

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: TB Meeting [partial] (3 pages)	10/28/1998	b(6)
002. list	re: TB Meeting [partial] (3 pages)	10/28/1998	b(6)
003. list	re: TB Meeting [partial] (3 pages)	10/28/1998	b(6)
004. fax	Thomas Loftus to Ken Bernard re: SSN and DOB [partial] (1 page)	10/23/1998	b(6)
005. list	draft list re: SSN and DOB (2 pages)	10/28/1995	b(6)
006a. fax	Allison Tastsakis to Farzi Hemmasi re: SSN and DOB [partial] (1 page)	10/26/1998	b(6)
006b. fax	Shirley Moran to Yvonne Sheer re: SSN and DOB [partial] (1 page)	10/26/1998	b(6)
007. fax	Christoph Lee to Katie Button re: SSN and DOB [partial] (1 page)	10/27/1998	b(6)
008. fax	Allison Tastsakis to Farzi Hemmasi re: SSNs and DOBs [partial] (1 page)	10/21/1998	b(6)
009. fax	re: DOB and SSN (1 page)	10/19/1998	b(6)
010. fax	Farzi Hemmasi to Katie Button re: SSNs and DOBs [partial] (1 page)	10/20/1998	b(6)
011. fax	Allison Tastsakis to Farzi Hemmasi re: SSNs and DOBs [partial] (1 page)	10/21/1998	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20054

FOLDER TITLE:

TB [Tuberculosis] Meeting

2013-0534-S

rc1714

RESTRICTION CODES

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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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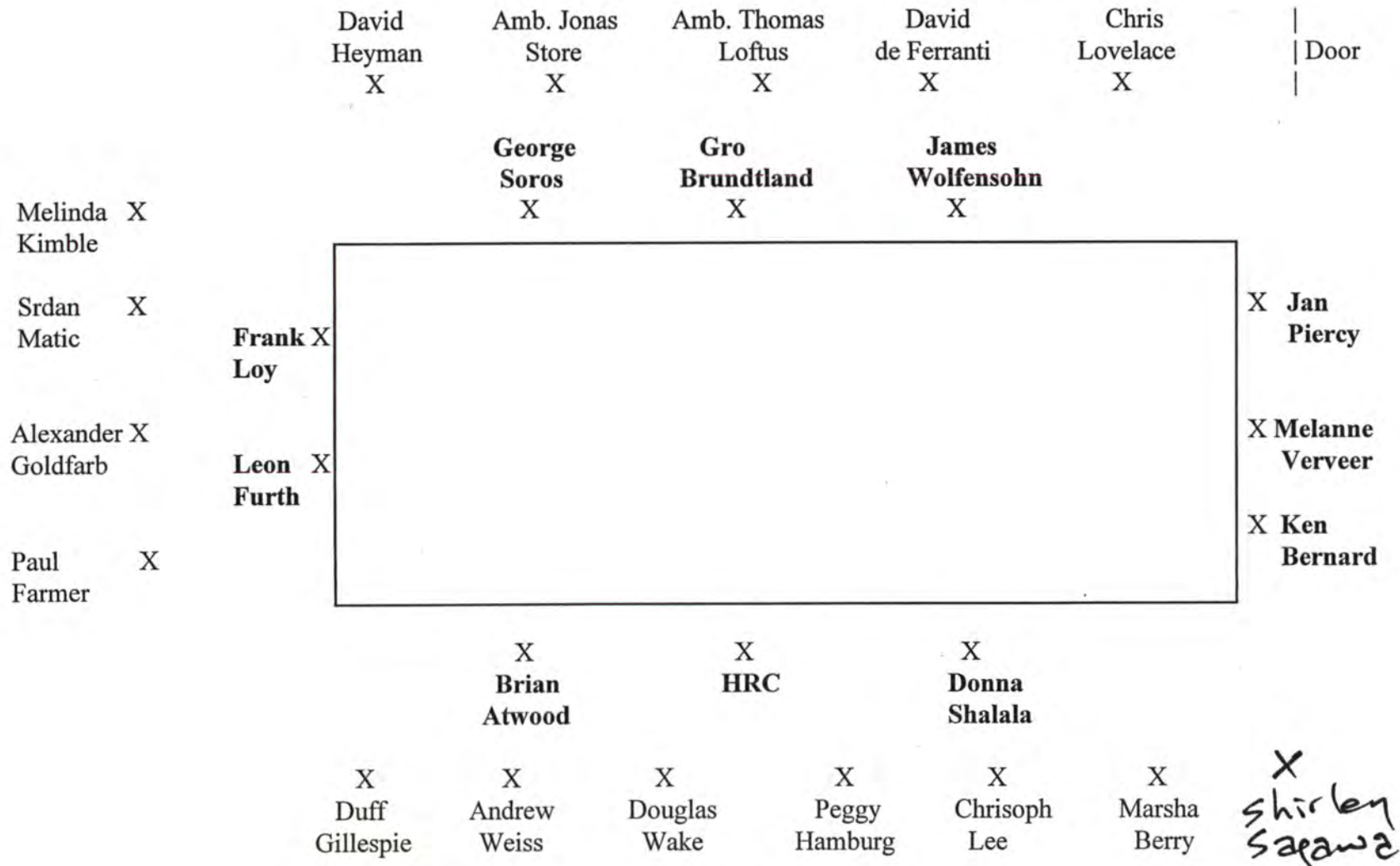
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TB Meeting Seating Chart

October 28, 1998 -- The Map Room



**TB Meeting
October 28, 1998**

List of Participants

World Health Organization

✓ Dr. Gro Brundtland

✓ Dr. David Heymann
*Executive Director for Communicable
Diseases*

✓ Ambassador Jonas Store
Executive Director

✓ Ambassador Thomas Loftus

World Bank

✓ Dr. James Wolfensohn
President

✓ Jan Piercy
U.S. Executive Director

✓ Dr. David de Ferranti
*Vice President, Human Development
Network*

✓ Chris Lovelace
Director, Human Development Sector

Open Society Institute

✓ George Soros

✓ Dr. Paul Edward Farmer

✓ Dr. Alexander Goldfarb

✓ Dr. Srdan Matic

Project 55 TB Initiative (Ralph Nader grp.)

✓ Christoph Lee

AID

✓ Administrator Brian Atwood

✓ Duff Gillespie
*Deputy Assistant Administrator for
Population, Health and Nutrition*

HHS

✓ Secretary Donna Shalala

✓ Peggy Hamburg
Asst. Secretary for Planning and Evaluation

State

✓ Frank Loy
Undersecretary of State for Global Affairs

✓ Melinda Kimble

✓ Douglas Wake
Office of Assistance to the NIS

WH/NSC

✓ Melanne Verveer

Marsha Berry

✓ Ken Bernard

✓ Andrew Weiss

Leon Furth

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(b)(6)

[001]

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Ambassador Jonas Store
Executive Director

(b)(6)

Ambassador Thomas Loftus

(b)(6)

Driver: Luis Ponce

(b)(6)

Black 1999 Cadillac DeVille
MD FJK480

Contact: Ken Bernard X69298

World Bank

Dr. James Wolfensohn
President

(b)(6)

Jan Piercy
U.S. Executive Director

(b)(6)

Dr. David de Ferranti
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(b)(6)

Chris Lovelace
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(b)(6)

Driver: Ramonet Alvarez

(b)(6)

Car: Blue Lincoln Town Car, DC 792 608

Contact: Allison Tsatsakis 458-4776

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Dr. Srdan Matic

(b)(6)

