of overall health infrastructure and importance of addressing other global health challenges, such as food insecurity and maternal and child health. Additionally, there has been a very large decline in per patient treatment cost over the life of PEPFAR, as well as an increase in the

percentage of drugs purchased as generics, which has helped to increase the total number of people receiving treatment through the program. Thus, while PEPFAR has expanded to more countries and its mission has been grown beyond the initial emergency response, the decrease in the cost of drugs has enabled the program to continue meeting its treatment objectives while incorporating larger global health goals as well.

Several areas of controversy, which appeared in the initial negotiations over PEPFAR authorization in 2003, have persisted through the life of the program. One such controversy involves the provision in the original 2003 authorization which mandated that 33 percent of all prevention funding be spent on abstinence programs. Democrats heavily criticized this clause, and ultimately the 2008 reauthorization relaxed this constraint, instead requiring that prevention funding be "balanced," and that PEPFAR report to Congress on the spending of such funds. Similarly, negotiations over reauthorization involved intense debates about whether or not to include language linking HIV/AIDS activities to family planning and maternal health programs. Some lawmakers were worried that the proposed language could apply the "Mexico City policy" to PEPFAR funding, which prevents U.S. funding to organizations that perform or promote abortion, even if such activities are funded through other means. Some opposed the language for not sufficiently integrating family planning services into U.S. program, and others supported inserting such language because it limits PEPFAR funding to certain family planning groups (Moss, 2009). Ultimately, the family planning language was not included in the reauthorization. In addition, there was some debate during the 2008 reauthorization over whether or not to eliminate the prostitution pledge in the original authorization bill, which prohibits funds from going to any organization that does not

have a policy explicitly opposing prostitution and sex trafficking, but this provision was not removed.

Another area of continued disagreement over U.S. HIV/AIDS programs is the distribution of funding between bilateral and multilateral efforts. Overall multilateral funding for the Global Fund has become an increasingly larger share of U.S. global HIV/AIDS funding over the life of PEPFAR. PEPFAR authorization in 2003 included $1 billion in funding for the Global Fund out of the total $15 billion authorization for treating HIV/AIDS, Tuberculosis and Malaria. At the time, Democrats in Congress criticized this level as too low. However, actual appropriations for the Global Fund over the first five years of PEPFAR far exceeded this authorization, totaling approximately $3 billion. The Bush administration and Obama administrations took different positions on the distribution of global HIV/AIDS funds for bilateral versus multilateral programs, with the Bush administration requesting less funding and a smaller proportion of funding for the Global Fund than the Obama administration. However, even though the Obama administration has focused on increasing U.S. bilateral HIV/AIDS funding, congressional appropriations for the Global Fund have exceeded Presidential requests throughout both administrations (Salaam-Blyther, 2012). Finally, the provision of the 2003 PEPFAR authorization, which specifies that U.S. contributions to the Global Fund cannot exceed 33 percent of total Global Fund contributions, was maintained in the 2008 reauthorization, as well as the 2013 legislation. Ultimately, the ideological debates over the implementation of PEPFAR will likely continue to persist, with each side pushing their political agenda and achieving small changes over time. However, the overall

structure of PEPFAR has stayed intact and these implementation disagreements do not appear to have impacted the high level of political support enjoyed by the program.

In addition to maintaining strong political support, PEPFAR has also continued to enjoy positive public opinion as well. Public support for global HIV/AIDS spending appeared to persist long after the establishment of PEPFAR. In addition, the issue appeared to garner less public attention and concern after PEPFAR, as Americans began to feel more positive about the progress made in addressing the epidemic. In 2004 (the first year of PEPFAR operations) 71 percent of those surveyed had reported seeing at least some media coverage about the global HIV/AIDS epidemic, falling to 55 percent in 2009 and 49 percent in 2011 (Kaiser Family Foundation, 2011). Accordingly, the public has had increasingly positive feelings about the progress made in the fight against global HIV/AIDS. In 2002, 45 percent of Americans polled believed the world was losing ground on global HIV/AIDS, and in 2012 that number fell to 18 percent with a clear majority, 58 percent, saying the world is making progress fighting the global epidemic (The Washington Post, 2012). Thus, following PEPFAR and other major responses to the global epidemic such as the Global Fund, Americans are increasingly positive about the U.S. role in stemming the global HIV/AIDS epidemic, and the epidemic has drawn less media coverage, indicating that the issue has therefore fallen from the public agenda.

