Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From Daniel Zingale to Todd Summers Re: AIDS Ads [personal] [partial] (1 page)	05/15/1998	b(6)
002. email	From Qndc@aol.com to Todd Summers Re: Fw: Peace Corps HIV Policy [personal] [partial] (2 pages)	05/22/1998	b(6)
003. email	From Anil Soni to Todd Summers Re: Thesis Help (6 pages)	05/28/1998	Personal Misfile
004. email	From LBViana@aol.com to Todd Summers Re: No Subject (1 page)	05/31/1998	Personal Misfile
005. email	From NCIH HIV/AIDS Program to Multiple Recipients Re: Job Opportunity (3 pages)	06/01/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[05/15/1998 - 06/02/1998]

2018-0758-F
jn559

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.
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)]

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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: RAPANUIJER (RAPANUIJER <RAPANUIJER@aol.com> [UNKNOWN])

CREATION DATE/TIME:15-MAY-1998 22:00:35.00

SUBJECT: Re: Re: Conf Call & Nat'l Meeting on Prisons

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Todd --

Thanks for the speedy response. I mostly agree with what you wrote,

except

the following:

"compromise" relative to the number of attendees

>>>>> THIS WAS MEANT SERIOUSLY IN ORDER TO TRY TO HAVE A

STARTING POINT IN

WORKING BETWEEN YOUR 40 THE CURRENT LIST OF 75

>>>>> CALLING IT A "talk fest" OR "ceremonial meeting" IS NOT

MY INTENTION

AND SOUNDS ARGUEMENTATIVE.

>>>>> I want to know that THAT'S NOT YOUR INTETION, AS WELL

Having said all that , I still think we're probably in good shape for me to

report to the Committee and begin to move forward on this.

-- J

-- JEREMY>>

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From Daniel Zingale to Todd Summers Re: AIDS Ads [personal] [partial] (1 page)	05/15/1998	b(6)

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[05/15/1998 - 06/02/1998]

2018-0758-F
jn559

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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b(1) National security classified information [(b)(1) of the FOIA]
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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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Zingale, Daniel ("Zingale, Daniel" <DZingale@AIDSAction.org> [UNKNOWN])

CREATION DATE/TIME:15-MAY-1998 21:05:17.00

SUBJECT: RE: AIDS Ads

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
sounds like a great opportunity, let's talk. (b)(6)

(b)(6)

[001]

>-----Original Message-----

>From: Todd_A._Summers@opd.eop.gov

[SMTP:Todd_A._Summers@opd.eop.gov]

>Sent: Friday, May 15, 1998 3:24 PM

>To:Zingale, Daniel

>Subject: AIDS Ads

>

>I have a friend at ONDCP - Jane Sanvill, who you may know - that wants to

>get them to do some AIDS advertisements as part of their $180 million

>anti-drug ad campaign. Are you folks interested in working with them?

>Porter Novelli is doing their stuff, and it can be print, tv, radio.

Seems

>like a good opportunity!

>

>I want to talk to you about it, because I'd like you to consider working

>with NAPWA and NMAC for some targeted ads - and to make sure they don't

>feel excluded. But I want you to take the lead.

>

>Call me when you can!

>

>Todd

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Ann Borlo (Ann Borlo <acb@s-3.com> [UNKNOWN])

CREATION DATE/TIME:15-MAY-1998 19:37:00.00

SUBJECT: Prisons Conference Call

TO: bgw2 ("'bgw2@cdc.gov'" <bgw2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Bhattoy ("'Bhattoy@ios.doi.gov'" <Bhattoy@ios.doi.gov> [UNKNOWN])
READ:UNKNOWN

TO: ctroupe ("'ctroupe@services.state.mo.us'" <ctroupe@services.state.mo.us> [UNKNOWN])
READ:UNKNOWN

TO: debaids ("'debaids@isdn.net'" <debaids@isdn.net> [UNKNOWN])
READ:UNKNOWN

TO: fatema ("'fatema@womens-health.org'" <fatema@womens-health.org> [UNKNOWN])
READ:UNKNOWN

TO: harndc ("'harndc@aol.com'" <harndc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: helenmm ("'helenmm@itsa.ucsf.edu'" <helenmm@itsa.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: hornor ("'hornor@hsc.usc.edu'" <hornor@hsc.usc.edu> [UNKNOWN])
READ:UNKNOWN

TO: isbell ("'isbell@hugheshubbard.com'" <isbell@hugheshubbard.com> [UNKNOWN])
READ:UNKNOWN

TO: jedelheit ("'jedelheit@templeisrael.com'" <jedelheit@templeisrael.com> [UNKNOWN])
READ:UNKNOWN

TO: jerryc ("'jerryc@wizard.com'" <jerryc@wizard.com> [UNKNOWN])
READ:UNKNOWN

TO: judtaral ("'judtaral@aol.com'" <judtaral@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: katgerus ("'katgerus@mail.oeonline.com'" <katgerus@mail.oeonline.com> [UNKNOWN])
READ:UNKNOWN

TO: kinseyvi ("'kinseyvi@aol.com'" <kinseyvi@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: lynnemc ("'lynnemc@aol.com'" <lynnemc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: mmdorian ("'mmdorian@aol.com'" <mmdorian@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Mojo1025 ("'mojo1025@aol.com'" <mojo1025@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: montoya_dc ("'montoya_dc@a1.eop.gov'" <montoya_dc@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: mra1019 ("'mra1019@aol.com'" <mra1019@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: NBOLLMAN ("'NBOLLMAN@irvine.org'" <NBOLLMAN@irvine.org> [UNKNOWN])
READ:UNKNOWN

TO: nsg999 ("'nsg999@msn.com'" <nsg999@msn.com> [UNKNOWN])
READ:UNKNOWN

TO: rapanuijer ("'rapanuijer@aol.com'" <rapanuijer@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: raragon ("'raragon@sfaf.org'" <raragon@sfaf.org> [UNKNOWN])
READ:UNKNOWN

TO: rev_alta ("'rev_alta@juno.com'" <rev_alta@juno.com> [UNKNOWN])
READ:UNKNOWN

TO: ronaldj ("'ronaldj@gmhc.org'" <ronaldj@gmhc.org> [UNKNOWN])
READ:UNKNOWN

TO: rwstaff ("'rwstaff@uswest.net'" <rwstaff@uswest.net> [UNKNOWN])
READ:UNKNOWN

TO: Scotthitt ("'Scotthitt@aol.com'" <Scotthitt@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: SHENOVICE ("'SHENOVICE@aol.com'" <SHENOVICE@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: snabel ("'snabel@mem.po.com'" <snabel@mem.po.com> [UNKNOWN])
READ:UNKNOWN

TO: SteveLew2 ("'stevelew2@aol.com'" <stevelew2@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: terje ("'terje@worldnet.att.net'" <terje@worldnet.att.net> [UNKNOWN])
READ:UNKNOWN

TO: thenders ("'thenders@glo.state.tx.us'" <thenders@glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TO: Brad L. Austin (CN=Brad L. Austin/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Sarah T. Holewinski (CN=Sarah T. Holewinski/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: NavDocSF (NavDocSF <NavDocSF@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Stacy McAdoo (Stacy McAdoo <SMCADOO@wpgate.glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TEXT:
Prison Issues Subcommittee Conference Call

A Conference Call for the Prison Issues Subcommittee has been scheduled for Tuesday, May 19 at 11 a.m. eastern time. The number to dial at 11 a.m. is (888) 422-7101, and the participant code is 460626.

If you are not a member of this subcommittee, but would like to be on the call, please let me know and a line can be added for you. If you need to contact me, I can be reached by phone at (301) 986-4870, by fax at (301) 913-0351 and by e-mail at acb@s-3.com.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: RAPANUIJER (RAPANUIJER <RAPANUIJER@aol.com> [UNKNOWN])

CREATION DATE/TIME:15-MAY-1998 16:56:55.00

SUBJECT: Conf Call & Nat'l Meeting on Prisons

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Todd --

I am following up on my last message..... Would you give me some

feedback

on the following in preparation for next weeks Conference Call (Tuesday):

1. You willingness for us to try for Dr. Satcher
2. A compremise number of attendees
3. Suggested date or dates (i.e. Oct or Nov.)
4. I assume we are pretty close regarding general issues (except

Barriers)

I would like to hear from you by Monday!?!

Thanks, Jeremy

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: DC Aysian (DC Aysian <DCAysian@aol.com> [UNKNOWN])

CREATION DATE/TIME:15-MAY-1998 19:05:47.00

SUBJECT: Re: trying to call

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
well...

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Ann Borlo (Ann Borlo <acb@s-3.com> [UNKNOWN])

CREATION DATE/TIME:18-MAY-1998 20:55:00.00

SUBJECT: Research Subcommittee Conference Call

TO: bgw2 ("'bgw2@cdc.gov'" <bgw2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Bhattoy ("'Bhattoy@ios.doi.gov'" <Bhattoy@ios.doi.gov> [UNKNOWN])
READ:UNKNOWN

TO: ctroupe ("'ctroupe@services.state.mo.us'" <ctroupe@services.state.mo.us> [UNKNOWN])
READ:UNKNOWN

TO: debaids ("'debaids@isdn.net'" <debaids@isdn.net> [UNKNOWN])
READ:UNKNOWN

TO: fatema ("'fatema@womens-health.org'" <fatema@womens-health.org> [UNKNOWN])
READ:UNKNOWN

TO: harndc ("'harndc@aol.com'" <harndc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: helenmm ("'helenmm@itsa.ucsf.edu'" <helenmm@itsa.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: hornor ("'hornor@hsc.usc.edu'" <hornor@hsc.usc.edu> [UNKNOWN])
READ:UNKNOWN

TO: isbell ("'isbell@hugheshubbard.com'" <isbell@hugheshubbard.com> [UNKNOWN])
READ:UNKNOWN

TO: jedelheit ("'jedelheit@templeisrael.com'" <jedelheit@templeisrael.com> [UNKNOWN])
READ:UNKNOWN

TO: jerryc ("'jerryc@wizard.com'" <jerryc@wizard.com> [UNKNOWN])
READ:UNKNOWN

TO: judtaral ("'judtaral@aol.com'" <judtaral@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: katgerus ("'katgerus@mail.oeonline.com'" <katgerus@mail.oeonline.com> [UNKNOWN])
READ:UNKNOWN

TO: kinseyvi ("'kinseyvi@aol.com'" <kinseyvi@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: lynnemc ("'lynnemc@aol.com'" <lynnemc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: mmdorian ("'mmdorian@aol.com'" <mmdorian@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Mojo1025 ("'mojo1025@aol.com'" <mojo1025@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: montoya_dc ("'montoya_dc@a1.eop.gov'" <montoya_dc@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: mra1019 ("'mra1019@aol.com'" <mra1019@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: NBOLLMAN ("'NBOLLMAN@irvine.org'" <NBOLLMAN@irvine.org> [UNKNOWN])
READ:UNKNOWN

TO: nsg999 ("'nsg999@msn.com'" <nsg999@msn.com> [UNKNOWN])
READ:UNKNOWN

TO: rapanuijer ("'rapanuijer@aol.com'" <rapanuijer@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: raragon ("'raragon@sfaf.org'" <raragon@sfaf.org> [UNKNOWN])
READ:UNKNOWN

TO: rev_alta ("'rev_alta@juno.com'" <rev_alta@juno.com> [UNKNOWN])
READ:UNKNOWN

TO: ronaldj ("'ronaldj@gmhc.org'" <ronaldj@gmhc.org> [UNKNOWN])
READ:UNKNOWN

TO: rwstaff ("'rwstaff@uswest.net'" <rwstaff@uswest.net> [UNKNOWN])
READ:UNKNOWN

TO: Scotthitt ("'Scotthitt@aol.com'" <Scotthitt@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: SHENOVICE ("'SHENOVICE@aol.com'" <SHENOVICE@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: snabel ("'snabel@mem.po.com'" <snabel@mem.po.com> [UNKNOWN])
READ:UNKNOWN

TO: SteveLew2 ("'stevelew2@aol.com'" <stevelew2@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: terje ("'terje@worldnet.att.net'" <terje@worldnet.att.net> [UNKNOWN])
READ:UNKNOWN

TO: thenders ("'thenders@glo.state.tx.us'" <thenders@glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TO: Matthew Murguia (CN=Matthew Murguia/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Sarah T. Holewinski (CN=Sarah T. Holewinski/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: NavDocSF (NavDocSF <NavDocSF@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Stacy McAdoo (Stacy McAdoo <SMCADOO@wpgate.glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TEXT:
Research Subcommittee Conference Call

A Conference Call for the Research Subcommittee has been scheduled for

Wednesday, May 20 at 10:00 a.m. eastern time. The number to dial at 10:00

a.m. is (888) 232-0365, and the participant code is 893143.

If you are not a member of this subcommittee, but would like to be on the

call, please contact me so a line can be added for you. I can be reached

by

phone at (301) 986-4870, by fax at (301) 913-0351 and by e-mail at

acb@s-3.com.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Christopher Wayne (CN=Christopher Wayne/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME:18-MAY-1998 20:06:33.00

SUBJECT: Christopher Wayne/WHO/EOP is out of the office.

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

TEXT:
I will be out of the office from 05/12/98 until 05/19/98.

I will respond to your message when I return.

Clinton Presidential Records
Automated Records Management System
[EMAIL] and Tape Restoration Project [Email]

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies a responsive email, already made available within another collection.

Collection: 2015-0017-F Segment 2

Bucket: OPD

Creation Date: 1998-05-19

Subject: no such user SUMMERS_T at node EOPMRX

Creator: SPRIGGS_J SPRIGGS_J@PMDF.EOP.GOV [UNKNOWN]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: ShyInDC (ShyInDC <ShyInDC@aol.com> [UNKNOWN])

CREATION DATE/TIME:20-MAY-1998 02:56:33.00

SUBJECT: Fwd: House Restricts Database Piracy

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Return-path: <AOLNews@aol.com>

Date: Tue, 19 May 1998 21:53:22 EDT

From: AOL News <AOLNews@aol.com>

Subject: House Restricts Database Piracy

Organization: AOL (http://www.aol.com)

MIME-version: 1.0

Content-type: text/plain; charset=US-ASCII

Content-transfer-encoding: 7BIT

House Restricts Database Piracy

.c The Associated Press

By JIM ABRAMS

WASHINGTON (AP) - The House voted Tuesday to prohibit people from pirating

and

profiting from database information collected by others.

The bill, passed by voice vote, aims to protect small companies,

educational

institutes, libraries and research groups that collect large amounts of

electronic information, often for nonprofit uses.

It ``prohibits the misappropriation of valuable commercial collections by unscrupulous competitors who grab data collected by others, repackage it and market a product that threatens competitive injury,'' said Rep. Howard Coble, R-N.C.

Violators who misuse all or a substantial part of data collected by others and who cause the original collectors to lose $100,000 in a year face up to $250,000 in fines, five years in jail or both.

The measure exempts nonprofit organizations from criminal liability for their efforts to collect information.

Rep. George Brown, D-Calif., said some library and scientific groups are worried that the bill ``will impede research by restricting the ability of scientists to draw on data, facts and even mathematical formulas from previous scientific works for the production of new and innovative works.''

But Rep. Barney Frank, D-Mass., said no one had come up with specific examples of how the bill would interfere with legitimate intellectual pursuits.

``You
make a distinction here in this bill between commercial use of someone
else's
property and the intellectual use," he said.

The House passed several other measures Tuesday:

By 352-53, a bill by Rep. Tom DeLay, R-Texas, to bar federal judges from ordering the early release of people convicted of violent or drug-related crimes because of poor or overcrowded prison conditions.

Two veterans bills. One authorizes up to $100 million in loan guarantees
for
community-based efforts to provide transitional housing for homeless
veterans,
who are thought to make up about one-third of the nation's homeless population. The other authorizes $214 million for nine Veterans Affairs Department medical construction projects and leases. President Clinton's proposed 1999 budget included funds for only two of the projects, making VA medical facilities at Long Beach, Calif., and San Juan, Puerto Rico, more earthquake proof.

Reauthorization of the National Bone Marrow Registry for five years and providing it with $18 million in fiscal 1999.

Three separate bills authorizing $150 million annually through fiscal 2002
for

the National Historic Preservation Fund, authorizing $30 million a year for coordinating environmental policy with Mexico and Canada under the National American Wetland Conservation Act, and establishing rules for the Interior Department to notify Congress when it purchases land for wildlife refuges.

By voice vote, authorized $750 million to help hemophilia sufferers who contracted AIDS from contaminated blood supplies in the 1980s. Each hemophiliac, or their surviving family members, would be entitled to $100,000.
Some 7,200 hemophiliacs, about half of Americans suffering from the blood disease, were infected with the HIV virus.

AP-NY-05-19-98 2150EDT

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: ShyInDC (ShyInDC <ShyInDC@aol.com> [UNKNOWN])

CREATION DATE/TIME:20-MAY-1998 02:54:13.00

SUBJECT: Fwd: Volunteers To Test AIDS Vaccines

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Return-path: <AOLNews@aol.com>

Date: Mon, 18 May 1998 03:18:15 EDT

From: AOL News <AOLNews@aol.com>

Subject: Volunteers To Test AIDS Vaccines

Organization: AOL (http://www.aol.com)

MIME-version: 1.0

Content-type: text/plain; charset=US-ASCII

Content-transfer-encoding: 7BIT

Volunteers To Test AIDS Vaccines

.c The Associated Press

By MARTHA IRVINE

CHICAGO (AP) - Dr. James Sullivan has embarked on a project he knows could cost him his career, friends and romantic life.

``I'm doing this bold and wonderful thing,'' said the 35-year-old infectious disease specialist, who treats AIDS patients and has lost many friends to the

disease.

Like hundreds of other volunteers, Sullivan is rolling up his sleeves for a series of experimental shots that are part of a broad search to develop a vaccine to prevent HIV infections. He could be injected with the protein envelope that covers the AIDS virus and a canary pox germ carrying three genes
found in HIV.

``The epidemic is extremely real to me," he said. ``I've seen thousands and
thousands of people die."

Sullivan is among 40 people - all gay men or female partners of IV drug users
- who volunteered for a federally funded vaccine study at Chicago's Howard Brown Health Center and the University of Illinois-Chicago. Hundreds of others
are taking part in similar studies from New York to Nashville and Denver to San Francisco.

Volunteers often must make a two- to five-year commitment, and get no more than $25 a visit. The tests involve many shots and the withdrawal of pint after pint of blood to see the body's reaction.

Doctors say there is no risk of a volunteer contracting HIV from the shots
-

though if a volunteer is injected with HIV material instead of a placebo, he
or she may have a false positive test for the virus.

``Just by participating, people open themselves up to social stigma," says Dr. Cathy Creticos, the trial's principal co-investigator.

Sullivan, one of a handful of volunteers who've decided to go public, said the
complications of a false positive test almost kept him from volunteering for
the study last fall.

``Could it ruin my career?" he asked himself, knowing that a doctor who tests
positive - even false positive - risks losing patients.

He also worried that, if his current five-year relationship didn't last, he wouldn't be able to convince another partner that he wasn't really HIV-positive.

``Would I be `unmarriable'?" he said.

Since the early 1990s, about 25 AIDS vaccines have been studied in the United
States. Researchers are testing some of those for safety and immune response,

with varying success rates.

One group, the International Association of Physicians in AIDS Care, has proposed injections of a live but weakened strain of HIV, raising the possibility of contracting AIDS. That plan is under review by the Food and Drug Administration.

No one has gotten permission from the FDA to do so-called Phase III studies,
tests requiring as many as 20,000 volunteers to see if a vaccine really works.
VaxGen Inc., a small California-based biotechnology company, hopes to get such
approval for its vaccine this year.

In a speech last year, President Clinton called for an AIDS vaccine in the next decade, saying it could be the country's next ``moon shot.''

Dr. Anthony Fauci, head of the National Institute of Allergy and Infectious Diseases, said the decade goal is ``still quite reasonable.''

But many researchers and volunteers think the government is moving too slowly
in a world where an estimated 16,000 people are infected with HIV each day. They support tests using live HIV.

``Where it has been required in the past, shortcuts have been taken and

rules

have been made flexible in order to advance the greater good of humanity," said Jose Zuniga, deputy director of the International Association of Physicians in AIDS Care and one of the volunteers who has offered to be injected with the virus.

As for Sullivan, he said he won't know for at least a year whether he's been injected with the experimental vaccine or a placebo.

AP-NY-05-18-98 0316EDT

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Mail Delivery Subsystem (Mail Delivery Subsystem <MAILER-DAEMON@gatekeeper.eop.gov> [UNKNOWN])

CREATION DATE/TIME:20-MAY-1998 00:17:33.00

SUBJECT: Returned mail: Cannot send message for 4 hours

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
----- Transcript of session follows -----

421 osophs.dhhs.gov (smtp)... Deferred: Connection timed out during user

open with SMTP.PSC.DHHS.GOV

----- Unsent message follows -----

Received: from lngate2.eop.gov by gatekeeper.eop.gov;

(5.65v3.2/1.1.8.2/17Oct95-0424PM)

id AA30362; Tue, 19 May 1998 16:17:00 -0400

Received: by LNGATE2.EOP.GOV(Lotus SMTP MTA SMTP v4.6 (462.2 9-3-1997))

id 85256609.006F5EF6 ; Tue, 19 May 1998 16:16:28 -0400

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: DvonZinkernagel@osophs.dhhs.gov (Deborah Von Zinkernagel)

Message-Id: <85256609.006F1F60.00@LNGATE2.EOP.GOV>

Date: Tue, 19 May 1998 16:14:01 -0400

Subject: Re: Desario case

Mime-Version: 1.0

Content-Type: multipart/mixed;

Boundary="0__=YQMCB5SYHmBdLZ0gjYL2YH88D7PHGqEJq8fD2vryKkYW6o8ywKvYoBoz"

--0__=YQMCB5SYHmBdLZ0gjYL2YH88D7PHGqEJq8fD2vryKkYW6o8ywKvYoBoz

Content-type: text/plain; charset=us-ascii

any news on this?