Driver: Steve Billings

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MD B02 153

Contact: Farzi Hemmasi 212-547-6904

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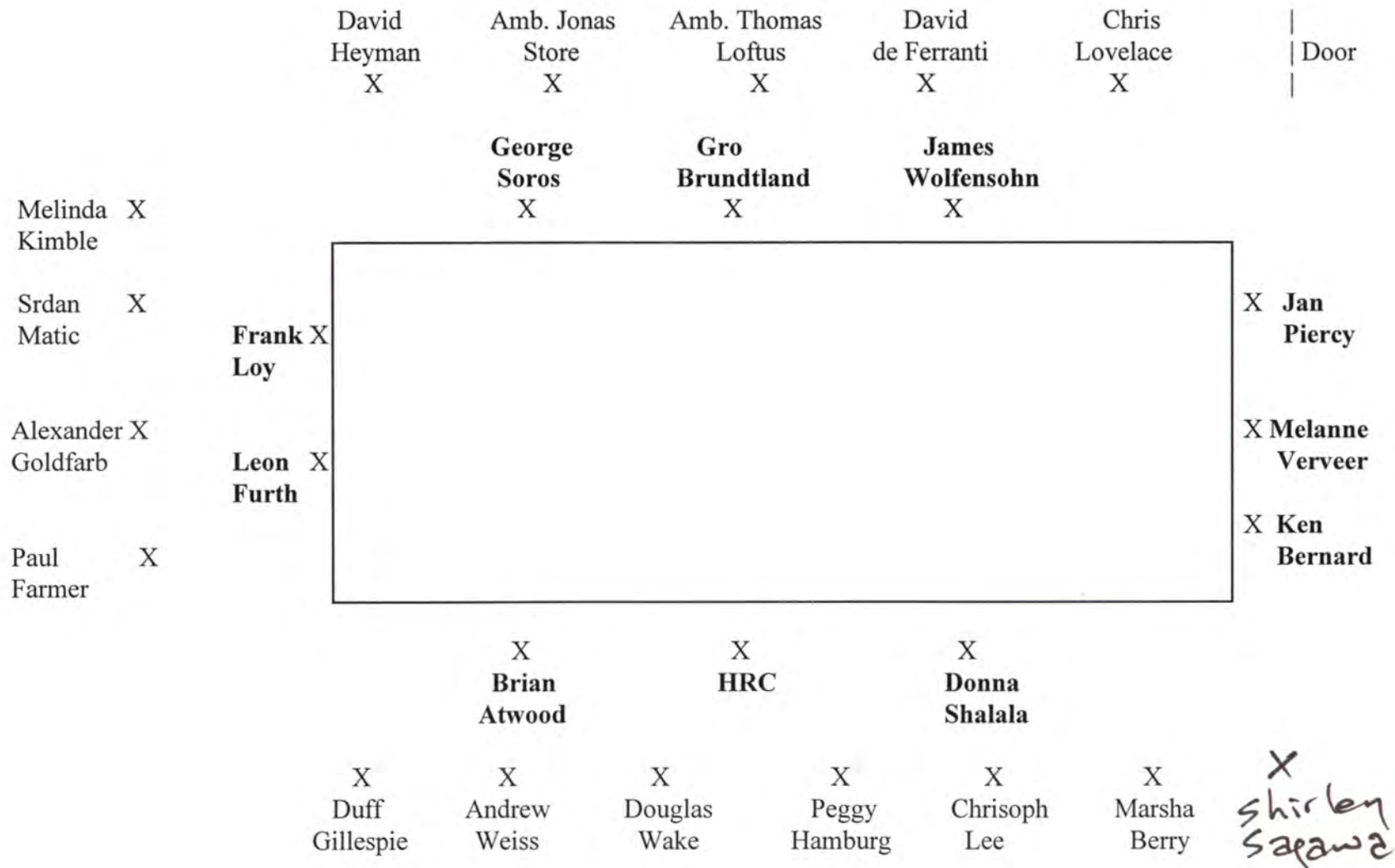
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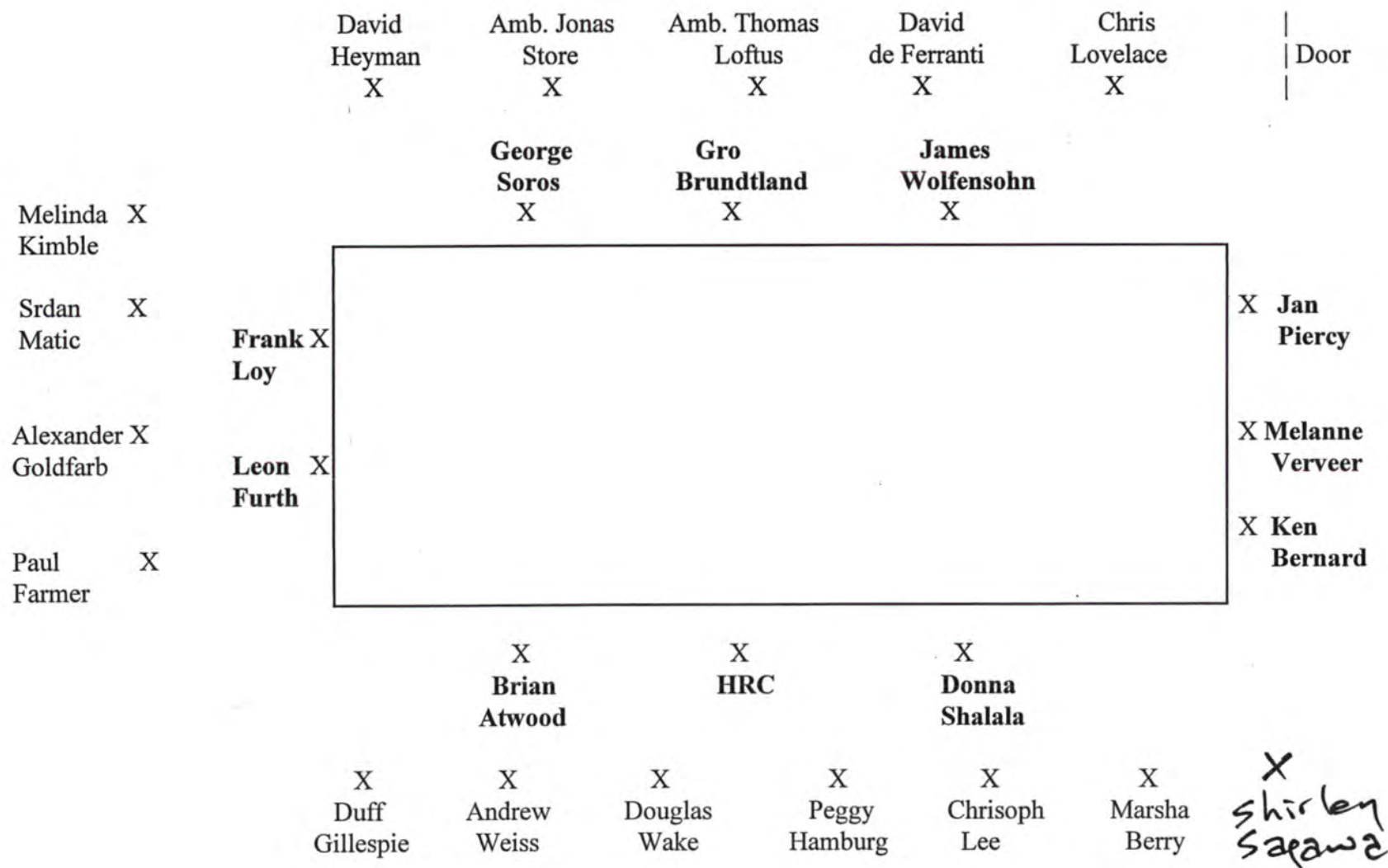
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October 28, 1998 -- The Map Room