To date, PEPFAR has maintained strong political support throughout major changes in the control of Congress and the White House as well as ongoing policy disputes, and robust funding in the face of major financial cutbacks elsewhere. Ultimately, PEPFAR has achieved significant gains in the fight against global HIV/AIDS and vast improvements in global health throughout the developing world. Following

PEPFAR, other new global health and international development programs were established by both President Bush and President Obama, including the President's Malaria Initiative in 2005, the Global Health Initiative in 2009, and Feed the Future in 2010. However, none of these programs can match the scale of financial or political support of PEPFAR. Thus, PEPFAR remains a huge initiative in U.S. international development policy, and a major success of U.S. foreign policy generally.

Summary of findings

This dissertation sought to consider how the politics of global HIV/AIDS and the process of policy formation resulted in the creation of PEPFAR, which represented a huge increase in foreign assistance funding and programs. In particular, I outlined the specific interests and events that shaped the policy process. I considered how issue framing, as well as public and congressional attention to global HIV/AIDS, changed leading up to the establishment of PEPFAR. I outlined the political agreements that were negotiated to satisfy the competing interests of various stakeholders. Through a comprehensive case study, I outlined the development of the global HIV/AIDS debate in the U.S., when the issue rose to the national agenda, the key stakeholders promoting and participating in the debate, how the issue was framed by these stakeholders, and major events or changes that impacted the policy making process. My findings drew on a combination of primary sources including official congressional, Presidential and executive branch records, as well as documents from civil society, relevant industry, governments and international organizations, and secondary sources such as academic

and popular literature, and new articles. In addition, I presented analysis of quantitative data on measures of congressional attention and media attention to global HIV/AIDS leading up to PEPFAR.

One of my key findings on official attention to global HIV/AIDS leading up to PEPFAR demonstrates that rather than President Bush acting as the sole leader of PEPFAR, support for increased U.S. action on global HIV/AIDS had been building in Congress prior to President Bush's leadership on the issue. Conventional wisdom on the establishment of PEPFAR suggests that President Bush led Congress in creating the program. Most mentions of the creation of PEPFAR focus on President Bush's announcement of the program in his 2003 State of the Union address. However, my findings on congressional attention to global HIV/AIDS demonstrate that, while President Bush assumed a leadership position on global HIV/AIDS, many in Congress were motivated to create a PEPFAR-style program to address global HIV/AIDS prior to the President's announcement. The number of hearings held and bills introduced suggest that congressional interest in global HIV/AIDS intensified in the late 1990s, and large-scale global HIV/AIDS legislation had been introduced and even passed in both the House and Senate as early as 2001. Thus, while President Bush showed leadership in providing the highest levels of presidential attention ever devoted to PEPFAR, there were already strong indications from Congress that he would be able to tap into an already existing base of support for the program.

While many in Congress supported the idea of an increased U.S. response to global HIV/AIDS prior to President Bush's announcement, Congress was unable to reconcile their disagreements to pass legislation without the leadership provided by

President Bush. In announcing PEPFAR at the State of the Union Address, President Bush provided a high level of attention to the issue, delivering leadership on the issue, as well as putting significant public pressure on Congress to negotiate an agreement. Following the State of the Union, President Bush kept the pressure on Congress, making regular speeches about his proposal and highlighting the need for swift legislation. My findings indicate that the White House and Republican leaders in Congress created significant pressure to quickly pass a bill before the upcoming G-8 meeting, which took place in May 2003, only a few months after the State of the Union. Additionally, the White House remained involved, working with Congress to reach an agreement, by meeting with House and Senate leadership to push for rapid action. Thus, while congressional interest in increasing U.S. action on global HIV/AIDS predated President Bush's PEPFAR proposal, it is unlikely that PEPFAR would have been established without the attention and leadership provided by President Bush.