Todd

(Embedded
image moved to file: PIC26983.PCX)
DvonZinkernagel @ osophs.dhhs.gov (Deborah Von Zinkernagel)
05/06/98 05:25:41 PM

Record Type: Record

To: Todd A. Summers/OPD/EOP

cc:

Subject: Re: Desario case

Hi,

It's been a bit of a challenge to get clarity from HCFA on this,

I've traded calls with Randy Graydon and I expect him to give me some

phone numbers I can follow through with. I fear the answers may not

be easy, but we obviously need to know where folks are on this.

Deb

_____ Reply Separator

_____

Subject: Desario case

Author: Todd_A._Summers@opd.eop.gov at INTERNET

Date: 5/5/98 7:38 PM

I got a copy of a letter from AIDS Action Council on the Desario case - can

you give me an update on where things are at with it?

Todd

--0__=YQMCB5SYHmBdLZ0gjYL2YH88D7PHGqEJq8fD2vryKkYW6o8ywKvYoBoz

Content-type: application/octet-stream;

name="PIC26983.PCX"

Content-transfer-encoding: base64

YQMCB5SYHmBdLZ0gjYL2YH88D7PHGqEJq8fD2vryKkYW6o8ywKvYoBoz--

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D37]ARMSZZ000KWUR.000 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 1 ==========

Clinton Presidential Records Automated Records Management System [EMAIL]

Hex Dump file is not in a recognizable format, has been incorrectly decoded or is damaged.

File Name: p_ruwk000z_opd_html_1.pcx

Attachment Number: [ATTACH.D37]ARMSZZ000KWUR.000

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: dbirx (dbirx@hiv.hjf.org (COL Deborah Birx) [UNKNOWN])

CREATION DATE/TIME:20-MAY-1998 14:30:56.00

SUBJECT: Re: DoD Appeal

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Todd, this is the requested information. Our command congressional

liasons have

already forwarded the attached document back to the subcommittee to try to

clarify the situation. Hopefully they will understand that the additional

6.3

dollars were reprogrammed internally from a 6.2 line that was in turn

decremented. The increase noted in 6.3 was not new additional monies and a

decrease in the 6.3 line would be an actual decrease in our President's

(POM)

budget for next year.

The idea about the meeting sounds terrific.

Brief talks adddressing certain areas are very good because we often don't

actually know what some internal plans are in other govt. agencies until

we are

stepping on each other. Having a forum where is is articulated - not

where it

is to be criticism would really help us coordinate better.

One area that has been diffcult are the overseas plans for vaccine

develop. I
think it would help if each organization could spend a short time briefing
on
their plans for the next 1, 2 and five years we could make sure we are
coordinated optimally overseas. I hate looking like the disjointed
Americans.
Its so exciting to work overseas because science and medicine really have
only
one language and it is shared around the world - (its kind of like music
but by
in large scientists ar tone-deaf and not too artistic.)

We have been serotyping each of our new seroconvertors to several reasons
1. To provide additinal info about where exposure are occurring. (We had
the
sense that exposures were occuring during deployments and we wanted to
improve
and target are pre-deployment education.)

2. We were worried that these other HIV-1 strains may respond differently
to
triple drugs are have different resistant patterns so we wanted to be able
to
tell the treating physician what patients were infected with.

3. We wanted to make sure our targeted vaccine development included these
strains. We have taken the complementary attack to vaccine development to

the

NIH and have decided for the first round of efficacy trials to match the

strain

and the vaccine and if one worked to determine the broadness of protection.

We have focused in SE Asia on HIV-1 B/E but with the seroconverting data

realized we must have a concerted effort in A/D and recombinant HIV-1

virus -

thus our recent visit to Uganda. We have handed off A/D strains along

with the

Es to several vaccine companies and since we decided early on not to attach

patent rights to these strains many of the companies have used these

strains to

generate the vaccines.

Sorry I got a little carried away. We get quite passionate about these

topics

as we do try to spend considerable amounts of time in the Countries we are

working in and you get quite attached to the people.

I know you are busy, but you have my e-mail address if you need anything.

Looking forward to seeing you again and meeting Sandy. Debbi

- hivape~1.doc========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D2]ARMSZZ000MAVX.000 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 1 ==========

Department of Defense Appeal
FY 1999 Defense Authorization Bill

Appeal Subject: HIV (Human Immunodeficiency Virus) Research Program

Appropriations: RDT&E, Army

Summary: The Senate reduced the DoD request by $2.6M because of concern about program growth.

	Budget Authority (Dollars in Millions)			
Item	Budget	House	Senate	Appeal
HIV Research	5.7	5.7	3.1	5.7

(Senate Committee Report 105-189). The committee recommends a decrease of $2.6 million in PE 63105A to fund higher priority programs. The committee notes that this reduction represents the amount proposed by the Army to expand certain activities under the HIV Research Program in fiscal year 1999. The committee supports continuation of the long-term core program of research and development.

DoD Position: The Department urges the Congress to reconsider its recommendation of decreasing $2.6 million in PE 63105A. The Department believes that Congress misinterpreted the FY99 President Budget submission on this PE due to insufficient explanation in the submission of the $2.6 million increase between the FY99 and the FY98 President Budgets. To clarify - this increase was due to internal reprogramming of applied research (6.2) funds for human immunodeficiency virus (HIV) research to concept exploration (6.3) funds. This internal reprogramming was a zero sum push around of funds within the HIV Research Program. The reason for this internal reprogramming was to have the funding reflect the recent advances in the HIV research program-- for the funding phase to match the product development stage.

The proposed reduction of $2.6 million will have an adverse impact on the HIV Research Program. It would limit the ability of Army to develop HIV vaccines and diagnostic assays through the DoD acquisition process as products mature in the HIV Research Program.

The Department urges support of the $2.6 million internal reprogramming of 6.2 to 6.3 funding of HIV research.

Comptroller Internal Control Notes:
Submitter: Army/LTC Pratt/SARD-TM/601-1519.
Reviewing directorate/analyst:
Director's recommendation/rationale:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Kff hosting account (Kff hosting account <kff@superfly.onlinemagic.net> [UNKNOWN])

CREATION DATE/TIME:20-MAY-1998 19:56:19.00

SUBJECT: Thank You

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Thank you Todd Summers for registering with the

Kaiser Family Foundation website.

You have shown interest in the following subjects:

AIDS/HIV

You may receive occasional e-mails when new information is made available on the website. To unsubscribe to any mailing simply return to the registration page at http://www.kff.org/kff/register.html and you can edit your record. If you have any difficulty doing so please e-mail webmaster@onlinemagic.net.

Thank you, and we hope you enjoy the site!

The Kaiser Family Foundation

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: ShyInDC (ShyInDC <ShyInDC@aol.com> [UNKNOWN])

CREATION DATE/TIME:20-MAY-1998 02:55:34.00

SUBJECT: Fwd: Study Recommends Condom Emphasis

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Return-path: <AOLNews@aol.com>

Date: Tue, 19 May 1998 17:41:11 EDT

From: AOL News <AOLNews@aol.com>

Subject: Study Recommends Condom Emphasis

Organization: AOL (http://www.aol.com)

MIME-version: 1.0

Content-type: text/plain; charset=US-ASCII

Content-transfer-encoding: 7BIT

Study Recommends Condom Emphasis

.c The Associated Press

By LINDSEY TANNER

CHICAGO (AP) - Safe-sex lessons for children are more effective if condom use instead of abstinence is emphasized, researchers found in a study of inner-city blacks.

A separate finding underscored the compelling need for the grown-up subject matter: Although the youngsters' average age was just 11, 25 percent of

them

said they were no longer virgins.

``We have to begin earlier to give children the kind of information they need

to protect themselves,'' said Princeton University psychologist John B. Jemmott III, the lead author.

The study of 659 sixth- and seventh-graders at three inner-city Philadelphia

schools sought ways to stem the high rate of sexually transmitted diseases among black adolescents.

Among 13-to-19-year-olds with AIDS, blacks represented 57 percent and whites

just 23 percent in 1996, federal statistics show, while the gonorrhea rate among 15-to-19-year-olds was about 24 times higher among blacks than whites.

The researchers in the Philadelphia study divided the youngsters into three groups, each receiving eight hours of health education. One focused on abstinence, one concentrated on condom use and a control group addressed avoiding nonsexual diseases.

Three months later, 12.5 percent of the abstinence-group students reported having recent sex, compared with 16.6 percent among the condom group and 21.5

percent in the control group.

At six months, slightly more of the abstinence-group students were having sex
than the condom-group students. By 12 months, 20 percent of the abstinence group had recent sex, compared with 16.5 percent of the condom group and 23.1
percent of the control group.

The abstinence group also reported having engaged in more unprotected sex than
the condom group.

``If the goal is reduction of unprotected sexual intercourse, the safer-sex strategy may hold the most promise, particularly with those adolescents who are already sexually experienced," the researchers wrote in Wednesday's Journal of the American Medical Association.

Conservative groups such as the Family Research Council have pushed the abstinence approach, and the federal government has mandated that states use
$50 million in sex-education money for abstinence-only programs.

But in a JAMA editorial, Emory University psychologist Ralph DiClemente said
the findings ``indicate a need to reconsider the role of abstinence programs"

in safe-sex education.

Gracie Hsu, a Family Research Council policy analyst, said the abstinence program probably would have had more success if the class lasted longer.

AP-NY-05-19-98 1738EDT

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: dbirx (dbirx@hiv.hjf.org (COL Deborah Birx) [UNKNOWN])

CREATION DATE/TIME:20-MAY-1998 15:18:27.00

SUBJECT: Re: here's my email address

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
were you able to get one of the two attempts? Debbi

Subject: here's my email address

From: Todd_A._Summers@opd.eop.gov at Internet_Gateway

Date: 5/20/98 10:11 AM

to make things easier, you can just "reply" to this email!

thanks!

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: RAPANUIJER (RAPANUIJER <RAPANUIJER@aol.com> [UNKNOWN])

CREATION DATE/TIME:21-MAY-1998 19:53:49.00

SUBJECT: Survey Questions for Prison Subcommittee

TO: Brad L. Austin (CN=Brad L. Austin/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: jerryc (jerryc@wizard.com [UNKNOWN])
READ:UNKNOWN

TO: judtaral (Judtaral@aol.com [UNKNOWN])
READ:UNKNOWN

TO: katgerus (katgerus@mail.oeonline.com [UNKNOWN])
READ:UNKNOWN

TO: lynnemc (LYNNEMC@aol.com [UNKNOWN])
READ:UNKNOWN

TO: montoya_dc (Montoya_dc@a1.eop.gov [UNKNOWN])
READ:UNKNOWN

TO: NavDocSF (NavDocSF@aol.com [UNKNOWN])
READ:UNKNOWN

TO: Scotthitt (ScottHitt@aol.com [UNKNOWN])
READ:UNKNOWN

TO: SNABEL (SNABEL@mem.po.com [UNKNOWN])
READ:UNKNOWN

TEXT:
Please respond, briefly, to each of the following questions and return,

prefereably via e-mail, to me (Jeremy) by close of business, Wednesday, May

27th.

National Prison Summit Meeting

Survey of the Members of the PACHA Subcommittee on Prison Issues:

1. Proposed Purpose of the Meeting
2. Proposed Objectives and Outcomes of the Meeting
3. Proposed Style (including format) of the Meeting
4. Other Issues which need to be addressed in planning the meeting

   (include any preferences regarding location, etc.)

Thank you.

Return-path: <Daniel_C._Montoya@opd.eop.gov>

Received: from rly-zb02.mx.aol.com (rly-zb02.mail.aol.com [172.31.41.2])

by air-zb03.mail.aol.com (v43.17) with SMTP; Thu, 21 May 1998 15:21:43

-0400

Received: from gatekeeper.eop.gov (gatekeeper.eop.gov [198.137.241.3]) by

rly-zb02.mx.aol.com (8.8.5/8.8.5/AOL-4.0.0) with SMTP id PAA29399 for

<RAPANUIJER@aol.com>; Thu, 21 May 1998 15:21:42 -0400 (EDT)

Received: from lngate3.eop.gov by gatekeeper.eop.gov;

(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA19305; Thu, 21 May 1998 15:21:42

-0400

Received: by lngate3.eop.gov(Lotus SMTP MTA SMTP v4.6 (462.2 9-3-1997)) id

8525660B.006A581E ; Thu, 21 May 1998 15:21:33 -0400

Date: Thu, 21 May 1998 15:09:41 -0400

From: Daniel_C._Montoya@opd.eop.gov

Subject: Approval of Survey Questions for Prison Subcommittee

To: RAPANUIJER@aol.com

Cc: Brad_L._Austin@opd.eop.gov

Message-id: <8525660B.0068880E.00@lngate3.eop.gov>

MIME-version: 1.0

Content-type: text/plain; charset=US-ASCII

Content-transfer-encoding: 7BIT

X-Lotus-Fromdomain: EOP

hi,

todd agreed with these survey questions for the prisons subcommittee. i wanted to forward them to you first, for you review. please forward to the prisons subcommittee, if you have no objections/edits/refinements.

if our next conference call is scheduled for june 2, we would need responses by wednesday of next week. i would prefer that they respond to you, so that you can collate the answers and provide them to everyone before the call.

thanks,

dcm

---------- Forwarded by Daniel C. Montoya/OPD/EOP on 05/21/98 03:04 PM ----------

Brad L. Austin

05/21/98 02:08:02 PM

Record Type: Record

To: Daniel C. Montoya/OPD/EOP

cc:

Subject: Approval of Survey Questions for Prison Subcommittee

Daniel:

Todd approves of the following:

Survey of the Members of the Subcommittee on Prison Issues concerning a National Prison Summit Meeting:

1. Proposed Purpose of the Meeting
2. Proposed Objectives and Outcomes of the Meeting
3. Proposed Style (including number of participants, format and location) of the Meeting
4. Other Issues which need to be addressed in planning the meeting

I assume that you wish to e-mail this to Jeremy.

Brad

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: RAPANUIJER (RAPANUIJER <RAPANUIJER@aol.com> [UNKNOWN])

CREATION DATE/TIME:22-MAY-1998 19:46:12.00

SUBJECT: Compassionate Release

TO: Brad L. Austin (CN=Brad L. Austin/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: jerryc (jerryc@wizard.com [UNKNOWN])
READ:UNKNOWN

TO: judtaral (Judtaral@aol.com [UNKNOWN])
READ:UNKNOWN

TO: katgerus (katgerus@mail.oeonline.com [UNKNOWN])
READ:UNKNOWN

TO: lynnemc (LYNNEMC@aol.com [UNKNOWN])
READ:UNKNOWN

TO: montoya_dc (Montoya_dc@a1.eop.gov [UNKNOWN])
READ:UNKNOWN

TO: NavDocSF (NavDocSF@aol.com [UNKNOWN])
READ:UNKNOWN

TO: Scotthitt (ScottHitt@aol.com [UNKNOWN])
READ:UNKNOWN

TO: SNABEL (SNABEL@mem.po.com [UNKNOWN])
READ:UNKNOWN

TEXT:
PRESIDENTIAL ADVISORY COUNCIL ON AIDS

SUBCOMMITTEE ON PRISON ISSUES

MEMO ON COMPASSIONATE RELEASE

May 20, 1998

FROM: JEREMY LANDAU

TO: DANIEL MONTOYA

& Subcommittee on Prison Issues

SUBJ: RECOMMENDATION # VI.R.1:

COMPASSIONATE RELEASE

REF : Proposed Follow Up Action Recommended

In reviewing the Administrative Response to the Recommendation from the Presidential Advisory Council on HIV/AIDS - Subcommittee on Prison Issues, we
feel that the following issues still need to be addressed regarding Compassionate Release:

? Existing federal compassionate release programs appear to be overly
bureaucratic, requiring interaction with multiple layers of correctionjal professionals.

? Time-lines are needed defining the actual amount of days in which one can
expect to receive a decision.

? System-wide education needs to occur regarding treatment options,
including treatment failures, in order to overcome the misperceptions that

compliance equals a cure. It should not be assumed that medical advances in any way negate the need for a viable compassionate release program.

? There needs to be some mechanism in place to assure that compassionate release plans are implemented, in a timely manner, and that an apprpriate staffperson is identified for effective follow-through of compassionate release plans.

? An impartial appeals mechanism needs to be in place.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: RAPANUIJER (RAPANUIJER <RAPANUIJER@aol.com> [UNKNOWN])

CREATION DATE/TIME:22-MAY-1998 19:50:08.00

SUBJECT: Agenda

TO: Brad L. Austin (CN=Brad L. Austin/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: jerryc (jerryc@wizard.com [UNKNOWN])
READ:UNKNOWN

TO: judtaral (Judtaral@aol.com [UNKNOWN])
READ:UNKNOWN

TO: katgerus (katgerus@mail.oeonline.com [UNKNOWN])
READ:UNKNOWN

TO: lynnemc (LYNNEMC@aol.com [UNKNOWN])
READ:UNKNOWN

TO: montoya_dc (Montoya_dc@a1.eop.gov [UNKNOWN])
READ:UNKNOWN

TO: NavDocSF (NavDocSF@aol.com [UNKNOWN])
READ:UNKNOWN

TO: Scotthitt (ScottHitt@aol.com [UNKNOWN])
READ:UNKNOWN

TO: SNABEL (SNABEL@mem.po.com [UNKNOWN])
READ:UNKNOWN

TEXT:
Presidential Advisory Council on AIDS

Subcommittee on Prison Issues

Notice of Conference Call

TUESDAY, June 5, 1998 @ 11am est

Access # : 888 - 422 - 7101 ? ext # : 460626

AGENDA

This meeting will last approximately 1 -- 1.5 hour

This is a full agenda -- we will begin on time

Please forward materials for review to Daniel - 1-week prior

1. Welcome and Review

2. ONAP Update

3. Final Review of Surveillance Recommendation

4. Medical Release Updates -- Stephen Abel

5. Final Assessment Update
    - ? IV.R.d -- Jerry Cade
    - ? VI.R.1 -- draft letter -- Jeremy Landau
    - ? Progress Report -- Jeremy Landau

6. National Meeting -- First Review of Feedback

7. June Meeting
    - ? Department of Justice Session

      Kathleen Hawke (& possibly Rick Lines)
    - ? Tuesday Morning General Session

      Assessment/Long-Range Planning

      Recommendations

National Meeting

? Site Visit

8. Native Americans & Prison Issues -- Charles Blackwell

Other Business in Preparation for June Council Meeting . . . . .

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: MS RA DE VILLIERS (MS RA DE VILLIERS <adad@giraffe.ru.ac.za> [UNKNOWN])

CREATION DATE/TIME:22-MAY-1998 12:07:01.00

SUBJECT: (Fwd) WOODS IN WASHINGTON

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Dear Todd,

Sandra Thurman's email has returned a message saying she is out of town

and we should

contact you for anything urgent. I wonder if you could help by

establishing whether she

has a scheduled luncheon meeting on either 3 or 4 June with the Woods

(Vice-Chancellor of

Rhodes University and his wife who were her hosts when she visited

Grahamstown South

Africa in January). Other probable members of such a meeting would be Rod

Fisk, Tom

Stilletano and Mike McShane.

I hate to nag, but I have to set up other meetings for the Woods, who are

currently in

Atlanta, and need to know what has already been confirmed.

Could you also include in your reply the new fax number of your office? We

have been

battling as the Consulate staff here still have the old number and the

exchange cannot

help.

Thankyou for stepping in. I hope Sandy is on holiday - she deserves a

break!

With best wishes

Aletta de Villiers

Director, Marketing and Communications.

Rhodes University, Grahamstown, South Africa 6140 Tel 027 46 6038513

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: hivaidslist (hivaidslist@njdc.com [UNKNOWN])

CREATION DATE/TIME:22-MAY-1998 13:28:22.00

SUBJECT: Kaiser Daily HIV/AIDS Report

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

http://report.kff.org/aidshiv/

Friday, May 22, 1998

PUBLIC HEALTH & EDUCATION

==========

#1 FLORIDA: School System To Offer Controversial Sex Ed Elective

#2 PEER EDUCATION: Taking AIDS Prevention To The Streets

MEDIA & SOCIETY

==========

#3 CELEBRITY ADVOCATES: Janet Jackson Earmarks Song Proceeds For AIDS Research

#4 MAGIC JOHNSON: Return To Endorsement Arena May Show New Acceptive Of HIV/AIDS

SCIENCE & MEDICINE

==========

#5 COCKTAIL THERAPY: POZ Columnist Questions Thoroughness Of Some Studies

The Daily HIV/AIDS Report will not be published on Monday, May 25, so that our staff may enjoy the Memorial Day weekend.