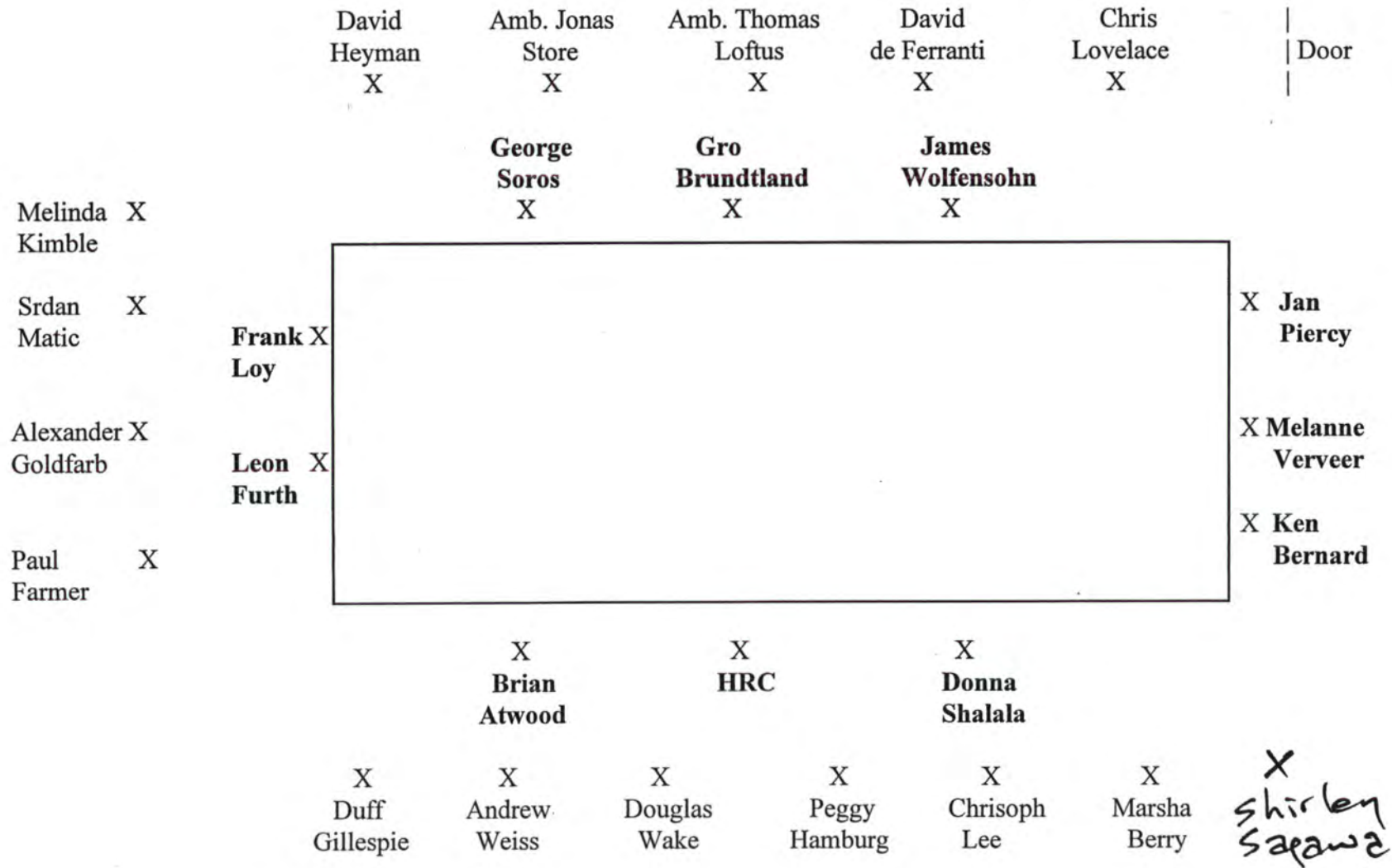
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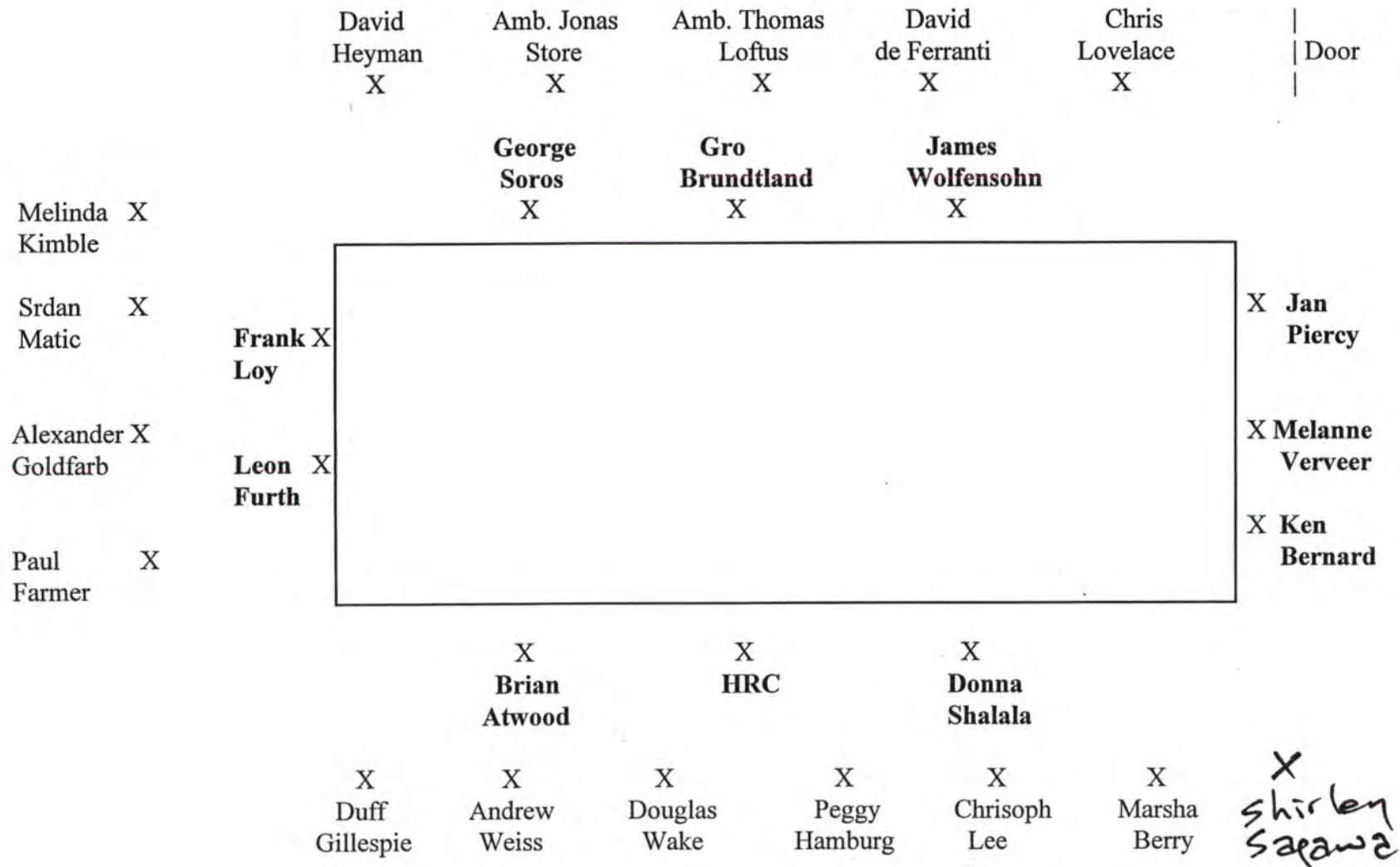
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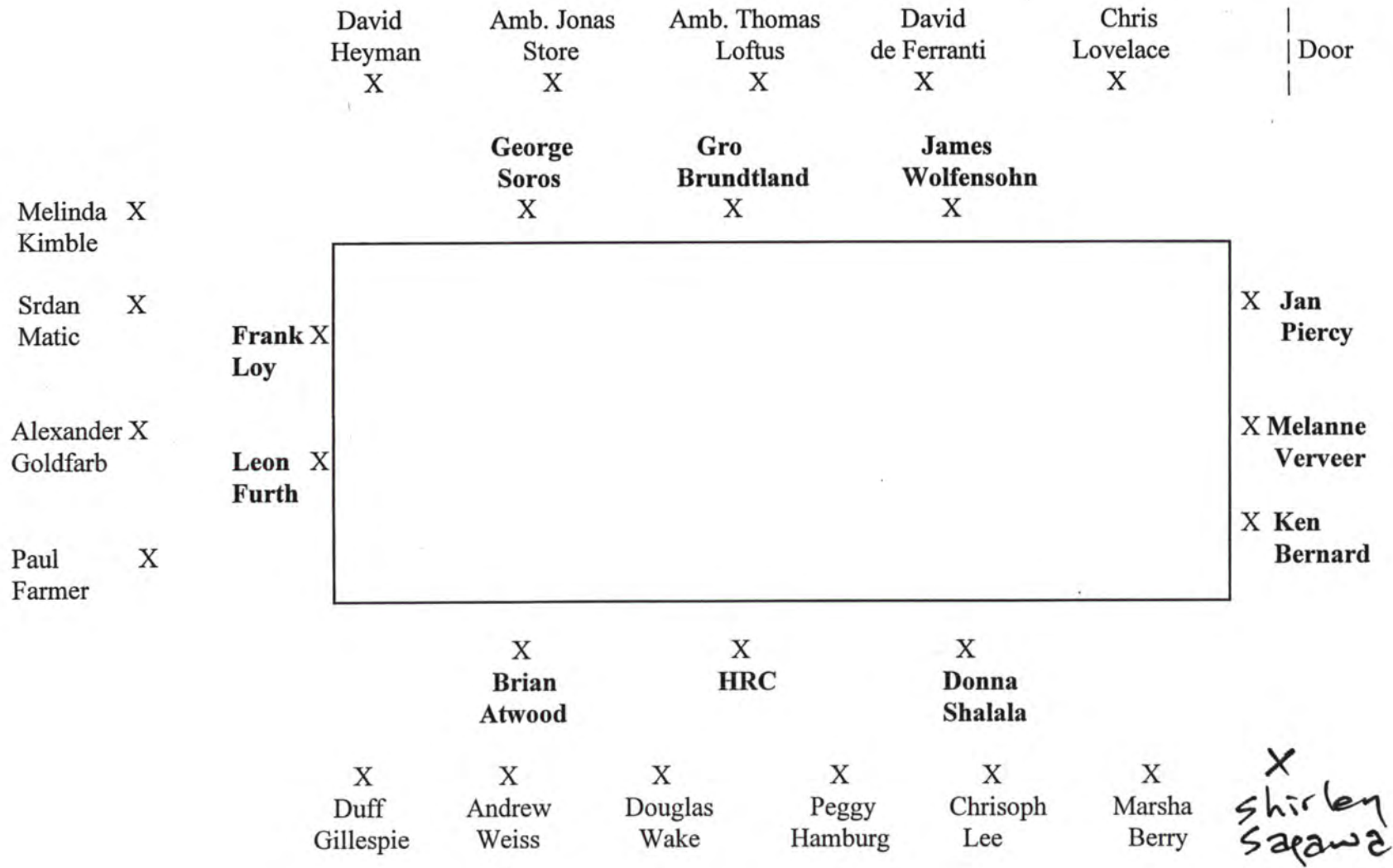
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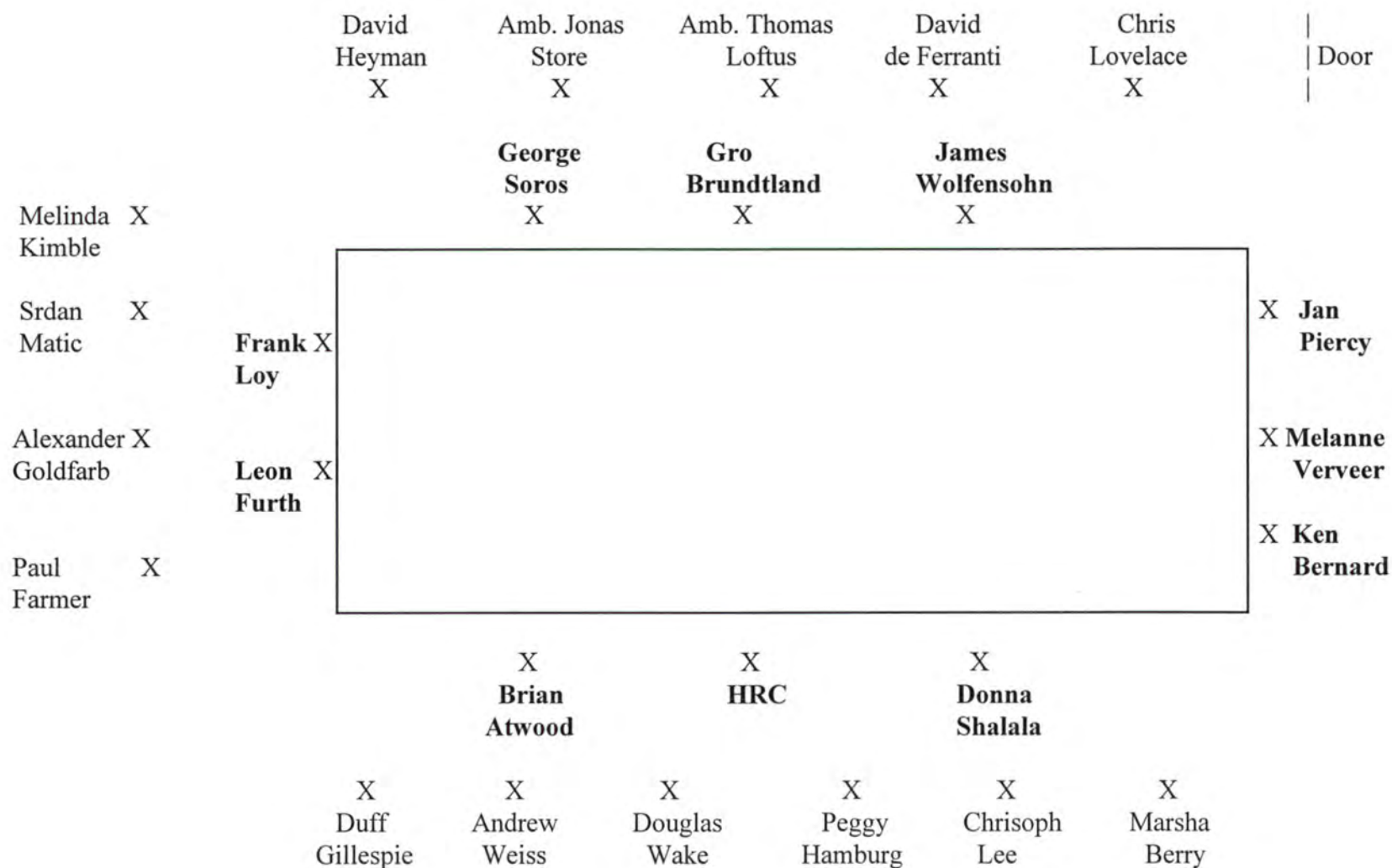
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FAX TRANSMISSION

