Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	06/02/1998	b(7)(C), b(7)(F), b(6)
002. email	From Carrie Wofford to Todd Summers Re: June 6 (2 pages)	06/02/1998	Personal Misfile
003. email	From Winthrop Booth to Todd Summers Re: Happy Birthday (2 pages)	06/03/1998	Personal Misfile
004. email	From Anil Soni to Todd Summers Re: Hi! [personal] [partial] (1 page)	06/03/1998	b(6)
005. email	From Winthrop Booth to Todd Summers Re: Happy Birthday (1 page)	06/04/1998	Personal Misfile
006. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	06/05/1998	b(7)(C), b(7)(F), b(6)
007. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	06/05/1998	b(7)(C), b(7)(F), b(6)
008. email	From Kathy Gerus to Many Recipients Re: Fwd: An unusual invitation (6 pages)	06/06/1998	Personal Misfile
009. email	From Tsummers@aol.com to Todd A Summers Re: Fwd: Advocate Web Site Registration (2 pages)	06/09/1998	Personal Misfile

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

FOLDER TITLE:
[06/02/1998 - 06/11/1998]

2018-0758-F
jn560

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@aol.com [UNKNOWN])

CREATION DATE/TIME: 2-JUN-1998 21:31:04.00

SUBJECT: Fwd: Agreement on Prison Site Tour

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:
June 2, 1998

TO: STEPHEN ABEL

JUDITH BILLINGS

CHARLES BLACKWELL

JERRY CADE

KATHLEEN GERUS

MIKE RANKIN

FROM: JEREMY LANDAU

SUBJ: NOVEMBER 19th, Prison Site Visit

What follows is the text of a memo from ONAP regarding the site visit. I need a commitment from each one of you, immediately, regarding your availability and intention to participate in this activity. A lot of work is going into this and we need to be very clear on our mission as a Subcommittee of the Council. Thanx, J

<<The Conference call between Brad Austin (ONAP), Mathew Nosanchuk (DoJ), David Good (BoP) and Newton Kendig (BoP) occurred this afternoon. The following was agreed to:

Date: Thursday afternoon, November 19. The tour will most likely leave Washington D.C. around noon on this day, arriving at the prison at 2:30 or 3:00 pm.

Site: The two sites proposed by BoP and DoJ are Petersburg, VA and Cumberland, MD. Both sites are acceptable to ONAP and the subcommittee.

Tour Size: The tour group will consist of the 8 members of the Prison subcommittee with perhaps an additional 1-3 staff from ONAP. If a member

of the subcommittee is unable to make it, then a one-for-one substitution may be made with another Council member.

The overall goal of the tour is to provide the subcommittee a chance to visit a Federal Correctional Institution, to see and visit the health care facilities and to meet with HIV+ incarcerated individuals.

The 6 goals verbally agreed to by the subcommittee on 6/2/98 will form the main substantive issues which the subcommittee would like to discuss. They are: Standards of Care, Prevention/Education, Substance Abuse, Pilot Programs for Protection Barriers & Harm Reduction, Federal/State Impact, and Discharge Planning. BoP has no interest and will engage in no further discussion on the fourth issue -- pilot programs for protection barriers & harm reduction. BoP understands that any subcommittee member may wish to express their opinion on this issue; the subcommittee should expect that BoP officials shall not respond.

BoP will make prisoners available to speak to the Subcommittee members. (This is in concert with requirements posed by the Joint Commission on Correctional Care.) BoP officials suggested that this will be done by posting notices advertising that the tour is coming, and asking prisoners if they would like to speak with them.

Should NORA or other organizations supply Subcommittee members with names of HIV+ incarcerated individuals at the site chosen for the visit who are willing to speak with the tour, BoP will need to have these names weeks in advance of the tour so that they may obtain signed authorization from these

individuals that they are disclosing their health status to the tour.

In the next few weeks, BoP, through DoJ, will provide ONAP with an outline of the site visit which will include a decision on which facility shall be visited, which BoP officials will accompany the tour, with whom the tour will meet with inside the facility, and arrangements/guidelines for meeting with the prisoners.

I trust these are all the major points covered on the call.

Brad Austin>>

Return-path: <Brad_L._Austin@opd.eop.gov>
Received: from rly-zc03.mx.aol.com (rly-zc03.mail.aol.com [172.31.33.3])
by air-zc01.mail.aol.com (v43.20) with SMTP; Tue, 02 Jun 1998 16:50:08
-0400
Received: from gatekeeper.eop.gov (gatekeeper.eop.gov [198.137.241.3]) by
rly-zc03.mx.aol.com (8.8.5/8.8.5/AOL-4.0.0) with SMTP id QAA12467 for
<rapanuijer@aol.com>; Tue, 2 Jun 1998 16:50:06 -0400 (EDT)
Received: from lngate3.eop.gov by gatekeeper.eop.gov;
(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA02643; Tue, 2 Jun 1998 16:50:05
-0400
Received: by lngate3.eop.gov(Lotus SMTP MTA SMTP v4.6 (462.2 9-3-1997)) id
85256617.0072726E ; Tue, 2 Jun 1998 16:50:03 -0400
Date: Tue, 2 Jun 1998 16:46:44 -0400
From: Brad_L._Austin@opd.eop.gov
Subject: Agreement on Prison Site Tour

To: Todd_A._Summers@opd.eop.gov, Daniel_C._Montoya@opd.eop.gov

Cc: rapanuijer@aol.com

Message-id: <85256617.006E7B10.00@lngate3.eop.gov>

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

X-Lotus-Fromdomain: EOP

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I trust these are all the major points covered on the call.

Brad Austin

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Toby Donenfeld (CN=Toby Donenfeld/O=OVP [OVP])

CREATION DATE/TIME: 2-JUN-1998 19:43:00.00

SUBJECT: Re: Conference Call

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

CC: Satish Narayanan (CN=Satish Narayanan/O=OVP [OVP])
READ:UNKNOWN

TEXT:
David will join the call. Let Satish know the #. Thanks.

Todd A. Summers @ EOP

06/02/98 06:07 PM

To: Toby Donenfeld/OVP

cc:

Subject: Conference Call

Are you available this Friday, 4:00 to 4:30, to have a conference call with me, Kathy King, Sarah Bianchi, and Deborah VonZinkernagel to plan for the first meeting of the Treatment Access Task Force? (I assume that David is interested in taking Don's place.) I just wanted a few minutes to discuss how to best get the group together for a productive meeting.

Here's a copy of my original email regarding this Task Force:

==========

We are planning on announcing this weekend the formation of an internal task force of senior administration officials to look at the need for increased access to HIV treatments. This would include, but not be limited to, an analysis of options within entitlement systems. The chief objective of the task force is to develop a strategy for insuring that all Americans living with HIV have access to the new treatments and to the medical care necessary to benefit from those treatments. While this task force will initially be limited to administration officials, we expect that part of the strategy developed would include a broader process that would involve members of the community.

The task force will be composed of the following:

Sandra Thurman (White House) - Chair

Chris Jennings (White House)

Don Gips (White House - OVP)

Eric Goosby (HHS - OS)

Marsha Martin (HHS - OS)

Nancy-Ann Minn Deparle (HHS - HCFA)

Joseph O'Neill (HHS - HRSA)

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-JUN-1998 17:09:12.00

SUBJECT: No Subject

TO: acb (acb@s-3.com [UNKNOWN])
READ:UNKNOWN

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

PROPOSED COUNCIL RESOLUTION

The Centers for Disease Control and Prevention should develop guidelines for all federal and state correctional systems on design and implementation of HIV/STD/TB data collection instruments. The CDC should also provide technical assistance on assessment of this data, directly or indirectly, depending upon the structure of their current administrative relationship with the state or locality, in order to implement appropriate prevention activities, primary health care and substance abuse therapies.

Please note: underlined word: their is a correction from "the."

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Toby Donenfeld (CN=Toby Donenfeld/O=OVP [OVP])

CREATION DATE/TIME: 2-JUN-1998 19:43:00.00

SUBJECT: Re: Conference Call

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

CC: Satish Narayanan (CN=Satish Narayanan/O=OVP @ OVP [OVP])
READ:UNKNOWN

TEXT:
David will join the call. Let Satish know the #. Thanks.

Todd A. Summers @ EOP

06/02/98 06:07 PM

To: Toby Donenfeld/OVP

cc:

Subject: Conference Call

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Chris Jennings (White House)

Don Gips (White House - OVP)

Eric Goosby (HHS - OS)

Marsha Martin (HHS - OS)

Nancy-Ann Minn Deparle (HHS - HCFA)

Joseph O'Neill (HHS - HRSA)

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-JUN-1998 18:05:49.00

SUBJECT: lost documents for tomorrow's meeting

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: 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

From: Paul Boneberg

RE: Lost Documents

Sandy--

Your staff has informed me that the letters attached to our formal request

for

a meeting have been lost. I am re-sending the original request which

included

the attached:

--Letter to President Clinton signed by 50 organizations;

--Letter to Secretary Albright Signed by 11 organizations;

--Letter to Administrator Atwood Signed by 11 organizations.

I hope this is helpful and we look forward to seeing you tomorrow.

To: Sandy Thurman

National AIDS Policy Coordinator

From: Paul Boneberg

Global AIDS Action Network

RE: Confirming meeting on June 3 with NORA International Issues Working Group

Date: May 14, 1998

Sandy--

Per the request of your office please accept this written explanation as to why the member organizations of the NORA International Issues Working Group have been seeking a meeting with you.

1. As you undoubtedly are aware the President's budget request for the FY 99 called for a 10% decrease in the USAID Child Survival Account that includes the HIV/AIDS program. Much of this cut is from infectious disease programs, although not HIV/AIDS. Administrator Atwood's testimony before the House on this matter indicated a basic shift in priority for health issues by the agency.

As NORA members have called for a 15% percent increase in this account including the AIDS portfolio, both in our appropriations booklet and in a letter to the President signed by 50 organizations, we are concerned. We have received no explanation as to the administration's intent and are hoping that you may be able to provide us with some insight. We have been unable to secure a meeting with Administrator Atwood, although one is still possible.

2. It appears that the Department of State document crafted by Undersecretary Wirth--"US Comprehensive Strategy on HIV/AIDS"--is not being implemented in any meaningful way. We view this document, and the many specific commitments it makes on global AIDS policy and programs, to be key to US efforts. We are hoping you can assist us in understanding the status of Department of State global AIDS programs. A request for a meeting with Secretary Albright by several organizations has been ignored by the Department.

3. There is growing concern about the international HIV research programs of NIH and CDC and their coordination with USAID. We are wondering as to your perspective on this matter in the light of recent efforts to make improved perinatal HIV/AIDS treatments available to women in developing nations.

I have tried to relay some of these concerns to your office over the last few months and you should have received copies of our correspondence with the administration. I attach copies as these letters were sent some months ago.

As to who would attend I assume we would invite the dozen or so groups that signed the more recent letters to AID and State, and who comprise the more active members of the Working Group.

I hope this clarifies why we are seeking this meeting. Please ask your staff to finalize the date so that I can inform our members.

And good luck on your international trips this month. I look forward to seeing you in June.

Paul

cc--Pam Norick-ICRW
Helen Cornman-NCIH
Miguelina Maldonaldo--NMAC/NORA
David Harvey--APC/NORA

January 9, 1998

President William J. Clinton

The White House

Washington, DC

Mr. President:

We are writing to urge you to specifically call for increased funding of global HIV/AIDS and health programs in your FY 99 budget request. As you know,
the US global HIV/AIDS programs, like most foreign assistance, has not increased since 1993. Mr. President, given the extraordinary growth of the HIV/AIDS pandemic we urge you to enlarge the program as part of expanded efforts on global health and infectious diseases. We would urge that this increase be not less than the growth of the pandemic--that is 15%. This would
increase USAID global AIDS funding from $121 million in FY 98 to $139 million
for FY 99.

In this we are in support of the recent recommendation of your Advisory Council on HIV/AIDS when they stated:

"Until a vaccine is available, the United States must consistently and
affirmatively reestablish its commitment to lead a worldwide effort to reduce
the rate of new infections. Such leadership must include the direct

involvement of Secretary of State Madeline Albright, as well as increased funding of global AIDS programs in US agencies and US supported international organizations."

The urgency of this matter was made clear in the UNAIDS statistics for 1997 released in December. They stated:

"These newly-released figures reveal that there are about a third more people living with HIV than was thought to be the case this time last year. This is for two reasons. Firstly, new infections are taking place at an alarming rate--some 16,000 infections a day have added 5.8 million cases of HIV infection to the total in 1997 alone. Secondly, it now appears that previous estimates grossly underestimated the rate of transmission, particularly in Sub-Saharan Africa where the bulk of infections are occurring."