PUBLIC HEALTH & EDUCATION

#1 FLORIDA: SCHOOL SYSTEM TO OFFER CONTROVERSIAL SEX ED ELECTIVE

The Palm Beach County school board voted Wednesday to allow seventh- and ninth-graders with parental permission to "opt for AIDS prevention classes that include frank discussions of sex and birth control." The Ft. Lauderdale Sun-Sentinel reports that the six hour-long classes will be funded by a $224,500 grant from the Centers for Disease Control and Prevention. The school board applied for the grant in November after a district survey released last July revealed that "24% of middle school students and 53% of high school students have had a sexual experience." While some parents support abstinence education only, the American Red Cross, which developed the program in conjunction with the Boys and Girls Clubs of America and the CDC, believes "it is delusional to pretend that students are not having sex." CLASS CONTENT

The classes, to be taught by local Red Cross and district

staffers, will provide coed groups of students with "information about how HIV is transmitted and how the chances of transmission can be reduced -- including the use of condoms." Students will also be taught "how they can lessen their chances of exposure to HIV ... how to resist peer pressure" and how to make personal choices regarding sex and drugs. Currently, the Palm Beach County school system complies with state law by providing "sex education that stresses abstinence," giving students an average of "45 minutes of AIDS prevention a year." But School Board member Sandra Richmond and Board Chair Paulette Burdick said that the district must "offer many approaches to AIDS prevention -- some that stress abstinence and some that teach students how to protect themselves if they are sexually active" (Patrick, 5/21).

#2 PEER EDUCATION: TAKING AIDS PREVENTION TO THE STREETS

The Village Voice highlights an AIDS prevention program in the Bronx that involves teen educators passing out condoms and teaching other teens about the risks of unprotected sex. AIDS educators with Young Adults Against Drugs & Alcohol (YAADA) tell their peers on the street about safer sex and encourage them to get tested for the virus. "Startling as it may seem in this era of wonder drugs, outreach workers like these high school kids still form the front line against HIV," the Voice reports. Grismaldi Irizarry, one of the program's teen educators, said, "I was thinking all these teenagers would be like, 'No,' or 'Whatever,' but a lot of them were really open-minded."

SMALL, BUT FAR-REACHING

The Voice notes that YAADA operates on a "meager budget" of $250,000 annually, drawing in about 400 teenagers to its programs that "range from housing and welfare advocacy to health referrals and rap groups, including one of the only groups in the Bronx for gay and bisexual kids." The group's "AIDS educators reach more than 1,500 people a year." The Voice reports that although AIDS is YAADA's main concern, "the agency can't just focus on HIV because vulnerability to the virus is interwoven with all the other problems that confront kids in the Bronx" (Schoofs, 5/20 issue).

MEDIA & SOCIETY

#3 CELEBRITY ADVOCATES: JANET JACKSON EARMARKS SONG PROCEEDS FOR AIDS RESEARCH

Pop star Janet Jackson will devote "some of the proceeds of her new hit single 'Together Again'" to AIDS causes and to the Los Angeles-based American Foundation for AIDS Research (AmFAR), Nando.net reports. The singer is making the donation "as a dedication to her many friends who have died of the disease." She said, "I wanted to write about friends who have died of AIDS but without sounding mournful or sad. I wanted to celebrate their spirit. I'm pleased that my song is just that, a celebration, a confirmation that the energy of love will never die." Responding to the singer's announcement, AmFAR Chair Dr. Mathilde Krim said, "I'm deeply grateful to Ms. Jackson for her generosity. This will help protect lives" (5/20).

#4 MAGIC JOHNSON: RETURN TO ENDORSEMENT ARENA MAY SHOW NEW ACCEPTIVE OF HIV/AIDS

"Defying the odds" after announcing in 1991 that he was quitting professional basketball because he was HIV positive, Earvin "Magic" Johnson "has returned to celebrity spokesdom," the Los Angeles Times reports. Johnson is serving as a pitchman for American Express, "preaching responsible drinking for Adolph Coors" and is involved in partnerships with Starbucks Coffee and TGI Friday's. He is also preparing for his debut of "The Magic Hour," a syndicated, late-night talk show, scheduled to be aired in June. Meanwhile, Pepsi Co., who Johnson stopped endorsing in 1992, "isn't shutting the door on a return by the personality" -- Pepsi "continues to fund AIDS initiatives recommended by Johnson, including several Magic Johnson Playrooms that are open to children with AIDS."

A NEW BEGINNING

The Times notes that "Johnson's commercial rebound suggests that advertisers are catching up with consumers who were stunned" when Johnson announced that he was HIV positive. Bob Williams, president of Burns Sports, a Chicago-based sports marketing firm, said, "Magic's career is a fantastic statement about where we've come from as a society." Others are more cautious, pointing out that "two commercials are far from proof that society is coming to grips with HIV and AIDS." Robert Dunn, president and CEO of San Francisco-based Business for Social Responsibility, said while "Johnson's return

to commercials is clearly a metaphor for a broader understanding and acceptance of HIV/AIDS in society and the workplace," there is not a "universal acceptance of people with HIV/AIDS" (Johnson, 5/21).

SCIENCE & MEDICINE

#5 COCKTAIL THERAPY: POZ COLUMNIST QUESTIONS THOROUGHNESS OF SOME STUDIES

Pharmaceutical companies marketing AIDS drugs sometimes offer doctors and patients "premature" results from studies with "too few subjects and too few months of observation for meaningful conclusions," says POZ columnist David Gilden. He notes that drug companies "capture headlines and the attention of doctors and patients" with "splashy presentations" at major conferences. He contends that in "the race for protease-inhibitor sales," pharmaceuticals "lose sight" of HIV's "tricky" behavior.

MAKING A POINT

Gilden uses drug company Agouron's Viracept (nelfinavir) and the competing drug, Merck's Crixivan (indinavir), as an example of how two companies are competing for market dominance for their protease-inhibitors. Viracept "now attracts as many new people as does Merck's long-dominant Crixivan," which leaves Merck in need of "a public-relations breakthrough." To compete, Merck "unveiled" results of a pilot trial suggesting that taking Crixivan twice a day at 1,200 mg is as effective as the usual

regiment of three times a day at 800 mg, which is significant because "one of Crixivan's drawbacks is that it's supposed to be taken every eight hours on an empty stomach." Gilden asks, "Merck got the data it wanted," but "should such a sweeping change be made based on the brief experience of a few dozen people?" The study did not monitor the levels of the drug in patients' bodies at various points, a standard study practice. While Merck insisted "measurements are irrelevant as long as the total daily dose is the same," researchers at Abott Pharmaceutical, manufacturer of Norvir (ritonavir), found that "Merck's proposed 1,200 mg twice-a-day Crixivan regimen leaves levels well below the threshold needed to fully inhibit HIV." Gilden notes that "low drug levels between the two doses may promote virus not only resistant to Crixivan but cross-resistant to other protease inhibitors." He says, "You may be able to fool an overwhelmed public from your podium, but you can't fool Mother Nature. As drug companies turn upbeat conference reports into glowing financial statements, the virus just keeps coldly capitalizing on our medical (and other) vulnerabilities" (June issue).

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	From Qndc@aol.com to Todd Summers Re: Fw: Peace Corps HIV Policy [personal] [partial] (2 pages)	05/22/1998	b(6)

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[05/15/1998 - 06/02/1998]

2018-0758-F
jn559

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.
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)]

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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: qndc (qndc <qndc@erols.com> [UNKNOWN])

CREATION DATE/TIME:22-MAY-1998 01:01:49.00

SUBJECT: Fw: Peace Corps HIV policy

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
-----Original Message-----

From: (b)(6) [002]

To: qndc@erols.com <qndc@erols.com>

Date: Monday, May 04, 1998 11:56 AM

Subject: Peace Corps HIV policy

>Hi Todd:

>

>Chris Fung told me that he had told you about my experience with being

kicked

>out of the Peace Corps in 1986 and that you were looking for ex/returned

PCVs

>who could share their stories. I would be interested.

>

>I'll be in DC this Thursday and Friday May 7th and 8th if you would like

to

>scope out some time to meet. I'm tied up for sure from 12-2 on Friday

with

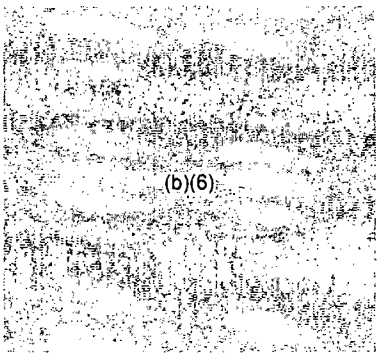
a

>meeting at USAID.

>

>Please feel free to give a call. My info is as follows:

>



>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: MDSHRIVER (MDSHRIVER@aol.com [UNKNOWN])

CREATION DATE/TIME:26-MAY-1998 18:15:30.00

SUBJECT: Fwd: fax copy and hard copy coming

TO: Chris.Collins (chris.collins@mail.house.gov [UNKNOWN])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: dvonzinkernagel (dvonzinkernagel@osophs.dhhs.edu [UNKNOWN])
READ:UNKNOWN

TO: raragon (raragon@sfaf.org [UNKNOWN])
READ:UNKNOWN

TO: smorin (smorin@psg.ucsf.edu [UNKNOWN])
READ:UNKNOWN

TEXT:
here is my first e-mail back to helene!

Return-path: <MDSHRIVER@aol.com>

Date: Tue, 26 May 1998 13:55:27 EDT

From: MDSHRIVER@aol.com

Subject: Re: fax copy and hard copy coming

To: hdg1@cdc.gov

MIME-version: 1.0

Content-type: text/plain; charset=US-ASCII

Content-transfer-encoding: 7BIT

helene:

i have been sitting here on pins and needles, worried that your response

was

going to either not come or well, i don't know, i was just unsure.

regardless, thank you for getting back to me so quickly. i am VERY commiteed to working with you on the R&R and future of surveillance (including federal support etc etc etc). i am still struck by the act that there is NO MONEY in srveillance.

and granted, perhaps the S&E division and i can take exception to some premises i hold (from a community/political and health commisioner view) but there are parts of the R&R (in draft form) that if they appear the way they are written now will have EVERYONE in the AIDS community up in arms (such as the link-delink-link-delink surveillance and PN stuff) that if they are NOT clarified and look like the verbal commitments from cdc then an unnecessary battle will ensue that could have been and should have been avoided.

and that, ultimately is the gist of my response to you -- if you look thru my recommendations, a lot of them are either sructural or procedural. i do believe that another vetting of the R&R (after some careful editing and re-writing and re-tooling, will be essential, and i think CDC needs to involve both community and PHS folks (like HHS and HRSA). is this possible?

given the importance of the document and timing, i do hope CDCwill work to make sure community and artners are invested and involved.....

so, is it likely that i'll hear from kevin and/or john/patricia? will

there

be a newer version of the R&R? Have i now removed myself from seeing

another

version and giving comment? i spent a HELLUVA long time crafting the

leter to

you, reading and rereading and rereereading the R&R before comment because

you

know how much i am commited to having this done well and done right.....

but i'll close this piece off with the following -- what i saw won't work,

and

i conjecture will not work for a ot of people. i strongly urge a second

version, with parts retooled. i am not sure how else to put it...?

now, on to other stuff -------

are you ok? what in the hell is hapening with CDC and HHS? have they (HS

leadership) lost their mind? wy in the hell are you NOT named (yet)? what

are they doing?

i hope you are well. when will i be seeing you next?

mike

xoxox too!!!!!!

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: MDSHRIVER (MDSHRIVER <MDSHRIVER@aol.com> [UNKNOWN])

CREATION DATE/TIME:26-MAY-1998 13:26:21.00

SUBJECT: Fwd: fax copy and hard copy coming

TO: Chris.Collins (chris.collins@mail.house.gov [UNKNOWN])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: DvonZinkernagel (dvonzinkernagel@osophs.dhhs.gov [UNKNOWN])
READ:UNKNOWN

TO: raragon (raragon@sfaf.org [UNKNOWN])
READ:UNKNOWN

TO: smorin (smorin@psg.ucsf.edu [UNKNOWN])
READ:UNKNOWN

TEXT:
This is ~~confidential~~. I have faxed and snail-mailed a copy to helene.

Please

keep this under wraps and i will keep eveyone posted to any reply. Thanks

for

all your help and assistance in putting together a cohesive and coherent

reply.

mike

+++++++++

Return-path: <MDSHRIVER@aol.com>

Date: Tue, 26 May 1998 09:24:08 EDT

From: MDSHRIVER <MDSHRIVER@aol.com>

Subject: fax copy and hard copy coming

To: hdg1@cdc.gov

Organization: AOL (http://www.aol.com)

MIME-version: 1.0

Content-type: text/plain; charset=ISO-8859-1

Content-transfer-encoding: QUOTED-PRINTABLE

May 26, 1998

~~CONFIDENTIAL~~

Helene D. Gayle, M.D., M.P.H.

Director

National Center for HIV, STD and TB Prevention

Centers for Disease Control and Prevention

1600 Clifton Road, Mailstop E-59

Atlanta, GA 30333

Dear Dr. Gayle:

Thank you for allowing me a chance to review a ~~confidential~~ draft of CDC's proposed "Guidelines for National HIV Case Surveillance, Including Monitoring for HIV Infection and Acquired Immunodeficiency Syndrome (AIDS)." Since the version I was shown was neither public nor official, I am taking this opportunity to reply directly to you, in no official capacity, regarding the guidelines.

For my own sense of clarity and focus, I think it is best for me to make

comments specifically about the document's contents and then to suggest remedy and resolution.

First, I need to express my extreme displeasure with the document. I feel that a great deal of the proposed R&R is sloppy, factually inaccurate and based on a serious bias that mandates a policy in a terrifyingly directive, harmful and irresponsible manner.

I contend that this ~~confidential~~ version violates both the spirit and letter of the agreements between the CDC and the community.

While I understand that this review is harsh, I have to be clear - this proposed document is predicated upon a philosophy that is inconsistent with the communications from the very community-based organizations (national and local) from whom CDC will need agreement and support. Unless the problems within this document are reconciled, I fear we individually and collectively will not be able to move forward in an appropriate and timely manner.

I firmly believe that complementing our AIDS surveillance with both HIV infection case reporting (regardless of HOW a jurisdiction employs this process) as well as a more robust array of surveillance activities (seroincidence studies, behavioral surveillance, etc.) is essential. We

must
be able to document the epidemic, its demographic shifts and the extent to which service delivery systems (prevention AND care) have changed the nature
of the epidemic in the U.S.

I have been operating under the impression that the R&R is CDC's document that
will establish the acceptable, appropriate, well-defined and justified parameters for a jurisdiction's comprehensive HIV/AIDS surveillance portfolio.
However, the document I reviewed does none of the above. Instead it bullies
and (in very specific places) coerces the jurisdictions to solely move their
system to HIV infection case reporting by name.

First of all, this document is heavily invested in care and access to care as
the justification for a CDC change in guidelines. This fundamentally is inappropriate. The goal of surveillance is not to link individuals to either
a prevention or care system -- that is a clearly understood, defined and measurable goal of CTRPN. Both you and I know that there is an overwhelming
body of data that refutes the notion that all people with HIV, by virtue of knowing their HIV status, have immediate access to care. I believe that

the
guidance (which reads less like a technical guidance and more like a
position
paper) is predicated on the faulty assumption that HIV reporting equals
access
to care. This flaw then serves as the foundation for the entire document.

And so, I have to ask: Why is this draft so void in acknowledging the successes of HIV prevention (primary or secondary)? This decision to minimize
any contribution of HIV prevention (and by extension HIV Prevention
Community
Planning) is dangerous and potentially financially injurious. I am
especially
concerned that the most robust references to HIV prevention are those regarding perinatal HIV transmission (a chemotherapeutic intervention). Remember that this document has a life of its own once it is dropped into
the
Federal Register. If it suggests that investments in care supercede any contribution in prevention, then the road to de-funding HIV prevention has been paved by the R&R itself.

It is my informed opinion that the final draft version of the R&R
introduced
into the Federal Register must stand the test of relevance and scientific rigor. Furthermore, it must also be a document that, if fallen into the
wrong

hands, could be legislated without doing harm (in the worst case scenario).
This being said, if the draft guidance that I read were introduced into the
Federal Register AS IS, it would do tremendous harm across the country
(regardless of which surveillance system is already in place).
Lastly, the draft guidance I reviewed (if legislated or implemented
through a
reg/neg process) will not achieve the desired outcome, namely to improve
the
manner in which we gather accurate and timely information about the
nation's
HIV epidemics.

And so, specifically, here are my focused comments on the draft guidance,
Helene. I have also then listed seven recommendations so that we can move
on
this issue quickly, responsibly and constructively. Time is of the
essence,
but I contend we can not sacrifice quality or else we will do harm in our
attempts to gather better HIV data.

COMMENTS

? The draft guidance is excessively proscriptive. It does not encourage or
allow for state flexibility in the implementation of a change in Public
Health
Service policy.

? Inappropriate referencing of non-PHS organizations in a technical

guidance.

Throughout the length of the draft guidance, CDC refers to organizations (that are not part of the Public Health Service) to bolster its position in support of name reporting. By default, those organizations who have either offered a differing or complementary position (such as NAPWA who opposes names, supports HIV surveillance and supports UIs and a better investment across the surveillance continuum) are ignored and dismissed on the sole basis of their refusal to endorse name-based reporting. Since the full complement of organizational opinion and comment on HIV infection case reporting is not represented, then CDC biases the guidance from the onset.

? The Draft guidance alleges community input in March 1998, although there has yet to be a community review of this draft Guidance. To characterize the February 1998 meeting as a review of this draft guidance is not only inaccurate, but it also mischaracterizes the informal CDC presentation at the 2/16/98 meeting.

? CDC misrepresents its assistance to jurisdictions regarding complementing AIDS case surveillance with HIV infection case reporting. CDC provided technical assistance and financial resources to states to complement their

AIDS surveillance with HIV infection reporting by name (Cf. pages 4 and 6 and 7); however, CDC only evaluated the Unique Identifier experiences in Maryland and Texas. CDC did not provide funding to Maryland (when requested) and has stated publicly that if a jurisdiction were to petition them for technical assistance to implement a UI, CDC neither has the expertise in-house nor a meaningful way to assist them.

? CDC mischaracterizes community concerns with HIV infection reporting by name. There is a tremendous consensus among the HIV community to complement our national AIDS surveillance with some form of HIV infection case reporting. However, on page 6 of the draft guidance, CDC equates HIV surveillance with HIV infection case reporting by name as being identical. HIV surveillance can be done through a variety of methods. This guidance clearly contends that disagreement with name reporting is the same as disagreeing with HIV surveillance altogether, which is not the case. Against a backdrop of scientific assumptions based upon the still unpublished HITS/APS data, CDC has ignored and omitted several examples of HIV name reporting as a deterrent to HIV testing (Cf. Coates et al in 1989, AIDS Project Los Angeles's consumer survey, ACLU documentation, etc.). The documented reality that name-based

HIV

reporting deters particular at-risk individuals and communities from HIV testing is made illegitimate by omission in the R&R; further, corollary examples from other public health examples are equally ignored.

? Draft guidance mischaracterizes the value of the data derived from HIV infection case reporting (page 4). HIV infection case reporting is a measure of the extent of the epidemic among those individuals and communities that seek HIV testing. This is the limitation of HIV surveillance. HIV infection case reporting, by its very nature, does not offer a complete account of any given jurisdiction's HIV cases, only an account of those who sought out HIV antibody testing.

? The scientific citations justifying the utility of HIV surveillance and its impact on prevention programs are poor. First of all, a personal communication between an individual and the CDC is neither statistically significant nor quantifiable (Cf. page 5). There are 28 states with this process in place, but apart from the examples of New Jersey PROCESS OUTCOMES and truncated examples from Minnesota and Michigan, the document lacks quantifiable examples of using HIV infection case reporting by name to signal a resource re-allocation or evaluation of HIV prevention investments. For

each of the three name-based states cited as examples, there are an equal number of states that have done similar processes without HIV name reporting or even HIV infection data.

? The draft guidance selectively chooses data sets from the HITS and APS studies while omitting data that would contradict the assertions of this guidance. For example, APS data show that individuals in name-based states report a lower initial CD4+ count than do those in non-name states. Additionally, the draft guidance ignores the preeminence of data indicating the impact of stigma on test-seeking behavior. Further, the draft guidance suggests that an unpublished survey (that has yet to be validated through a peer-review process) with 2,730 respondents, across nine states, constitutes a national, representative sample and that this sample has sufficient power to indicate national trends.

? The guidance consistently rationalizes the expansion of surveillance to include HIV infection case reporting based upon the APPLICATION OF DATA, not upon the function of COLLECTING TIMELY AND ACCURATE DATA. Specifically, the entire document justifies expansion to HIV surveillance as supportive of increasing access to care and HIV therapies. However, by its own admission, the goal of HIV and AIDS surveillance is "the collection of accurate and

timely epidemiologic data" (page 18).

? The document never scientifically justifies the rationale behind the three performance indicators: completeness; timeliness; and duplication. Nowhere is there a scientific justification for the performance indicators, the desired levels and percentages, their relative importance and their implementation.

? The proposed linkage between HIV, STD and TB registries is a coercive measure to force name-based reporting. Without explanation or justification, the document allows for the merger of HIV, STD and TB registries with passing comment to security and confidentiality. Additionally, this kind of merger is used as a "back-door" to force HIV surveillance to be done by names in order for ease of merger and cross-match. This type of sleight-of-hand is inexplicable and poorly justified in the R&R.

? Using Medicaid to evaluate the HIV surveillance system is unreasonable. HCSUS data demonstrates that well over 50% of all Americans with HIV disease do not have any access to medical care. And, a recent New York Times article

discussed the lack representativeness of the Medicaid roll to actual need/qualification of eligible children. Justifying HIV surveillance by evaluating this system using the Medicaid roll will neither show true access to care as an outcome of surveillance (which again is not surveillance's function) nor demonstrate a system that is accurately tracking individuals with HIV disease.

? Evaluating the new surveillance system after one year is a set-up for failure, not only for UI states, but those states already implementing HIV reporting by name. CDC's own data (page 22) show that several name-reporting states have a completeness rate of only 79%. This clearly is below the minimum percentage established by this guidance.