WORLD HEALTH ORGANIZATION

1775 K STREET, N.W., SUITE 430

WASHINGTON, DC 20006

(202) 331-9081

FAX: (202) 331-9097 E-MAIL: WHOLOFTUS@AOL.COM

To: Dr. Ken Bernard**Date:** October 23, 1998**Fax #:** (202) 456-9390**Pages:** 10, including cover sheet.**From:** Amb. Thomas Loftus
Special Advisor to the Director-General**Subject:** TB briefing notes

Ken, Here is the brief you asked for for the First Lady, and FYI the briefing notes that were prepared for Dr. Brundtland.

Please add Dr. David Heymann to our side. Social Security

(b)(6)

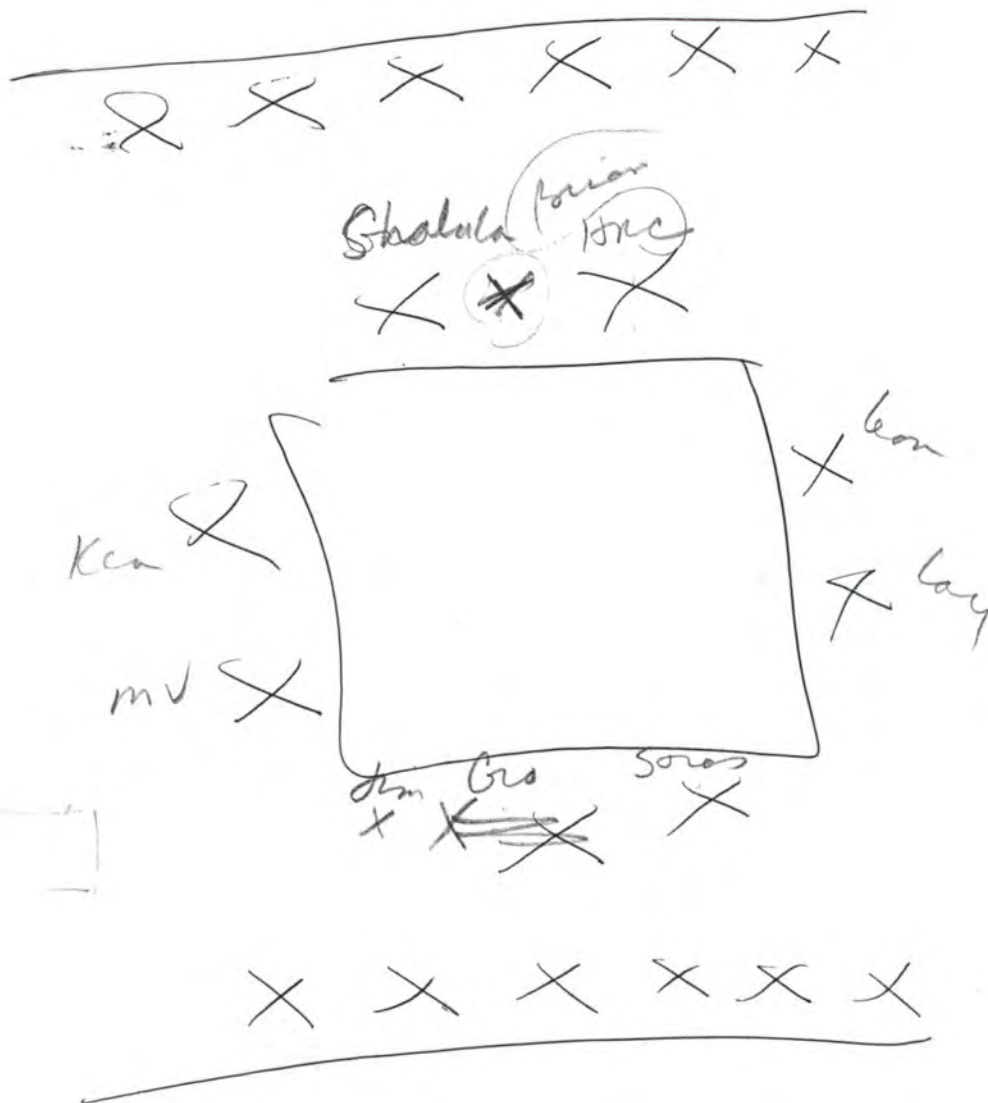
Date of Birth:

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[004]

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Tom



Melanne Verveer

387-8030

Ralph Naden

Initiative
TB Project

Christopher Lee

588-7748

(m)

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. list	draft list re: SSN and DOB (2 pages)	10/28/1995	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20054

FOLDER TITLE:

TB [Tuberculosis] Meeting

2013-0534-S

rc1714

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

**OPEN SOCIETY INSTITUTE
US PROGRAMS**

400 West 59th Street
New York, NY 10019

(212) 548-0600

212-6300

TO: Katy Button
Office of the First Lady

Fax: (202) 456-6244

Phone: (202) 456-6266

FROM: Farzi Himmasi
Reproduction Health & Rights

Fax: (212) 548-4677

Phone: (212) 547-6909

Date: 10/26/98

Pages: 2

Additional TB Meeting attendee
information. Please contact me with
any questions. I will be out of the
office tomorrow morning but my phone
will be answered by Rochelle Rosenbaum
who will be able to answer your questions.