UNAIDS further estimates that more than 30 million people around the world are now living with HIV and nearly 12 million have died of AIDS. In 1997 alone 5.8 million people are believed to have acquired HIV infection (590,000 of them children), raising the total cumulative infections from 36 million in 1996 to over 42 million in 1997. This represents a one year increase of over 15%.

The impact of this disaster is, and will be, widespread. USAID estimates that 41 million children will be orphaned by HIV by the year 2010, which provides one indication of the humanitarian need. However the crisis is not just humanitarian, as US interests in sustainable development are clearly being impacted. Additionally, the HIV/AIDS pandemic undermines efforts to address other health issues, notably tuberculosis and infant mortality.

For over a decade our nation has led the world's response to AIDS, funding the largest bilateral prevention program, as well as leading in the creation of several multilateral efforts including UNAIDS. It is an accomplishment of which our nation can be proud and should continue.

We understand that any increase in total HIV/AIDS funding makes sense only if we can be assured that our programs are effective in preventing HIV transmission. In the last two years, we are now seeing proof that these prevention interventions are having an impact. For example:

--Studies in Malawi and Tanzania have demonstrated a 42% drop in the number of new HIV infections through proper clinical management of other sexually transmitted infections.

--In Thailand, increasing the use of condoms in commercial sex

establishments

led to a decrease of HIV prevalence in young adult men.

--In Uganda HIV prevalence has been reduced by 35% in young women aged 15-24

through delaying onset of sexual activity and safer sex practices.

Mr. President, it is sometimes said that Americans don't care or don't understand US foreign assistance programs. We believe that millions of Americans understand the reality of AIDS, and know too well the anguish that

the UNAIDS statistics reflect. We believe that they would support increased US

leadership to combat this pandemic elsewhere in the world. We urge you to make

clear in your budget request to Congress that US leadership on AIDS and other

global health threats, will not only continue, but expand.

We are, of course, aware of your strong leadership on this disease throughout

your administration. However, to our knowledge you have never specifically sought an increase in US global AIDS programs. We urge you to do so now, at a

time when increased US leadership is sorely needed.

Thank you for your attention to this letter.

Academy for Educational Development

Advocates For Youth

African Services Committee, Inc.

AIDS Action Council

AIDS Legal Referral Panel

AIDS National Interfaith Network

AIDS Policy Center for Children, Youth, and Families

American Foundation for AIDS Research

American Nurses Association

American Red Cross

American for Democratic Action

Asian and Pacific Islander Wellness Center

Association of Nurses in AIDS Care

Association of Reproductive Health Professionals

Association of Schools of Public Health

CARE

Coalition for the Homeless

Committee for Children

Doctors Without Boarders

Episcopal Caring Response to AIDS

Four Corners AIDS Advocacy Network

Gay Men's Health Crisis

Global AIDS Action Network

GNP+ North America

International Center For Research on Women

International Lesbian and Gay Human Rights Commission

John Snow, Inc.

Legal Action Center

Mobilization Against AIDS

National AIDS Fund

National Association of Black County Officials

National Association of People With AIDS

National Association of Public Hospitals and Health Systems

National Catholic AIDS Network

National Council for International Health

National Gay and Lesbian Health Association

National Health Law Program

National Hemophilia Association

National Minority AIDS Council

National Native American AIDS Prevention Center

Perl S. Buck Foundation

Physician Disease Management

Planned Parenthood Association of America

Program for Appropriate Technology in Health

Project Inform

Project Troubador

Service Employees International Union, AFL-CIO, CLC

The American Refugees Committee

The Gay and Lesbian Latino AIDS Education Initiative

The Latino Commission on AIDS

The National Latino Lesbian and Gay Organization

UCSF AIDS Research Institute

Untied States-Mexico Border Health Association

Whitman-Walker Clinic

Women's AIDS Network

Yale University Center for Interdisciplinary Research on AIDS

March 6, 1998

Brian Atwood

Administrator-Agency for International Development

1400 Pennsylvania Avenue

Washington, DC

Administrator Atwood:

Because of significant recent developments that will impact US global AIDS policy we are writing to seek a meeting with you at your earliest convenience.

In the last few days it has been announced that US financed research in developing nations has demonstrated the effectiveness of a new method to reduce the perinatal transmission of HIV. This is exciting news, and is providing hope to millions around the world.

We believe that the United States has a profound moral responsibility to ensure that this hope is not in vain and that the populations that put themselves at risk in these US funded studies receive benefit from this research. It would be wrong if the US undertook research involving pregnant

women in developing nations and did not make every effort to ensure that the fruits of this effort are shared with them.

To our knowledge there has been no statement from USAID as to how our nation intends to modify current global AIDS efforts to take advantage of this exciting new technology, or even if it intends to do so. We believe a simple and clear statement that the US intends to support efforts based on this research should be issued immediately.

We are also concerned that this advance comes at a time of fiscal austerity, during which US global AIDS programs have remained at nearly level funding for several years. Indeed, for next year the President's budget actually proposes reducing the account for Child Survival and Infectious Diseases (which includes global AIDS funding) by ten percent. This is of particular concern when you consider that the pandemic expanded by 15% last year alone.

We do not believe it possible for the US to continue its current leadership on the global AIDS pandemic, much less act on the opportunity provided by this research breakthrough, without increasing funding for AIDS and other global health and development programs. To this end some weeks ago we joined over

fifty organizations in urging the President to seek an increase in these programs. (letter attached)

Administrator Atwood, we understand that it was not principally USAID that undertook the recent perinatal research studies. None-the-less it was our nation that offered the promise that this research brings. It is our nation--and in all probability USAID--that will need to deliver on this research and our good faith agreement with the women who volunteered around the world.

Because of this research breakthrough, and because of proposed reductions in US health and child survival programs we seek a meeting with you at your earliest convenience. We suggest that such a meeting be undertaken in our capacity as members of the International Issues Working group of the NORA Coalition. The co-chairs of the Working Group are: Global AIDS Action Network (Paul Boneberg--202-667-6300), International Center for Research on Women (Pam Norick--202-797-0007), and the National Council for International Health (Helen Cornman--202-833-5900). Please contact them to follow up on this letter.

Thank you for your attention to these important issues,

Advocates For Youth

AIDS Action Council

AIDS National Interfaith Network

AIDS Policy Center for Children, Youth, and Families

American Red Cross

Global AIDS Action Network

International Center For Research on Women

Mother's Voices

National Council for International Health

National Gay and Lesbian Health Association

National Minority AIDS Council

Planned Parenthood Association of America

Whitman-Walker Clinic

March 6, 1998

Madeline Albright

Secretary of State

2301 C Street NW

Washington, DC

Secretary Albright:

Because of significant recent developments that will impact US global AIDS policy we are writing to seek a meeting with you at your earliest convenience.

In the last few days it has been announced that US financed research in developing nations has demonstrated the effectiveness of a new method to reduce the perinatal transmission of HIV. This is exciting news, and is

providing hope to millions around the world.

Given this and other important developments, we believe it would be extremely timely for you to clarify existing US global AIDS policy. We urge you to do so in an address on the US global AIDS policy in the context of other global health and development issues.

As you know there has been no amplification of this policy since 1995 when former Under Secretary Wirth issued the report "US Comprehensive Strategy on HIV/AIDS" . Additionally, no Secretary of State has ever tried to explain to the American people, and the world, specifically why US global AIDS programs are of importance to our nation. We urge you to do so now for the following reasons:

1. You have made it a point to educate Americans about the importance of US foreign policy and foreign assistance. One of the most immediate concerns of many American is the threat from newly emerging infectious diseases, and unfortunately, the one such disease millions of American know is AIDS. Over 500,000 American families have now lost someone to HIV, and they can understand the suffering this pandemic is causing and the threat infectiousdiseases pose. It would be helpful for the many Americans who care about

AIDS

to understand more clearly the leadership role the US is playing in

fighting

this pandemic around the world.

2. Existing global AIDS policy needs to be updated and clarified. It has

now

been three years since the Wirth report and much has changed. Not only has

the

pandemic continued to grow at a horrifying rate, but new scientific

developments have altered how people and nations respond to HIV. With the

old

report as foundation, a new vision of the US role should be outlined.

3. Among the important scientific advances is the earlier announcement from

CDC on new methods of reducing the perinatal transmission of HIV. We

believe

that the United States has a profound moral responsibility to ensure that

the

populations that put themselves at risk in these US funded studies receive

benefit from this research. It would be wrong if the US undertook research

involving pregnant women in developing nations and did not make every

effort

to ensure that the fruits of this effort are shared with them. A statement

from you as Secretary of State would allow the US to reiterate its

intention

to provide the benefits of its AIDS research--particularly that undertaken

in

other nations--to the peoples of the world.

4. US global AIDS programs have remained at near level funding for several years. Indeed, for next year the President's budget actually proposes reducing the USAID account for Child Survival and Infectious Diseases (which includes global AIDS funding) by ten percent. This is of particular concern when you consider that the pandemic expanded by 15% last year alone.

We do not believe it possible for the US to continue its current leadership on the global response to the AIDS epidemic, much less act on the opportunity provided by this research breakthrough, without increasing funding for AIDS and other global health and development programs. To this end some weeks ago we joined with over fifty organizations in urging the President to seek an increase in these programs. (letter attached)

For these reasons Secretary Albright, we urge you to address in depth US global AIDS policy in the next few months. If this is possible we would seek to meet with you prior to such a statement. We suggest that such a meeting be undertaken in our capacity as members of the International Issues Working

group of the NORA Coalition (National Organizations Responding to AIDS). The co-chairs of the Working Group are: Global AIDS Action Network (Paul Boneberg--202-667-6300), International Center for Research on Women (Pam Norick--202-797-0007), and the National Council for International Health (Helen Cornman--202-833-5900). Please contact them to follow up on this letter.

Thank you for your attention to these important issues,

Advocates For Youth

AIDS Action Council

AIDS National Interfaith Network

AIDS Policy Center for Children, Youth, and Families

American Red Cross

Global AIDS Action Network

International Center For Research on Women

Mother's Voices

National Council for International Health

National Gay and Lesbian Health Association

National Minority AIDS Council

Planned Parenthood Association of America

Whitman-Walker Clinic

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-JUN-1998 17:13:38.00

SUBJECT: No Subject

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

Revised Council Meeting Agenda -- June, 1998

Unscheduled

? Meeting with Department of Justice - Kathleen Hawk Sawyer

? Meeting with PASAN - Rick Lines

Tuesday, June 16th, 9am -- 11am: General Session

? Review Recommendation

? Discussion: National Summit Meeting on Prisons

? Review Assessment

? Long - Rang Planning

? Update on Federal interagency meeting on Compassionate

Release

Thursday, June 18th,Morning

? Full Council Report & Recommendation(s)

? Site Visit (tentative)

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-JUN-1998 21:26:45.00

SUBJECT: Re: Agreement on Prison Site Tour

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

TO: Daniel C. Montoya (CN=Daniel C. Montoya/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

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

CC: RAPANUIJER (RAPANUIJER@aol.com [UNKNOWN])
READ:UNKNOWN

TEXT:
Brad --

This sounds wonderful! Thank you for all your hard work. And, while I still disagree with the BoP regarding Protective Barriers, I certainly understand that the site visit is not the place to exercise this issue, and I assume we are still able to dialogue on this with Bop in separate meetings (hopefully with Kathleen Hawke Sawyer). I may make some further comments on specifics of the visit, later, but these will only be meant to enhance what looks like a productive dialogue. Please extend our appreciation to Bop/DoJ on this matter.

I will forward the memo to the Subcommittee on Prisons, and ask for individuals to commit to this date, immediately!!!

-- Jeremy

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Toby Donenfeld (CN=Toby Donenfeld/O=OVP [OVP])

CREATION DATE/TIME: 2-JUN-1998 19:11:54.00

SUBJECT: Re: Conference Call

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

TEXT:
Sure. Let me know where to call and when.

Todd A. Summers @ EOP

06/02/98 06:07 PM

To: Toby Donenfeld/OVP

cc:

Subject: Conference Call

Are you available this Friday, 4:00 to 4:30, to have a conference call with me, Kathy King, Sarah Bianchi, and Deborah VonZinkernagel to plan for the first meeting of the Treatment Access Task Force? (I assume that David is interested in taking Don's place.) I just wanted a few minutes to discuss how to best get the group together for a productive meeting.