My findings also highlight the importance of the religious community as a key interest group that enabled broad bipartisan support for PEPFAR. My findings demonstrate that early in the HIV/AIDS debate there was a tendency of politically conservative members of Congress to focus on the "morality" of the behavior that caused the spread of HIV/AIDS. Similarly, while some religious groups, particularly Catholic groups, had long been involved with providing care and support for those affected by AIDS, other more conservative religious groups were initially opposed to helping those with HIV/AIDS, as they believed the disease was a result of engaging in amoral behavior. When evangelical Christian groups changed their position in the early 2000s, and became dedicated to addressing the problem of global HIV/AIDS, they were able to help build a

strong base of political support for increased U.S. action on global HIV/AIDS. In particular, religious groups were able to change the minds of conservative members of Congress, building support for PEPFAR among a group previously likely to have opposed such a proposal. Relatedly, the strong relationship between the religious community and the Bush White House, offered assurance to conservatives in Congress that any HIV/AIDS program would align with their views on certain issues of historical concern such as abstinence and the use of condoms. Ultimately, the activism of the religious community on global HIV/AIDS built significant conservative support for PEPFAR, which translated to a coalition of support in Congress among Democrats who were already anxious for action on global HIV/AIDS, and Republicans. As a result, when President Bush announced PEPFAR in 2003, he could count on an existing coalition of support in Congress, as well as members who would ensure passage of legislation in line with his conservative views. Thus, as previously identified by Burkhalter (2004), who also recognized the entry of religious conservatives into the fight against global HIV/AIDS as a key factor in galvanizing political support for PEPFAR; the sudden transformation in the position of the evangelical Christian community on HIV/AIDS became a key turning point in the establishment of PEPFAR.

My findings also show that while Democrats dominated leadership on global HIV/AIDS leading up to PEPFAR, Republican leadership and control over political negotiations enabled bipartisan support for the creation of PEPFAR. In 2003, when the 108th Congress passed PEPFAR authorization, Republicans controlled the White House and both chambers of Congress. Conversely, in the 107th Congress, when the House and Senate each passed different bills increasing U.S. action on global HIV/AIDS, a different

party controlled each chamber, and they were unable to reconcile the different bills before the end of the Congress. After President Bush announced PEPFAR in January 2003, there was a calculated effort by the White House and Republican congressional leadership to ensure that Republican positions dominated on all areas of controversy. The Democrats were given little opportunity to weigh in and amend the bill, resulting in many political agreements that Republicans supported and Democrats opposed. However, most of the opposition to PEPFAR was among Republican members, which meant that without a Republican-dominated negotiation process, PEPFAR would likely not have acquired such a strong level of bipartisan support. By controlling the negotiation process and implementation, Republicans were able to ensure that there were no major provisions included in PEPFAR which would have prevented Republican support for the program. Thus, while Democrats and global health groups were previously supportive of increasing U.S. efforts to address global HIV/AIDS, there was little chance of achieving such a goal without strong Republican leadership on the issue.

Relatedly, in dominating the PEPFAR legislative process, Republicans achieved many political agreements, which enabled strong conservative and religious support for PEPFAR. Against Democratic disapproval, Republicans controlled the details of the final PEPFAR authorization bill on many controversial elements that ensured little opposition from conservatives. Specifically, the final PEPFAR authorization included: requirements that 33 percent of prevention funding be used on abstinence-only education programs; language excepting faith-based organizations from engaging in certain activities; a prohibition against funds going to any organization that did not have a policy of explicitly opposing prostitution; and a financial emphasis on bilateral over multilateral approaches

to addressing global HIV/AIDS. While some of these provisions have been changed in subsequent appropriations and reauthorizations of PEPFAR, they initially ensured strong bipartisan support for PEPFAR.

Whereas Congress and President Bush took leadership roles on global HIV/AIDS, which enabled the establishment of PEPFAR, President Clinton led on domestic HIV/AIDS but was reactionary on global HIV/AIDS. Part of President Clinton's inaction on global HIV/AIDS was a product of the limited possibilities during his time as President. For much of the Clinton administration, scientific development had not yet yielded the effective treatments that later became available. In addition, the raging epidemic in the U.S. necessitated a primary focus on domestic HIV/AIDS above global HIV/AIDS, and my findings indicate that President Clinton focused primarily on the domestic epidemic. After access to new treatments expanded in the U.S. and the severity of the epidemic in the U.S. began to improve, the prohibitively expensive cost of treatment as well as the belief that a vaccine was imminent meant that President Clinton focused on prevention efforts rather than providing access to treatment for those in developing countries. But, the South Africa case and the activism of global health groups forced the Clinton administration to change course on their position on intellectual property rights and access to medicines. The major impact of this case on the Clinton administration was not just the change in policy that resulted, but the fact that the Clinton administration was forced to acknowledge the importance of enabling access to drugs in developing countries, not just for those in the U.S. and other wealthy nations. While the prices of such drugs still remained high, it was no longer acceptable to ignore the treatment needs of those suffering from HIV/AIDS in the developing world, particularly

Africa. Ultimately, the trajectory of presidential attention to HIV/AIDS during the Clinton administration was a product of the times, as it would not have been possible to create a major PEPFAR-style program in the late 1990s, given the high prices of drugs at the time. Nonetheless, President Clinton did not take a leadership role on global HIV/AIDS, and rather reacted to the change in the political landscape, a failing he has spent much of his post-presidency trying to rectify.