(MON) 10:26:98 10:52/ST. 10:51/NO. 3561964220 P 1/1

FROM WB EXC

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006a. fax	Allison Tastsakis to Farzi Hemmasi re: SSN and DOB [partial] (1 page)	10/26/1998	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20054

FOLDER TITLE:

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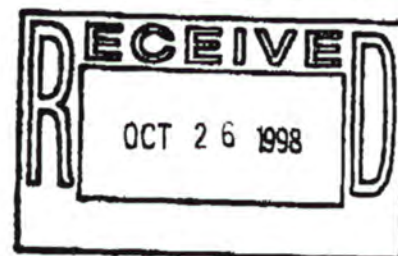
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FAXPresident's Office, The World Bank
Washington, D.C.**(ADDITIONAL) SECURITY CLEARANCE INFORMATION**Date 10/26/98
Number of pages including cover sheet 1

From:

Allison Tsatsakis,
Executive Assistant,
SchedulingTo: **MS. FARZI HEMMASI**
CC: **MS. ELISE VAN OSS**
OPEN SOCIETY INSTITUTEPhone 202-458-4776Fax Phone 202-522-3031Fax Number 212-548-4677 /
212-548-4608CC: **CARVAJAL/S.SEBASTIEN**
FAX 522-3234

REMARKS:

Dear Farzi and Elise:

Please note that I have just been notified that there will be an additional staff member who will accompany Messrs. Wolfensohn & De Ferranti to the White House meeting on Wednesday, October 28 from 4:00 to 5:00 p.m. Please find the security information for this staff member listed below.

Mr. Chris Lovelace, Director, Human Development Sector Unit, Europe and Central Asia Region & Acting Director and Chair, Sector Board - Health, Nutrition and Population

Birthdate:

Soc. Sec.

(b)(6)

C006a]

Please call me if you need any further information.

Sincerely,

A handwritten signature in cursive script, appearing to read "Allison".

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006b. fax	Shirley Moran to Yvonne Sheer re: SSN and DOB [partial] (1 page)	10/26/1998	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20054

FOLDER TITLE:

TB [Tuberculosis] Meeting

2013-0534-S

rc1714

RESTRICTION CODES

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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6010 Execut
Rockville, N
301-
1-800-
Fax 301-

26 October 1998

TO: Ms. Yvonne Sheer → Farzi Hennes
Soros Fund Management
(212) 965-1630
979-4057

FROM: Shirley Moran

RE: Visit to Washington, D.C.
Wednesday 28 October.

Dear Yvonne:

I realized after speaking to you that Mr. Soros was driven by Steve Billings on his first trip to D.C. with us.

Therefore, I have booked him as follows:

Chauffeur: Steve Billings
DOB: (b)(6)
S/S: [006 bJ]
White Male
USA

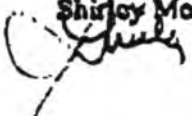
Vehicle: 1997 Black Lincoln Town Car
Tag: B02-153 Maryland tag
Phone: (301) 928-4521

We will collect Mr. Soros and his party at Reagan National Airport from the USAir shuttle arriving at 3:00PM. They will be driven to the White House, East Appointment Gate - wait and as directed.

I will be in my office after 2:00PM tomorrow and will call you to make certain all is as planned.

Thank you Yvonne.

Shirley Moran



Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. fax	Christoph Lee to Katie Button re: SSN and DOB [partial] (1 page)	10/27/1998	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20054

FOLDER TITLE:

TB [Tuberculosis] Meeting

2013-0534-S

rc1714

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PRINCETON PROJECT 55 INC.

Tuberculosis Initiative

FACSIMILE

To: Ms. Korie Button Fax: (202) 456-6244 Date: 10/27/98 # of pages: 1 (including this page)	From: Christoph Lee Project Manager Tuberculosis Initiative Fax: (202) 588-7798 Phone: (202) 588-7748 E-mail: cle@essential.org
Message: Ms. Button, Below is the information you requested. Thank- you for trying to accommodate both of us. Sincerely, Christoph Lee Chrishanthie Jasmine Inpamany Karalakulasingham DOB [REDACTED] SSN# [REDACTED] [009] Christoph Ilsuk Lee DOB [REDACTED] SSN# [REDACTED] [REDACTED]	

1600 20th Street N.W.

Washington, D.C. 20009

MEMORANDUM
OF CALL

Previous editions usable

TO: Melanne
☒ YOU WERE CALLED BY— ☐ YOU WERE VISITED BY—
Nancy Carter Foster
OF (Organization)

☒ PLEASE PHONE ► (Enter area code, if necessary) ☐ DSN
647-2435

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU
☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

Re: this morning's
briefing

RECEIVED BY	DATE	TIME
<u>Jennifer Gibbs</u>	<u>10/24/98</u>	<u>9:43</u>

NSN 7540-00-634-018
50363-111
UNICOR FPI-SST

OPTIONAL FORM 363 (Rev. 7-94)
General Services Administration



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

FAX COVER SHEET

To:	Melanne Verveer	Phone:	456-1414
		Fax:	456-6244
From:	Donald Pressley, A-AA/ENI	Phone:	712-0090
		Fax:	216-3057

of pages (including cover): 6

Comments:



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

OCT 23 1998

McLanne:

Although the attached paper fully covers the subject of the problem of tuberculosis (TB) in Europe and the New Independent States (ENI), it may be more than you have time to read. Therefore, I have highlighted some key points that you need to know:

- Since 1991, the incidence of TB in Russia has risen dramatically to a level among the highest in Europe.
- Since Russia continues to follow outdated TB diagnostic and treatment practices, multi-drug resistant forms of the disease are also increasing.
- An emergency drop of TB pharmaceuticals in Russia is not needed now despite the present crisis because the system is not prepared to properly handle a DOTS program. Nonetheless, USAID/Moscow will continue to monitor the situation.
- Funding to date for TB programs in the ENI has totaled approximately \$4.18 million (Russia \$1.5 million, Central Asian Republics \$1.98 million, Kosovo \$696,000).
- USAID is assisting in reorienting the TB control effort in the region through: (a) specific USAID activities up and down the delivery chain; and (b) collaborating with HHS and CDC to set up a multi-donor working group on the subject.
- I understand that the focus of the upcoming meeting is appropriately world-wide, but as promised this background piece gives you up-to-date information on our region.

Best Regards,

Don

F A X C O V E R S H E E T**OPEN SOCIETY INSTITUTE
US PROGRAMS**

400 West 59th Street
New York, NY 10019
(212) 548-0600

TO: *Katy Bottom*
Office of the First Lady

Fax: (202) 456-6244
Phone: (202) 456-6266

FROM: *Farzi Hemmami*

Fax: (212) 548-4677
Phone: (212) 548-6904

Date: *10/22/98*

Pages: *2*

Please find attached updated security clearance information from The World Health Organization for their driver. Please call w/ questions.

Farzi Hemmami

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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008. fax	Allison Tastsakis to Farzi Hemmasi re: SSNs and DOBs [partial] (1 page)	10/21/1998	b(6)
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COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20054

FOLDER TITLE:

TB [Tuberculosis] Meeting

2013-0534-S

rc1714

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FAXPresident's Office, The World Bank
Washington, D.C.**SECURITY CLEARANCE INFORMATION**Date 10/21/98
Number of pages including cover sheet 1

From:

Allison Tsatsakis,
Executive Assistant,
SchedulingTo: **MS. FARZI HEMMASI**CC: **MS. ELISE VAN OSS****OPEN SOCIETY INSTITUTE**Phone 202-458-4776Fax Phone 202-522-3031Fax Number 202-548-4877 /
212-548-4608CC: J. CARVAJAL**REMARKS:**

Dear Farzi and Elise:

Per our conversation, below please find the information you requested with respect to Mr. Wolfensohn's participation at the White House meeting on Wednesday, October 28 from 4:00 to 5:00 p.m. We have made note that Messrs. Wolfensohn and De Ferranti need to be at the White House between 3:30 and 3:45 p.m..

Mr. James D. Wolfensohn, President

Birthdate: (b)(6)
Soc. Sec. (b)(6)

[008]

Mr. David De Ferranti, Vice President, Human Development Network

Birthdate: (b)(6)
Soc. Sec. (b)(6)

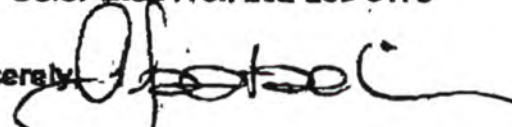
Driver: Ramonet Alvarez

Birthdate: (b)(6)
Soc. Sec. (b)(6)**REVISED**
10/21 @ 3:20 PM

- INFO.

Car Information: Lincoln Town Car '98 / DC Tag# 792-608 / Color-Blue / Tel. 202-253-6173

Please call me if you need any further information. Sincerely,



Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. fax	re: DOB and SSN (1 page)	10/19/1998	b(6)

COLLECTION:

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F A X C O V E R S H E E T**OPEN SOCIETY INSTITUTE
US PROGRAMS**

400 West 59th Street
New York, NY 10019
(212) 548-0600

TO: *Katie Button*
Office of the First Lady

Fax: (202) 456-6244
Phone: (202) 456-6266

FROM: *Farzi Hemmasi*
Repro. Health & Rights

Fax: (212) 548-4677
Phone: (212) 547-6904

Date: *10/20/98*

Pages: *2*

Withdrawal/Redaction Marker

Clinton Library

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MEMORANDUM

TO: KATIE BUTTON
FROM: FARZI HEMMASI
SUBJECT: OCTOBER 28 TB MEETING ATTENDEES INFO
DATE: 10/20/98
CC: ELLEN CHESLER

Please find below the information you requested for the Open Society Institute attendees of the October 28th TB Meeting at 4:00 PM at the White House:

1) George Soros

DOB: [REDACTED] (b)(6) [6103]

2) Dr. Paul Edward Farmer

DOB: [REDACTED] (b)(6)

3) Dr. Alexander Goldfarb

DOB: [REDACTED] (b)(6)

4) Dr. Srdan Matic

DOB: [REDACTED] (b)(6)

It is possible that Mr. Soros will have a chauffeur bring him to the White House for the meeting. In that case, I will get you his or her date of birth, social security number, and license plate number ahead of time. Please contact me with any additional information or questions regarding this meeting at (212) 547-6904, and many thanks for all your help.