Here's a copy of my original email regarding this Task Force:

==========

We are planning on announcing this weekend the formation of an internal task force of senior administration officials to look at the need for increased access to HIV treatments. This would include, but not be limited to, an analysis of options within entitlement systems. The chief objective of the task force is to develop a strategy for insuring that all Americans living with HIV have access to the new treatments and to the medical care necessary to benefit from those treatments. While this task force will initially be limited to administration officials, we expect that part of the strategy developed would include a broader process that would involve members of the community.

The task force will be composed of the following:

Sandra Thurman (White House) - Chair

Chris Jennings (White House)

Don Gips (White House - OVP)

Eric Goosby (HHS - OS)

Marsha Martin (HHS - OS)

Nancy-Ann Minn Deparle (HHS - HCFA)

Joseph O'Neill (HHS - HRSA)

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Nancy-Ann Minn Deparle (HHS - HCFA)

Joseph O'Neill (HHS - HRSA)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	06/02/1998	b(7)(C), b(7)(F), b(6)

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

FOLDER TITLE:
[06/02/1998 - 06/11/1998]

2018-0758-F
jn560

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]
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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: WAVES_CONF (WAVES_CONF@PMDF.EOP.GOV [UNKNOWN])

CREATION DATE/TIME: 2-JUN-1998 17:03:37.00

SUBJECT: WAVES Confirmation

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

TEXT:
ADDRESSEES: TODD_A._SUMMERS

SUBJECT: CONFIRMATION: APPT. REQUEST FOR SUMMERS, TODD

FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)f

[001]

Date: 06-02-1998

Time: 13:02:10

This message serves as confirmation of an appointment for the

visitors listed below.

Appointment With: SUMMERS, TODD

Appointment Date: 6/2/98

Appointment Time: 2:00:00 PM

Appointment Room: WEST WING

Appointment Building: WH

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U65031

If you have any questions regarding this appointment,

please call the WAVES Center at 456-6742 and have the

appointment number listed above available to the

Access Control Officer answering your call.

****

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 3

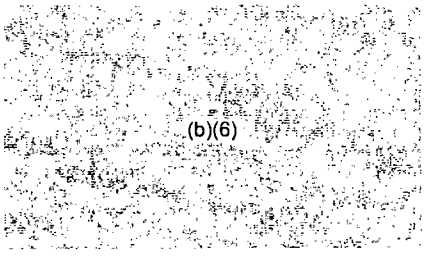
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 3

****

HAIGWOOD, JOHN

JOHNSTON, PENNY

KENT, JEFF



RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-JUN-1998 14:00:48.00

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, June 2, 1998

SCIENCE & MEDICINE

==========

#1 HIV TESTING: FDA Approves First Urine Test

#2 POST-EXPOSURE DRUG THERAPY: Pilot Project Tests 'Morning After' Intervention

ACROSS THE NATION

==========

#3 GONORRHEA: New Drug-Resistant Strain Found In San Diego

MEDIA & SOCIETY

==========

#4 PREVENTION: International Soccer Star Urges Youth To 'Play Safe'

OPINIONMAKERS

==========

#5 AIDS EPIDEMIC: Washington Times Editor Says 'Hype' Unfounded

#6 SPORTS FIGURES: Columnist Urges Condom Endorsements

SCIENCE & MEDICINE

#1 HIV TESTING: FDA APPROVES FIRST URINE TEST

The first urine test for detecting the HIV virus has been approved and licensed by the FDA, Calypte Biomedical Corp., the test's manufacturer announced yesterday. The HIV-1 Western Blot Test confirms the presence of antibodies which the human body produces in response to HIV Type 1 in urine samples. When cross-checked with a blood-based serum test in clinical trials, the sensitivity of the urine-based test was 99.7%, or 746 out of 748 (release, 6/2). The Agence France-Presse/Washington Times reports that "Cambridge Biotech Corporation manufactures the new urine-based test under license from Calypte." Cambridge was previously the first manufacturer to gain FDA approval for an HIV blood test more than ten years ago. Dr. Luc Montagnier, one of the discoverers of AIDS, said, "In my opinion, the urine HIV testing system is highly reliable and readily accepted by the patients" (6/2).

ADVANTAGES

The advantages of the new test include "greater ease of use and lower cost for health care providers, and a safer procedure for patients." Health care workers also would not have to worry about accidental infection as a result of needle sticks, as there is no evidence that HIV can be transmitted through urine (New York Times, 6/2). "A recent survey showed that half of respondents would prefer a urine HIV test over a blood test, most citing a fear of needles," Agence France-Presse/Washington Times reports. As some 60 million HIV tests are performed in the U.S. each year, the new test might affect a significant number of patients (6/2). The test is further expected to appeal to domestic and international health agencies that do not have access to the funds, personnel or facilities required for blood collection and testing. A December 1997 report issued by the World Health Organization and UNAIDS concluded, "Conservative estimates suggest that nine out of 10 infected people in the world do not know their HIV status. At current estimates, that would suggest there are over 27 million people in the world today that do not know they are infected." Bill Boeger, President and CEO of Calypte, said: "Many people who may be at risk for HIV infection have declined testing in the past because of the pain, cost and inconvenience of having their blood drawn. We expect that by making urine HIV-1 testing widely available, many people who have previously declined blood testing will now come forward" (release, 6/2).

SOME POTENTIAL DRAWBACKS

The Contra Costa Times reports that the "FDA approval came

with some caveats: It is not approved for use as a screening tool at blood banks." The agency also cautioned that false-positive results were more likely in persons with kidney or liver disease. Confidentiality concerns were also raised, as some AIDS advocacy groups question whether patients will be notified that they are being tested for AIDS when giving a urine sample. However, Calypte said it addressed that concern by providing an informational brochure for patients that has a peel-off sticker that must be placed on the "sample cups before labs will process the tests." Mark Bowers of the Bulletin of Experimental Treatments for AIDS in San Francisco said, "If this is a way to interest more people in getting tested, we're happy to support that" (Appleby, 6/2).

#2 POST-EXPOSURE DRUG THERAPY: PILOT PROJECT TESTS 'MORNING AFTER' INTERVENTION

A clinical pilot study to ascertain the effectiveness of combination drug therapy initiated after an individual comes in contact with an HIV-positive sex partner is currently underway in five cities. According to the Scripps Howard/Nando Times, the intervention, a month-long course of treatment that must be initiated within 48 hours (but preferably 24) of exposure, is already in high demand. Pressure is mounting "to extend preventive drug treatment -- which health care workers now get if they're accidentally exposed to HIV -- to people exposed in other ways, such as sex or drug use." Data show that post-exposure "drug cocktail" therapy can cut risk of infection up to 81% among

workers accidentally exposed to infected blood or saliva.

NOT AN ANTIDOTE

Physicians and other health workers are worried that although post-exposure therapy "might be appropriate in some situations," some patients won't be cautious enough "if they falsely believe there's an antidote to HIV exposure." Barry Bernstein, chief of the HIV program at the Medical College of Wisconsin, said, "We have to be very clear about the messages we send." Dr. Ian Gilson explained the treatment is only effective when "coupled with a behavior modification program." Doug Nelson, executive director of the AIDS Resource Center of Wisconsin, says the intervention "can never be marketed as a morning-after pill or anything related to that concept. It is not appropriate to people who do not have a commitment to safe behaviors."

PROCEED WITH CAUTION

As if the fear of casual use weren't enough, the Scripps Howard/Nando Times reports that some AIDS experts worry that "prescribing the drugs on a short-term basis can lead to more mutant strains of HIV." Moreover, drug therapy requires a significant time commitment and does not come cheap: one month of triple-drug therapy costs a minimum of $1,000, and two-drug therapy without a protease inhibitor still costs about $500. The drugs also have been linked to side effects such as nausea and fatigue. Dr. Brian Buggy, an infectious disease specialist and medical adviser to the AIDS Resource Center of Wisconsin, recommends that the treatment only be undertaken in cases where

there is an established patient-doctor relationship, a committed relationship between sexual partners and proof that one partner is HIV-positive. "The bottom line is it's an opportunity to save lives," Nelson said (Marchione, 6/1).

ACROSS THE NATION

#3 GONORRHEA: NEW DRUG-RESISTANT STRAIN FOUND IN SAN DIEGO

According the Centers for Disease Control and Prevention, "[t]wo samples of gonorrhea bacteria more resistant to traditional drug treatment than any ever found in the United States were isolated from two San Diego men last year." The San Diego Union-Tribune reports that the two cases were detected by a CDC surveillance program that analyzes test results from a random selection of 20 afflicted persons in San Diego each month. It is reported that the two men did not share a sexual partner, although both engaged in risky sexual behavior (Clark, 5/29). Reuters/Time Magazine Online reports that traditional gonorrhea therapy includes fluoroquinolone antibiotics, such as ofloxacin or ciprofloxacin. Both men's infections, however, showed unusual resistance to these drugs, with one having to undergo subsequent treatment with ceftriaxone before his symptoms resolved. Although drug-resistant gonorrhea bacteria has been a persistent problem in certain parts of Asia for almost 20 years, it has never surfaced in the United States. The CDC describes the cases in the current issue of its Morbidity and Mortality Weekly Report (5/29). Dr. Michelle Weinberg, a CDC epidemiologist who is

studying the cases, said, "We only identified two cases and ... we're not seeing more instances at our other sites. It heightens our concerns, but we're not alarmed." At the 26 sites at which the CDC monitors gonorrhea cases, "it has identified only 16 drug-resistant cases of gonorrhea out of about 45,000" (Bynum, AP/Sacramento Bee, 5/29).

A PLAN OF ATTACK

Weinberg said the CDC is currently testing all cases of the disease in San Diego "to determine how widespread the problem of drug resistance might be." Officials also have warned all doctors nationwide with especially large caseloads of gonorrhea to be on the lookout for patients who are not easily cured, as they may carry the new strain. Weinberg said there is no need to abandon the current treatment regimen at the moment, "but if these resistant strains become more common, we may have to eliminate fluoroquinolones for treating gonorrhea. ... Right now, we have another class of antibiotics that we can use against gonorrhea, but we need to monitor this and be aware so it doesn't become a bigger problem" (Union-Tribune, 5/29).

MEDIA & SOCIETY

#4 PREVENTION: INTERNATIONAL SOCCER STAR URGES YOUTH TO 'PLAY SAFE'

Brazilian soccer star Ronaldo, recently declared world soccer player of the year, will become a spokesperson for the United Nations initiative "Force for Change: World AIDS Campaign

with Young People." The Reuters/Nando Times reports that the 21-year-old striker, who will help his team defend its World Cup title in this summer's games in France, has contributed his image to the campaign in the form of a poster bearing his signature and the message, "Play Safe!" A U.N. statement quotes Ronaldo as saying, "As a young person, I am very aware of the threat of this virus, and I believe that I can play an important role in standing up to this threat. It is up to us, the young people of the world, to make a difference." The U.N. campaign seeks to increase youth involvement in community action, education and prevention initiatives including condom use. In the words of Ronaldo, "So many young men and women my age think that if they know their partner, they won't get infected. But it just isn't true." UNAIDS estimates that approximately one-third of the 30 million people worldwide infected with HIV are between the ages of 10 and 24, and that five young people are infected each minute, Reuters/Nando Times reports (5/29).

OPINIONMAKERS

#5 AIDS EPIDEMIC: WASHINGTON TIMES EDITOR SAYS 'HYPE' UNFOUNDED

Writing in last Friday's Washington Times, Editor-in-Chief Wesley Pruden disparages the "hype" surrounding the AIDS crisis. He notes that estimates made 10 years ago predicted "[w]e were all supposed to be dead by now." According to Pruden, the public health community propogated the idea that "unless the U.S.

government emptied its treasury to shower billions of dollars on hundreds of thousands of researchers who didn't actually exist there wouldn't be room in the graveyards for all the people who would fall to AIDS." At that time, Pruden writes, there was a "kind of hysteria that seemed about to consume science," with predictions of large portions of the population eventually infected by HIV. Even officials at the Centers for Disease Control and Prevention, he contends, "succumbed to the pressure of the politicians" and "began cooking the numbers to show that AIDS was an equal-opportunity killer, striking heterosexuals as often as homosexuals."

MEDIA RESPONSIBILITY

Pruden continues that it is now "1998 and this particular catastrophe never happened." But "the lessons of doom-crying are nevertheless often lost on the men and women who managed the organs of the media," he writes; "careless medical reporting" is to blame for much of the hype. Pruden contends that "[n]ewspapers spread enough factoids through inadvertence without setting out to spread factoids deliberately." He says that where scientists contribute "tentative and conditional" information, the government must distribute "blunt and conclusive" information. And newspapers should distinguish between the two, says Pruden, because as "'news' outlets proliferate and media responsibility disintegrates, the task grows more difficult -- and more important" (5/29).