My findings also highlight the impact of other important actors and interests, many of whom did not influence the creation of PEPFAR to the same degree as Congress, President Bush, and the religious community, but who affected the policy process and perceptions which led up to PEPFAR. The pharmaceutical industry is one such interest group that had some impact on the politics of global HIV/AIDS and the policy process leading up to PEPFAR, though I find that the influence of the industry on this issue declined over time. In particular, prior to PEPFAR, the pharmaceutical industry was effective in propagating the notion that high prices were not the primary impediment to access to drugs in developing countries, but other obstacles instead. The pharmaceutical industry was successful at persuading both the Clinton and Bush administrations, as well as many in Congress, to prioritize intellectual property rights over access to medicines. However, the pharmaceutical industry lost the public debate on this issue following the South Africa case, and correspondingly lost some level of influence in the area of global HIV/AIDS policymaking. Not only did the Clinton administration change course on this issue, but some of the PEPFAR policies preferable to the industry were also eventually changed, namely an huge increase in the purchase of generic medicines. Thus, the industry lost the public debate over access to medicines,

which both decreased their influence, and increased the view of many that a program to provide treatment for those in developing countries was long overdue.

The non-governmental organizations (NGOs) and global health groups were also heavily involved in the debate over global HIV/AIDS leading up to PEPFAR, and helped to bring global HIV/AIDS onto the official agenda, but had a limited impact on the final PEPFAR program. In particular, the strong activism of these groups during the South Africa case not only forced President Clinton to change course on siding with the pharmaceutical industry, but altered the public consciousness to believe that the lack of access to treatment in the developing world was no longer acceptable. Thus, while my findings indicate that these groups had little impact on shaping PEPFAR policy, they helped bring the access to medicines issue, and ultimately global HIV/AIDS, onto the official agenda.

Similarly, the attention of the international community to global HIV/AIDS helped to bring global HIV/AIDS onto the official agenda, and created the political space for PEPFAR. My findings demonstrated the importance of the call of the international community, particularly United Nations Secretary General Kofi Annan, for the world to put forth significant resources to address global HIV/AIDS. These calls were echoed in Congress, and many focused on the need for the U.S. to take a leadership role in the fight against global HIV/AIDS. Thus, the debate in the international community influenced debate over global HIV/AIDS in the U.S., helping to bring global HIV/AIDS onto the domestic agenda. In addition, the growing global consensus on the need for a huge increase in resources, as well as the need for the U.S. to take a leadership role, helped to create the political space for President Bush to propose and support such a large program.

The international community was less successful at convincing the U.S. to put the vast majority of its resources into a multilateral effort, as the vast majority of PEPFAR funding is for bilateral HIV/AIDS programs. Given the skepticism of the American public and many policy makers about the efficacy of multilateral institutions, particular the United Nations, the choice to create a predominately bilateral program increased its public and political support. Ultimately, the international community was influential in bringing global HIV/AIDS to the U.S. political agenda, and for propagating the view that a large amount of money from donor countries is needed and that the U.S. should take a leadership role on fighting global HIV/AIDS.

My findings on the role of celebrity activism, the media and public opinion suggest that these groups did not have a major impact on bringing global HIV/AIDS to the U.S. political agenda, or in shaping PEPFAR policy, but added to the broad political support enjoyed by PEPFAR. In particular, celebrity activists had a strong impact on public perceptions of both domestic and global HIV/AIDS, eventually helping to make addressing global HIV/AIDS a politically popular idea. In addition, the pattern of media attention to global HIV/AIDS was similar to that of Congressional attention to the issue, suggesting that the media echoed changes in official attention, rather than drove them. Accordingly, my findings on public opinion also demonstrate that in the years leading up to PEPFAR, Americans strongly believed that global HIV/AIDS was a major problem, reflecting the messages received from celebrity activists and trends in media attention. Ultimately, these groups had little impact on the rise of global HIV/AIDS onto the agenda or the negotiations leading up to the establishment of PEPFAR, but the strong public support for increased U.S. action on global HIV/AIDS enabled PEPFAR to

maintain its political viability. Thus, in impacting public opinion and making global HIV/AIDS a popular issue, celebrity activists and the media helped to minimize the traditional public opposition to a new foreign assistance program and, instead, shore up support.