F A X C O V E R S H E E T**OPEN SOCIETY INSTITUTE
US PROGRAMS**

400 West 59th Street
New York, NY 10019
(212) 548-0600

TO: Katy Button
Office of the First Lady

Fax: (202) 456 - 6249

Phone: (202) 456 - 456 - 626

FROM: Farzi Hemmasi
Repro. Rights.

Fax: (212) 548 - 4677

Phone: (212) 547 - 6904

Date: 10/21/98

Pages: 2

Please find attached information for
Oct. 28 TB Meeting attendees from the
World Bank - James Wolfensohn &
David De Ferranti (& their driver).

Please call w/ questions.

- Farzi Hemmasi

Withdrawal/Redaction Marker

Clinton Library

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011. fax	Allison Tastsakis to Farzi Hemmasi re: SSNs and DOBs [partial] (1 page)	10/21/1998	b(6)
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FAXPresident's Office, The World Bank
Washington, D.C.**SECURITY CLEARANCE INFORMATION**Date 10/21/98Number of pages including cover sheet 1

From:

Allison Tsatsakis,
Executive Assistant,
SchedulingTo: MS. FARZI HEMMASICC: MS. ELISE VAN OSSOPEN SOCIETY INSTITUTEPhone 202-458-4776Fax Phone 202-522-3031Fax Number 202-548-4577 /212-548-4608CC: J. CARVAJAL**REMARKS****Dear Farzi and Elise:**

Per our conversation, below please find the information you requested with respect to Mr. Wolfensohn's participation at the White House meeting on Wednesday, October 28 from 4:00 to 5:00 p.m.. We have made note that Messrs. Wolfensohn and De Ferranti need to be at the White House between 3:30 and 3:45 p.m..

Mr. James D. Wolfensohn, President

Birthdate:

(b)(6)

Soc. Sec. #

Mr. David De Ferranti, Vice President, Human Development Network

Birthdate:

(b)(6)

Soc. Sec. #

Driver: Ramonet Alvarez

Birthdate:

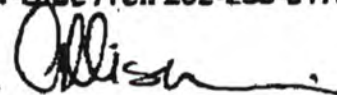
(b)(6)

Soc. Sec. #

Car Information: Lincoln Town Car '98 / DC Tag# 792-608 / Color-Blue / Tel. 202-253-8173

Please call me if you need any further information.

Sincerely,



Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. note	re: SSN and DOB [partial] (1 page)	10/28	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20054

FOLDER TITLE:

TB [Tuberculosis] Meeting

2013-0534-S

rc1714

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

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RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

For TB meeting on October 28:

Katy,
This came
from Ken
Bernard.
-ERIC

Attending with Sec. Shalala

Dr. Margaret Hamburg, DOB

(b)(6)

[012]

Attending with Dr. Gro Harlem Brundtland

(b)(6)

Ambassador Jonas Store (Norwegian)

DOB

(b)(6)

Ambassador Thomas Loftus (US Citizen)

DOB

(b)(6)

Also... Alice
(from Jim Wolfensohn's Office)
458-4776

called to get parking/dropoff
instructions for the same
meeting. I told her prob.
East Gate but that we'd
let her know for certain

-Eric

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

October 20, 1998

MEMORANDUM FOR MELANNE VERVEER

FROM: KENNETH BERNARD 
SUBJECT: TB IN RUSSIA: THE MEETING WITH THE FIRST LADY ON
OCTOBER 28

I understand that George Soros has sent you material related to the issue of tuberculosis in Russia. I won't burden you with much more. A good summary of the HHS position is attached, done as an August 28 letter from Secretary Shalala to the President.

I also attached a *draft* memo from USAID on their position on the issue, an excellent article from the LA Times by the respected scientist R. Gordon Douglas (and Ralph Nader), and a summary chart of other TB programs ongoing in Russia.

Gro Brundtland's staff will forward a brief review of W.H.O.'s TB programs which I will get to you as soon as received.

Of particular interest is the October 9 letter to Madeleine Albright from Alfonse D'Amato and Chris Smith adding their concern about drug resistant TB in Russia.

I think it would be useful to talk among ourselves before the meeting on the 28th, to ensure we end up with a coordinated and action-oriented outcome.

Attachments
As described



DEPARTMENT OF HEALTH & HUMAN SERVICES

Chief of Staff

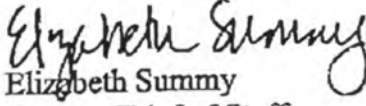
Washington, D.C. 20201

MEMORANDUM FOR CABINET AFFAIRS

SUBJECT: Memorandum for the President Regarding Tuberculosis Epidemic in Russia

Secretary Shalala asked that we forward the attached materials for the President and First Lady's upcoming visit to Russia. Recently, tuberculosis cases have risen dramatically in Russia, more than doubling since 1992. Because TB treatment is an important health care issue in Russia, it may come up during their visit. In addition, the President or the First Lady may be able to further the progress made by Secretary Shalala through her leadership of the Gore-Chernomyrdin Health Committee in encouraging the Russian government to adopt the Directly Observed Therapeutic Strategies (DOTS) approach to TB treatment.

The First Lady is aware of this issue and raised it during a meeting with George Soros when he was explaining his initiative in Russia to combat TB through DOTS. Mrs. Clinton is knowledgeable about the newer modes of treatment and about the public health threat of Multidrug-Resistant TB. We believe that she also discussed this issue during her visit with Director General Brundtland of the World Health Organization.


Elizabeth Summy
Deputy Chief of Staff

Enclosures



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

AUG 28 1998

MEMORANDUM FOR THE PRESIDENT

SUBJECT: Tuberculosis Epidemic in Russia

Because the tuberculosis (TB) epidemic in Russia is such an important health care issue, I am providing you with an update and background on its current status and the steps we are taking to address this significant, world-wide threat to the public health. Also, I have attached talking points and a brief background paper for your use should the opportunity arise during your visit to further our recent progress made in combating this deadly disease.

As you know, I have had the pleasure of serving as a co-chairperson, together with the Russian Minister of Health, on the Health Committee of the Gore-Chernomyrdin Commission. TB control is a key issue for the Health Committee and many resources of the Department of Health and Human Services, especially through the Centers for Disease Control and Prevention (CDC), and the USAID, Department of State have been mustered to assist the Russian government in fighting this disease. But urgent problems continue that need to be addressed.

First, although Russia has the relatively low-cost drugs that can be used to treat TB, there are often more TB patients in the prisons and sanatoria than can be treated with the drugs available. Also lacking is surveillance, laboratory support and the organizational systems and discipline to see treatments completed.

Second, when the inexpensive, simple antibiotic treatments for TB are not adhered to, are inadequate or unavailable, a Multi-Drug Resistant Tuberculosis (MDR-TB) may emerge that is treatment-resistant and requires much more expensive antibiotics. If these are unavailable or are used in a haphazard fashion, there is substantial risk of developing even more resistant strains of TB and spreading an airborne epidemic beyond Russia.

We have worked with our Russian colleagues to encourage them to adopt a treatment regimen, known as Directly Observed Therapeutic Strategy (DOTS), that has been advocated by the CDC and the World Health Organization (WHO). DOTS entails carefully monitoring patients to ensure that they take the full course of antibiotics prescribed to eliminate TB. This can be done in either an in-patient or out-patient setting, but the cost savings of out-patient treatment are substantial. It is an important world-wide strategy to treat TB that can improve the quality of care and reduce costs without the need for prolonged institutionalization.

However, some have argued that because DOTS does not require institutionalization, drug treatment compliance could be lower, which could lead to the emergence of MDR-TB. The official Russian policy on TB retains the traditional approach of treatment in sanatoria. This is especially true among local officials where the sanatoria system is a major source of employment.

Page 2 - The President

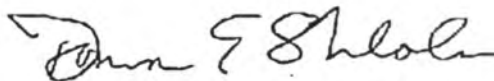
Seeing both sides of this issue, we have pushed hard, but respectfully, for reform in Russia. I am especially pleased that the Gore-Chernomyrdin Health Committee has given us a forum to convince the Minister of Health to adopt DOTS and to make the organizational changes necessary for its implementation. The cost of adequate treatment of TB in Russia, including transition to a system of DOTS, remains a challenge but HHS and the State Department are working with our Russian counterparts to develop a short- and long-term strategy.

One example of our success stems from our convincing the Ministry of Health to adopt DOTS which paved the way for Mr. George Soros and his grantees to implement DOTS demonstration projects in Russia. Under this effort, Mr. Soros' Open Society Institute is providing funding to the New York City-based Public Health Research Institute (PHRI) to implement DOTS pilot projects in Russia with a focus on the possible emergence of MDR-TB. I would note that the First Lady is keenly aware of the public health threat of MDR-TB and raised it during a meeting with Mr. Soros where he was explaining his initiative in Russia.