? CDC suggests NO REPARATIVE ASSISTANCE to any jurisdiction not meeting any or all of the three performance criteria. Further, it is unclear to what extent CDC has any capacity to assist in the development or the implementation of any other system besides a name-based system.

? CDC has reneged on its commitment to decouple HIV surveillance from other programs such as Partner Notification. Publicly, CDC has stated to the community that this guidance would clearly decouple HIV surveillance from

Partner Notification. However, the draft guidance does not state this as a CDC policy and alludes, in passing, to concurrence from a community planning group NOT TO THE LINKING OR DELINKING, but to an overall sense of resonance (see page 18). Page 12 of the draft guidance allows for a linking of surveillance and Partner Notification programs. Finally, in the document, CDC OMITS any reference of CPG concurrence in light of Partner Notification programs, thereby establishing a conflicting message within the guidance, and therefore to the jurisdictions (see page 27).

? State protections for privacy and confidentiality are suggested but not required. States can implement HIV surveillance by name with absolutely no requirement from CDC as to the minimum level of legal protection within the state. It is odd that CDC would release model legislation AFTER the fact, as opposed to in parallel with the release of the R&R.

? CDC carefully omits the fact that 10 states have eliminated anonymous testing since complementing their AIDS surveillance with HIV reporting by name.

? CDC ignores its own data (April 28, 1998 MMWR) when it falsely states that HIV surveillance will give an accurate and timely profile of a jurisdiction's

HIV rate. In the 4/28/98 MMWR, 28% of the cases had UNREPORTED RISK, meaning that the alleged data showing risk and other demographic information was not available at the time of the submission of this data to CDC.

Further, in the recent MMWR, data for 13 - 19 year old male adolescents nationally showed a 30% level of "Risk not reported or identified" and a 46% rate of "Risk not reported or identified" for 13 - 19 year old adolescent women. Data with no reported risk neither facilitates good planning nor a serious analysis of gaps in services (prevention or otherwise).

? The section of the draft guidance minimizes the HIPAA UI, which could make the issue of named-surveillance moot (page 23): Because of HIPAA, there is a strong possibility that an HHS process will result in the creation of a UI for medical records. The draft guidance clearly belittles UIs and as such, sends a clear message that no UI for medical records can or will work. This section complicates a very critical issue for many individuals with medicalconditions, including people with HIV, and does so needlessly.

RECOMMENDATIONS

To remedy this overwhelmingly problematic document, I would propose the following:

1. Shorten the document. It suffers from being too lengthy and confusing. The duplicative and confusing sections should be eliminated and the document
should be better crafted.

2. Explicitly detail the performance criteria and their scientific justification.

3. Define the phase-in plan for the performance criteria and the evaluation plan for measuring and meeting these criteria (regardless of manner of surveillance).

4. Eliminate any reference to CDC's preference for name-based reporting. Instead, use the R&R to make available the peer-reviewed literature regarding
HIV infection case reporting and have each jurisdiction justify its choice of
surveillance system based on its scientific merit (paralleling the directive
from HIV Prevention Community Planning).

5. Explicitly de-link surveillance with Partner Notification. The R&R should

expressly state that a letter of concurrence from a jurisdiction must reflect their agreement with and the agreed-upon applications (and linkages) of said surveillance system and data.

6. Retain and bolster HIV Prevention Community Planning's relationship to the application of HIV surveillance data and other relevant surveillance data (i.e. AIDS case surveillance, STD surveillance, etc.).

7. Prior to the submission of the R&R into the Federal Register, CDC should immediately revise the proposed R&R, submit it to both states and the community for input and comment, and then convene a broad PHS and community member meeting for a consultation.

Helene, I believe that while this document is not acceptable, I also believe that we have an historical legacy of good public health product based on common goals and agreements. It is still my considered opinion that we can allow for the jurisdictions to complement their current surveillance, but we need to be judicious, honest and realistic.

We have an opportunity now to have the community review either a document that

will inflame the debate, or have the chance to present the community with a well-written and solid document.

At this critical moment in this process, I recognize that the choice is clearly yours to make - I hope that you value our partnership as much as I do.

I offer this counsel as your friend, as your advocate and as someone who believes that we can achieve a good resolution to this issue if we offer a document that respects our concerns, does not oversell science and that allows

for a jurisdictional response that is sound, defensible and accountable.

CDC must either be willing to change this document or be prepared for a barrage from the affected and infected communities in protest. I am suggesting clearly that CDC can avoid a negative situation by changing, shortening and tightening the R&R as well as involving the community in preparing the best possible R&R for the Federal Register. I hope that the CDC does not force an adversarial relationship between the community and itself by not listening to these comments. If CDC were to choose to ignore or

minimize this counsel, then I find myself at a loss as to how this partnership

on surveillance can move forward.

Please give me a call if I can be of any help to you in this redrafting process. I sincerely hope that you and CDC will NOT move the current ~~confidential~~ draft forward but will instead take a moment, re-craft and

then

consult the community and a broader range of vested PHS counterparts so

that

we can introduce a solid document into the Federal Register.

Sincerely,

Mike Shriver

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: MDSHRIVER (MDSHRIVER <MDSHRIVER@aol.com> [UNKNOWN])

CREATION DATE/TIME:26-MAY-1998 18:13:16.00

SUBJECT: Fwd: fax copy and hard copy coming

TO: Chris.Collins (chris.collins@mail.house.gov [UNKNOWN])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: DvonZinkernagel (dvonzinkernagel@osophs.dhhs.gov [UNKNOWN])
READ:UNKNOWN

TO: raragon (raragon@sfaf.org [UNKNOWN])
READ:UNKNOWN

TO: smorin (smorin@psg.ucsf.edu [UNKNOWN])
READ:UNKNOWN

TEXT:
here is helene's first response. i will bcc you al my initial response!

Return-path: <hdg1@cdc.gov>

Received: from rly-zb04.mx.aol.com (rly-zb04.mail.aol.com [172.31.41.4])

by air-zb02.mail.aol.com (v43.17) with SMTP; Tue, 26 May 1998 10:38:19

-0400

Received: from mailgate2.cdc.gov (mailgate2.cdc.gov [158.111.3.22]) by

rly-zb04.mx.aol.com (8.8.5/8.8.5/AOL-4.0.0) with ESMTP id KAA10149 for

<MDSHRIVER@aol.com>; Tue, 26 May 1998 10:38:17 -0400 (EDT)

Received: from mcdc-us-ims.cdc.gov ([158.111.3.19]) by mailgate2.cdc.gov

(8.8.5/8.8.5) with ESMTP id KAA12182 for <MDSHRIVER@aol.com>; Tue, 26 May

1998 10:38:12 -0400 (EDT)

Received: by MCDC-US-IMS with Internet Mail Service (5.5.1960.3) id

<LWDKPHYW>; Tue, 26 May 1998 10:37:46 -0400

Date: Tue, 26 May 1998 10:35:13 -0400

From: "Gayle, Helene D" <hdg1@cdc.gov>

Subject: RE: fax copy and hard copy coming

To: "'MDSHRIVER'" <MDSHRIVER@aol.com>

Message-id: <BF15576D0265D111A1160000F863157D5F1AB2@MCDC-ATL-40>

MIME-version: 1.0

X-Mailer: Internet Mail Service (5.5.1960.3)

Content-type: text/plain; charset=ISO-8859-1

Content-transfer-encoding: QUOTED-PRINTABLE

Wow!! So you really liked it.

I will pass your comments on to the folks. I think it is a little harsh and doesn't take into consideration the way R&Rs are generally written (they are meant to express our best judgement). I also think that the idea that states doing anything they want and expecting us to have an interpretable surveillance system is an incorrect premise. I think people here would be happy to talk through with you in more detail, why that is true and what the pitfalls are.

i think many of the points you make about overselling surveillance and some of the data is well taken and they are already working on putting more perspective to some of that.

Anyway, lets keep working together on this. It is important that we get it as right as we can and do it in a way that doesn't thow out babies with bath water.

xxoo

> -----Original Message-----

> From: MDSHRIVER [SMTP:MDSHRIVER@aol.com]

> Sent: Tuesday, May 26, 1998 9:24 AM

> To: hdg1@cdc.gov

> Subject: fax copy and hard copy coming

>

> May 26, 1998

DETERMINED TO BE AN ADMINISTRATIVE

> ~~CONFIDENTIAL~~

MARKING INITIALS: JK DATE: 8-20-19

2018-0758-F

>

> Helene D. Gayle, M.D., M.P.H.

> Director

> National Center for HIV, STD and TB Prevention

> Centers for Disease Control and Prevention

> 1600 Clifton Road, Mailstop E-59

> Atlanta, GA 30333

>

> Dear Dr. Gayle:

> Thank you for allowing me a chance to review a ~~confidential~~ draft of

> CDC's

> proposed "Guidelines for National HIV Case Surveillance, Including

> Monitoring

> for HIV Infection and Acquired Immunodeficiency Syndrome (AIDS)."

> Since the

> version I was shown was neither public nor official, I am taking this

> opportunity to reply directly to you, in no official capacity,

> regarding the

> guidelines.

>

> For my own sense of clarity and focus, I think it is best for me to

> make

> comments specifically about the document's contents and then to

> suggest remedy

> and resolution.

>

> First, I need to express my extreme displeasure with the document. I

> feel that

> a great deal of the proposed R&R is sloppy, factually inaccurate and

> based on

> a serious bias that mandates a policy in a terrifyingly directive,

> harmful and

> irresponsible manner.

> I contend that this ~~confidential~~ version violates both the spirit and

> letter

> of the agreements between the CDC and the community.

> While I understand that this review is harsh, I have to be clear -

> this

> proposed document is predicated upon a philosophy that is inconsistent

> with

> the communications from the very community-based organizations

> (national and

> local) from whom CDC will need agreement and support. Unless the

> problems

> within this document are reconciled, I fear we individually and

> collectively

> will not be able to move forward in an appropriate and timely manner.

>

> I firmly believe that complementing our AIDS surveillance with both

> HIV

> infection case reporting (regardless of HOW a jurisdiction employs

> this

> process) as well as a more robust array of surveillance activities

> (seroincidence studies, behavioral surveillance, etc.) is essential.

> We must

> be able to document the epidemic, its demographic shifts and the

> extent to

> which service delivery systems (prevention AND care) have changed the

> nature

> of the epidemic in the U.S.

>

> I have been operating under the impression that the R&R is CDC's

> document that

> will establish the acceptable, appropriate, well-defined and justified

> parameters for a jurisdiction's comprehensive HIV/AIDS surveillance

> portfolio.

> However, the document I reviewed does none of the above. Instead it

> bullies

> and (in very specific places) coerces the jurisdictions to solely move

> their

> system to HIV infection case reporting by name.

>

> First of all, this document is heavily invested in care and access to
> care as
> the justification for a CDC change in guidelines. This fundamentally
> is
> inappropriate. The goal of surveillance is not to link individuals to
> either
> a prevention or care system -- that is a clearly understood, defined
> and
> measurable goal of CTRPN. Both you and I know that there is an
> overwhelming
> body of data that refutes the notion that all people with HIV, by
> virtue of
> knowing their HIV status, have immediate access to care. I believe
> that the
> guidance (which reads less like a technical guidance and more like a
> position
> paper) is predicated on the faulty assumption that HIV reporting
> equals access
> to care. This flaw then serves as the foundation for the entire
> document.
>
> And so, I have to ask: Why is this draft so void in acknowledging the
> successes of HIV prevention (primary or secondary)? This decision to
> minimize
> any contribution of HIV prevention (and by extension HIV Prevention
> Community
> Planning) is dangerous and potentially financially injurious. I am

> especially

> concerned that the most robust references to HIV prevention are those

> regarding perinatal HIV transmission (a chemotherapeutic

> intervention).

> Remember that this document has a life of its own once it is dropped

> into the

> Federal Register. If it suggests that investments in care supercede

> any

> contribution in prevention, then the road to de-funding HIV prevention

> has

> been paved by the R&R itself.

>

> It is my informed opinion that the final draft version of the R&R

> introduced

> into the Federal Register must stand the test of relevance and

> scientific

> rigor. Furthermore, it must also be a document that, if fallen into

> the wrong

> hands, could be legislated without doing harm (in the worst case

> scenario).

> This being said, if the draft guidance that I read were introduced

> into the

> Federal Register AS IS, it would do tremendous harm across the country

> (regardless of which surveillance system is already in place).

> Lastly, the draft guidance I reviewed (if legislated or implemented

> through a

> reg/neg process) will not achieve the desired outcome, namely to

> improve the

> manner in which we gather accurate and timely information about the

> nation's

> HIV epidemics.

>

> And so, specifically, here are my focused comments on the draft

> guidance,

> Helene. I have also then listed seven recommendations so that we can

> move on

> this issue quickly, responsibly and constructively. Time is of the

> essence,

> but I contend we can not sacrifice quality or else we will do harm in

> our

> attempts to gather better HIV data.

>

> COMMENTS

> ? The draft guidance is excessively proscriptive. It does not

> encourage or

> allow for state flexibility in the implementation of a change in

> Public Health

> Service policy.

>

> ? Inappropriate referencing of non-PHS organizations in a technical

> guidance.

> Throughout the length of the draft guidance, CDC refers to

> organizations (that

> are not part of the Public Health Service) to bolster its position in

> support

> of name reporting. By default, those organizations who have either

> offered a

> differing or complementary position (such as NAPWA who opposes names,

> supports

> HIV surveillance and supports UIs and a better investment across the

> surveillance continuum) are ignored and dismissed on the sole basis of

> their

> refusal to endorse name-based reporting. Since the full complement of

> organizational opinion and comment on HIV infection case reporting is

> not

> represented, then CDC biases the guidance from the onset.

>

> ? The Draft guidance alleges community input in March 1998, although

> there has

> yet to be a community review of this draft Guidance. To characterize

> the

> February 1998 meeting as a review of this draft guidance is not only

> inaccurate, but it also mischaracterizes the informal CDC presentation

> at the

> 2/16/98 meeting.

>

> ? CDC misrepresents its assistance to jurisdictions regarding

> complementing

> AIDS case surveillance with HIV infection case reporting. CDC

> provided

> technical assistance and financial resources to states to complement

> their

> AIDS surveillance with HIV infection reporting by name (Cf. pages 4

> and 6 and

> 7); however, CDC only evaluated the Unique Identifier experiences in

> Maryland

> and Texas. CDC did not provide funding to Maryland (when requested)

> and has

> stated publicly that if a jurisdiction were to petition them for

> technical

> assistance to implement a UI, CDC neither has the expertise in-house

> nor a

> meaningful way to assist them.

>

> ? CDC mischaracterizes community concerns with HIV infection reporting

> by

> name. There is a tremendous consensus among the HIV community to

> complement

> our national AIDS surveillance with some form of HIV infection case

> reporting.

> However, on page 6 of the draft guidance, CDC equates HIV surveillance

> with

> HIV infection case reporting by name as being identical. HIV

> surveillance can

> be done through a variety of methods. This guidance clearly contends

> that

> disagreement with name reporting is the same as disagreeing with HIV

> surveillance altogether, which is not the case. Against a backdrop of

> scientific assumptions based upon the still unpublished HITS/APS data,
> CDC has
> ignored and omitted several examples of HIV name reporting as a
> deterrent to
> HIV testing (Cf. Coates et al in 1989, AIDS Project Los Angeles's
> consumer
> survey, ACLU documentation, etc.). The documented reality that
> name-based HIV
> reporting deters particular at-risk individuals and communities from
> HIV
> testing is made illegitimate by omission in the R&R; further,
> corollary
> examples from other public health examples are equally ignored.
>
> ? Draft guidance mischaracterizes the value of the data derived from
> HIV
> infection case reporting (page 4). HIV infection case reporting is a
> measure
> of the extent of the epidemic among those individuals and communities
> that
> seek HIV testing. This is the limitation of HIV surveillance. HIV
> infection
> case reporting, by its very nature, does not offer a complete account
> of any
> given jurisdiction's HIV cases, only an account of those who sought
> out HIV
> antibody testing.

>

> ? The scientific citations justifying the utility of HIV surveillance

> and its

> impact on prevention programs are poor. First of all, a personal

> communication between an individual and the CDC is neither

> statistically

> significant nor quantifiable (Cf. page 5). There are 28 states with

> this

> process in place, but apart from the examples of New Jersey PROCESS

> OUTCOMES

> and truncated examples from Minnesota and Michigan, the document lacks

> quantifiable examples of using HIV infection case reporting by name to

> signal

> a resource re-allocation or evaluation of HIV prevention investments.

> For

> each of the three name-based states cited as examples, there are an

> equal

> number of states that have done similar processes without HIV name

> reporting

> or even HIV infection data.

>

> ? The draft guidance selectively chooses data sets from the HITS and

> APS

> studies while omitting data that would contradict the assertions of

> this

> guidance. For example, APS data show that individuals in name-based

> states

> report a lower initial CD4+ count than do those in non-name states.

> Additionally, the draft guidance ignores the preeminence of data

> indicating

> the impact of stigma on test-seeking behavior. Further, the draft

> guidance

> suggests that an unpublished survey (that has yet to be validated

> through a

> peer-review process) with 2,730 respondents, across nine states,

> constitutes a

> national, representative sample and that this sample has sufficient

> power to

> indicate national trends.

>

> ? The guidance consistently rationalizes the expansion of surveillance

> to

> include HIV infection case reporting based upon the APPLICATION OF

> DATA, not

> upon the function of COLLECTING TIMELY AND ACCURATE DATA.

> Specifically, the

> entire document justifies expansion to HIV surveillance as supportive

> of

> increasing access to care and HIV therapies. However, by its own

> admission,

> the goal of HIV and AIDS surveillance is "the collection of accurate

> and

> timely epidemiologic data" (page 18).

>

> ? The document never scientifically justifies the rationale behind the

> three

> performance indicators: completeness; timeliness; and duplication.

> Nowhere is

> there a scientific justification for the performance indicators, the

> desired

> levels and percentages, their relative importance and their

> implementation.

>

> ? The proposed linkage between HIV, STD and TB registries is a

> coercive

> measure to force name-based reporting. Without explanation or

> justification,

> the document allows for the merger of HIV, STD and TB registries with

> passing

> comment to security and confidentiality. Additionally, this kind of

> merger is

> used as a "back-door" to force HIV surveillance to be done by names in

> order

> for ease of merger and cross-match. This type of sleight-of-hand is

> inexplicable and poorly justified in the R&R.

>

> ? Using Medicaid to evaluate the HIV surveillance system is

> unreasonable.

> HCSUS data demonstrates that well over 50% of all Americans with HIV

> disease

> do not have any access to medical care. And, a recent New York Times

> article

> discussed the lack representativeness of the Medicaid roll to actual

> need/qualification of eligible children. Justifying HIV surveillance

> by

> evaluating this system using the Medicaid roll will neither show true

> access

> to care as an outcome of surveillance (which again is not

> surveillance's

> function) nor demonstrate a system that is accurately tracking

> individuals

> with HIV disease.

>

> ? Evaluating the new surveillance system after one year is a set-up

> for

> failure, not only for UI states, but those states already implementing

> HIV

> reporting by name. CDC's own data (page 22) show that several

> name-reporting

> states have a completeness rate of only 79%. This clearly is below the

> minimum

> percentage established by this guidance.

>

> ? CDC suggests NO REPARATIVE ASSISTANCE to any jurisdiction not

> meeting any or

> all of the three performance criteria. Further, it is unclear to what

> extent

> CDC has any capacity to assist in the development or the

> implementation of any

> other system besides a name-based system.

>

> ? CDC has reneged on its commitment to decouple HIV surveillance from

> other

> programs such as Partner Notification. Publicly, CDC has stated to

> the

> community that this guidance would clearly decouple HIV surveillance

> from

> Partner Notification. However, the draft guidance does not state this

> as a

> CDC policy and alludes, in passing, to concurrence from a community

> planning

> group NOT TO THE LINKING OR DELINKING, but to an overall sense of

> resonance

> (see page 18). Page 12 of the draft guidance allows for a linking of

> surveillance and Partner Notification programs. Finally, in the

> document, CDC

> OMITS any reference of CPG concurrence in light of Partner

> Notification> programs, thereby establishing a conflicting message within the

> guidance, and

> therefore to the jurisdictions (see page 27).

>

> ? State protections for privacy and confidentiality are suggested but

> not

> required. States can implement HIV surveillance by name with

> absolutely no

> requirement from CDC as to the minimum level of legal protection

> within the

> state. It is odd that CDC would release model legislation AFTER the

> fact, as

> opposed to in parallel with the release of the R&R.

>

> ? CDC carefully omits the fact that 10 states have eliminated

> anonymous

> testing since complementing their AIDS surveillance with HIV reporting

> by

> name.

>

> ? CDC ignores its own data (April 28, 1998 MMWR) when it falsely

> states that

> HIV surveillance will give an accurate and timely profile of a

> jurisdiction's

> HIV rate. In the 4/28/98 MMWR, 28% of the cases had UNREPORTED RISK,

> meaning

> that the alleged data showing risk and other demographic information

> was not

> available at the time of the submission of this data to CDC.

>

> Further, in the recent MMWR, data for 13 - 19 year old male

> adolescents

> nationally showed a 30% level of "Risk not reported or identified" and

> a 46%

> rate of "Risk not reported or identified" for 13 - 19 year old

> adolescent

> women. Data with no reported risk neither facilitates good planning

> nor a

> serious analysis of gaps in services (prevention or otherwise).