In addition to the many actors and interest groups that impacted the policy process leading up to PEPFAR, one cannot ignore the major changes in scientific development and the economics of HIV/AIDS treatment that enabled PEPFAR. One of the most important elements of PEPFAR was the strong focus on providing treatment to millions of people, enabling the achievement of lofty humanitarian goals right from the start. This aspect of PEPFAR, which is arguably the central element of its popularity and success, would not have been possible without the development of effective medicines, and the decrease in price of treatment from $12,000 a year to under $300 a year in the early 2000s. While the change in the political environment following the South Africa case brought access to treatment into the spotlight, it was the decrease in treatment costs which enabled the global HIV/AIDS discussion to change from one focused on prevention to treatment. This major shift in the framing of global HIV/AIDS from prevention to treatment is one that appears in my findings on Congress and the President, and is an important foundation to PEPFAR. Thus, in addition to the leadership and impact of certain actors, the scientific and changes in costs of HIV/AIDS medicines were integral to the establishment of PEPFAR.

In addition to the evolution in the framing global HIV/AIDS from prevention to treatment, I also found that while a variety of justifications were used to increase U.S. efforts on global HIV/AIDS, the primary argument made in Congress and by President

Bush was based on a humanitarian argument for the moral necessity of the U.S. to take action. Whereas in the Clinton administration the framing of global HIV/AIDS was based predominately on national security rationales, as the severity of the epidemic grew, the framing turned to the humanitarian nature of the crisis. The American public and many policymakers often cite the ineffectual nature of foreign aid as a key criticism of such programs, and public opinion shows that Americans are more likely to support humanitarian programs over other types of aid programs. Thus, my finding that PEPFAR was framed as a humanitarian program likely influenced the strong public and political support for the program.

Another key element in the framing of global HIV/AIDS in the policy process leading up to passage of PEPFAR was the move from focusing on sexual behavior toward groups who drew significant sympathy. I found that framing of global HIV/AIDS in Congress and by the President was focused primarily on particular groups of people such as AIDS orphans or babies contracting HIV from their mothers. These groups are particularly sympathetic, and focusing discussion on these groups strengthened the humanitarian argument being made for PEPFAR. The focus on treatment of individuals also highlighted the ability of PEPFAR to save lives and the necessity of the program, rather than focusing discussions on prevention efforts, which were loaded with politically controversial elements. Thus, the framing of the issue to focus on the impact of global HIV/AIDS on sympathetic groups, and avoiding debates of the past related to amoral behavior, was closely tied to the strong humanitarian argument made by Congress and President Bush.

Application of Theory

I found punctuated equilibrium theory (Baumgartner and Jones, 1993) and advocacy coalition framework (Sabatier, 1988; Sabatier and Jenkins-Smith, 1993; 1999) to be useful lenses for studying the policy process leading up to PEPFAR, as my findings and conclusions fit well with many aspects of each theory. I utilized these theories as complementary lenses, as my analysis drew on particular aspects of these theories to identify factors and patterns that potentially influenced the policy process leading up to PEPFAR. My research did not seek to use these theories for falsification, but instead these theories were extremely beneficial in informing my analysis.

In particular, the sudden change in foreign assistance policy that occurred with establishment of PEPFAR is precisely what punctuated equilibrium theory is meant to explain. Punctuated equilibrium theory highlights issue definition and agenda setting as two important elements of the policy process, and correspondingly the appearance of global HIV/AIDS on the policy agenda as well as the reframing of the issue in public debate were key to the creation of PEPFAR. According to punctuated equilibrium, when urgency associated with new interpretations of a policy problem, in addition to increased attention from the public and political leaders, major policy changes are possible. In the case of PEPFAR, the reframing of the debate toward access to treatment and saving lives, brought new urgency to the issue, and increased attention from political leaders, interest groups, and the public led to major policy change. Major events such as the South Africa

trade dispute, and President Bush's State of the Union announcement helped push global HIV/AIDS onto the policy agenda, as the theory anticipates.