You should also be aware that Mr. Soros' grantee, PHRI, together with the Britain-based Medical Emergency Relief International and the Belgian-based Medecins Sans Frontieres (Medicine Without Frontiers) have sent an open letter to President Yeltsin urging that he do more to combat the spread of MDR-TB, warning that Russia has become the "world's incubator of the deadly disease." Some Russian conservatives consider these efforts to be a "plot" by western drug companies to sell Russia expensive pharmaceuticals.

We would suggest a less politically confrontational, more public health approach to this complicated issue. An approach based on the scientific evidence that DOTS can be a more effective and lower cost approach to the treatment of TB, especially with respect to the threat of MDR-TB. We hope that the progress that we have made with the Russian Ministry of Health, which has made it possible for the Mr. Soros' initiative to occur, can be continued.

As I mentioned above, I am making the attached talking points and briefing paper available to you should the opportunity arise to further our public health goals of reducing the incidence of TB, especially MDR-TB, among the Russian people. I have also attached an informative editorial by Harvard Professor, Howard Hiatt, who argues because of its airborne spread, resurgent tuberculosis, and MDR-TB in particular, are an even greater threat to society than the AIDS epidemic. Please let me know if you would like any additional information.



Donna E. Shalala

Enclosures

Tuberculosis Epidemic in Russia Talking Points

- We share your concern about the increased incidence of tuberculosis (TB) in Russia, and especially the emergence of a particularly dangerous form of tuberculosis, multidrug-resistant TB (MDR-TB) that cannot be treated with conventional antibiotics.
- We understand that MDR-TB is now a particular challenge in the penal system of the Russian Federation. Prisoners released after even brief stays in crowded prisons may have acquired the disease and become the source of infection in the community at large.
- We in the U.S. have had our own unfortunate experience with drug-resistant tuberculosis. During late 1985 and early 1990's, we had outbreaks of MDR-TB in hospitals and prisons, much of which was associated with HIV/AIDS co-infection.
- We have committed a substantial level of effort and resources to bring the situation under control. Only after implementation of treatment methods, such as directly observed therapy, that are recommended by the World Health Organization and our own Centers for Disease Control and Prevention, were we able to make real progress in controlling this persistent disease.
- We are aware of the situation in Russia and applaud your recent efforts of the Russian Ministry of Health and the Chief Administration of Execution of Punishment to implement international standards of TB control.
- We also understand the difficulties you face, both economic and social, in restructuring the system of TB care.
- However, we also are aware that there are successful pilot projects underway in Ivanovo and Tomsk that are being carried out as part of multilateral and our own bilateral cooperation.
- Based on these experiences, we stand ready to provide technical assistance as you work towards a nationwide program of tuberculosis control in Russia.

Russia's Health Care System and Condition

Serious shortcomings in Russia's health system and disease profile threatens the country's ability to provide adequate public health services to the Russian people, and for some diseases, poses a cross-border threat to the health of other nations, including the United States. While many general health statistics have improved modestly in the last two years, including life expectancy, alarming increases are evident in rates of STDs, HIV and TB.

Between 1990 and 1997, the incidence of syphilis has increased from 5.4 per 100,000 to 216.9 per 100,000 -- an increase of nearly 5,000%. Gonorrhea is increasing rapidly as well, and what shocks health officials and local leaders is that many of those infected are under the age of 20. In 1987, Russia had 24 recorded cases of HIV. By the first half of 1998 there were close to 8,700 cases of HIV and 300 AIDS deaths reported. Outside estimates are much higher, but even the Russian Duma estimated that Russia can expect at least one million cases of HIV in the coming years, with which the health and economic system will be unable to cope. The rise in TB cases has been dramatic, with civilian notifiable cases increasing from 36 per 100,000 in 1992 to 75 per 100,000 in 1996; particularly worrisome is the level of multiple-drug resistant TB which is estimated at 7.3% of all civilian cases, posing a distinct threat beyond Russia's borders. The TB situation in prisons is far worse.

The health system suffers from low and underfunded health budgets, poor performance of the mandatory health insurance program in collecting premiums, and the lack of a legal framework for the private provision of health care despite survey findings indicating that upwards of 40% of health expenditures are out-of-pocket. The work of medical providers suffers from a lack of evidence-based medicine and quality improvement in all aspects of healthcare, especially diagnosis and treatment protocols.

Nonetheless, successful dialog between U.S. and Russian health experts through the bi-lateral commission initiated by Vice President Gore, and effective use of USAID foreign assistance contributions are evident. Since 1992, the U.S. has provided over \$95 million to address a broad range of health issues important to Russia such as immunization, women's reproductive health, pharmaceutical investment and quality control, environmental health, and health information and response activities. Approaches involving partnerships between U.S. and Russian organizations have been successful at the local level and, in one program's case, has led to U.S. private contributions of time and equipment estimated at \$45 million over the last four years. Attempts at strengthening the role of non-governmental organizations in the delivery of public health information and services health field requires more attention.

Tangible results are evident from the U.S.-Russian cooperation. For example, an estimated three million Russian couples now have access to safe and effective family planning services, and U.S. assistance has been credited with bringing down abortion rates. Yet, controversy about family planning has increased from the political right and from some religious groups. The Yeltsin administration wants to continue U.S.-Russian cooperating on reproductive health programs, and expand into improvements in maternal and neo-natal health. Russia is also working with the U.S. on a national initiative to improve the quality and access to health services, and a multi-year strategy aimed at STD/HIV prevention and control. A design effort for USG assistance in TB control is scheduled for Fall 1998.

More Deadly Than AIDS

Howard Hiatt

Washington Post

August 14, 1998

Many Americans think that with the discovery of streptomycin more than 50 years ago, the tuberculosis problem was solved. But a little-noticed (in the United States) TB epidemic now kills 3 million adults a year worldwide, more than AIDS or malaria. Even more threatening is the increasing appearance around the globe of forms of TB that are resistant to streptomycin and many other drugs that have been used to treat the disease.

Almost every person with the common variety of TB can be cured with two to four medications daily for at least six months at a total cost of about \$100. In recent years the World Health Organization, with support from the World Bank, has treated drug-sensitive TB in many countries with a very effective strategy that involves supervised administration of the drug over the prescribed period.

But when TB sufferers are treated inadequately, that is, when they don't have all the required drugs or don't take them long enough, mutant TB bacteria that are more resistant to the drugs grow. Patients may feel better temporarily, but what was a curable condition can become a death sentence. And their now multidrug-resistant (MDR) TB bacteria infect others.

MDR TB can often be cured, but at a cost eight to 80 times higher than that of treating ordinary TB. Until a few months ago that cost led to the view that treatment of MDR TB in resource-poor countries was not "cost-effective." But Paul Farmer and Jim Kim, two physician-anthropologists who divide their time between work at Harvard Medical School and Brigham and Women's Hospital, on the one hand, and the poorest areas of Haiti, Peru and Mexico, on the other, have changed that.

In the barrios of Lima, where they have been involved in community-building for five years, they recognized that treating only patients with drug-sensitive TB, the most prevalent kind, could encourage the spread of MDR TB.

Even more important, they regard treatment for MDR TB as the right of all its victims. Finally, they know well that infectious diseases respect no border and that their spread to the rest of the world is more than a threat. In fact, an American priest who recently died of MDR TB in Boston had come there from service in the barrios of Lima.

Therefore, they began treating almost 100 of the many desperately ill patients with MDR TB in Lima with five or more drugs daily over a period of two or more years.

More than 85 percent appear to have been cured. Farmer and Kim ascribe a large part of their success to their partnership with community members whom they have trained to ensure that every patient takes every dose of every medication every day. The cost has been great (although

much, much less than the cost in a U.S. hospital), but they have thus far succeeded in obtaining the needed drugs, partly by going into debt.

Earlier this year tuberculosis specialists from around the world gathered at the American Academy of Arts and Sciences and examined and then endorsed the preliminary Lima evidence. Subsequently, the World Health Organization decided to replicate the Lima experiment in a few other sites around the world that it has designated MDR TB "hot zones."

Thanks to the generosity of George Soros, the first such sites will be in Russia and Latvia, where MDR TB is prevalent and spreading rapidly. The Soros foundations have committed to pay for programs there. But if the worldwide epidemics are to be contained, many more groups must be mobilized. The World Bank, national governments -- particularly those of industrialized nations -- the pharmaceutical industry, other business leaders concerned with international trade, scientists and others all can play crucial roles in a program to wipe out all forms of TB.

The AIDS pandemic has appropriately aroused the concerns of people around the world. The tuberculosis pandemic requires no less. Because it is spread much more readily than AIDS -- through the air that everybody may breathe -- it represents an even greater threat.

The writer, a professor of medicine at Harvard, is director of the Initiatives for Children Program of the American Academy of Arts and Sciences.

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DRAFT OF 10/2/98 - DRAFT

MEMORANDUM

TO: S/NIS/C, William Taylor

FROM: DAA/ENI, George Ingram

SUBJECT: Pharmaceuticals and Tuberculosis in Russia

See p 2.