>

> ? The section of the draft guidance minimizes the HIPAA UI, which

> could make

> the issue of named-surveillance moot (page 23): Because of HIPAA,

> there is a

> strong possibility that an HHS process will result in the creation of

> a UI for

> medical records. The draft guidance clearly belittles UIs and as

> such, sends

> a clear message that no UI for medical records can or will work. This

> section

> complicates a very critical issue for many individuals with medical

> conditions, including people with HIV, and does so needlessly.

>

>

> RECOMMENDATIONS

>

> To remedy this overwhelmingly problematic document, I would propose

> the

> following:

>

> 1. Shorten the document. It suffers from being too lengthy and

> confusing.

> The duplicative and confusing sections should be eliminated and the

> document

> should be better crafted.

>

> 2. Explicitly detail the performance criteria and their scientific

> justification.

>

> 3. Define the phase-in plan for the performance criteria and the

> evaluation

> plan for measuring and meeting these criteria (regardless of manner of

> surveillance).

>

> 4. Eliminate any reference to CDC's preference for name-based

> reporting.

> Instead, use the R&R to make available the peer-reviewed literature

> regarding

> HIV infection case reporting and have each jurisdiction justify its

> choice of

> surveillance system based on its scientific merit (paralleling the

> directive

> from HIV Prevention Community Planning).

>

> 5. Explicitly de-link surveillance with Partner Notification. The R&R

> should

> expressly state that a letter of concurrence from a jurisdiction must

> reflect

> their agreement with and the agreed-upon applications (and linkages)

> of said

> surveillance system and data.

>

> 6. Retain and bolster HIV Prevention Community Planning's relationship

> to the

> application of HIV surveillance data and other relevant surveillance

> data

> (i.e. AIDS case surveillance, STD surveillance, etc.).

>

> 7. Prior to the submission of the R&R into the Federal Register, CDC

> should

> immediately revise the proposed R&R, submit it to both states and the

> community for input and comment, and then convene a broad PHS and

> community

> member meeting for a consultation.

>

>

> Helene, I believe that while this document is not acceptable, I also

> believe

> that we have an historical legacy of good public health product based

> on

> common goals and agreements. It is still my considered opinion that

> we can

> allow for the jurisdictions to complement their current surveillance,

> but we

> need to be judicious, honest and realistic.

>

> We have an opportunity now to have the community review either a
> document that
> will inflame the debate, or have the chance to present the community
> with a
> well-written and solid document.
>
> At this critical moment in this process, I recognize that the choice
> is
> clearly yours to make - I hope that you value our partnership as much
> as I do.
> I offer this counsel as your friend, as your advocate and as someone
> who
> believes that we can achieve a good resolution to this issue if we
> offer a
> document that respects our concerns, does not oversell science and
> that allows
> for a jurisdictional response that is sound, defensible and
> accountable.
>
> CDC must either be willing to change this document or be prepared for
> a
> barrage from the affected and infected communities in protest. I am
> suggesting clearly that CDC can avoid a negative situation by
> changing,
> shortening and tightening the R&R as well as involving the community
> in
> preparing the best possible R&R for the Federal Register. I hope

> that the

> CDC does not force an adversarial relationship between the community

> and

> itself by not listening to these comments. If CDC were to choose to

> ignore or

> minimize this counsel, then I find myself at a loss as to how this

> partnership

> on surveillance can move forward.

>

> Please give me a call if I can be of any help to you in this

> redrafting

> process. I sincerely hope that you and CDC will NOT move the current

> ~~confidential~~ draft forward but will instead take a moment, re-craft

> and then

> consult the community and a broader range of vested PHS counterparts

> so that

> we can introduce a solid document into the Federal Register.

>

>

>

> Sincerely,

>

>

> Mike Shriver

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: hivaidslist (hivaidslist@njdc.com [UNKNOWN])

CREATION DATE/TIME:26-MAY-1998 14:05:02.00

SUBJECT: Kaiser Daily HIV/AIDS Report

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

http://report.kff.org/aidshiv/

Tuesday, May 26, 1998

SCIENCE & MEDICINE

==========

#1 MARIJUANA STUDY: Researchers To Determine How Drug Affects AIDS Patients

ACROSS THE NATION

==========

#2 AIDS RESEARCH: Queens College To Get Major Facility, Professor

#3 ALASKA: Employers Encouraged To Implement HIV/AIDS Education

POLITICS & POLICY

==========

#4 HAITIAN REFUGEES WITH HIV: N.Y. Times Chronicles Lonely

Struggle

GLOBAL CHALLENGES

==========

#5 GLOBAL EPIDEMIC: UN Official Demands Action

MEDIA & SOCIETY

==========

#6 DOONESBURY: Both Sides Agree They Disagree With Clinton

SPECIAL NOTICE

Please send us your press releases and other news items to be covered in future issues of the Kaiser Daily HIV/AIDS Report.

Fax: 703/518-8703, E-mail: report@kff.org, Phone: 703-518-8725

SCIENCE & MEDICINE

#1 MARIJUANA STUDY: RESEARCHERS TO DETERMINE HOW DRUG AFFECTS AIDS PATIENTS

"The first federally funded effort to study the effects of marijuana on AIDS patients has begun in San Francisco," the San Francisco Chronicle reports. The study, to be administered at San Francisco General Hospital, will rely on a $1 million grant from the National Institutes of Health and will be conducted by the University of California-San Francisco and a

consortium of AIDS caregivers. Physicians at San Francisco General are currently recruiting 63 HIV-positive patients who are on a regimen of indinavir or nelfinavir, both protease inhibitors. The participants will be divided into three groups. Patients in one group will smoke three marijuana cigarettes per day, those in another group will ingest a tablet of Marinol -- a drug made with THC, the active ingredient in marijuana -- and those in a third group will receive a placebo. The researchers will seek to learn "how marijuana smoking may influence the immune system and the levels of AIDS virus in the body," as well as whether pot is "safe for AIDS patients who are being treated with the new protease inhibitor drugs." The Chronicle reports that both THC and the new drugs are broken down in the liver. Dr. Donald Abrams, director of the study, said, "We know many AIDS patients use marijuana to relieve nausea and loss of appetite brought on by the disease and its treatments. But we don't know how THC interacts with HIV drug therapies" (Perlman, 5/23).

ACROSS THE NATION

#2 AIDS RESEARCH: QUEENS COLLEGE TO GET MAJOR FACILITY, PROFESSOR

Queens College in New York City will break ground next month on a temporary AIDS laboratory "to be replaced within three years by a $34 million world-class research complex," Newsday reports. The facility will be headed by Dr. Luc Montagnier, the French

biologist who discovered the AIDS virus. Montagnier appeared at the inauguration of the center last week, where he gave a "lecture on the history of AIDS research." College President Allen Lee Sessoms said the Salick Center for Molecular and Cellular Biology will "put Queens College on the map as a leader in AIDS research." Vice President Hamid Shirvani said that in addition to the $3 million donated by Dr. Bernard Salick to launch the center, it will be funded by $15 million from the state and another $19 million to date from other private sources (Garrett, 5/22). The New York Daily News reports that while the new, 30,000 square foot facility will not be ready for two years, the temporary lab should be operational by July. "It will operate with a staff of 60 led by Montagnier," the Daily News reports.

THE GOOD DOCTOR

Saturday's Daily News profiled Dr. Montagnier in conjunction with its report on the research center. The 65-year-old doctor, whose title will be "professor of molecular and cellular biology," is widely credited with discovering AIDS in 1983. He said, "I have been doing research most of my life. I still have the energy to continue. I began in this AIDS field 15 years ago. ... We have to still contribute, and hopefully find a vaccine." The Daily News notes that he "has authored or co-authored 350 scientific articles and written several books, including 1994's 'Of Viruses and Men.'" He said, "We know the enemy now. But the goal now is to find its Achilles heel" (Mustain, 5/23).

#3 ALASKA: EMPLOYERS ENCOURAGED TO IMPLEMENT HIV/AIDS EDUCATION

"Part of the problem facing American employers is that the country has treated HIV and AIDS as a moral and a political issue," according to a speaker addressing Anchorage, AK-area employers on the importance of educating employees and preventing AIDS discrimination. The Anchorage Daily News reports that California-based consultant Nancy Breuer said this attitude "doomed us to deal with it badly ... it's a productivity issue, a morale issue and a safety issue," and "[s]ometimes, in a worst case scenario, it's a legal issue." Citing Centers for Disease Control and Preventions figures, Breuer said 14% of new AIDS cases are among "the hiring pool of the future" -- those aged 13 to 24. She urged employers to provide their employees with more information about how HIV and AIDS are transmitted. "When you have someone too afraid to use a water fountain (shared by a co-worker with AIDS), a brochure in the pay envelope isn't enough," Breuer said. She also told employers that companies have the responsibility to follow the Americans with Disabilities Act, "which prohibits discriminating against those with disabilities, including AIDS." Companies must be extremely careful not to breach the privacy of anyone infected with HIV or AIDS, she said. Many businesses "that lose big lawsuits usually have erred in protecting individuals' privacy," she said (Jung, 5/22).

POLITICS & POLICY

#4 HAITIAN REFUGEES WITH HIV: N.Y. TIMES CHRONICLES LONELY STRUGGLE

Yesterday's New York Times examined the plight of some 200 HIV-positive Haitian refugees awaiting word on asylum status from the United States government. Five years ago the refugees were confined for a longer-than-usual period at a camp at the American naval base at Guantanamo Bay, Cuba -- called by many "an HIV prison camp." The Times reports that "[u]nder a judge's order they were finally allowed into the United States," where many received a "cold reception from their countrymen" because they "represent all the worst stereotypes Haitians have fought to overcome: impoverished, AIDS-carrying boat people." Most of the refugees, having not yet won U.S. political asylum and therefore denied work here, subsist on welfare. Some 20 of them have already died of AIDS, and those still alive, according to the Times, "are struggling alone" because the "stigma of AIDS runs so deep among many Haitians that most of the HIV-positive refugees hide their condition." One woman, choosing to remain anonymous, said revealing her condition "would be like a death sentence."

FADED CAUSE CELEBRE

The Times reports that the refugees were told at the camp there was a "problem with their blood" and were separated from the rest of the Haitian refugees where they remained "isolated for more than a year." Dr. Marie Carmel Pierre-Louis, a physician who worked with the refugees at Guantanamo and who is also program director for the Haitian Coalition on AIDS, said, "To them, being labelled HIV-positive was part of a large

conspiracy against them. Their thinking was that, 'If I was as sick as they said, how come they didn't release me so I can get help?'" The Times reports that while the refugees "languished at Guantanamo ... far longer than their fellow refugees ... they became something of a cause celebre, with vocal support from AIDS groups and celebrities like Bruce Springsteen and Susan Saradon rallying to their side."

A LOW PRIORITY?

Today, many of the nonprofit groups helping the refugees have seen their financial support wane, particularly from the federal government. The Times reports that efforts to bolster support have failed and "no one has raised any private money to offset the loss." Earlier this year "three social service agencies lost the federal grants -- roughly $200,000 a year for each group -- that they had used to find housing for the refugees, provide health care and counseling and assist with immigration issues." And a fourth organization's grant was "sharply reduced," the Times reports. Officials say that gaining access to federal funds "intended to help people with HIV" is a "competitive process." The Haitian refugee advocate groups' applications were among 400 such requests, only 100 of which can be sustained by the available funds. Haitian social workers warn that funding cuts mean the refugees may find it harder "to get medical treatment, even as new drugs are allowing people with HIV to live longer and stay healthier." Gabrielle Kersaint, executive director of the Haitian Women's Program, said that while she doesn't think the immigrants are being "totally

forgotten," the HIV funding "pie is getting smaller, and people are less sympathetic toward refugees and immigrants" (Pierre-Pierre, 5/25).

GLOBAL CHALLENGES

#5 GLOBAL EPIDEMIC: UN OFFICIAL DEMANDS ACTION

"The global AIDS epidemic can only be controlled if much more funding is made available for developing countries where it is still spreading rapidly," was the message delivered yesterday by the United Nation's UNAIDS program in Geneva. UNAIDS Executive Director Peter Piot told the organization's governing body that under "current funding levels, the world simply cannot bring this global epidemic under control," Reuters/Nando Times reports. Piot said his organization has entered a "new phase" in its fight against the global spread of AIDS, "wider-than-ever gaps between the areas where [the virus] was receding and those where it was out of control." He called national funding "often 'woefully inadequate'" and said international aid is "distributed very unequally" among nations. Reuters/Times notes that U.S. health officials reported last month that the number of full-blown AIDS cases in America is decreasing and that the number of HIV cases is stabilizing. According to UN and World Health Organization estimates, developing countries are home to more than 90% of the world's 30 million HIV cases. Piot said that at a time "when we know that prevention works and that a worsening epidemic is not inevitable," the gaps between developing and

developed countries "demand our action" (5/25).

MEDIA & SOCIETY

#6 DOONESBURY: BOTH SIDES AGREE THEY DISAGREE WITH CLINTON

Gary Trudeau's "Doonesbury" cartoon strip this Sunday parodied the Clinton administration's recent refusal to lift the ban on federal funding of needle-exchange programs. The installment features two openly gay radio talk show co-hosts with opposite political ideologies. Arguing vehemently, the liberal host calls the decision "a disgrace" -- because "we know that needle exchange programs work." The conservative host rejoins, "What's disgraceful is Clinton's encouraging states to fund programs on their own! Talk about sending the WRONG message!" The liberal host says Clinton's message is that "he CARES" that people might get AIDS but that he "was scared" conservatives would accuse him of "being soft on drugs." The conservative says, "Which he IS! He's pandering to all the liberal ex-potheads on his staff!" Face to face, the characters scream at each other, "Clinton wimped out! He bowed to political pressure!" ... "That's what I've been SAYING! The guy's spineless!" After a pause of realization that both are arguing the same point, one host says, "We've got to stop meeting in the middle like this" (5/24).

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The Kaiser Daily HIV/AIDS Report is published for The Henry J. Kaiser Family Foundation by National Journal Group Inc.

Phone: 703-518-8725, Fax: 703-518-8703

E-mail: report@kff.org

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: RAPANUIJER (RAPANUIJER <RAPANUIJER@aol.com> [UNKNOWN])

CREATION DATE/TIME:26-MAY-1998 14:03:40.00

SUBJECT: Re: Agenda

TO: Brad L. Austin (CN=Brad L. Austin/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: jerryc (jerryc@wizard.com [UNKNOWN])
READ:UNKNOWN

TO: judtaral (Judtaral@aol.com [UNKNOWN])
READ:UNKNOWN

TO: katgerus (katgerus@mail.oeonline.com [UNKNOWN])
READ:UNKNOWN

TO: lynnemc (LYNNEMC@aol.com [UNKNOWN])
READ:UNKNOWN

TO: montoya_dc (Montoya_dc@a1.eop.gov [UNKNOWN])
READ:UNKNOWN

TO: NavDocSF (NavDocSF@aol.com [UNKNOWN])
READ:UNKNOWN

TO: Scotthitt (ScottHitt@aol.com [UNKNOWN])
READ:UNKNOWN

TO: SNABEL (SNABEL@mem.po.com [UNKNOWN])
READ:UNKNOWN

TEXT:
CORRECTED DATE FOR PRISON CONFERENCE CALL!!!

<<Tuesday the 2nd, >>

SORRY.....

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: GlobalAIDS (GlobalAIDS <GlobalAIDS@aol.com> [UNKNOWN])

CREATION DATE/TIME:27-MAY-1998 05:38:24.00

SUBJECT: Fwd: Women's Satellite Meeting in Geneva

TO: adam (adam@advocatesforyouth.org [UNKNOWN])
READ:UNKNOWN

TO: ANINKEN (ANINKEN@aol.com [UNKNOWN])
READ:UNKNOWN

TO: AquiLGBT (AquiLGBT@llego.org [UNKNOWN])
READ:UNKNOWN

TO: ASlemmer (ASlemmer@aol.com [UNKNOWN])
READ:UNKNOWN

TO: BabaluAye (BabaluAye@aol.com [UNKNOWN])
READ:UNKNOWN

TO: bcasimir (bcasimir@prodigy.com [UNKNOWN])
READ:UNKNOWN

TO: BigBob411 (BigBob411@aol.com [UNKNOWN])
READ:UNKNOWN

TO: BJSfund (BJSfund@aol.com [UNKNOWN])
READ:UNKNOWN

TO: bkovacs (bkovacs@iavi.org [UNKNOWN])
READ:UNKNOWN

TO: blaira (blaira@usa.redcross.org [UNKNOWN])
READ:UNKNOWN

TO: chuck (chuck@igc.apc.org [UNKNOWN])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

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READ:UNKNOWN

TO: dgums (dgums@igc.org [UNKNOWN])
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TO: ncihaids (ncihaids@ncihaids.org [UNKNOWN])
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TO: PhillTracy (PhillTracy@aol.com [UNKNOWN])
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TO: powells (powells@staff.abanet.org [UNKNOWN])
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TO: POZMag (POZMag@aol.com [UNKNOWN])
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TO: scott (scott@iglhrc.org [UNKNOWN])
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TO: Scotthitt (ScottHitt@aol.com [UNKNOWN])
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TO: sexworknet (sexworknet@gn.apc.org [UNKNOWN])
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TO: thurman_s (thurman_s@a1.eop.gov [UNKNOWN])
READ:UNKNOWN

TO: ukaidscon (ukaidscon@gn.apc.org [UNKNOWN])
READ:UNKNOWN

TO: VCB3 (vcb3@cdc.gov [UNKNOWN])
READ:UNKNOWN

TO: winnie.stachelberg (winnie.stachelberg@hrc.org [UNKNOWN])
READ:UNKNOWN

TEXT:
FYI--These could be an useful set of meetings for folks wanting person to

person contact at the Geneva conference. Note that the caucus intends to

draft

a position paper.

Please circulate.

Paul Boneberg

GAAN

Return-path: <owner-intaids@hivnet.org>

Received: from relay26.mx.aol.com (relay26.mail.aol.com [172.31.109.26])
by air09.mail.aol.com (v43.17) with SMTP; Tue, 26 May 1998 19:10:26 -0400
Received: from mail.hivnet.org (mail.hivnet.org [194.109.9.16]) by
relay26.mx.aol.com (8.8.5/8.8.5/AOL-4.0.0) with SMTP id TAA28343; Tue, 26
May 1998 19:10:17 -0400 (EDT)
Received: by mail.hivnet.org id AA03829 (5.67b/IDA-1.5 for intaids-inbox);
Wed, 27 May 1998 00:56:11 +0200
Received: from imo11.mx.aol.com by mail.hivnet.org with SMTP id AA03824
(5.67b/IDA-1.5 for <intaids@hivnet.org>); Wed, 27 May 1998 00:56:07 +0200
Received: from JHuntLGhlt@aol.com by imo11.mx.aol.com (IMOv14.1) id
6LHSa07684; Tue, 26 May 1998 18:55:40 -0400 (EDT)
Date: Tue, 26 May 1998 18:55:40 EDT
From: JHuntLGhlt <JHuntLGhlt@aol.com>
Subject: Women's Satellite Meeting in Geneva
To: intaids@hivnet.org, aids98.community@hivnet.ch, kablikat@mozcom.com
Message-id: <9c424b9b.356b486d@aol.com>
MIME-version: 1.0
X-Mailer: AOL 3.0 for Mac sub 85
Content-type: text/plain; charset=US-ASCII
Content-transfer-encoding: 7BIT

Invitation to the Women's Satellite Meeting

Sunday June 28, 1998

Time 9.00 am to 1.00 pm, Room D,

at the Palexpo Conference Center

All interested women are invited to join the International AIDS Society's

Women's Caucus (IAWC) and the International Community of Women Living With HIV/AIDS (ICW), when we meet at the 12th World AIDS Conference In Geneva, June
28-July 3.

At the Satellite Meeting, women from different regions of the world (Asia/Pacific, Latin America and the Caribbean, Africa, Europe, North America) will have the opportunity to come together to discuss issues facing women in their regions. We will discuss by regions and globally the principal problems of Women and HIV/AIDS. The major goal of the meeting will be to produce a position paper on Women and AIDS issues.

SCHEDULE: The Satellite Meeting will be 9.00 a.m. to 13.00 p.m. (1.00 p.m.) in Room D. The International Community of Women Living With HIV/AIDS will meet from 13:00 to 16:00.

In addition, there will be a follow-up meeting on Thursday, July 2, from 17.30 to 20.30 (5.30pm to 8.30pm) in Session Hall IV. That meeting will be for reports back from the Conference and continued global and regional planning.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: PhillTracy (PhillTracy@aol.com [UNKNOWN])

CREATION DATE/TIME:27-MAY-1998 18:06:51.00

SUBJECT: Re: Re: Fwd: Women's Satellite Meeting in Geneva

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
In a message dated 5/27/98 8:25:17 AM, you wrote:

<<Long-awaited message on OMB:

The OMB folks I would contact are:

Daniel Mendelson, the new Program Area Director (PAD) at OMB - Nancy-Ann's old position. He's already met with AIDS Action Council, so you might want to talk with Christine Libinski about the meeting.

Todd

>>

Thanks for the info. I've already met with him. He seems smart and interested. But, our detractors at omb have already gotten to him. How are you? When are you arriving in Geneva? Do you want to attend the community treatment and science sorkshop I'm working on? Maybe you could do a workshop on working with government.

take care

love

Phill

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: hivaidslist (hivaidslist@njdc.com [UNKNOWN])

CREATION DATE/TIME:27-MAY-1998 14:07:41.00

SUBJECT: Kaiser Daily HIV/AIDS Report

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

http://report.kff.org/aidshiv/

Wednesday, May 27, 1998

GLOBAL CHALLENGES

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#1 YOUTH AND AIDS: 7,000 Infected Every Day

#2 SOUTH AFRICA: Health Minister Criticized Over AIDS Policy

POLITICS & POLICY

==========

#3 SAME-SEX BEHAVIOR: May Be Included In CDC Youth Survey

#4 SEX ED: Washington Post Looks Beyond 'Abstinence Vs.
Condoms'

#5 ELDERLY: Overlooked But Growing HIV Population

IN THE COURTS

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#6 ASSISTED SUICIDE: Physician Convicted For Aiding Two HIV

Patients

SPECIAL NOTICE

Please send us your press releases and other news items to be covered in future issues of the Kaiser Daily HIV/AIDS Report.