Similarly, advocacy coalition framework explains policy change through focusing on the behavior of elites in policy subsystems, similar to a policy monopoly in punctuated equilibrium. The rise of global HIV/AIDS onto the policy agenda certainly involved such a subsystem including global health groups, religious groups, the pharmaceutical industry, and international groups. Each of these groups were influential at differing points in the policy process, with global health groups helping to bring global HIV/AIDS onto the agenda, and religious groups shaping the final policy. Advocacy coalition framework alleges that one of the key aspects of policy change is "policy-oriented learning," an alteration of thoughts or beliefs among a coalition. Accordingly, the transformation of the position of religious conservatives on global HIV/AIDS was a turning point in providing the foundation of political support for PEPFAR. In addition, advocacy coalition framework also highlights the importance of changes in exogenous variables, including socioeconomic conditions, public opinion, or changes in the governing coalition. My findings suggest that many of these components were crucial elements to the policy change, including the drop in prices of HIV/AIDS drugs, the rise of public opinion in favoring action, and the change in governing coalitions from Democrats to Republicans in Congress and the White House. Thus, the policy-oriented learning and changes external to the policy subsystem described by advocacy coalition framework are useful frames to view the formation of PEPFAR.

One major difference between my findings and these theories are my findings on the more limited role of media attention and public opinion. Punctuated equilibrium lays

out a particular pattern followed by issues, whereby increased media and public attention drives increased official attention to an issue. However, I found that official attention to global HIV/AIDS, particularly in Congress, did not follow from increased media attention. While there was increased media and public attention to the issue, which played a role in reframing the issue toward access to medicines and building political support for foreign assistance, my findings do not indicate this was a key driver, as predicted by punctuated equilibrium. However, even with this difference, punctuated equilibrium and advocacy coalition framework were very useful theories in helping to explain the emergence of PEPFAR.

Other theories of policy making and agenda setting were also useful in explaining the emergence of PEPFAR, each of which work in conjunction with or are interrelated to punctuated equilibrium theory and advocacy coalition framework. Kingdon's Multiple Streams model (Kingdon, 1984) describes the role of a policy entrepreneur in bringing about policy change when a window of opportunity has opened, which is closely related to the idea of a policy broker in the advocacy coalition framework. I would argue that as global HIV/AIDS rose onto the policy agenda, and a coalition of political support for increased U.S. action was formed, President Bush was the policy entrepreneur in putting his weight behind PEPFAR. Similarly, Lowi's theory on interest group liberalism, which highlights the process by which interest groups influence policy making and oversight (Lowi, 1969), is helpful in understanding the large role played by the conservative religious community in the formation of PEPFAR. Finally, Stone's characterization of issue definition, whereby certain government actions or policies are deemed necessary as a result of problem definition (Stone, 1988), is relevant to understand the importance of

the shift in defining the global HIV/AIDS problem as an access to treatment problem. This shift enabled a coalition of support to form around increasing such access, which was one of the central components of PEPFAR. Thus, punctuated equilibrium and advocacy coalition framework and other theories of policy making and agenda setting were helpful frameworks to guide my analysis of the policy process that led to the formation of PEPFAR.

Specifically, punctuated equilibrium theory, advocacy coalition framework, and the other theories of policymaking influenced how I structured my research and conducted my analysis, which impacted my findings and conclusions. For example, without the lenses of punctuated equilibrium theory and Stone's characterization of issue definition, I may not have focused my content analysis of documents so heavily on determining the framing of HIV/AIDS. My analysis would have included an analysis of the justification for PEPFAR, which is based in previous literature, but these theories guided my analysis and findings on the general framing of global HIV/AIDS, including the change in framing of global HIV/AIDS from prevention to treatment, and the focus on moral and sexual behavior.

Similarly, advocacy coalition framework, as well as Lowi's theory on interest group liberalism, solidified my focus on the role of interest groups on the policymaking process. While my research would have still uncovered the presence and participation of certain groups, such as the religious community, my analysis likely would not have provided as much prominence to the role of other groups such as global health groups and international organizations. In addition, Kingdon's notion of a policy entrepreneur led me to focus on identifying such individuals in my analysis, without which my

findings on leaders in Congress may have been less significant. Finally, without punctuated equilibrium theory, my research and findings would not have included the data or quantitative analysis focused on the identifying patterns of congressional, and media attention. Other than the quantitative data, the remaining qualitative sources used in my research would have been the same. Thus, these theories did not significantly impact the sources I used, but they influenced the manner in which I analyzed those sources, which led me to many findings and conclusions I may not have otherwise uncovered.