#6 SPORTS FIGURES: COLUMNIST URGES CONDOM ENDORSEMENTS

Columnist Mark Kriegel of the New York Daily News wants to know why famous athletes are "selling everything but the one thing they should be selling: Condoms." Kriegel writes: "Magic Johnson has HIV. Shawn Kemp is a bachelor father of seven kids. Would you rather see them hawking American Express cards and $200 Reeboks or a $2 pack of condoms?" Kriegel cites numerous experts who agree with his suggestion, including Margaret Brennan, executive director of the AIDS and Adolescents Network of New York. "The latest figures have HIV infection rates stabilizing across all populations except adolescents," Brennan said, "But you don't see condom ads on TV. You don't see them in Sports Illustrated." Keith Lewis, who runs the Morgan Agency, "a division of which specializes in actors and models who have HIV," said, "Sexually transmitted diseases in the 18-to-25 age group are increasing in astronomical proportions and parents are going to be less concerned with censoring information." Ryan Schinman of Worldwide Entertainment and Sport, a marketing company, pointed out that athletes "tell kids to stay in school. They tell them to read. They tell them not to smoke. Why not promote safe sex? I'd love to see that happen. I bet condom sales would jump through the roof." But according to a spokesperson from one condom company, "athletes usually require a huge investment for an endorsement." Craig Fenech, who represents approximately 50 major leaguers, said, "I think athletes ought to do these spots as a public service announcement. Are we really going to pretend that players aren't having sex?" Kriegel writes, "Michael Jordan will sell $150 shoes to kids in poor neighborhoods, but he won't

sell condoms. 'They're too small,' he has said. But he wasn't talking about the dimensions. He was talking about the dollars" (5/29).

==========

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	From Carrie Wofford to Todd Summers Re: June 6 (2 pages)	06/02/1998	Personal Misfile

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

FOLDER TITLE:
[06/02/1998 - 06/11/1998]

2018-0758-F
jn560

RESTRICTION CODES

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

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Philip G Dufour (CN=Philip G Dufour/O=OVP [OVP])

CREATION DATE/TIME: 3-JUN-1998 13:13:24.00

SUBJECT: Re: Congrats

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

TEXT:
Thanks!!!

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Trandahl, Jeff ("Trandahl, Jeff" <Jeff.Trandahl@clerk.house.gov> [UNKNOWN])

CREATION DATE/TIME: 3-JUN-1998 14:01:08.00

SUBJECT: RE: Tour on Friday pm?

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

TEXT:
Todd - All we can do is a Capitol VIP tour (not the Dome). I will be in

Seattle from Thurs pm to Saturday pm. Sorry. Do you wish to have Judy

schedule it? Time/Number of people?

From: Todd_A._Summers@opd.eop.gov

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

Sent: Tuesday, June 02, 1998 6:16 PM

To: Trandahl, Jeff

Subject: Tour on Friday pm?

Sandy has some out of town guests here on Friday - do you have any

tours we

can put them on? Are you ever gonna call me for a coffee? Will

there be

peace on earth?

Todd

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	From Winthrop Booth to Todd Summers Re: Happy Birthday (2 pages)	06/03/1998	Personal Misfile

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

FOLDER TITLE:
[06/02/1998 - 06/11/1998]

2018-0758-F
jn560

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]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. email	From Anil Soni to Todd Summers Re: Hi! [personal] [partial] (1 page)	06/03/1998	b(6)

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

FOLDER TITLE:
[06/02/1998 - 06/11/1998]

2018-0758-F
jn560

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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)

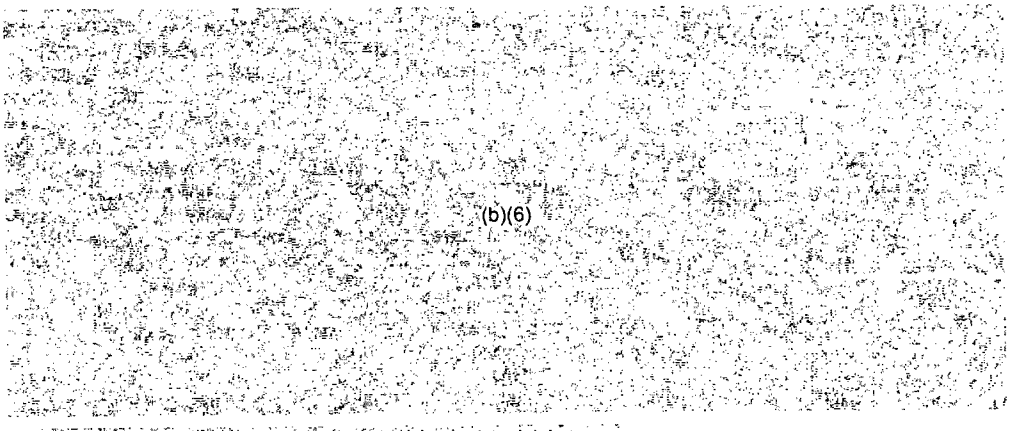
CREATOR: Anil Soni (Anil Soni <soni@fas.harvard.edu> [UNKNOWN])

CREATION DATE/TIME: 3-JUN-1998 16:01:30.00

SUBJECT: Hi!

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

TEXT:
Hello there Todd!



[004]

(b)(6) Finally, I am attaching an

excerpt from a paper I wrote that I thought might be useful to the office

for briefing book purposes... I figure it can add to you stack of eventual

reading! I hope all is well!

Anil

- Excerpt for Todd.doc========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D70]ARMSZZ000MWKA.000 to ASCII,
The following is a HEX DUMP:

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

PORTRAIT OF A GLOBAL EPIDEMIC

Why is AIDS a global concern? Answers to that question emphasize two facets of this pandemic: the pervasive range of its reach and the deadliness of its threat, on both micro and macroscopic scales. Each aspect will be examined in turn.

More than any threat known ever before, AIDS undermines the safety of all people across the earth. Though initially isolated in sub-Saharan Africa, HIV was quickly carried to all continents and now resides in every country. Because HIV escapes immediate macroscopic detection, it remains impossible to intercept its invasion at national borders. Further, AIDS is no longer an affliction of marginalized populations. Because HIV is transmitted by direct contact of bodily fluids, specifically blood or semen, it spread initially among persons engaging in correspondingly "high risk" behavior: homosexual men and intravenous (IV) drug users. The primary mode of transmission, however, is now heterosexual sex (currently accounting for 75 percent of new infections[1]), which is as common of a shared activity across groups and cultures as eating or sleeping. Thus HIV now spreads at comparable rates among all classes and all populations in all countries. Simply put, "HIV is our collective disease."[2]

AIDS is cause for particular concern as a medical pathogen due to the nature of the virus itself. HIV, once inside the body, is impossible to remove as it settles in the depths of human immune and lymphatic systems. The virus is highly adaptable and quickly resists drug therapy. It has also rapidly evolved: over ten documented genetic subtypes of the virus now exist.[3] The variation in the virus greatly impedes vaccine development. Even the most optimistic scientists do not predict a vaccine breakthrough in the foreseeable future. A comprehensive cure is equally unlikely to date, so the virus remains essentially fatal. It is, however, possible to prevent the entry of the virus into the body. Ubiquitous use of condoms and clean needles would almost halt global transmission. Yet the virus is difficult to detect. Even after years of infection, a host may have no physical symptoms of its presence. As a result, 90% of infected persons are unaware of their HIV status[4]; this ignorance allows the virus to spread unchecked.

Though the virology of AIDS highlights why it is a medical concern, the global threat it represents is better illustrated by its macroscopic impact as a pandemic. AIDS threatens the basic societal, economic and cultural futures of entire nations. The most immediate societal effect of AIDS is on mortality. In the United States, an industrialized, educated nation where the epidemic is relatively dilute, AIDS was the leading cause of death among adults ages 25 to 44 between 1992 and 1996.[5] In sub-Saharan Africa, where HIV seroprevalence averages 7.4 percent[6], the situation is even bleaker. Mortality rates are so high that national life expectancy is dropping substantially due to AIDS. In Botswana, the 15-year gain in life expectancy witnessed in the last two decades has been

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[1] UNAIDS. *Report on the Global HIV/AIDS Epidemic.*

[2] Kokole, Omari Haruna. *The Disease that Dares Not Say Its Name.* From Reid, Elizabeth, ed. HIV & AIDS: The Global Inter-Connection. 126.

[3] AIDS in the World II, 182.

[4] UNAIDS, *Report on the Global HIV/AIDS Epidemic.*

[5] Ibid.

[6] Ibid.

eliminated.[7] Many other nations are experiencing similar phenomena as life expectancy rates fall to pre-1970 or pre-1960 levels. Because the majority of HIV infection occurs between the ages of 15 to 24[8], prime parenting ages, AIDS is also threatening the reproductive future of nations. Babies are being born infected with HIV, and children are watching their parents die of AIDS. By 2010, 40 million children will be orphaned by AIDS and global infant mortality will rise by 75%.[9] What these numbers qualitatively indicate is that AIDS will decimate the education and parenting of future generations.

Clearly, then, the economic effects of AIDS will be felt in two to three decades as a less educated workforce emerges. But the economic effect of AIDS is also much more immediate. The prime ages of HIV infection are also the most productive ages in the human lifespan. AIDS thus jeopardizes human capital, especially in nations of the developing world that rely on heavy industry. In such nations, where there is no alternative work force as up to 50 percent of their populations are under the age of 15, the economic output will inevitably suffer. Tanzania has witnessed up to a 25 percent decline in economic growth; the annual GDP growth rate of Cameroon has been halved.[10] The cost of AIDS care is another economic bane. It is extremely expensive to treat the life shattering diseases that characterize AIDS. It is also expensive to treat persons living with HIV, whose immune systems need as much bolstering as possible; the fact that individuals can live as many as ten to fifteen years with HIV before dying of AIDS extends that cost. The result? In the first five years of this decade, the global cost of adult AIDS care totaled over $22 billion. Those costs are rising as the epidemic spreads. AIDS care will have directly cost the economies of Thailand and South Africa alone $2 and 3 billion dollars respectively by the year 2000.[11] This translates to an unbearable cost to individuals — the ratio of the annual individual cost of AIDS care to GNP per capita is as high as 450 percent in Spain and 300 percent in Mexico.[12] Responding to the AIDS pandemic on a macro, global scale also has a high cost: donor assistance in 1993 totaled over $1 billion.[13] Clearly, individual and national economies, as well as the global market economy itself, are suffering tremendously under the strain of the AIDS epidemic.

On a more abstract level, AIDS is having a dramatic effect on the cultural foundation of nations. By increasingly infant mortality and decreasing life expectancy, AIDS is wreaking havoc on the fabric of familial relations. As individuals within disintegrating families try to cope with the losses by seeking alternative employment or placing children in foster care, the basic structure of families collapse.[14] On a broader level, AIDS has forced cultures to confront activities and lifestyles — including homosexuality, drug use, prostitution, and sexual promiscuity — that contradict traditional values and mores. The spread of AIDS among millions of commercial sex workers (CSWs) in India, for example, has destroyed the culturally maintained illusion of chastity. People's reactions to this rude awakening are often accusatory: "AIDS reveals

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[7] Ibid.
[8] Ibid.
[9] Ibid.
[10] AIDS in the World II, 113.
[11] Ibid.
[12] Ibid. 392.
[13] The World Bank. Confronting AIDS: Public Priorities in a Global Epidemic. 251.
[14] Mann, Jonathan, et al. eds. AIDS in the World. 196.

societal prejudices and brings to the fore discrimination and stigmatization."[15] The scrutiny of the private behaviors associated with AIDS is also shattering the delicate balance between public and private spheres by necessitating an invasion into the latter by the former in order to alter behaviors and reduce infection. That breach challenges the very notions of governance on which many nations' own constitutional charters are based.

On every level, then, AIDS is challenging the safety and security of nations. Because the epidemic has invaded all countries, moreover, and continues to spread across all distinguishable populations, we can describe the target of AIDS' deadly threat as a single global community. As such, AIDS is very much a *global concern*.

EMERGENCE OF A GLOBAL RESPONSE

The global response to AIDS was not a deliberate creation fashioned specifically to combat an acknowledged global concern. The response to AIDS as it exists today is a product of 17 years of steady evolution. Each step in that evolution added a new dimension to the multilevel, multisectoral mosaic the global response has become. Therefore, to understand the nature of the current global response, the history from which it was borne must first be deciphered.

The very first years of the AIDS pandemic passed without any response because there was as yet no knowledge of its existence. From the mid-1970s until 1981, "HIV spread, silently and unnoticed, to all inhabited continents."[16] The discovery of HIV/AIDS, however, was followed by intense scientific inquiry and rapid local mobilization. The routes of viral transmission were quickly identified as scientific communities brought together existing epidemiological data. The creativity and cooperation of these academic groups isolated the salient features of viral infection to guide initial medical responses.