Fax: 703/518-8703, E-mail: report@kff.org, Phone: 703-518-8725

GLOBAL CHALLENGES

#1 YOUTH AND AIDS: 7,000 INFECTED EVERY DAY

According to a new report by the Joint United Nations Program on HIV/AIDS (UNAIDS), "five more young people, aged 10 to 24, are infected with the virus that causes AIDS" each minute, resulting in 7,000 new youth infections every day and 2.6 million every year. Most of these cases are in the developing world, the study finds. The Earth Times News Service reports that of the 2.6 million young people worldwide infected with HIV every year, 1.7 million are African and 700,000 live in Asia and the Pacific. UNAIDS is targeting young people in its annual World AIDS Campaign this year, hoping "[t]o counter the rising tide of HIV infection among young people worldwide." UNAIDS Executive Director Dr. Peter Piot said, "The goal of World AIDS Campaign is to promote the participation of young people in HIV prevention efforts, raise awareness of this growing crisis, harness public and private resources and strengthen support for young people

infected and affected by the epidemic."

EASTERN EUROPE A HOT SPOT

The UNAIDS report says that Eastern Europe is a new "trouble spot for young people and HIV," noting "that it may very well be one of the next epicenters of the infection." It notes that "[s]ince 1994 ... HIV infection rates throughout Eastern Europe have risen at least six-fold -- as much as 70-fold in the worst affected areas." The report reveals that the HIV infection rate in "Ukraine alone" is nearly four times that of "the entire Eastern European region just three years ago." "We must do everything we can to prevent the young people of today from becoming the AIDS statistics of tomorrow," Piot said (Prakash, 5/27).

#2 SOUTH AFRICA: HEALTH MINISTER CRITICIZED OVER AIDS POLICY

According to Inkatha Freedom Party health spokesperson Dr. Ruth Rabinowitz, South African Health Minister Dr. Nkosazana Zuma is "dragging her feet regarding the treatment" of HIV-positive pregnant women, the ANC Daily News Briefing reports. Zuma said treating such women "with a short course of combination drugs was being considered." Rabinowitz said, "In the meantime, scores of infected women are tested anonymously and are not informed of their HIV status." The ANC reports that since estimates project there will be a million AIDS orphans in South Africa by 2005, it would "be preferable to stop anonymous AIDS testing, make HIV and AIDS notifiable by name, and treat and monitor all infected mothers." According to Rabinowitz, "[f]ailure to do this meant

Zuma was effectively condemning thousands of children to die of AIDS" (5/21).

POLITICS & POLICY

#3 SAME-SEX BEHAVIOR: MAY BE INCLUDED IN CDC YOUTH SURVEY

The Centers for Disease Control and Prevention is "considering including a question about same-sex behavior" in its national youth survey, the Washington Blade reports. HIV prevention programs, as well as other health education and support programs, would benefit from such data, say social service providers who work with gay youth. The Youth Risk Behavior Survey (YRBS), conducted by the CDC every two years, monitors "health-risk behaviors that contribute to deaths and social problems among" high school students. States administer the survey and are allowed "to add or delete some of the 'core questions' the CDC draws up."

FOLLOWING THE LEAD

The CDC proposed the new question in light of the "valuable information" gained by same-sex questions added to the CDC surveys administered in Massachusetts, Vermont, Maine, Seattle and San Francisco. According to Joni Foster, an HIV education coordinator in Maine's Education Department, "the information gained from asking about same-sex behavior in 1995 and 1997 has been valuable for designing public health programs." While the study in Massachusetts included a sexual orientation question as well, "CDC's proposed question would be on same-sex behavior only

... because that information has 'more public health implications,' which is the purpose of the national youth survey," said Laura Kann, chief of the CDC's surveillance research in the Division of Adolescent and School Health. "States are always concerned that schools will refuse to participate in the survey because of sensitive topics, jeopardizing the entire survey," she added.

STATES' REACTION

The Washington Blade reports that while states review the proposed question, inclusion of it in the CDC's 1999 survey "could encourage states to do so in their own surveys as well." Oregon Education Department health specialist Paul Kabarec noted, "If the CDC did it, it would politically help us a lot." A spokesperson for the Washington, DC, school system said that if the CDC included the question, the schools would not exclude it in their own administration of the questionnaire. Likewise, "New York also takes the CDC survey 'lock, stock and barrel,'" said state Education Department spokesperson Bill Hirschen. Rea Carey, head of the National Youth Advocacy Coalition, said "such a question 'would be one of the single most important steps in moving toward our understanding of the health behaviors and health risks faced by gay, lesbian and bisexual youths" (Freiberg, 5/22).

#4 SEX ED: WASHINGTON POST LOOKS BEYOND 'ABSTINENCE VS. CONDOMS'

Yesterday's Washington Post Health Section took a look at

"the issue of sex education for children and teens," a topic that "has acquired a life-and-death urgency" since the onset of the AIDS epidemic. While "[m]ultiple polls indicate that most Americans want schools to teach their kids what they need to know to avoid pregnancy and prevent sexually transmitted infections ... many adults worry about how best to transmit their own values to their children." And while the "national debate over what children should be taught in sex education courses has been boiled down, in media reports and in many people's minds, to 'abstinence versus condoms' .... [m]any educators say the fight ... vastly oversimplifies the issue of how to provide children with truly comprehensive sexuality education." Furthermore, the Post reports that studies show "while information is important, the quality of parent-child relationships, religious or moral values, socioeconomic status and family stability are critical determinants of children's decisions about whether and when to become sexually active." And while many parents "overestimate" how much sex ed their kids get at school, Debra Haffner, president of the Sexuality Information and Education Council of the United States, notes that in reality, "Only 5% of young people receive anything like a comprehensive sexuality program" (5/26). (Click here to read the complete article).

#5 ELDERLY: OVERLOOKED BUT GROWING HIV POPULATION

Writing in Monday's Los Angeles Times, L.A. Gay & Lesbian Center's Joni Lavick notes that "growing numbers of older adults are infected with HIV" but "are a forgotten segment in HIV

prevention." According to the Centers for Disease Control and Prevention, 10% of all AIDS cases in 1995 were among people over age 50, and in this bracket, 14% were older than age 65. Despite these statistics, seniors "do not think they are at risk for HIV," Lavick writes. Since most don't have to worry about pregnancy, they use condoms less and are less likely to get tested for HIV. And since they "are mistakenly perceived as sexually inactive and non-drug taking," doctors often fail to link their symptoms with AIDS or HIV infection. Further, post-menopausal women are at greater risk for HIV infection through heterosexual contact.

SPECIAL NEEDS

Aside from physical risks, Lavick writes that support groups need to target older HIV-infected patients because senior citizens often have less "psychosocial support" than younger people with HIV. Older adults are more isolated and find it harder to tell their family about their HIV status. They also have "issues of entitlement," where they feel guilty "taking" services from younger HIV patients. And for many older people, HIV infection is just one of many health problems. Lavick says HIV "increases the complexity of their medical care and, once again, narrows their choices in finding experienced providers." She concludes, "It is our obligation to rededicate our commitment to outreach and education for these courageous seniors who are confronting AIDS. ... We must not allow this segment of the HIV population to be forgotten" (Lavick, 5/25).

#6 ASSISTED SUICIDE: PHYSICIAN CONVICTED FOR AIDING TWO HIV PATIENTS

A Toronto doctor who prescribed "lethal doses of a barbiturate" to two HIV-positive men was sentenced to two years in jail and three years probation, making him the first doctor in North American to be convicted of assisting suicide, the British Medical Journal reports. Dr. Maurice Genereux was released on bail pending appeal. In December, Genereux pleaded guilty to prescribing quinalbarbitone to two "healthy but depressed" homosexual men in 1995, "even though he knew they planned to use it to kill themselves." One man recovered after he was discovered by a friend, but the other died "after a friend called Dr. Genereux and was told not to interfere." The BMJ reports that Genereux "falsified the death certificate to make it seem that the man had died of AIDS," when, in fact, neither patient was being treated for AIDS. Genereux was sentenced to serve in the provincial reformatory system instead of "the harsher environment of a federal penitentiary," but prosecutors said a penitentiary sentence would have been more appropriate. Prosecutor Michael Leshner said the harsher sentence "was necessary to send a clear and unmistakable message to the (medical) profession that this case has absolutely nothing to do with mercy killing ... Short of murder or manslaughter, this was the worst thing (a doctor) could have done" (Spurgeon, BMJ, 5/23).

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: PhillTracy (PhillTracy <PhillTracy@aol.com> [UNKNOWN])

CREATION DATE/TIME:27-MAY-1998 06:25:33.00

SUBJECT: Re: Fwd: Women's Satellite Meeting in Geneva

TO: adam (adam@advocatesforyouth.org [UNKNOWN])
READ:UNKNOWN

TO: ANINKEN (ANINKEN@aol.com [UNKNOWN])
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TO: MAA1 (MAA1@wenet.net [UNKNOWN])
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TO: mdelaney (mdelaney@slip.net [UNKNOWN])
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READ:UNKNOWN

TO: russella (russella@cyberus.ca [UNKNOWN])
READ:UNKNOWN

TO: Savrett (Savrett@aol.com [UNKNOWN])
READ:UNKNOWN

TO: sburden (sburden@macfdn.org [UNKNOWN])
READ:UNKNOWN

TO: scott (scott@iglhrc.org [UNKNOWN])
READ:UNKNOWN

TO: Scotthitt (ScottHitt@aol.com [UNKNOWN])
READ:UNKNOWN

TO: thurman_s (thurman_s@a1.eop.gov [UNKNOWN])
READ:UNKNOWN

TO: ukaidscon (ukaidscon@gn.apc.org [UNKNOWN])
READ:UNKNOWN

TO: VCB3 (vcb3@cdc.gov [UNKNOWN])
READ:UNKNOWN

TO: winnie.stachelberg (winnie.stachelberg@hrc.org [UNKNOWN])
READ:UNKNOWN

TEXT:
Dear Friends,

If you are going to the 12th World AIDS conference in Geneva, consider participating in the International Community Treatment and Science Workshop scheduled as a part of the community Rendezvous, June 27th & 28th at the Swissair Centre.

This workshop is for Community-Based treatment activists and educators (with or without experience), especially those in the developing world, and women and people of color in the developed world.

The goal of this workshop is to expand and enhance the network of community based treatment activist and educators by increasing community participation and understanding in the Basic and clinical Science tracks of the 12th World Conference on AIDS. The workshop is organized around the principle that by

learning the science of AIDS, communities can change the policy of AIDS, and sharing different experiences increases a communities ability to tackle local issues.This project is not meant to be all things to all people. It is an attempt to address a very specific issue with a very clearly defined first step.

Objectives:

? Increase the productivity of community activists at the conference

? Increase community participation in the Basic and Clinical Science tracks

? Build upon the existing foundation laid by advocacy networks like GNP+, ICW, ICASO, EATG, NAPWA, NMAC and others to expand treatment advocacy in the developing world and among people of color and women in the developed world

?Strengthen connections among treatment activists from around the world

?Strengthen working relationships between activists in the developed world and activists in the developing world

There are a number of ways you can participate in the Workshop.

You could register to attend.

If you are an experienced treatment educator or Advocate, a researcher, and/or a clinician with a significant patient load, you could volunteer to be a mentor to one of the conference particapants.

Or, you could volunteer to help in a number of ways from monitoring

workshops

and distributing evaluations to translating for a monolingual

participants.

Conference applications are attached to this message (Microsoft Word

6.0.1).

Please complete the application and FAX or email it to the conference

registrar.

For more information contact Phill Wilson at :

Voice: 213 743-1776, FAX: 213 666-8846, email: preconf@aol.com

Organizational Supporters:

Global Sponsors: UNAIDS, 12th World Conference Community Planning

Committee,

ICASO, NCASO, GNP+NA

U.S. Sponsors: Project WISE, National Association of People with

AIDS(NAPWA),

Gay Men ?s Health Crisis (GMHC), Treatment Action Group (TAG), National

Black

Lesbian and Gay Leadership Forum, American Foundation for AIDS Research

(AmFar), AIDS Treatment News, National Minority AIDS Council, AIDS Medicine

and Miracles, Project Inform

African, South American and European Sponsors: The Chilean National

Coordinating Committee of People living with HIV/AIDS (COORNAVIH), European

AIDS Treatment Group (EATG), National AIDS Manual, National Association of

People with AIDS South Africa, AIDS Treatment Project, ACT UP Paris,

Terrence

Higgins Trust, Grupo de Trabajo dobre Tratamientos del VIH, The Triangle

Project, Positive African Men Project, Act Up Paris, AIDES France

Corporate Sponsors:

Glaxo Wellcome, Ortho Biotech, Agouron, Bristol-Myers Squibb, Hoffman

LaRoche,

Dupont Merck, Pharmacia & Upjohn

- Workshop Application========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D90]ARMSZZ000LPFT.000 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 1 ==========

COMMUNITY ACTIVISTS ALERT

GET THE MOST OUT OF GENEVA!

PARTICIPATE IN A 2-DAY COMMUNITY TREATMENT AND SCIENCE WORKSHOP AT THE 12TH WORLD CONFERENCE ON AIDS IN GENEVA

This workshop is for Community-Based treatment activists and educators (with or without experience), especially those in the developing world, and women and people of color in the developed world.

June 26-June 28, 1998

In connection with the Community Rendez Vous

- Increase your productivity at the conference
- Expand your understanding of the Basic and Clinical Science
- Meet Leading Scientist and Clinicians
- Increase treatment advocacy in the developing world and among people of color and women in the developed world.
- Meet other treatment Activists from around the world
- Improve working relationships between activists in the developed world and activists in the developing world.

TO REGISTER

Contact Phill Wilson at the University of Southern California.
Voice (213) 743-1776, FAX: (213) 743-2768 or e-mail: preconf@aol.com

Organizational Supporters:

Global Sponsors: UNAIDS, 12th World Conference Community Planning Committee, ICASO, NCASO, GNP+NA

U.S. Sponsors: Project WISE, National Association of People with AIDS(NAPWA), Gay Men's Health Crisis (GMHC), Treatment Action Group (TAG), National Black Lesbian and Gay Leadership Forum, American Foundation for AIDS Research (AmFar), AIDS Treatment News, National Minority AIDS Council, AIDS Medicine and Miracles, Project Inform

African, South American and European Sponsors: The Chilean National Coordinating Committee of People living with HIV/AIDS (COORNAVIH), European AIDS Treatment Group (EATG), National AIDS Manual, National Association of People with AIDS South Africa, AIDS Treatment Project, ACT UP Paris, Terrence Higgins Trust, Grupo de Trabajo dobre Tratamientos del VIH, The Triangle Project, Positive African Men Project, Act Up Paris, AIDES France

Corporate Sponsors:

Glaxo Wellcome, Ortho Biotech, Agouron, Bristol-Myers Squibb, Hoffman LaRoche, Dupont Merck, Pharmacia & Upjohn

Tape Restoration Project
Hex-Dump Conversion

INTERNATIONAL COMMUNITY TREATMENT AND SCIENCE WORKSHOP APPLICATION

(Please Print or type)
Surname/Family Name: _____

Given Name: _____

Address: _____

City: _____ State/ Province: _____ Postal Code: _____ Country: _____

Telephone No: _____ Fax: _____ e-mail address: _____

Primary Language: _____ Other Languages spoken:_____

(Plenary sessions and some breakout sessions will be simultaneously translated. Other breakouts will be in either English, French or Spanish with interpreters available in some cases.)

On a scale of 1-5, please rank the following in order of fluency.
(1 being very fluent and 5 being not fluent at all):

____ English ____ French ____ Spanish

Gender: ____ Male ____ Female ____ Trans-gender

Optional: (Answer only if you wish)

This workshop is for Community-Based treatment activists and educators (with or without experience), especially those in the developing world, and women and people of color in the developed world. In order for us to design a workshop that best meets the needs of participants and to know if we are reaching people of color in the developed world, we need to collect demographic information about who's interested in this workshop.

Race/Ethnicity: _____
(Black, White, Latino/Hispanic, Native American, Asian, Aboriginal, Pacific Islander)

HIV status: ___ HIV negative ___ HIV Positive ___ Unknown ___ Decline to state

Are you a scholarship recipient: _____

PLEASE USE AS MUCH SPACE AS YOU LIKE TO ANSWER THE FOLLOWING QUESTIONS

What kind of treatment education is available in your community?

Are you currently a treatment activist?

What kind of treatment education activity have you been engaged over the past year?

INTERNATIONAL COMMUNITY TREATMENT AND SCIENCE WORKSHOP APPLICATION

How will you use the information gained in this workshop?

Are you affiliated with any organizations that provide HIV/AIDS services or information?

If so, which organization(s)?

What is your role? (Please give examples of some of the activities you've been involved in over the past year):

Are you more interested in Basic Science (laboratory work which helps us understand more about the disease and identify new ways to fight it) or Clinical Science (clinical trials, treatment, new therapies)?

Please list your five top goals for the International Treatment and Science Workshop:

Please list three expectations of the International Treatment and Science Workshop:

Have you attended any of the pervious World AIDS conferences?

Please list any other science conferences (local, regional, national or global) that you've attended:

Please mail, fax or email the questionnaire to:
The International Community Treatment and Science Workshop
Attn.: Registrar
1219 S. LaBrea Street
Los Angeles, California 90019
FAX: 001 213 666-8846
email: Preconf@aol.com

Organizational Supporters:

Global Sponsors: UNAIDS, 12th World Conference Community Planning Committee, ICASO, NCASO, GNP+NA. **U.S. Sponsors:** Project WISE, National Association of People with AIDS(NAPWA), Gay Men's Health Crisis (GMHC), Treatment Action Group (TAG), National Black Lesbian and Gay Leadership Forum, American Foundation for AIDS Research (AmFar), AIDS Treatment News, National Minority AIDS Council, AIDS Medicine and Miracles, Project Inform. **African, South American and European Sponsors:** The Chilean National Coordinating Committee of People living with HIV/AIDS (COORNAVIH), European AIDS Treatment Group (EATG), National AIDS Manual, National Association of People with AIDS South Africa, AIDS Treatment Project, ACT UP Paris, Terrence Higgins Trust, Grupo de Trabajo dobre Tratamientos del VIH, The Triangle Project, Positive African Men Project, Act Up Paris, AIDES France. **Corporate Sponsors:**

Glaxo Wellcome, Ortho Biotech, Agouron, Bristol-Myers Squibb, Hoffman LaRoche, Dupont Merck, Pharmacia & Upjohn

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: RAPANUIJER (RAPANUIJER@aol.com [UNKNOWN])

CREATION DATE/TIME:28-MAY-1998 16:36:55.00

SUBJECT: Four Questions

TO: Brad L. Austin (CN=Brad L. Austin/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: jerryc (jerryc@wizard.com [UNKNOWN])
READ:UNKNOWN

TO: judtaral (Judtaral@aol.com [UNKNOWN])
READ:UNKNOWN

TO: katgerus (katgerus@mail.oeonline.com [UNKNOWN])
READ:UNKNOWN

TO: lynnemc (LYNNEMC@aol.com [UNKNOWN])
READ:UNKNOWN

TO: montoya_dc (Montoya_dc@a1.eop.gov [UNKNOWN])
READ:UNKNOWN

TO: NavDocSF (NavDocSF@aol.com [UNKNOWN])
READ:UNKNOWN

TO: Scotthitt (ScottHitt@aol.com [UNKNOWN])
READ:UNKNOWN

TO: SNABEL (SNABEL@mem.po.com [UNKNOWN])
READ:UNKNOWN

TEXT:
A Reminder to those who have not responded:

I need a response to the questions for planning the national prison

meeting:

When/Where

Goals/Objectives

Other Issues

IMMEDIATELY!!!