It has been six weeks since the collapse of the ruble and the banking system in Russia. Recent S/NIS/C papers have speculated about the impact of the financial crisis on the availability of pharmaceuticals and vaccines, and have discussed the possibility of humanitarian assistance to respond to particular needs. In response to requests from you and the NSC, this paper expands on those documents and summarizes the tuberculosis situation. Provision of pharmaceuticals is not recommended. Accelerating action to address the tuberculosis crisis is.

A. PHARMACEUTICALS

Reconfirming the situation with **pharmaceuticals** described in the September 14, 1998 memorandum from Bill Taylor (Attachment 1):

- There are substantial stocks of pharmaceuticals currently in Russia and we believe that the pharmaceutical supply situation is far from becoming critical.;
- Donors have received no reports of serious shortages, but shortages, particularly of life-saving drugs, might be anticipated if the financial crisis is dragged out.
- The drug problem being reported is primarily the result of the financial crisis (i.e. inadequate funds to purchase drugs), and the liquidity problem in the pharmaceutical sector is not new;
- Russia maintains that it does not want foreign assistance in the form of drug donations at this time.

Since the pharmaceutical market in Russia is now decentralized and private (Ministry of Health purchases account for 7% of the total), there is little information regarding any existing pharmaceutical shortages.

- An assessment by the International Federation of Red Cross and Red Crescent Societies (IFRC) conducted early this summer (prior to the present crisis) targets needs in some parts of Siberia, Murmansk, Karelia, Orenburg, and Kaliningrad. Again, the shortages are due to long-standing financial constraints in those regions. There is some chance that Murmansk and Karelia could receive assistance from Nordic

Possible Additional Actions

- There have been some suggestions of additional USG funding to support a vaccine and pharmaceutical monitoring or "early warning" system, such as one involving regular sampling of stocks of critical items at MOH and oblast storage depots, AIPM member storage facilities, hospitals, retail pharmacies, hospital pharmacies, etc. It must be noted, however, that this could be accomplished only with close collaboration with the Ministry of Health, the Association of International Pharmaceutical Manufacturers and other donors, and that such cooperation is not guaranteed.
- The situation is substantially different from the 1993 era of severe vaccine and pharmaceutical shortages. This crisis is almost exclusively financial. We should not do anything without close consultation with the Ministry of Health.

B. TUBERCULOSIS

The problem of **Tuberculosis (TB)** in Russia is a separate issue, and one not responsive to short-term humanitarian assistance. The number of notifiable cases of TB in Russia has more than doubled over the past six years, from approximately 35/100,000 population in 1992 to approximately 75/100,000 population in 1998, according to the MOH/WHO. Russia's TB rates are among the highest in Europe. Rampant TB rates in prisons continue to serve as a source of infection to the civilian population and multidrug-resistant forms of the disease (MDR-TB) are on the increase. These two factors have emerged as major threats to successful control of the epidemic. Mortality due to TB in the general population is about 17 per 100,000 population, while in the prison population it is estimated to be as high as 484 per 100,000 population.

Russia continues to follow outdated diagnostic and treatment practices. Efforts by the USG, Soros and other donors to modify those practices, are showing some positive results. But TB in Russia is a terribly complex problem, for which there is no clear or easy fix. Progress towards adoption of modern methods is constrained by a range of difficult economic, political, institutional, psychological, ethical, social and logistical impediments. The Public Health Research Institute, the organization implementing the TB program for the Open Society Institute in Russia, estimates that \$100 million will be required to bring non-resistant TB under control in Russia, and that an additional \$150 million will be required to control MDR-TB.

In an effort to position itself to respond to the growing crisis, USAID/Moscow commissioned a study to examine the availability of and procurement methods for first-line TB drugs in Russia. The September 1998 report indicates that: a) the first-line anti-tuberculosis (TB) drugs are all available on the Russian market; b) that Russian drug manufacturers increased production of first-line TB drugs by 50% during 1997 and now claim to have sufficient production capacity to satisfy 100% of the country's need for these first-line TB drugs for 1998; but c) chronic shortages nevertheless exist due to perpetual problems with

procurement, distribution, affordability, and stock management. An emergency drop of TB pharmaceuticals is not needed now and would complicate or even worsen the situation, since the system is not prepared to properly handle a Directly Observed Therapy-Short Course (DOTS) program.

Action Alternatives

Because of the risk of promoting MDR-TB, there is a growing recognition that "doing DOTS badly is worse than doing nothing at all." USAID and CDC is trying to act quickly and responsibly to the current crisis. However, it is absolutely critical that Russia have in place a sensible and comprehensive plan and adequate implementation capacity to support a DOTS program, before drugs are distributed and treatment activities are initiated.

Actions Underway

- With S/NIS assistance, USAID has set aside \$1.5 million for TB efforts in Russia. In November, USAID and CDC are planning a TB assessment and design effort for a multi-year TB program. It is envisioned that the USAID/CDC program will support pilot, community-based activities which complement and build on the work supported by the Soros Foundation and other bilateral donors, but USAID/CDC will work only with civilian (not prison) populations. The programs will institute a "DOTS-Plus" strategy (including food supplements and other inputs besides TB drugs) while tracking the prevalence of Multi-Drug Resistant TB. Very preliminary candidates for pilot sites are Ivanovo, Kemerovo, and possibly Novgorod oblasts.¹

Additional Actions Which Could be Accelerated

- Once a sensible program has been elaborated, USAID and CDC will identify certain elements (such as training and procurement of laboratory equipment and supplies) which might be fast-tracked. All available means (including State's humanitarian assistance programs) should be explored to expedite procurement, delivery and training.
- Moving up the USAID/CDC assessment to October would accelerate the overall TB assistance effort. To accomplish this may require interventions at a high level within the Department of Health and Human Services.

*In statute.
But Bill
raylan will
override if
required.*

*7
CDC
flurry
Nov
Dec.*

¹ It should be noted, however, that Russian-Iran legislative directives will, if enacted, dramatically constrain the flexibility and scope of this program both at the federal and community levels.

Bernard

SUMMARY OF DONORS' TUBERCULOSIS PROGRAMS IN THE RUSSIAN FEDERATION AS OF OCTOBER 1998
(programs are among civilian population, unless otherwise noted)

? #

Organization	Donor type/country	Location(s) of pilot study	Start date	Remarks
WHO	Multilateral	Ivanovo oblast	Started 1995, first phase completed 1996.	Ongoing.
Medical Emergency Relief International (Merlin)	NGO/Britain	Tomsk	1997	Ongoing with PHRI
PHRI/Soros	Private/U.S.	Tomsk Ivanovo Marii-El Tomsk (prison) Ivanovo (prison) Marii-El (prison) Nizhniy Novgorod (prison) Vladimir (prison)	1997 1998 1998 1998 1998 1998 1998 1998	with Merlin
Finnish Lung Health Association	Statal/Finland	Leningrad oblast	July 1998	Funded by WHO. FLHA providing drugs.
Unknown	Finland	Murmansk	4Q98	Without WHO participation
Landsforeningen for Hertje- og Lungesyke (LHL)	Statal/Norway	Arkhangelsk	possibly underway	
Medecins sans frontieres	NGO/Belgium	Colony No. 33, Mariinsk, Kemerovo oblast (prison)	1996	
Unknown	Belgium	St. Petersburg (prison)	planned	information from WHO
Unknown	Sweden	St. Petersburg (prison)	planned	information from WHO
Unknown	Germany	St. Petersburg	planned	information from WHO
USAID/CDC	Statal/U.S.	Kemerovo, Ivanovo, possibly Novgorod	1Q99	

Prepared by G. Oswald
USAID/Moscow
October 6, 1998

MEMORANDUM
OF CALL

Previous editions usable

TO:

Kitty

☐

YOU WERE CALLED BY—

☐

YOU WERE VISITED BY—

OF (Organization)

Fargo Hennman

☒

PLEASE PHONE

(Enter area code,
if necessary)

☐

DSN

212 547 6904

☐

WILL CALL AGAIN

☐

IS WAITING TO SEE YOU

☐

RETURNED YOUR CALL

☐

WISHES AN APPOINTMENT

MESSAGE

*Open Society Institute
George Soros wants to bring
Head of Intern. Committee
of Red Cross to TB meeting
on Oct 28*

RECEIVED BY

Kasse

DATE

Oct 20

TIME

4:10

NSN 7540-00-634-4018

50363-111

UNICOR FPI-SST

OPTIONAL FORM 363 (Rev. 7-94)
General Services Administration

MEMORANDUM
OF CALL

Previous editions usable

TO:

Katy

☐ YOU WERE CALLED BY—

☐ YOU WERE VISITED BY—

OF (Organization)

☐ PLEASE PHONE ► (Enter area code,
if necessary)

☐ DSN

☐ WILL CALL AGAIN

☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL

☐ WISHES AN APPOINTMENT

MESSAGE

*Sec. Shalala will
come Oct 28 and
bring Dr. Peggy Hamburg*

RECEIVED BY

Kase

DATE

Oct 20

TIME

4:10

NSN 7540-00-634-4018
50363-1/1
UNICOR FPI-SST

OPTIONAL FORM 363 (Rev. 7-94)
General Services Administration