AIDS was not yet a political issue, however. The discovery of this disease was a medical phenomenon, ignored by national leaders. Yet the impact of AIDS was quickly felt on a local level as large portions of the initially affected populations fell ill and died. "In many parts of the world, NGOs led the way in providing care and prevention services for the individuals and communities affected by the epidemic."[17] Community based organizations (CBOs) arose on foundations of volunteerism to offer highly differentiated care to distinctive and marginalized communities including CSWs, IV drug users (IDUs), and homosexuals. Broader NGOs began to gather behavioral knowledge from local CBOs to initiate prevention services.

By the mid-1980s, it was clear that AIDS was not going away. As HIV continued to spread, national governments, under growing internal pressure, were forced to acknowledge the existence of an epidemic within their borders.[18] National AIDS Programs (NAPs) were created to evaluate how governments could contribute to the growing war against AIDS. "Governments initiated programs of information and education and related health services such as testing and counseling."[19] Not all nations,

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[15] Soderholm, Peter. Global Governance of AIDS. 22.
[16] AIDS in the World, 227.
[17] World Bank, 259.
[18] AIDS in the World II, 311.
[19] Ibid.

however, had the resources to mount such a response. As this need became apparent, so too did an answer: the World Health Organization (WHO).

Up to this point, an international response did not exist. AIDS was still considered a national problem and epidemic, albeit one that many countries had in common. The WHO, as an appendage to the United Nations (UN), was fueled by the desires and impetus of member nations. As those individual nations mobilized, WHO mobilized as well. Acting as an intergovernmental agency (IGO), WHO was a common ground for nations to compare notes on their responses. In so doing, the global nature of the response slowly became more apparent. Nations with active NAPs recognized the need to catalyze and support the efforts of countries that were either already affected but were passive in their response or were not yet affected. WHO became a channel for nation-to-nation assistance, and a guide to donor funding.

As WHO became more invested in individual national responses, governments and WHO began to cooperatively "develop common policies and models for HIV prevention and care work."[20] The interdependence of the multiplicity of national epidemics was increasingly understood and AIDS was soon recognized as a global pandemic. The resulting sense of solidarity was symbolized by the October 1987 special session on AIDS of the UN General Assembly — the first time that body debated a disease.[21] The establishment of the WHO Global Programme on AIDS (GPA) embodied the newborn global response. The GPA focused on helping national governments develop response strategies. In the same year GPA was established, 170 countries requested assistance. Within two years, GPA had helped 151 countries establish NAPs and 132 countries develop short to medium term plans.[22]

At the same time, other members of the UN family — including United Nations Development Program (UNDP), United Nations Children's Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO) and United Nations Population Fund (UNFPA) — began to make their own contribution to HIV/AIDS prevention and care. UNDP played the most prominent role, devoting 2.1 percent of overall resources. Other IGOs also initiated AIDS programs. The European Union established the AIDS Task Force in 1987 to fund programs in developing countries. The World Bank, which made its first loan to exclusively combat AIDS in 1986, developed a strong commitment as well (by the end of 1996, the World Bank had devoted $632 million to AIDS projects).[23]

The multilateral funding of these NGOs was insufficient to fund the growing financial needs of developing nations struggling with the epidemic. By the late 1980s, wealthier donor countries launched their own bilateral programs, often through existing official development assistance (ODA) organizations such as USAID, CIDA and DanIDA. A broad range of international cooperation now constituted the response. Networking between NGOs, IGOs and nation states was well under way. Yet the virus continued to spread. So though it was recognized that, "transnational cooperation involving both state and non-state actors is... essential for dealing effectively with global issues," it was also apparent that, "none of these groups... and no combination of any two

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[20] Ibid.
[21] AIDS in the World, 228.
[22] World Bank, 259.
[23] Ibid.

of them, has all the necessary resources to carry out successful AIDS control."[24] Further, as more and more funds continued to be pumped into developing countries, the GPA was unable to restrain donor competition instead of cooperation around a mutually agreed plan of action.

The proliferation of response required a greater level of organization. It became "necessary to create a specialized international institution with an explicit mandate to work of other UN agencies at the country level,"[25] along with that country's NGOs and partner nation states. In other words, "new international machinery [was] needed to facilitate transnational networking and coordination."[26] The result was the creation of the Joint UN Programme on AIDS (UNAIDS) in early 1996. UNAIDS, cosponsored by WHO, UNDP, UNICEF, UNESCO, UNFPA, and the World Bank, was assigned four specific roles.[27] *Policy development and research*, demands the consolidation of scientific and behavioral knowledge from sources including scientific communities and Prevention based NGOs. The role of *technical support*, aims at assisting NAPs by sharing their collective experience and expertise. Another aspect of the UNAIDS mission is *advocacy* of different groups, specifically those with the least powerful voice internationally: local CBOs and persons living with HIV/AIDS. Most importantly, UNAIDS has the responsibility of *coordination* of all invested groups, especially its cosponsors and other IGOs. UNAIDS formalized and embodied the cooperation that evolved to combat AIDS. Over time, it has developed greater autonomy and individuality. UNAIDS now creates policy and launches multisectoral initiatives such as the recently announced, ongoing drug access initiative in Chile, Cote d'Ivoire, Uganda and Vietnam.

Whereas the global response initially took shape on an ad hoc basis as individual actors' efforts to curb the virus failed, UNAIDS was created as a deliberate, common response to what is now recognized as a global pandemic. That change encapsulates the evolution of the global response to AIDS and represents its innovative nature, which will now be examined under greater scrutiny.

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[24] Coate, Roger and Peter Soderholm. *Institutionalized Chaos: AIDS, Environment and World Politics*. 3.
[25] World Bank, 261.
[26] Coate and Soderholm, 13
[27] AIDS in the World II, 370.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	From Winthrop Booth to Todd Summers Re: Happy Birthday (1 page)	06/04/1998	Personal Misfile

COLLECTION:
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OA/Box Number: 250000

FOLDER TITLE:
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2018-0758-F
jn560

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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: 2019-0460-F

Bucket: OPD

Creation Date: 1998-06-04

Subject: Fwd: AIDS Activists Hold Protest Funeral

Creator: ShyInDC ShyInDC@aol.com [UNKNOWN]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Philip G Dufour (CN=Philip G Dufour/O=OVP [OVP])

CREATION DATE/TIME: 4-JUN-1998 08:20:06.00

SUBJECT: john thomas

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

TEXT:
I am trying to get John on the VP's call sheet this afternoon. Can you

send me another copy of that article. Also, attached is a very rough

draft of the call sheet. Can you enhance??? By the way, a letter will go

out today hopefully.

RECOMMENDED PHONE CALL: John Thomas

Community Leader

2525 Turtle Creek

Boulevard, #105

Dallas, Texas 75219

(214) 526-4282

Call recommended by Philip Dufour

BACKGROUND:

* John has recently taken himself off all life support, he has

AIDS.

* John has long been a strong supporter in the Dallas community to

create safe places for people living with HIV/AIDS. He was chair

of the Exective Director of the AIDS Resource Center and very instrumental in helpin to start the Dallas Gay and Lesbian Community Center????

* John is a nationally well respected leader in the AIDS/HIV and gay and lesbian communities.

* John recently was in Washington to lobby members of Congress concerning AIDS funding?

* John served on the board of the Human Rights Campaign Fund.

PURPOSE OF THE CALL:

* To offer heartfelt support in his final days

* People within the gay and lesbian and HIV/AIDS community in Dallas will hear about this phone call.

TALKING POINTS:

* John is close to many people you know like Elizabeth Birch and Hilary Rosen, Philip Dufour, Sandy Thurman??

* Tipper and I send our prayers and thought to you and your family.

* His partner's name is _____???

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CREATION DATE/TIME: 4-JUN-1998 08:20:06.00

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* His partner's name is _____???

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 4-JUN-1998 14:02:46.00

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, June 4, 1998

PUBLIC HEALTH & EDUCATION

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#1 AIDS TREATMENT: One In Four Patients Undertreated

POLITICS & POLICY

==========

#2 SAN FRANCISCO: HUD Grant To Provide Housing For AIDS Patients

ACROSS THE NATION

==========

#3 NEW JERSEY: Many Teens Misinformed About HIV Transmission

SCIENCE & MEDICINE

==========

#4 DRUG-RESISTANT TUBERCULOSIS: Global Problem Amplified By HIV Pandemic

#5 AIDS VACCINE: New Version Recognizes Most Prevalent HIV Strains

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

PUBLIC HEALTH & EDUCATION

#1 AIDS TREATMENT: ONE IN FOUR PATIENTS UNDERTREATED

"A new study finds that many people who have AIDS are getting substandard care," primarily because "their doctors are not following federal treatment guidelines," CNN reports. "[T]he first comprehensive national HIV/AIDS treatment survey" found that one in four AIDS patients are receiving care "inconsistent with U.S. Department of Health and Human Services guidelines" issued in November 1997 that recommend triple drug therapy including a protease inhibitor ("World Today,", 6/3). The survey also found that women and minorities are most at risk for receiving substandard care, the Washington Times reports. These populations were more likely to be treated by primary care

doctors who were inexperienced in treating AIDS and therefore waited longer to prescribe aggressive treatments. Dr. Paul Volberding of the University of California-San Francisco -- which conducted the National HIV/AIDS Treatment Survey along with pollster Lou Harris and Johns Hopkins University -- said: "The disparity in treatment of HIV ... signals an urgent need to educate physicians and patients more aggressively on the HHS guidelines for people with AIDS" (Larson, 6/4). Volberding noted that while "[o]nly 60% of the least experienced physicians prescribe three or more (antiviral HIV drugs) ... 87% of the most experienced doctors ... used the multiple-drug cocktail as described in the guidelines." He added that the barriers to AIDS treatment for women and minorities "may, in part, contribute to the increased rate of mortality seen among this patient population" (CNN, 6/3).

REASONS WHY

Volberding said one reason for the disparity in AIDS treatment between white males and other groups could be economics. He noted that white males are "most likely to be covered by private insurance." Furthermore, he said Medicaid does not pay for expensive AIDS drugs in all states (Reuters/CNN, 6/3). One woman interviewed by CNN's Dr. Steve Salvatore said, "This doctor told me that because I was on Medicaid that he was going to take me off the protease inhibitors because it was not his belief to charge taxpayers for expensive medication" ("World Today," 6/3). The Reuters/Boston Globe reports that white male AIDS patients are "often educated and

articulate gay men who are not shy about demanding the best treatment." Also, with good insurance benefits, they can go to an AIDS or infectious disease specialist, while most minorities must go to a primary care doctor for AIDS treatment. Jim Graham, executive director of the Whitman Walker Clinic in Washington, DC, said: "We don't need a study to show that. I wasn't surprised to hear that blacks and Latinos and women are the last to be served and with the least quality. ... [It is] general economic disadvantage that keeps people away from good medical care" (6/4). Salvatore notes that from a public health standpoint, even more troubling is the fact that these undertreated groups have the fastest rates of new HIV infection (CNN, "World Today, 6/3).

POLITICS & POLICY

#2 SAN FRANCISCO: HUD GRANT TO PROVIDE HOUSING FOR AIDS PATIENTS

Low-income AIDS patients in San Francisco may soon benefit from a $41 million Department of Housing and Urban Development block grant awarded to the city Tuesday. The San Francisco Chronicle reports that San Francisco Mayor Willie Brown and HUD Secretary Andrew Cuomo announced that the federal dollars "will help create jobs and affordable housing, and will shelter the homeless and AIDS patients." In addition to providing housing, the grant will fund job training, child care and business development. One housing official noted that the grant provides

"nowhere close to what's needed," but others "insisted the grant will have a major effect on local efforts." The Chronicle notes that "Cuomo told Brown he was so impressed with San Francisco's anti-poverty strategy that HUD has chosen to make it a model for the nation" (Johnson, 6/3).

ACROSS THE NATION

#3 NEW JERSEY: MANY TEENS MISINFORMED ABOUT HIV TRANSMISSION

"Despite years of being bombarded with AIDS information in school," a new survey has found that over half of New Jersey teenagers hold incorrect assumptions about how HIV can be transmitted, and some advocates blame insufficient teaching of the subject, the Newark Star-Ledger reports. The study, published in a recent issue of New Jersey Medicine -- a monthly publication of the Medical Society of New Jersey, surveyed "495 eighth, 10th and 12th graders in six unnamed public, private and Catholic high schools in Hudson and Middlesex counties" and found that while general knowledge of AIDS issues was "fairly accurate," many students knew little about how AIDS is transmitted. "About 40% of the teens surveyed believe someone is likely to acquire the disease using public toilets or sharing plates" or other utensils with an HIV carrier. Over two-thirds thought they could get the disease through an infected health care worker. The students who knew the least were boys, teens from poor families and Spanish-speaking teens.