Thanks, Jeremy

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Ann Borlo (Ann Borlo <acb@s-3.com> [UNKNOWN])

CREATION DATE/TIME:28-MAY-1998 14:12:00.00

SUBJECT: Conference Call

TO: bgw2 ("'bgw2@cdc.gov'" <bgw2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Bhattoy ("'Bhattoy@ios.doi.gov'" <Bhattoy@ios.doi.gov> [UNKNOWN])
READ:UNKNOWN

TO: ctroupe ("'ctroupe@services.state.mo.us'" <ctroupe@services.state.mo.us> [UNKNOWN])
READ:UNKNOWN

TO: debaids ("'debaids@isdn.net'" <debaids@isdn.net> [UNKNOWN])
READ:UNKNOWN

TO: fatema ("'fatema@womens-health.org'" <fatema@womens-health.org> [UNKNOWN])
READ:UNKNOWN

TO: harndc ("'harndc@aol.com'" <harndc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: helenmm ("'helenmm@itsa.ucsf.edu'" <helenmm@itsa.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: hornor ("'hornor@hsc.usc.edu'" <hornor@hsc.usc.edu> [UNKNOWN])
READ:UNKNOWN

TO: isbell ("'isbell@hugheshubbard.com'" <isbell@hugheshubbard.com> [UNKNOWN])
READ:UNKNOWN

TO: jedelheit ("'jedelheit@templeisrael.com'" <jedelheit@templeisrael.com> [UNKNOWN])
READ:UNKNOWN

TO: jerryc ("'jerryc@wizard.com'" <jerryc@wizard.com> [UNKNOWN])
READ:UNKNOWN

TO: judtaral ("'judtaral@aol.com'" <judtaral@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: katgerus ("'katgerus@mail.oeonline.com'" <katgerus@mail.oeonline.com> [UNKNOWN])
READ:UNKNOWN

TO: kinseyvi ("'kinseyvi@aol.com'" <kinseyvi@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: lynnemc ("'lynnemc@aol.com'" <lynnemc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: miami2000 ("'miami2000@earthlink.net'" <miami2000@earthlink.net> [UNKNOWN])
READ:UNKNOWN

TO: Mojo1025 ("'mojo1025@aol.com'" <mojo1025@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: montoya_dc ("'montoya_dc@a1.eop.gov'" <montoya_dc@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: mra1019 ("'mra1019@aol.com'" <mra1019@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: MURGUIA_M ("'MURGUIA_M@A1.EOP.GOV'" <MURGUIA_M@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: NBOLLMAN ("'NBOLLMAN@irvine.org'" <NBOLLMAN@irvine.org> [UNKNOWN])
READ:UNKNOWN

TO: nsg999 ("'nsg999@msn.com'" <nsg999@msn.com> [UNKNOWN])
READ:UNKNOWN

TO: rapanuijer ("'rapanuijer@aol.com'" <rapanuijer@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: raragon ("'raragon@sfaf.org'" <raragon@sfaf.org> [UNKNOWN])
READ:UNKNOWN

TO: rev_alta ("'rev_alta@juno.com'" <rev_alta@juno.com> [UNKNOWN])
READ:UNKNOWN

TO: ronaldj ("'ronaldj@gmhc.org'" <ronaldj@gmhc.org> [UNKNOWN])
READ:UNKNOWN

TO: rwstaff ("'rwstaff@uswest.net'" <rwstaff@uswest.net> [UNKNOWN])
READ:UNKNOWN

TO: Scotthitt ("'Scotthitt@aol.com'" <Scotthitt@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: SHENOVICE ("'SHENOVICE@aol.com'" <SHENOVICE@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: snabel ("'snabel@mem.po.com'" <snabel@mem.po.com> [UNKNOWN])
READ:UNKNOWN

TO: SteveLew2 ("'stevelew2@aol.com'" <stevelew2@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: terje ("'terje@worldnet.att.net'" <terje@worldnet.att.net> [UNKNOWN])
READ:UNKNOWN

TO: thenders ("'thenders@glo.state.tx.us'" <thenders@glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TO: Sarah T. Holewinski (CN=Sarah T. Holewinski/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: NavDocSF (NavDocSF <NavDocSF@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Stacy McAdoo (Stacy McAdoo <SMCADOO@wpgate.glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TEXT:
Communities of African and Latino Descent Subcommittee Conference Call

A Conference Call for the Communities of African and Latino Descent

Subcommittee has been scheduled for Friday, June 5 at 2:00 p.m. eastern

time. The number to dial at 2:00 p.m. is (888) 232-0365, and the

participant code is 276341.

If you are not a member of this subcommittee, but would like to be on the

call, please contact me so a line can be added for you. I can be reached

by

phone at (301) 986-4870, by fax at (301) 913-0351 and by e-mail at

acb@s-3.com.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: PhillTracy (PhillTracy@aol.com [UNKNOWN])

CREATION DATE/TIME:28-MAY-1998 13:17:54.00

SUBJECT: Re: Women's Satellite Meeting in Geneva

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
I know I'm sopposed to be slowing down. What can I say?

phill

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: PhillTracy (PhillTracy@aol.com [UNKNOWN])

CREATION DATE/TIME:28-MAY-1998 03:39:25.00

SUBJECT: Re: Re: Re: Fwd: Women's Satellite Meeting in Geneva

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Maybe I can slot you in on Sunday. I'll be in DC on Thursday morning. I

have

a meeting at noon. I fly to New York at 3:00 for a speech tommorrow

night. I

have to be back in LA for a gay men of color treatment conference on

Saturday.

I met with Dick Pabich in San Francisco last week. I'd like to work with

you

and Sandy on putting together a whitehouse meeting of all the city AIDS

Coordinators. What do you think?

I talk to you soon :)

Love Phill

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: hivaidslist (hivaidslist@njdc.com [UNKNOWN])

CREATION DATE/TIME:28-MAY-1998 14:08:26.00

SUBJECT: Kaiser Daily HIV/AIDS Report

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

http://report.kff.org/aidshiv/

Thursday, May 28, 1998

GLOBAL CHALLENGES

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#1 RWANDA: Decade Of War, Genocide And Exile Bring AIDS Epidemic

#2 TB DEATHS: Linked To AIDS Worldwide

PUBLIC HEALTH & EDUCATION

==========

#3 CONNECTICUT: Sex Education Hearing Sparks Debate

SCIENCE & MEDICINE

==========

#4 THAILAND: Effective Vaccine Trial May Involve HIV-Free Drug Users

#5 HIV INFECTION: Latent Virus In Lymph Cells Sustains Disease

MEDIA & SOCIETY

==========

#6 SCHOOL VIOLENCE: Girl Threatens To Infect Classmates With HIV

SPECIAL NOTICE

Please send us your press releases and other news items to be covered in future issues of the Kaiser Daily HIV/AIDS Report.

Fax: 703/518-8703, E-mail: report@kff.org, Phone: 703-518-8725

GLOBAL CHALLENGES

#1 RWANDA: DECADE OF WAR, GENOCIDE AND EXILE BRING AIDS EPIDEMIC

The front page of today's New York Times reports that "a fast-growing AIDS epidemic has broken out" in Rwanda, primarily due to "a decade of ethnic war and upheaval." Rwandans are facing this "new catastrophe after living through civil war, massacres and a refugee crisis of monumental proportions." A survey released this month by the Rwandan government estimates that 11% of Rwandans are HIV-positive -- suggesting that the epidemic in this country "is one of the worst in East Africa." The Times reports that "[e]ven if it is arrested now, the epidemic will take the life of one person out of 10 in the next

decade." Health officials say the epidemic started in the cities but is now "sweeping through" the countryside. "It's a national problem. It is now going to spread in the rural areas and we have to do something to stop it," said Dr. Innocent Ntaganira, head of the Rwandan AIDS-control program.

POLITICAL AFTERMATH

The Times reports that there are "many reasons for the rise in AIDS outside Rwanda's cities, but most of them can be traced to the war and massacres of 1994, as well as the mass movements of refugees from the violence in the last four years." The political upheaval became social as well, breaking down taboos against promiscuity. With every day bringing the threat of death, people are less likely to "worry about a disease that takes 10 years to show up." When hundreds of thousands of Rwandans fled to United Nations refugee camps to escape the genocide campaigns, the camps became "notorious for prostitution and sexual promiscuity." The mass massacres also saw Hutu soldiers rape thousands of Tutsi women. Further, the state of events kept health workers out of remote areas and made it harder for them to encourage prevention efforts, the Times reports.

TOO FEW TO GO AROUND

Another factor contributing to the spread of the disease is a rise in polygamy. Because so many men were killed during the upheavals of the past years, women find themselves sharing the few available male partners. Compounding the effect are women's desires to replace their murdered family members with new children and a culture that places "high value on having many

children." As a result, many women are "choosing to have children out of wedlock," often times with men they know are sleeping with several other women. According to a Care survey of people living in rural areas, 70% of the population is composed of women; 46% of these are widowed with young children and 75% have "more than one sexual partner." Eulerie Mukarugambwa, widow, mother of five and head of a local women's association, said, "There are not too many men. Women share men among themselves to have children." She continued, "We think about AIDS only afterwards, after the sexual act. There are women here who lost children in the war and they just want to replace them."

CULTURAL AFTERMATH

There are further cultural barriers to halting the spread of AIDS. "[M]ost Rwandans are Catholic and the church has resisted programs to distribute condoms," the Times reports. But even when condoms are available, many rural men are "reluctant" to use them. There is also a cultural convention of not speaking openly about sex or sex-related diseases. Even women who know they are HIV-positive refuse to admit they are infected and refuse to talk about it with anyone because of the tremendous stigma. In addition, the majority of Rwandans are illiterate. "People who have a little education take [AIDS] more seriously. But for most of the people here, the war is a much bigger danger than AIDS," said Mukarugambwa (McKinnley Jr., 5/28).

#2 TB DEATHS: LINKED TO AIDS WORLDWIDE

Mycobacterium tuberculosis -- TB -- is making a comeback,

particularly among those infected with HIV, according to the World Health Organization. Scientists estimate that the worldwide TB infection rate has reached a 10-year high since leveling off in the 1980s. The BBC reports that the disease is spreading at a rate of one person per second, infecting an estimated 8-10 million people per year and killing "more young people and adults than any other infectious disease." Passed through the air much like the common cold, TB typically attacks the lungs but "can affect almost any part of the body. A person with TB does not necessarily feel ill but the symptoms can include a cough that will not go away, feeling tired, weight loss, loss of appetite, fever, night sweats and coughing up blood." The BBC reports that while the human immune system prevents many people who have been infected with TB bacteria from developing the disease or passing it on, "TB can lie dormant in the body for many years and strike when the immune system is weak."

PREYING ON WEAKENED IMMUNE SYSTEMS

"One factor in the rising TB trend in both the developed and the developing world is HIV infection," the BBC reports. Approximately one-third of AIDS deaths are TB-related, and HIV-positive individuals are 100 times more likely than others to develop TB. Another contributing factor is over-prescribing of antibiotics, which has lead to development of drug-resistant strains of the bacteria. The cost of treating TB runs approximately $2,000 per patient, but can reach as high as $250,000 for a single case of drug-resistant TB, putting

effective treatment "beyond the pocket of many developing countries," the BBC reports (5/26).

PUBLIC HEALTH & EDUCATION

#3 CONNECTICUT: SEX EDUCATION HEARING SPARKS DEBATE

Nearly 100 people attended a hearing Tuesday sponsored by the Connecticut Department of Education "to talk about sex and human development and the role of public schools," the Hartford Courant reports. The subject attracted attention from the governor, parents, teachers and members of the State Board of Education. Earlier in the year, "portions of the proposed curriculum guidelines were changed or removed, such as teaching fourth-graders about puberty or all students about AIDS" after parents complained.

TWO SIDES

The Courant reports that the crowd "appeared evenly split -- one side against a more explicit [sex ed] curriculum and the other fervently in favor." One parent said, "Instead of sex education, how about character development? How about a curriculum that will foster moral literacy? There are some things that parents are responsible for." But another parent disagreed: "It is the State Board of Education's responsibility to protect all students in the state. We must give our children as much knowledge as possible." Among one of the most "sensitive" topics brought up was "the education department's decision to remove portions of what high school students are

taught about AIDS. ... State law requires teaching about human growth and development and AIDS, but parents may opt out." Leslie Brett, executive director for the state's Permanent Commission on the Status of Women, said, "Choosing to leave out or ignore certain information is the same thing as providing incorrect information" (Green, 5/27).

SCIENCE & MEDICINE

#4 THAILAND: EFFECTIVE VACCINE TRIAL MAY INVOLVE HIV-FREE DRUG USERS

Mahidol University in Bangkok, Thailand, and the Bangkok Metropolitan Administration may conduct another phase of an AIDS vaccine trial that has already proven effective, the Bangkok Post reports. The next phase would involve "2,500 former intravenous drug users who do not have HIV." Trial director Punnee Pitisuttithum said the first two phases of the study, in which 92 volunteers were inoculated, "showed a high response" in both the safety and the immunogenicity of the vaccine. He said, "The results of this study after the second injection are very promising. There are satisfactory immune responses to both subtype B and E of the virus." The candidate vaccine being used is Aidsvax, "a recombinant made by using DNA technology which involves the outer shell of the virus." The Bangkok Post notes that a "similar candidate vaccine manufactured by Vax Gen Inc. involving two different B strains is being carried out in" the United States (Bhatiasevi, 5/26).

#5 HIV INFECTION: LATENT VIRUS IN LYMPH CELLS SUSTAINS DISEASE

Scientists are considering a new disease model of HIV infection in which "[r]eservoirs of dormant HIV hiding out in the immune systems of infected individuals play a critical role in sustaining active infection." The new model may help explain why even patients whose blood levels of HIV have been controlled by combination anti-retroviral therapy continue to be affected and the virus continues to replicate in their cells. Current understanding holds that HIV "propagates itself through rapid, continuous cycles of infection and death" of infected CD4+ T cells. The virus' primary targets are the body's CD4+ T cells, which, when activated, "provide a fast-burning fuel for HIV replication," according to National Institute of Allergy and Infectious Diseases Laboratory of Immunology Director Dr. William Paul. But sustaining infection with this fuel alone would require continuously high concentrations of HIV in the blood. Therefore, Dr. Paul and colleagues argue, "a second kind of fuel -- slow-burning but persistent -- is essential for maintaining active infection" once HIV levels decline soon after initial infection. They hypothesize that this fuel is provided by both long-lived, latently infected cells and chronically infected cells.

SECONDARY FUEL AND PROXIMAL ACTIVATION

Cells in the lymph tissues of the immune system are "seeded" with chronically and latently infected cells during the most acute, early phases of HIV infection. These dormant cells

subsequently "spark local bursts of infection" when CD4+ T cells in their immediate vicinity become activated later in the disease process. The scientists call this infection process "proximal activation and transmission," or PAT. Dr. Paul notes that the PAT model implies that low levels of HIV replication may be maintained in individuals who have no detectable HIV in their blood. In fact, several groups of researchers have recently found "reservoirs of latently infected cells in such individuals," which show evidence of HIV replication. Dr. Paul and his colleagues believe this latent viral replication and PAT model could have important implications for HIV vaccine research. The theory appears in the May 26 issue of the Proceedings of the National Academy of Sciences (National Institutes of Health release, 5/27).

MEDIA & SOCIETY

#6 SCHOOL VIOLENCE: GIRL THREATENS TO INFECT CLASSMATES WITH HIV

A 15-year-old girl in Valparaiso, IN, was suspended after pricking 10 classmates with a safety pin she said was contaminated with her HIV-infected blood, the Baltimore Sun reports. Superintendent Roger Luekens said yesterday that the girl had told the children, "Now you have AIDS." While Luekens cited privacy concerns in refusing to say whether the girl had been tested for HIV, her mother claimed she tested negative last fall (5/28). After being told she would be suspended for three

days, the AP/Owensboro Messenger-Inquirer reports, the girl threatened to bring a weapon to school. Officials have hired an off-duty police officer to provide security through the last day of school, June 10. Luekens declined to say whether the girl would return to classes this year, but said that "threats and intimidation toward students and staff at our schools by policy are an expellable offense." Parents were informed of the incident on Friday, the day after inquiries into the alleged threats began. At a school board meeting Tuesday, the mother of one child who was stuck with the pin said, "The kids are scared and I am too. We're afraid of what's to come." Affected students will be referred for blood testing, Luekens said (5/28).

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The Kaiser Daily HIV/AIDS Report is published for The Henry J. Kaiser Family Foundation by National Journal Group Inc.

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EXECUTIVE PUBLISHER: Marla Bolotsky

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CONTRIBUTING WRITERS: Ghida AlJuburi, Laurie Bazemore, Jeff Dufour, Rachel Kennedy

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-30-

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	From Anil Soni to Todd Summers Re: Thesis Help (6 pages)	05/28/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[05/15/1998 - 06/02/1998]

2018-0758-F
jn559

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.
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)]

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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: david_vos (david_vos@hud.gov [UNKNOWN])

CREATION DATE/TIME:29-MAY-1998 19:37:58.00

SUBJECT: Re: Paperwork on Ross

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

CC: maureen_m._hilleary (maureen_m._hilleary@hud.gov [UNKNOWN])
READ:UNKNOWN

TEXT:

Todd--I know you need something from us, but Ross Leach is a contracted employee from a temp service. I don't think we can sign something that says he represents the Department other than the administrative support role that he fills. The secretary's possition description that I sent you will be used to select the staffperson who will be assigned to your office (and replace Ross). I understand that the listing is now closed, that a roster will be given to the selection official soon and that a selection might occur as early as June 8th.

Since this should happen in short order, could this documentation wait until after that selection is made?

DV

Two things:

1) can you send over the letter on Ross approving him as an agency rep for HUD

to us so that I can get it to the administrative people here?

2) you sent over the job posting for the other position that you thought might come here - can you give me an update??

Thanks!

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Ann Borlo (Ann Borlo <acb@s-3.com> [UNKNOWN])

CREATION DATE/TIME:29-MAY-1998 18:18:00.00

SUBJECT: Prison Issues Conference Call

TO: bgw2 ("'bgw2@cdc.gov'" <bgw2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Bhattoy ("'Bhattoy@ios.doi.gov'" <Bhattoy@ios.doi.gov> [UNKNOWN])
READ:UNKNOWN

TO: ctroupe ("'ctroupe@services.state.mo.us'" <ctroupe@services.state.mo.us> [UNKNOWN])
READ:UNKNOWN

TO: debaids ("'debaids@isdn.net'" <debaids@isdn.net> [UNKNOWN])
READ:UNKNOWN

TO: fatema ("'fatema@womens-health.org'" <fatema@womens-health.org> [UNKNOWN])
READ:UNKNOWN

TO: harndc ("'harndc@aol.com'" <harndc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: helenmm ("'helenmm@itsa.ucsf.edu'" <helenmm@itsa.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: hornor ("'hornor@hsc.usc.edu'" <hornor@hsc.usc.edu> [UNKNOWN])
READ:UNKNOWN

TO: isbell ("'isbell@hugheshubbard.com'" <isbell@hugheshubbard.com> [UNKNOWN])
READ:UNKNOWN

TO: jedelheit ("'jedelheit@templeisrael.com'" <jedelheit@templeisrael.com> [UNKNOWN])
READ:UNKNOWN

TO: jerryc ("'jerryc@wizard.com'" <jerryc@wizard.com> [UNKNOWN])
READ:UNKNOWN

TO: judtaral ("'judtaral@aol.com'" <judtaral@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: katgerus ("'katgerus@mail.oeonline.com'" <katgerus@mail.oeonline.com> [UNKNOWN])
READ:UNKNOWN

TO: kinseyvi ("'kinseyvi@aol.com'" <kinseyvi@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: lynnemc ("'lynnemc@aol.com'" <lynnemc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: miami2000 ("'miami2000@earthlink.net'" <miami2000@earthlink.net> [UNKNOWN])
READ:UNKNOWN

TO: Mojo1025 ("'mojo1025@aol.com'" <mojo1025@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: montoya_dc ("'montoya_dc@a1.eop.gov'" <montoya_dc@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: mra1019 ("'mra1019@aol.com'" <mra1019@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: NBOLLMAN ("'NBOLLMAN@irvine.org'" <NBOLLMAN@irvine.org> [UNKNOWN])
READ:UNKNOWN

TO: nsg999 ("'nsg999@msn.com'" <nsg999@msn.com> [UNKNOWN])
READ:UNKNOWN

TO: rapanuijer ("'rapanuijer@aol.com'" <rapanuijer@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: raragon ("'raragon@sfaf.org'" <raragon@sfaf.org> [UNKNOWN])
READ:UNKNOWN

TO: rev_alta ("'rev_alta@juno.com'" <rev_alta@juno.com> [UNKNOWN])
READ:UNKNOWN

TO: ronaldj ("'ronaldj@gmhc.org'" <ronaldj@gmhc.org> [UNKNOWN])
READ:UNKNOWN

TO: rwstaff ("'rwstaff@uswest.net'" <rwstaff@uswest.net> [UNKNOWN])
READ:UNKNOWN

TO: Scotthitt ("'Scotthitt@aol.com'" <Scotthitt@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: SHENOVICE ("'SHENOVICE@aol.com'" <SHENOVICE@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: snabel ("'snabel@mem.po.com'" <snabel@mem.po.com> [UNKNOWN])
READ:UNKNOWN

TO: SteveLew2 ("'stevelew2@aol.com'" <stevelew2@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: terje ("'terje@worldnet.att.net'" <terje@worldnet.att.net> [UNKNOWN])
READ:UNKNOWN

TO: thenders ("'thenders@glo.state.tx.us'" <thenders@glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TO: Brad L. Austin (CN=Brad L. Austin/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Sarah T. Holewinski (CN=Sarah T. Holewinski/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: NavDocSF (NavDocSF <NavDocSF@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Stacy McAdoo (Stacy McAdoo <SMCADOO@wpgate.glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TEXT:
Prison Issues Subcommittee Conference Call

A Conference Call for the Prison Issues Subcommittee has been scheduled for

Tuesday, June 2 at 11:00 a.m. eastern time. The number to dial at 11:00

a.m. is (888) 422-7101, and the participant code is 460626. If you are

not

a member of this subcommittee, but would like to be on the call, please let

me know and a line can be added for you.