Recommendations for Future Research

My research contributed to an understanding of the complete policy making process that led to the formation of PEPFAR, which represented an unexpected development in U.S. foreign assistance funding and policy. In particular, this research contributes to literature on the framing of the HIV/AIDS problem, as well as the role of civil society, particularly religious groups on formulating or developing PEPFAR. This dissertation also incorporates elements missing from past research on HIV/AIDS policymaking including the role of public attention, official attention, policy subsystems, policy-oriented learning, as well as major external events. In addition, my research utilized existing theories of policy making or agenda setting as lens to investigate the process that led to the emergence of PEPFAR, thereby contributing to literature on agenda setting and policy change. This dissertation used these frameworks to assess the

role and interaction between the many important components of the policymaking process, which ultimately led to the creation of PEPFAR.

In addition to contributing to literature on agenda setting, policymaking and the policy process that led to PEPFAR, this research also provides some lessons for policy makers and advocates of foreign assistance. Given the difficulty in building public and political support for new foreign assistance programs, my findings may assist advocates and policy makers in developing support for other PEPFAR-style programs in the future, such as U.S. food aid. One such lesson from my findings on PEPFAR underscores the importance of Presidential leadership. Although support was building for increased U.S. action on global HIV/AIDS, particularly in Congress, it was Presidential leadership that enabled a deal to be reached. While Congress has been able to act without Presidential leadership in creating other major programs in the past, particularly in the area of domestic HIV/AIDS, leadership from the White House on PEPFAR proved integral to its success. In policy areas such as foreign assistance with historically steady opposition in Congress, Presidential leadership can prove to be a useful strategy in overcoming this roadblock. As a result, in attempting to identify areas for potential growth in foreign assistance and build support for new programs, advocates and policy makers should consider the importance of engaging the White House, particularly the President.

Another key aspect of the policy making process that enabled PEPFAR to succeed was the strong conservative support and Republican leadership on the issue. Democrats were strong supporters of increased U.S. action on global HIV/AIDS, and leaders on the issue for many years, but Republican leadership in the White House and Congress ensured a positive political outcome. While support for a range of foreign assistance

programs can be observed in both parties, such programs often face opposition from conservatives. Thus, building bipartisan support, particularly among Republican leaders, for foreign assistance programs, as well as other programs with traditionally conservative opposition, is key to the success of any such proposal. Furthermore, the process of building a broad base of political support among non-traditional supporters of these programs involved activism among a range of interest groups, who do not normally align on many issues. This highlights the important role for broad coalitions among advocacy groups across atypical political boundaries in order to achieve similarly broad political support in Congress.

Finally, one of the most crucial elements for PEPFAR was the successful use of humanitarian rationales by Congress and the President to justify the program. Rather than tapping into the self-interest of the American public to further economic or foreign policy goals, policy makers were effective in selling PEPFAR as a program to improve the lives of people living halfway across the world. Americans are skeptical of the effectiveness of foreign aid, and while the public is generally not supportive of foreign assistance, polls show that the public is more encouraging of humanitarian programs. Therefore designing programs to achieve measureable humanitarian outcomes, as PEPFAR was designed to do, may help to build support among the American public for similar endeavors.

There is still more work to be done on understanding the factors that can lead to policy change in the realm of foreign assistance. While there are some transferable lessons learned from the PEPFAR case, as noted above, each area of foreign assistance is relatively unique and might warrant different strategies. As such, researchers should consider further case studies on the policy process that led to the formation of other

recent new programs in foreign assistance including the Millennium Challenge Corporation, the President's Malaria Initiative, Haiti reconstruction, and Feed the Future. Similarities between cases such as a large exogenous shift, justifications used, or governing coalitions, might help uncover important patterns. Relatedly, researchers should consider evaluating the characteristics of the policy process that led to the failure of other foreign assistance proposals. Studies comparing individual cases across foreign assistance might yield similar traits of successful and unsuccessful efforts at reform. Researchers might also gain insights from comparing various components of the policy process in foreign assistance to those in other potentially similar areas of public policy, such as domestic welfare policy. Further study on the successful and ineffective aspects of framing, agenda setting, interest group involvement, and issue attention can help academics understand the components of the policy process that can lead to large changes in foreign assistance. Furthermore, this type of study would help advocates and policy makers in their efforts to build support for future endeavors of this nature.

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