WHO'S AT FAULT?

Dr. Jeffrey Sector, former coordinator of the STD/HIV Prevention Education Program in the Newark school system, blames parents and the educational system. Despite random "calls for action" and some limited initiatives, "educators, politicians and state officials prefer to steer clear of the controversial subject," he said. Teachers are ill-prepared to teach the subject and "often take the wrong approach to children." Sector said, "We don't have anyone at the top saying, 'We must do this, we must teach our children.' ... People don't want to talk about sex -- and our children are sexually active" (Stewart, Newark Star Ledger, 6/3).

SCIENCE & MEDICINE

#4 DRUG-RESISTANT TUBERCULOSIS: GLOBAL PROBLEM AMPLIFIED BY HIV PANDEMIC

An international survey published in the current issue of the New England Journal of Medicine concludes that resistance to drugs for tuberculosis has become a "global problem." The report finds widespread resistance to four first-line antituberculosis drugs in all 35 countries and regions participating in a World Health Organization-sponsored drug resistance surveillance project between 1994 and 1997 (Pablos-Mendez et al., NEJM, 6/4 issue). An accompanying editorial by two Centers for Disease Control and Prevention physicians points out that between 1990 and 1997, a marked increase in "outbreaks of multidrug-resistant tuberculosis" has been largely associated with HIV-infected

individuals. "Many of the outbreaks of multidrug-resistant tuberculosis have occurred in hospitals, correctional facilities and other congregate-living facilities," the authors write, and the outbreaks have been "attributed in part to the presence of highly susceptible, immunocompromised patients (e.g. persons with AIDS) and patients with tuberculosis in the same indoor environment. Since HIV-infected persons have an extraordinarily high risk of both reactivation of remote M. tuberculosis infection and rapid progression of recently acquired infection, the global HIV pandemic is amplifying the incidence of tuberculosis." The editorial's authors write that the situation has "set the stage" for a significant increase in the incidence of drug-resistant tuberculosis. Further, they caution, the threat goes beyond residents of developing countries, as the incidence of transmission via "[i]nternational travel, migration between countries and trade with emerging economies ... has been increasing as well." The authors conclude, "These findings should be of great concern ... The results of the study suggest that there is a serious threat to global tuberculosis-control efforts, and the findings should be interpreted as a call to action to reduce this threat" (Snider/Castro, NEJM, 6/4 issue).

#5 AIDS VACCINE: NEW VERSION RECOGNIZES MOST PREVALENT HIV STRAINS

Researchers at Virginia-based CEL-SCI Corp., developer of the HGP-30 AIDS vaccine, have unveiled an improved version that shows "greater recognition of the most prevalent subtypes of the

virus, covering over 90% of the world's AIDS cases." The findings, published in the latest issue of AIDS Research and Human Retroviruses also show "that the improved vaccine induces a stronger cellular immune response, which many scientists believe to be very important in fighting HIV infection." Lead author Dr. Prem Sarin, vice president of Research and Infectious Diseases at CEL-SCI Corp., writes: "[T]he evaluation of blood obtained from mice immunized with HGP-30 AIDS vaccine, in the presence of the adjuvant alum, a material needed to stimulate immune response to vaccines, showed recognition of the corresponding regions of the HIV subtypes A [dominant in Africa], B [dominant in the U.S. and Europe], C [dominant in Africa and Asia] and E [dominant in Thailand]." But if alum is replaced with newer adjuvants, the recognition of some HIV subtypes improves and the level of antibody isotypes used as "surrogate markers for cellular immune response" is increased between two and four times.

MAKING STRIDES

Researchers contend that one major obstacle facing those involved in developing a vaccine against HIV is the virus' "substantial variability and continued mutation among the different subtypes found around the world." HGP-30 is unique in that it is a "synthetic copy of a conserved region of a core protein, p17, of the HIV virus, ... [which] is subject to less variability than other regions" such as the "envelope," the focus of most AIDS vaccines currently under development. Sarin said, "Until a vaccine which addresses all of the global subtypes of the disease can be developed, the world will continue to be held

hostage by HIV and its various subtype mutations. We believe that HGP-30 is a strong candidate to become a worldwide AIDS vaccine" (release, 6/2).

MORE INFO

For copies of the AIDS Research and Human Retrovirus Article, "Cross Clade p17 Peptide Recognition by Antisera to HGP-30, a 30 Amino Acid Synthetic Peptide Antigen from HIV Type 1 p17," call 202-944-5182.

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: NCIH HIV ("NCIH HIV/AIDS Program" <ncihaids@ncihaids.org> [UNKNOWN])

CREATION DATE/TIME: 4-JUN-1998 15:15:33.00

SUBJECT: Geneva Reception

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

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

TEXT:
Dear Sandy,

Thank you for meeting with the NORA International Group yesterday afternoon. Our discussions with you and Todd were very helpful as we plan for the final weeks of the appropriations process. We appreciate your willingness to help us.

We, along with our new president, Nils Daulaire, are scheduled to meet with you on Wednesday, May 24, at 10 a.m. to discuss our activities in Geneva during the 12th World AIDS Conference. We are a Partner Organization to the conference, having helped with putting the community and scientific programs together. If there is anything we can do to help you with your itinerary during the conference, or with making any meetings or contacts with groups from around the world, please let us know. As a partner organization to the conference and as a facilitator in the global AIDS response, we are very happy to hear that you are attending the Geneva

conference. Your presence at the conference can do a lot to promote US leadership and commitment in the global response to the epidemic.

Specifically, we would like to invite you to participate in a special event we're having on Monday evening of the conference in Geneva.

We are hosting a reception of US AIDS Service Organizations, urging them to continue their interest in international issues long after returning home from the Geneva Conference. We want to give these groups specific examples of how they can be involved and during our meeting on the 24th of May, we will share these ideas with you and hope you will help us in a campaign to promote these ideas. At the reception in Geneva, one of our new board members, Helene Gayle of CDC, will be there, Paul De Lay of USAID will attend, and we have been promised that Peter Piot of UNAIDS will be able to participate as well as Countess Albina duBoisvoiray, director of the Francois-Xavier Bagnoud Foundation. We would like permission to list you as special guest at the reception and ask you to say a few words of greeting and encouragement to our guests. It is also our intention to honor the ONAP office for its continued commitment during this past year to global AIDS issues.

We have been working actively during this past year with UNAIDS to educate the US AIDS community on the global epidemic. This is a rare opportunity to meet with these groups in another country. We've got 'em, so we want to nab them while they're there. We are heartened by your continued commitment to global issues and would like to have your presence at the reception to say a few words that could help urge these groups to develop

stronger ties and interests to global AIDS advocacy and participation.

The wine and cheese reception will be on Monday, June 29, 1998 at the Bristol Hotel in downtown Geneva, from 6:00 to 7:30 p.m. We would need to have an idea on whether you (and Todd and Daniel) will agree to this so that we may send out invitiation and official notice of this event before June 10.

Thank you.

Sincerely,

Ron MacInnis and Helen Cornman

****

National Council for International Health
Global AIDS Program
1701 K Street, NW, Suite 600
Washington, DC 20006
tel: 202-833-5900
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email: <ncihaids@ncihaids.org>

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Kim Parvez, Program Assistant

Mohcine Alami, Program Associate

Abha Mishra, Program Intern

Edna Ogada, Program Intern

****

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Lotus Pager Gateway (Lotus Pager Gateway [UNKNOWN])

CREATION DATE/TIME: 4-JUN-1998 13:11:54.00

SUBJECT:

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

TEXT:
To: 4249 @ WHCA

cc:

From: Todd A. Summers

Date: 6/4/1998

Time: 13:07:37

Subject:

Body:

Protest over - no incidents - USSS was very reserved - about 100 people

Priority:

Message history for recipient SANDY THURMAN [Pager]

Thursday 04 Jun 1998 13:11:08 Eastern Standard Time - Message received

by Pager Gateway

Thursday 04 Jun 1998 13:11:48 Eastern Standard Time - Message received

by Paging Service

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	06/05/1998	b(7)(C), b(7)(F), b(6)

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

FOLDER TITLE:
[06/02/1998 - 06/11/1998]

2018-0758-F
jn560

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: WAVES_CONF (WAVES_CONF@PMDF.EOP.GOV [UNKNOWN])

CREATION DATE/TIME: 5-JUN-1998 22:09:53.00

SUBJECT: WAVES Confirmation

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

TEXT:
ADDRESSEES: TODD_A._SUMMERS

SUBJECT: CONFIRMATION: APPT. REQUEST FOR SUMMERS, TODD

FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)f

[006]

Date: 06-05-1998

Time: 18:05:50

This message serves as confirmation of an appointment for the

visitors listed below.

Appointment With: SUMMERS, TODD

Appointment Date: 6/6/98

Appointment Time: 1:00:00 PM

Appointment Room: WW

Appointment Building: WH

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U66638

If you have any questions regarding this appointment,

please call the WAVES Center at 456-6742 and have the

appointment number listed above available to the

Access Control Officer answering your call.

****

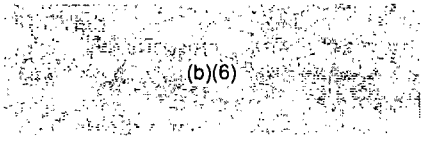
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 2

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 2

****

MCLAREN, AMY

SIDELER, JOYCE



Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	06/05/1998	b(7)(C), b(7)(F), b(6)

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

FOLDER TITLE:
[06/02/1998 - 06/11/1998]

2018-0758-F
jn560

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: WAVES_CONF (WAVES_CONF@PMDF.EOP.GOV [UNKNOWN])

CREATION DATE/TIME: 5-JUN-1998 19:02:19.00

SUBJECT: WAVES Confirmation

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

TEXT:
ADDRESSEES: TODD_A._SUMMERS

SUBJECT: CONFIRMATION: APPT. REQUEST FOR SUMMERS, TODD

FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)f -

[007]

Date: 06-05-1998

Time: 14:57:38

This message serves as confirmation of an appointment for the

visitors listed below.

Appointment With: SUMMERS, TODD

Appointment Date: 6/6/98

Appointment Time: 5:00:00 PM

Appointment Room: WEST WING

Appointment Building: WH

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U66534

If you have any questions regarding this appointment,

please call the WAVES Center at 456-6742 and have the

appointment number listed above available to the

Access Control Officer answering your call.

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TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 4

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 4

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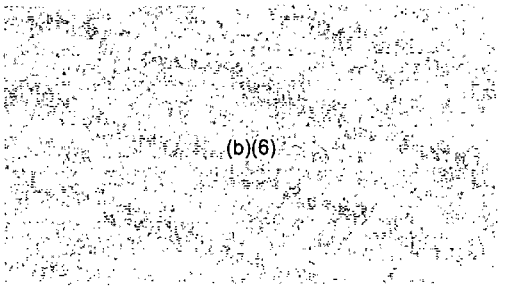
BUSH, KATHY

MONTGOMERY, BARBARA

MONTGOMERY, ROBERT

WHYTE, BRUCE



RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 5-JUN-1998 14:06:22.00

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, June 5, 1998

PUBLIC HEALTH & EDUCATION

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#1 ILLINOIS: Educators Apologize For Explicit Test Questions

POLITICS & POLICY

==========

#2 PENNSYLVANIA: Allegheny County May Require HIV Reporting

#3 ACT UP: Friends Of Deceased Activist Protest Clinton's AIDS Policies

GLOBAL CHALLENGES

==========

#4 INSURANCE: British Firm To Offer Nondiscriminatory Policies

#5 WEBCAST: Online Coverage Of 12th World AIDS Conference

OPINIONMAKERS

==========

#6 PARTNER NOTIFICATION: Should Be Mandatory And Universal

New Feature!

The Henry J. Kaiser Family Foundation is pleased to announce that the online archive database for the Kaiser Daily HIV/AIDS Report is up and running! The archive is a keyword-searchable database of all stories published in the Daily Report, as well as stories from American Health Line dating back to March 30, 1992. The online archive also contains pre-set searches on key topics that will allow readers quick access to the 10 most recent articles from the Daily Report on those topics. The archive is accessible from each day's report. From this page (web-based version), click on "archive" at the top left. Or, click here to try it out! Questions? Please email us at report@kff.org.