If you need to contact me, I can be reached by phone at (301) 986-4870, by

fax at (301) 913-0351 and by e-mail at acb@s-3.com.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: judtaral (Judtaral@aol.com [UNKNOWN])

CREATION DATE/TIME:29-MAY-1998 18:07:51.00

SUBJECT: Re: Prison Issues Conference Call

TO: acb (acb@s-3.com [UNKNOWN])
READ:UNKNOWN

TO: bgw2 (bgw2@cdc.gov [UNKNOWN])
READ:UNKNOWN

TO: Bhattoy (Bhattoy@ios.doi.gov [UNKNOWN])
READ:UNKNOWN

TO: Brad L. Austin (CN=Brad L. Austin/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Sarah T. Holewinski (CN=Sarah T. Holewinski/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: ctroupe (ctroupe@services.state.mo.us [UNKNOWN])
READ:UNKNOWN

TO: debaids (debaids@isdn.net [UNKNOWN])
READ:UNKNOWN

TO: fatema (fatema@womens-health.org [UNKNOWN])
READ:UNKNOWN

TO: HARNDC (Harndc@aol.com [UNKNOWN])
READ:UNKNOWN

TO: helenmm (helenmm@itsa.ucsf.edu [UNKNOWN])
READ:UNKNOWN

TO: hornor (hornor@hsc.usc.edu [UNKNOWN])
READ:UNKNOWN

TO: isbell (isbell@hugheshubbard.com [UNKNOWN])
READ:UNKNOWN

TO: jedelheit (jedelheit@templeisrael.com [UNKNOWN])
READ:UNKNOWN

TO: jerryc (jerryc@wizard.com [UNKNOWN])
READ:UNKNOWN

TO: judtaral (Judtaral@aol.com [UNKNOWN])
READ:UNKNOWN

TO: katgerus (katgerus@mail.oeonline.com [UNKNOWN])
READ:UNKNOWN

TO: kinseyvi (Kinseyvi@aol.com [UNKNOWN])
READ:UNKNOWN

TO: lynnemc (LYNNEMC@aol.com [UNKNOWN])
READ:UNKNOWN

TO: miami2000 (miami2000@earthlink.net [UNKNOWN])
READ:UNKNOWN

TO: mojo1025 (Mojo1025@aol.com [UNKNOWN])
READ:UNKNOWN

TO: montoya_dc (montoya_dc@a1.eop.gov [UNKNOWN])
READ:UNKNOWN

TO: MRA1019 (MRA1019@aol.com [UNKNOWN])
READ:UNKNOWN

TO: NavDocSF (NavDocSF@aol.com [UNKNOWN])
READ:UNKNOWN

TO: NBOLLMAN (NBOLLMAN@irvine.org [UNKNOWN])
READ:UNKNOWN

TO: NSG999 (nsg999@msn.com [UNKNOWN])
READ:UNKNOWN

TO: RAPANUIJER (RAPANUIJER@aol.com [UNKNOWN])
READ:UNKNOWN

TO: raragon (raragon@sfaf.org [UNKNOWN])
READ:UNKNOWN

TO: rev_alta (rev_alta@juno.com [UNKNOWN])
READ:UNKNOWN

TO: ronaldj (ronaldj@gmhc.org [UNKNOWN])
READ:UNKNOWN

TO: rwstaff (rwstaff@uswest.net [UNKNOWN])
READ:UNKNOWN

TO: Scotthitt (ScottHitt@aol.com [UNKNOWN])
READ:UNKNOWN

TO: SHENOVICE (SHENOVICE@aol.com [UNKNOWN])
READ:UNKNOWN

TO: smcadoo (SMCADOO@wpgate.glo.state.tx.us [UNKNOWN])
READ:UNKNOWN

TO: SNABEL (snabel@mem.po.com [UNKNOWN])
READ:UNKNOWN

TO: stevelew2 (SteveLew2@aol.com [UNKNOWN])
READ:UNKNOWN

TO: terje (terje@worldnet.att.net [UNKNOWN])
READ:UNKNOWN

TO: thenders (thenders@glo.state.tx.us [UNKNOWN])
READ:UNKNOWN

TEXT:
Hi "all"! Just to let you know that I will not be able to join you for the

conference call on the 2nd--will be in the air between Seattle and DC.

Jeremy, I'll catch up with you by phone or by e-mail. Hope it goes well.

Judi

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. email	From LBViana@aol.com to Todd Summers Re: No Subject (1 page)	05/31/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[05/15/1998 - 06/02/1998]

2018-0758-F
jn559

RESTRICTION CODES

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

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RR. Document will be reviewed upon request.

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

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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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: hivaidslist (hivaidslist@njdc.com [UNKNOWN])

CREATION DATE/TIME: 1-JUN-1998 14:10:19.00

SUBJECT: Kaiser Daily HIV/AIDS Report

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

http://report.kff.org/aidshiv/

Monday, June 1, 1998

POLITICS & POLICY

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#1 AIDS ACTIVISTS: Steve Michael Dies At 42

PUBLIC HEALTH & EDUCATION

==========

#2 HIV SCREENING: Less Access For Latina Women, California Study Finds

#3 HIV PREVENTION: Philadelphia Strengthens Focus On Minorities

ACROSS THE NATION

==========

#4 TEENS WITH AIDS: An Invisible Generation

Steve Michael, ACT UP/Washington founder and "dogged critic of both AIDS policymakers and activists," died Monday, May 25. According to his partner, Wayne Turner, he "went out fighting," the Washington Blade reports. Michael's latest campaign with Turner, co-founder of ACT UP/Washington, was to "win 1998 ballot space for D.C. Initiative 59, calling for access to medicinal marijuana in the District." In his last few weeks, Michael "wanted to use his condition ... to publicly highlight the torture of AIDS wasting syndrome and the need for access to

medicinal marijuana."

OVER THE YEARS

Starting in 1992, the year he tested positive for HIV, Michael joined Turner and activist Michael Petrelis to follow "Democratic presidential primary candidates around the country to challenge them on AIDS issues during campaign stops." That year, and again in 1996, he made "symbolic presidential runs ... to draw attention to AIDS issues," running television ads in the 1996 campaign "criticizing President Clinton for failing to follow through on 1992 campaign statements about establishing a large-scale project to find an AIDS cure." Michael continued to draw attention in Washington, DC, after he and Turner moved to the city in 1993 to keep President Clinton "accountable." He re-founded ACT UP/DC, served as chair of the Fiscal Oversight Committee for the DC HIV Planning Council and became one of the city's "leading voice[s] challenging local" and federal government. "His vocal and confrontational approach during the 1995 budgeting crises which left the city's AIDS organizations without crucial federal funds and the 1996 collapse of the AIDS Drug Assistance Program led some to say his tactics caused more problems than solutions." But Republican party activist Riley Temple said, "I inherited Steve Michael as chair of the fiscal oversight committee. My initial reaction to that, prior to knowing him, was that that was an appointment I would have to change. But upon further reflection ... I realized that Steve Michael was the perfect chair of the committee. I don't think that there was any other person that could have done it as well"

(Wright, 5/31). Click here for past Daily Report coverage of Steve Michael.

PUBLIC HEALTH & EDUCATION

#2 HIV SCREENING: LESS ACCESS FOR LATINA WOMEN, CALIFORNIA STUDY FINDS

"Latinas in California are less likely than other women to get early screening and treatment for breast and cervical cancers, high blood pressure and HIV," according to a report released yesterday by the Latino Coalition for a Healthy California. The Los Angeles Times reports that although Latina women are generally a healthy population -- "in part because of relative youthfulness" -- their lack of access to quality health care makes them "increasingly vulnerable to illness." Mandy Johnson, executive director of the Community Clinic Association in Los Angeles County, said, "There is a huge health (care) access issue. Latinos have the lowest rate of insurance of any cultural or ethnic group in California. They quite frequently don't have a regular source of care."

LACK OF ACCESS TO WHAT?

According to the report, breast cancer "is the leading cause of death for Latinas in California, and the incidence of cervical cancer is higher among Latinas than any other female population." They also have higher hospitalization rates for illnesses like diabetes and kidney disease, and do not take advantage of "available prenatal services." The report also found that

Latinas, who "make up nearly a third of California's female population," usually don't receive health benefits through their employers and less than 50% have health insurance, compared with 75% of white women. Johnson said the passage of a state anti-immigration and welfare reform initiatives have "kept pregnant immigrants away, even though they are still eligible for Medi-Cal coverage." She noted that this is "problematic not only for them and their children, but also for the public." She added, "For many ... women, prenatal care is the only health care they ever get," and it "may be the only chance to screen these women for a host of infectious or contagious illnesses, including tuberculosis, HIV and gonorrhea." The coalition yesterday called on policymakers "to address deficiencies in Latina health care" (Marquis, 5/29).

#3 HIV PREVENTION: PHILADELPHIA STRENGTHENS FOCUS ON MINORITIES

The Philadelphia AIDS Consortium announced new funding priorities last week, shifting more resources to services for HIV prevention and assistance and boosting allocations that go directly to minority care providers and minority communities. The consortium reviewed applications for funds available from Ryan White funding and the Commonwealth of Pennsylvania, earmarking approximately $1.7 million for African American communities, $146,000 for Asian/Pacific Islander communities, $293,000 for Latino communities and $729,000 for all other communities. The consortium "drastically increased" funding for

primary medical care and medications and will begin funding complementary therapies and Latino case management for the first time in the region. According to Blair Durant, president of the board of directors of the consortium, "This is the first time that funds for care services in this region have been specifically targeted to communities of color." Some 74% of the service organizations that received funding are themselves minority service providers, defined as groups with a majority of staff or board directors belonging to the racial/ethnic group in question. Sixty-seven percent of all case management funds, 74% of all prevention education funds and 100% of all funds for primary medical care will go directly to minority service provider organizations. Durant said, "This is a remarkable improvement in the amount of dollars being provided to communities of color and is a step that is long since overdue" (Philadelphia AIDS Consortium release, 5/28).

ACROSS THE NATION

#4 TEENS WITH AIDS: AN INVISIBLE GENERATION

Sunday's New York Daily News profiles two HIV-positive teenagers and reports that "the first generation of children born at the dawn of the AIDS epidemic ... are confounding their physicians, struggling with stigma, grappling with formidable family problems and writing a new history on a disease once believed to be a death sentence." Dr. Pauline Thomas, coordinator of the HIV/AIDS Surveillance Project for the

New York City Health Department, said children born HIV-positive "are definitely surviving longer than anyone ever thought possible, and this is great news." While "no one knows their median survival ... 'between 40% and 60% of people (born with) HIV are expected to survive past the age of 13."

INVISIBLE TEENS

The Daily News reports, however, that HIV-positive teens are "[u]nacknowledged, tremendously secretive and politically invisible." They "languish at the bottom of public policy priorities" and few studies "have been done to ascertain their special needs." Dr. Herman Mendez, associate professor of pediatrics at Brooklyn's SUNY Health Sciences Center, said, "We don't know who they are. We don't know where they are. They're a real challenge for clinical epidemiologists." The state Health Department has record of 351 teens with AIDS or HIV between the ages of 13 and 19, "of whom 78% were infected at birth." These numbers, however, probably reflect "only about 60%" of the total," and "their ranks will swell as the 3,000 New York City children living with AIDS and HIV continue to improve under new drug therapies."

KEEPING SECRETS

Experts say secrecy is one of the many reasons that HIV-infected teens are invisible. Danielle Benoit-Coutard, a pediatric caseworker for children with AIDS at Brookdale Hospital, said, "The shroud of shame that imprisons these teens" is often what feeds the secrecy, but "'[t]he children are not the problem. It's the parents' who ... are terrified of being

judged, blamed or discriminated against." Dr. Joseph Cervia, director of the Children with AIDS Program at New York Hospital-Cornell Medical Center, said, "The social problems presented by the families of children with HIV are much more problematic than their medical problems." He said, "Baseless phobias are the reason few families choose to tell school officials about a child's HIV status." Justin LiGreci, an AIDS peer educator and one of the teens profiled in the Daily News article, said about his public declaration of his HIV infection: "It might have been simpler to stay silent, and never offer [myself] up as an object lesson in the importance of safer sex, needle-exchange programs and public education, 'but that wouldn't be making the best of your life -- and that's what you have to do. Make the best of it'" (Feeney, 5/31).

SCIENCE & MEDICINE

#5 CONTRACEPTIVES: NEW CLASS OF EFFECTIVE, NON-TOXIC AGENTS DISCOVERED

While searching for anti-cancer drugs containing the natural element vanadium, scientists at the Wayne Hughes Institute in Boston "unexpectedly discovered novel vanadium complexes that have very powerful sperm immobilizing" capacity, but lack the undesired features of detergent-type contraceptives currently on the market. All currently available commercial spermicides contain nonoxynol-9, a detergent ingredient that disrupts cell membranes, damages cervicovaginal epithelium and "causes an acute

tissue inflammatory response, thereby enhancing the likelihood of HIV infection." In addition, N-9 has a "high contraceptive failure rate," though it has been widely used for more than 30 years in contraceptive gels, foams, aerosols, creams, sponges and other devices. Dr. Osmond D'Cruz, lead author of an article on the new contraceptive compound published in the current issue of Biology of Reproduction, stated, "Our findings show the unique and powerful features of vanadium complexes as an entirely new class of contraceptive agents." Vanadium, the 21st-most-abundant element in our planet's crust, was identified in 1831 and named after Vanadis, the Scandinavian goddess of beauty, youth and luster. Dr. D'Cruz has been invited to present the results of his study at the upcoming meeting of the 6th World Congress on Fertility and Sterility, 54th Annual Meeting of the American Society for Reproductive Medicine, October 4-9 in San Francisco (Wayne Hughes Institute release, 5/28).

GLOBAL CHALLENGES

#6 TANZANIA: RURAL STD/AIDS PROGRAM PROVES EFFECTIVE

A highly cost-effective, two-year pilot program that "expanded local health facilities' capacity to diagnose and treat sexually transmitted diseases in rural Tanzania reduced the incidence of HIV-1 infection by 40%," according to a study published in the current issue of International Family Planning.

STUDY METHOD

Six rural communities with a total population of

approximately 150,000 participated in the study during the early 1990s. Primary health care workers were taught "to diagnose and treat STDs using simple decision-making flow charts based on easily detectable signs and symptoms," and health education teams urged community residents to "seek prompt care for STDs." Researchers kept track of men and women between 15-54 years of age to determine "the rate of new infections in the program and comparison communities," and assess "the program's cost-effectiveness in terms of the cost per HIV-1 infection prevented and per healthy life-year saved." They found that in the two-year period, not only was the rate of HIV infection lower by 40% in the intervention communities, which "translates to 252 HIV infections," but the annual cost of the comparison, non-intervention communities "exceeded the annual cost of the STD care" in the intervention communities by $54,839. Study researchers conclude that "the intervention strategy is likely to be of wide applicability in many parts of the developing world, and the challenge is to find effective means of implementing it in each local context" (Hollander, International Family Planning, June issue).

MEDIA & SOCIETY

#7 THEATER REVIEW: N.Y. TIMES GETS THE MESSAGE OF "ASCENDANCY"

Friday's New York Times reviewed Gary Bonasorte's "sweet, sad, funny play 'Ascendancy,'" the latest addition to the "canon" of the "theater of AIDS." The play takes place in an AIDS clinic

whose patients, in addition to going through the "all too familiar mixture of dying, grieving, denying, raging and burning out," face more current concerns -- including hope of conquering the disease. One character actively attempts to dispel ignorance associated with HIV transmission, others undergo clinical drug trials that offer "real promise" in treatment and cure, and another "deals with the nearness of death with acceptance, gentle humor, peace of mind and a beatific smile that makes him almost angelic." The Times writes that "Ascendancy"'s message "is best summed up by [the character] Kate's awed comment, 'I think that there are people helping us.'" And according to the Times, "In times like these, we need all the help we can get" (Gates, 5/29).

==========

The Kaiser Daily HIV/AIDS Report is published for The Henry J. Kaiser Family Foundation by National Journal Group Inc.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	From NCIH HIV/AIDS Program to Multiple Recipients Re: Job Opportunity (3 pages)	06/01/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[05/15/1998 - 06/02/1998]

2018-0758-F
jn559

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.
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)]

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]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Ann Borlo (Ann Borlo <acb@s-3.com> [UNKNOWN])

CREATION DATE/TIME: 2-JUN-1998 22:51:00.00

SUBJECT: Conference Calls

TO: bgw2 ("'bgw2@cdc.gov'" <bgw2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Bhattoy ("'Bhattoy@ios.doi.gov'" <Bhattoy@ios.doi.gov> [UNKNOWN])
READ:UNKNOWN

TO: ctroupe ("'ctroupe@services.state.mo.us'" <ctroupe@services.state.mo.us> [UNKNOWN])
READ:UNKNOWN

TO: debaids ("'debaids@isdn.net'" <debaids@isdn.net> [UNKNOWN])
READ:UNKNOWN

TO: fatema ("'fatema@womens-health.org'" <fatema@womens-health.org> [UNKNOWN])
READ:UNKNOWN

TO: harndc ("'harndc@aol.com'" <harndc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: helenmm ("'helenmm@itsa.ucsf.edu'" <helenmm@itsa.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: hornor ("'hornor@hsc.usc.edu'" <hornor@hsc.usc.edu> [UNKNOWN])
READ:UNKNOWN

TO: isbell ("'isbell@hugheshubbard.com'" <isbell@hugheshubbard.com> [UNKNOWN])
READ:UNKNOWN

TO: jedelheit ("'jedelheit@templeisrael.com'" <jedelheit@templeisrael.com> [UNKNOWN])
READ:UNKNOWN

TO: jerryc ("'jerryc@wizard.com'" <jerryc@wizard.com> [UNKNOWN])
READ:UNKNOWN

TO: judtaral ("'judtaral@aol.com'" <judtaral@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: katgerus ("'katgerus@mail.oeonline.com'" <katgerus@mail.oeonline.com> [UNKNOWN])
READ:UNKNOWN

TO: kinseyvi ("'kinseyvi@aol.com'" <kinseyvi@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: lynnemc ("'lynnemc@aol.com'" <lynnemc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: miami2000 ("'miami2000@earthlink.net'" <miami2000@earthlink.net> [UNKNOWN])
READ:UNKNOWN

TO: Mojo1025 ("'mojo1025@aol.com'" <mojo1025@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: montoya_dc ("'montoya_dc@a1.eop.gov'" <montoya_dc@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: mra1019 ("'mra1019@aol.com'" <mra1019@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: NBOLLMAN ("'NBOLLMAN@irvine.org'" <NBOLLMAN@irvine.org> [UNKNOWN])
READ:UNKNOWN

TO: nsg999 ("'nsg999@msn.com'" <nsg999@msn.com> [UNKNOWN])
READ:UNKNOWN

TO: rapanuijer ("'rapanuijer@aol.com'" <rapanuijer@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: raragon ("'raragon@sfaf.org'" <raragon@sfaf.org> [UNKNOWN])
READ:UNKNOWN

TO: rev_alta ("'rev_alta@juno.com'" <rev_alta@juno.com> [UNKNOWN])
READ:UNKNOWN

TO: ronaldj ("'ronaldj@gmhc.org'" <ronaldj@gmhc.org> [UNKNOWN])
READ:UNKNOWN

TO: rwstaff ("'rwstaff@uswest.net'" <rwstaff@uswest.net> [UNKNOWN])
READ:UNKNOWN

TO: Scotthitt ("'Scotthitt@aol.com'" <Scotthitt@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: SHENOVICE ("'SHENOVICE@aol.com'" <SHENOVICE@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: snabel ("'snabel@mem.po.com'" <snabel@mem.po.com> [UNKNOWN])
READ:UNKNOWN

TO: SteveLew2 ("'stevelew2@aol.com'" <stevelew2@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: terje ("'terje@worldnet.att.net'" <terje@worldnet.att.net> [UNKNOWN])
READ:UNKNOWN

TO: thenders ("'thenders@glo.state.tx.us'" <thenders@glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TO: Matthew Murguia (CN=Matthew Murguia/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Robert Soliz (CN=Robert Soliz/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Sarah T. Holewinski (CN=Sarah T. Holewinski/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: NavDocSF (NavDocSF <NavDocSF@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Stacy McAdoo (Stacy McAdoo <SMCADOO@wpgate.glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TEXT:
Services Subcommittee Conference Call

A Conference Call for the Services Subcommittee has been scheduled for Thursday, June 4 at 10 a.m. eastern time. The number to dial at 10:00 a.m. is (888) 232-0365, and the participant code is 217860.

Communities of African and Latino Descent Subcommittee Conference Call

A Conference Call for the Communities of African and Latino Descent Subcommittee has been scheduled for Friday, June 5 at 2:00 p.m. eastern time. The number to dial at 2:00 p.m. is (888) 232-0365, and the participant code is 276341.

If you are not a member of these subcommittees, but would like to be on the call, please contact me or Andrea Hall so a line can be added for you. I can be reached by phone at (301) 986-4870, by fax at (301) 913-0351 and by e-mail at acb@s-3.com.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: GlobalAIDS (GlobalAIDS@aol.com [UNKNOWN])

CREATION DATE/TIME: 2-JUN-1998 05:25:10.00

SUBJECT: Confirming Wed meeting with NORA International WG

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: montoya_dc (Montoya_dc@a1.eop.gov [UNKNOWN])
READ:UNKNOWN

TO: thurman_s (thurman_s@a1.eop.gov [UNKNOWN])
READ:UNKNOWN

TEXT:
To: Sandy Thurman

National AIDS Policy Coordinator

From: Paul Boneberg (202-667-6300)

Global AIDS Action Network

RE: Our Meeting Wednesday

Sandy--

Per my conversation with your office I am confirming our meeting tomorrow,

Wednesday June 3 at 3:30 PM.

I invited the member organizations of the NORA International Issues Working

Group, some of whom have met with you in the past. Confirming for our

meeting

so far are:

Advocates for Youth--Adam Shannon

International Center For Research on Woman--Pam Norick

Global AIDS Action Network--Paul Boneberg

National Council for International Health--Helen Cornman and Carol Miller

It is possible others will confirm at the last moment and if so I will relay this information to your staff.

I have told all to meet at your office at 736 Jackson Place.

We look forward to seeing you then.