PUBLIC HEALTH & EDUCATION

#1 ILLINOIS: EDUCATORS APOLOGIZE FOR EXPLICIT TEST QUESTIONS

A lapse in state Board of Education protocol led to thousands of high school students taking a test that contained sexually explicit questions. The AP/Nando Times/Sacramento Bee reports that the test, "gleaned from a nationwide exam bank used

in other states, contained questions about the AIDS virus that referred to anal and oral sex. It also asked students the most effective way to avoid sexually transmitted diseases but did not list abstinence as an option." Upon hearing about the nature of the tests from a concerned parent, state officials recalled the exam. By that time, however, almost all of the 61 high schools that got the test had administered it to students, education spokesperson Lee Milner said (Ziegler, 6/4). Among those who complained to State Superintendent of Schools Joseph Spagnolo were Governor Jim Edgar (R), state lawmakers, educators and pro-family groups. Edgar spokesperson Tom Hardy said, "The governor would agree that several of those questions seem inappropriate, and he feels it was unfortunate that those issues, while important, weren't addressed in a more tactful manner." The test asked students to select the least risky behavior for transmission of HIV from the following: "open-mouthed kissing, 'hand-genital' stimulation without a condom, anal intercourse with a condom and 'oral-genital' stimulation with a condom." Spagnolo said, "I am shocked and dismayed as anyone that questions as insensitive as these would be used on any kind of assessment of Illinois students." Spagnolo announced that the employee responsible for "allowing the questions into test booklets without first screening them with an advisory panel, as agency protocol requires," was reassigned.

THE SHOCK WAVES

Some groups said the questions were "legitimate" for a young, sexually active population. Mark Ishaug, associate

director of the AIDS Foundation of Chicago, said: "These questions, upon hearing them, sound reasonable, direct and appropriate. What's dangerous is when we don't make these kinds of questions available to teenagers" (McKinney, Sun-Times, 6/4). Most groups, however, expressed a more negative reaction. Rev. Robert Vanden Bosch, director of Concerned Christian Americans, said, "Every child in the state of Illinois who took this test has already been mentally molested by the state Board of Education." Spagnolo said a "newly appointed panel of citizens would thoroughly review any future tests" (AP/Nando Times, 6/4).

POLITICS & POLICY

#2 PENNSYLVANIA: ALLEGHENY COUNTY MAY REQUIRE HIV REPORTING

Allegheny County could become the first in Pennsylvania to require doctors and hospitals to report HIV cases to the state department of health, the AP/Akron Beacon Journal reports. Dr. Bruce Dixon, director of the county health department, proposed the regulation Wednesday at a meeting of the county Health Board. He cited a recent incident in which a police officer fought a man who bled and later disclosed his HIV-positive status. "They had some trouble getting information about the HIV-positive individual," Dixon said, implying that HIV reporting would facilitate the transfer of such information. "That's one reason (for reporting HIV), but the bigger issue is getting a handle on the number of people infected so we can best provide service to them and give treatment," he said. He also announced that he

will appoint a panel of experts to review the proposed regulation and that "[b]oth the report and the proposed regulation will be ready for the board's next meeting in September." He said, "The state should have done it, but it won't even look at the issue until sometime after the election" (6/4).

#3 ACT UP: FRIENDS OF DECEASED ACTIVIST PROTEST CLINTON'S AIDS POLICIES

Friends of the recently deceased AIDS activist Steve Michael carried his body down Pennsylvania Avenue to the White House Thursday, protesting what they called President Clinton's "broken promises" to fight the disease. Michael, the founder of ACT UP/Washington, died of AIDS May 25, and organizers said he "requested the 'political funeral' to protest the Clinton administration's AIDS-related policies." The AP/Miami Herald reports that protesters called Clinton a "murdering liar" and carried signs that portrayed the president with "a long, Pinnochio-like nose." One protester said Clinton "is letting people with AIDS die on purpose" (Kim, 6/5).

WHITE HOUSE RESPONSE

White House spokesperson Mike McCurry called the funeral procession "a dramatic action," but said Clinton takes the battle against AIDS "very seriously," the Washington Times reports. McCurry said Clinton has been a vocal backer of the development of an AIDS vaccine and has pushed for more funding for AIDS-related research. Michael, who was eulogized as "a soldier in the war against AIDS," was critical of "Clinton for failing to

adopt a national policy to support an all-out effort to find a cure for AIDS" (Keary/Bedard, 6/5). Members of ACT UP and other activists in the AIDS community say Clinton has broken promises he made in his early days in the White House to "make fighting the disease a priority of his administration" (AP/Herald, 6/5).
Click here for past Daily Report coverage of Steve Michael.

GLOBAL CHALLENGES

#4 INSURANCE: BRITISH FIRM TO OFFER NONDISCRIMINATORY POLICIES

Insurer Lloyd's of London is "targeting homosexual men as a niche market with what it says is a first: an income protection policy that covers HIV or AIDS," Reuters/Nando Times/Sacramento Bee reports. The policy would "omit the exclusion for AIDS, HIV or STDs that are normally written into similar policies," would refrain from asking applicants about sexual habits or requiring them to take medical examinations, and would provide "coverage in the event of unemployment or disability, accident or illness." Judy Jagmohan, a solicitor at an "HIV/AIDS campaigning organization," said, "It's good that insurers are designing policies which include cover against the risk of contracting HIV or AIDS."

UNDERWRITING THE UNDERSERVED

Simon Burgess, managing partner of Goodfellow Rebecca Ingrams Pearson (Grip), the underwriting agency marketing the policy, said it targets "the male population with a high disposable income, who also have great concerns, because of fears

over AIDS, for their own mortality." Burgess anticipates interest from other groups "who might fear contracting AIDS" and those "who sympathize with Grip's nondiscriminatory approach." Burgess said the agency "will initially concentrate on an estimated 3 million homosexual men in Britain," but expects to eventually target the "tens of millions" of European homosexuals (Moss, Reuters/Nando.net, 6/3).

#5 WEBCAST: ONLINE COVERAGE OF 12TH WORLD AIDS CONFERENCE

The organizers of the 12th World AIDS Conference (June 28 - July 3 in Geneva, Switzerland) are providing the conference's first-ever online broadcast of conference activities. Webcast at will "provide extensive audio-visual Coverage of between 30 and 50 presentations from each day of the conference, within eight hours of their actual occurrence." Webcast is intended for those who are unable to attend but who work in the fight against HIV and "would benefit from information presented" (release, 6/3). Webcast is being sponsored by Gilead Sciences, Inc. (Daily Report sources, 6/3).

OPINIONMAKERS

#6 PARTNER NOTIFICATION: SHOULD BE MANDATORY AND UNIVERSAL

In a New York Daily News opinion piece Wednesday, Barbara Williams, coordinator of family harm reduction at Health Force: Women and Men Against AIDS, wrote that ever since she found out that she contracted AIDS from a monogamous lover who "had

knowingly exposed" her to the virus "through unprotected sex," she has advocated HIV partner-notification legislation. She notes that such legislation "is expected to be voted on in the next two weeks" by the state Senate. Sponsored by New York state Sens. Nettie Mayersohn (D) and Guy Velella (R), the measure "would help prevent such tragedies by requiring universal HIV partner notification." Williams argues that because partner notification carries "no legal obligation, few physicians voluntarily take on the emotionally taxing, time-consuming and financially unrewarding duty of notifying known partners, or even ask public health officers to do this life-saving work." And according to the New York City Health Department, "for 18,000 HIV tests last year, it completed only 350 partner notifications."

LIFE-SAVING STEPS

Williams argues that legislation "should insure that each person who tests positive for HIV is counseled by a public health specialist so he or she understands that partners who are notified of their exposure to HIV will better be able to take life-preserving steps." According to Williams, the Health Department should then "notify partners without revealing the client's identity." She concludes, "In states with HIV partner-notification laws ... about two-thirds of notified partners discover they're still HIV-free and are alerted to take steps to stay that way. Had I been notified of my exposure to HIV, I might never have become infected" (6/3).

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ASSOCIATE EDITOR: Daphne Edwards

CONTRIBUTING WRITERS: Ghida AlJuburi, Laurie Bazemore, Jeff Dufour, Rachel Kennedy, Becky Neilson, Adam Pasick

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. email	From Kathy Gerus to Many Recipients Re: Fwd: An unusual invitation (6 pages)	06/06/1998	Personal Misfile

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

FOLDER TITLE:
[06/02/1998 - 06/11/1998]

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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]
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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: 8-JUN-1998 22:35:00.00

SUBJECT: Conference Call Announcement

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

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

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

TO: Jonathan T. Weber (CN=Jonathan T. Weber/OU=OPD/O=EOP [OPD])
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:
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 Tuesday, June 9 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.

Prevention Subcommittee Conference Call

A Conference Call for the Prevention Subcommittee has been scheduled for Wednesday, June 10 at 3:30 p.m. eastern time. The number to dial at 3:30 p.m. is (888) 232-0370, and the participant code is 469152.

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

CREATION DATE/TIME: 8-JUN-1998 14:03:43.00

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 8, 1998

POLITICS & POLICY

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#1 SANDY THURMAN: Discusses AIDS Policy On National Public Radio

PUBLIC HEALTH & EDUCATION

==========

#2 VIRGINIA: Alternative Sex Education

ACROSS THE NATION

==========

#3 COLORADO: Gov. Vetoes Bill That Would Test Sex Offenders For HIV

SCIENCE & MEDICINE

==========

#4 HIV TREATMENT: French Doctors Say 'Restored Immunity' Possible

#5 AMPRENAVIR: May Be Able To Kill HIV Hiding In Brain Cells

INTERNATIONAL NEWS

==========

#6 MEDICAL MARIJUANA: British Study Supports Use For AIDS 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

POLITICS & POLICY

#1 SANDY THURMAN: DISCUSSES AIDS POLICY ON NATIONAL PUBLIC RADIO

On The Diane Rehm Show Friday, White House AIDS Policy Office Director Sandy Thurman talked with NPR host Steve Roberts about some of the latest -- and most controversial -- issues in the Clinton administration's AIDS policy decisions. Concerning her reaction to a demonstrator calling the president a "murdering

liar" at the funeral of AIDS activist Steve Michael last week, Thurman said "people are very, very frustrated by the fact that we're looking at a life-threatening disease that we can't do ... very much about." While much progress has been made in treatment and funding for research -- Thurman noted that since 1993 funding for HIV/AIDS care and treatment has tripled, the budget for anti-AIDS drugs has increased more than 450% since 1996 and the budget for research more than 50% -- she said "no matter how much we do in an epidemic like this it's never going to be enough ... people are still dying of this disease." Roberts noted a "counter-argument" that AIDS is getting more attention than it deserves and that such levels of funding are too much for one disease. Thurman: "You know, AIDS is a new disease. Cancer is not new, Alzheimer's is not new, AIDS is fairly new -- 17 years old. And it's a contagious disease and it's spreading not only here in the United States but around the world at dramatic rates. So I think we have to look at this as a crisis and put the resources into HIV and AIDS research that not only will help us stop this epidemic and this disease, but will also help us in fighting other diseases."

NEEDLE EXCHANGE

Thurman said she was "greatly disappointed" by the administration's recent decision not to fund needle-exchange programs. As a reason for the decision, she cited "a lot of concern in Congress, a lot of pressure brought to bear by very conservative members of Congress" and the White House Office of Drug Policy. "It's not easy to explain to people why needle-

exchange programs work. It's not an easy sell. It's hard to put in a sound bite that helps people understand it readily," she said. Thurman called the administration's decision "a 50% win" for the AIDS policy office in that "we were able to say that the science does indeed work," bringing a scientific stamp of approval to the efforts of needle-exchange programs across the country. She noted that the "dialogue will continue, this is certainly not the end of our discussion about needle exchange. Particularly, when we look at the fact that more than 50% of all new infections are a result of IV drug use."

VACCINE

Concerning ongoing efforts to develop an AIDS vaccine, Thurman said, "It's going to be very hard ... to develop a vaccine, or probably vaccines, to fight the many strains of this virus." She noted that "it's important to remember that whatever we do we're going to learn something from this ... even if it does not work ... to help us in the development of future vaccines."

ACT GLOBALLY

Thurman said the United States has been "rather provincial in our approach" to AIDS and should adopt a more global perspective. "We have less than a million cases of AIDS reported in this country and when we look at where we are globally we have 30 million people infected. ... If we don't understand that we have to approach this globally if we ever want to stop it locally, than we'll never make any progress" (NPR, 6/5).

#2 VIRGINIA: ALTERNATIVE SEX EDUCATION

As part of its special two-day examination of "the debate on family life education in Virginia's schools," the Richmond Times-Dispatch reports on one alternative school's "untraditional approach" to teaching about sexually transmitted diseases, particularly HIV. Instead of "lectures and filmstrips," Open High School offers a class called "Stomp 4 Life" in which students take information "they have learned since February," go out to the streets and rap about such dangers as unprotected sex while performing "choregraphed dance routines." The class is financed by a state Department of Health grant. The "action-packed" class, co-taught by a woman who has HIV, is offered for 90 minutes once a week, but "could be expanded to three hours over three days next year," said Open High School principal Brenda Drew. She said, "We can add visits to other venues other than just on the street. We can go to other high schools and maybe generate a play. And maybe go on the Internet and see if other groups are doing it."

MORE THAN MENSTRUATION

"Sex education has been a staple in the state's public schools for almost a decade, but the question of what should be taught, and how and when, has intensified in the past year," the Richmond Times-Dispatch reports. Some of the teens interviewed said they need a "more realistic" and "direct approach." Felicia Haskins, 19, said, "I didn't learn too much about sex education

except about menstruation." Others said they are "turned off in class because the emphasis is that sex is so hazardous." Morgan Ress, a sophomore at Hermitage High School in Henrico County, said it's "the same message year after year. They need to be more honest about the odds of getting an STD," he said. "They teach you that if you have sex, you're going to get the girl pregnant and you will get all these diseases and you will die. They don't tell you if you use a condom, your chances are this much less." He also said that they "should teach an alternative. They should teach how to use condoms or birth control," he said (Farmer, 6/7).

ACROSS THE NATION

#3 COLORADO: GOV. VETOES BILL THAT WOULD TEST SEX OFFENDERS FOR HIV

Colorado Gov. Roy Romer (D) vetoed a bill Thursday that would have mandated HIV testing for accused sex offenders, the Denver Post reports. SB 137, co-sponsored by state Sen. Dottie Wham (R) and state Rep. Jeanne Adkins (R), contained two key provisions. The first, which Romer supported, would have required a person convicted of prostitution or solicitation of a prostitute to "submit to HIV testing" so that district attorneys could use results to prosecute the individual upon subsequent offenses for attempting to infect someone with HIV. The second provision, which "troubled Romer," would have required similar testing for anyone "accused of a sex offense that includes sexual

penetration." Romer cited confidentiality concerns in his veto message, noting that "falsely accused individuals would have their HIV status revealed despite an eventual acquittal." He wrote, "The information about whether someone had prior notification they are infected could then be used publicly during the trial. Someone who is found not guilty would then have to deal with their confidentiality having been breached." Julian Rush, executive director of the Colorado AIDS project, agreed that "[a]nybody who abuses HIV status by trying to infect someone ought to be prosecuted." But, like the governor, Rush said that "releasing confidential health information before a conviction is wrong." Wham disagreed, saying that "use of the words 'sexual penetration' makes the law very specific." Wham said the measure would help victims of incest and "women who are unknowingly infected by their male partners." She said, "I really think it was a wrong veto, and I told [the governor] that. I thought it was a problem that needed addressing, and we had addressed it in a very responsible way" (Lowe/Johnston, 6/8).

SCIENCE & MEDICINE

#4 HIV TREATMENT: FRENCH DOCTORS SAY 'RESTORED IMMUNITY' POSSIBLE

A group of French doctors has discovered a new treatment for HIV patients that not only reduces virus levels in the blood, but also bolsters the body's immune system. In a study published in the latest issue of The Lancet, Dr. T.S. Li and colleagues wrote

that highly active antiretroviral therapy (HAART) "decreases viral load" of HIV cells and "increases CD4 T-cell counts" -- the cells that direct the body's immune defenses. The researchers also found that HAART "can induce sustained recovery" of the immune system against AIDS-related diseases such as tuberculosis and cytomegalovirus (inflammation of the brain and intestine) in "severely immunosuppressed patients" (Li et al, 6/6 issue). "It's possible to restore immunity," said Dr. Roland Tubiana, one of the researchers who conducted the study at the Hospital Pitie-Salpetriere in France. Reuters/ABC News reports that the destruction of CD4 T-cells brought on by advanced stages of AIDS "was thought to be irreversible," but the researchers found that six months of HAART could restore the CD4 T-cell activity in patients. Tubiana said the immune restoration "depends on the HIV viral load, which has to be reduced and which has to last." As Reuters/ABC notes, effective HIV treatment depends on reducing the viral load and renewing the immune system.

GOOD NEWS

The French researchers studied 20 patients with HIV-1, the most common strain of HIV. Fourteen were treated for a year with indinavir combination therapy and the other six with a ritonavir combination. After a year of treatment, all the patients exhibited increased CD4 T-cell levels and decreased HIV levels, even those who had undergone previous anti-AIDS treatment and could have developed immunity to new treatments. Tubiana said, "All these people had a good viral decline and lasted more than six months. You cannot say everyone will have the same results

but it is achievable" (6/4).

#5 AMPRENAVIR: MAY BE ABLE TO KILL HIV HIDING IN BRAIN CELLS

"Early tests" of the protease inhibitor amprenavir, developed by Cambridge-based Vertex Pharmaceuticals Inc., "have resulted in below-detectable levels of the virus in some patients' brains," the Boston Globe reports. The drug was shown to "significantly reduce HIV in blood plasma and the body's lymph system. By contrast, most AIDS drugs do not cross the blood-brain barrier." According to researchers at the Eighth Annual Conference on the Neuroscience of HIV in Chicago, nine patients were given amprenavir, AZT and 3TC for 32 weeks. In eight patients, "the drugs were found in significant concentrations in cerebrospinal fluid -- a key measurement that the virus was no longer in the brain." Joshua Boger, Vertex chairman, president and chief executive, said, "We now hit the trifecta, with the blood-brain barrier. Up to now we have had anecdotal evidence that it crosses the blood-brain barrier." In terms of "managing HIV," Boger said, "The development of potent antiviral regimens capable of suppressing HIV replication in all viral reservoirs, including the cerebrospinal fluid and other central nervous system tissues, is an important consideration." Vertex and Glaxo Wellcome are working on two Phase III clinical trials for the drug, "expected to be completed this summer." Approximately 730 people will take part in the trials (Rosenberg, 6/6). According to Reuters/Fox News, "[d]rug cocktails have been shown to almost completely suppress HIV, but the virus bounces back once patients

stop taking the drugs. Experts think the virus hides in certain cells, including brain cells." So far, only two reverse transcriptase inhibitors, AZT and d4T (stavudine), "are known to penetrate the blood-brain barrier" -- a "bodily system" that "keeps most drugs out of the brain." The drug Sustiva, a non-nucleoside reverse transcriptase inhibitor, also "crosses the blood-brain barrier," according to its maker Dupont Merck Pharmaceutical Co. (6/6).

INTERNATIONAL NEWS

#6 MEDICAL MARIJUANA: BRITISH STUDY SUPPORTS USE FOR AIDS PATIENTS

A British government-commissioned study finds that the medical use of marijuana "is justifiable to relieve the symptoms of AIDS and certain cancers," the Financial Times reports. According to the study, cannabinoids, the active ingredients in marijuana, can effectively relieve nausea and "may have a unique role in treating some of the other symptoms of AIDS and certain cancers." The study cites anecdotal evidence that the drug can relieve the symptoms of multiple sclerosis, epilepsy, glaucoma and asthma sufferers. Marijuana is currently a Schedule One drug in Great Britain, "making it impossible to prescribe without a doctor seeking an individual special license," said Dr. Philip Robson, one of the report's authors. Robson recommended making marijuana a Schedule Two drug -- the current designation of heroin -- to enable human clinical studies of the drug's effects

to take place and to enable prescription of its active ingredients. Despite the study's strong recommendations, the British Health Department said there was "no question of changing the current statutory framework" of the drug (Timmins, 6/7).

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. email	From Tsummers@aol.com to Todd A Summers Re: Fwd: Advocate Web Site Registration (2 pages)	06/09/1998	Personal Misfile

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

FOLDER TITLE:
[06/02/1998 - 06/11/1998]

2018-0758-F
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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Anil Soni (Anil Soni <soni@fas.harvard.edu> [UNKNOWN])

CREATION DATE/TIME: 9-JUN-1998 17:33:39.00

SUBJECT: Re: Thesis Help

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

TEXT:
Hey there Todd!

Thanks for the info... I will follow up on it today before leaving

tomorrow! I will definitely be seeing you in Geneva. I think ill arrive

in time to attend the conference and conduct my interviews afterwards. A

question for you: is it possible for you to add me on a list of attendees

on behalf of ONAP? I am hoping that one of the individuals at UNAIDS I

have contacted will be of help on this one, but I know you a whole lot

better than tham, so I thought I would ask! Other than that, I guess I

will see you there! Do you want me to pick you up any souvenirs from

France, Spain, or Italy??? Hope you are well.

Anil

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: FAX1 (CN=FAX1/OU=OA/O=EOP [OA])

CREATION DATE/TIME:10-JUN-1998 22:42:52.00

SUBJECT: 2 page fax sent by Lotus Fax Server

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

TEXT:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-JUN-1998 22:34:56.00

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 justice.doj.gov (smtp)... Deferred: Connection timed out during user

open with justice.doj.gov

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

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

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

id AA22787; Wed, 10 Jun 1998 14:38:47 -0400

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

id 8525661F.00666B4F ; Wed, 10 Jun 1998 14:38:41 -0400

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: Gordon_P._Agress@omb.eop.gov, Virginia_Apuzzo@who.eop.gov,

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Sarah_A._Bianchi@opd.eop.gov, Miguel_M._Bustos%OVP@oa.eop.gov,

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Paul_J._Weinstein_Jr@opd.eop.gov, Jonathan_T._Weber@opd.eop.gov,

Wendyw@nih.gov, Wm_G._White@omb.eop.gov, Paul_J._Yandura@oa.eop.gov

Message-Id: <8525661F.0064A4C1.00@lngate3.eop.gov>

Date: Wed, 10 Jun 1998 14:34:54 -0400

Subject: You're invited.....

Mime-Version: 1.0

Content-Type: multipart/mixed;

Boundary="0__=O46xhJKl9MKEQtUO1EVaQRRzC4u46z7lhSV1GEo0FfwouEeSOp8SY1hZ"

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

OPEN HOUSE

(Embedded image moved to file: PIC11801.PCX)

White House Office of National AIDS Policy

Please join us for an open house with members of the

President's Advisory Council on HIV/AIDS at our new office.

June 15, 1998

6:30 to 8:00 pm

736 Jackson Place

Washington, DC 20503

For information, call (202) 456-2437

--0__=O46xhJKl9MKEQtUO1EVaQRRzC4u46z7lhSV1GEo0FfwouEeSOp8SY1hZ

Content-type: application/octet-stream;

name="PIC11801.PCX"

Content-transfer-encoding: base64

O46xhJKl9MKEQtUO1EVaQRRzC4u46z7lhSV1GEo0FfwouEeSOp8SY1hZ--

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

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D0]ARMSZZ000MJ96.000 to ASCII,
The following is a HEX DUMP:

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

FOIA Number: 2018-0758-F

Clinton Presidential Records Automated Records Management System [EMAIL]

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

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

File Name: p_69jm000z_opd_html_1.pcx

Attachment Number: [ATTACH.D0]ARMSZZ000MJ96.000

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: FAX1 (CN=FAX1/OU=OA/O=EOP [OA])

CREATION DATE/TIME:10-JUN-1998 20:51:29.00

SUBJECT: 2 page fax sent by Lotus Fax Server

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

TEXT:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: david_vos (david_vos@hud.gov [UNKNOWN])

CREATION DATE/TIME:10-JUN-1998 21:47:16.00

SUBJECT: Re: You're invited....

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

TEXT:

Thanks for the invite--did you want me to ask a few other persons

at HUD to attend? I'd be happy to circulate this. David

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Paul_Yandura (paul_yandura@hud.gov [UNKNOWN])

CREATION DATE/TIME:10-JUN-1998 20:30:50.00

SUBJECT: Re: You're invited....

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

TEXT:

Thanks Todd, I will see you there.

Hope all is well.

pjy

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Gayle, Helene D ("Gayle, Helene D" <hdg1@cdc.gov> [UNKNOWN])

CREATION DATE/TIME:10-JUN-1998 21:44:03.00

SUBJECT: RE: You're invited.....

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

TEXT:
Regrets, but hope it's nice and look forward to seeing you in your new

space.

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

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

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

> Sent: Wednesday, June 10, 1998 2:35 PM

> To: Gordon_P._Agress@omb.eop.gov; Virginia_Apuzzo@who.eop.gov;

> David_W._Beier%OVP@oa.eop.gov; BAustin@samhsa.gov;

> Sarah_A._Bianchi@opd.eop.gov; Miguel_M._Bustos%OVP@oa.eop.gov;

> Virginia_R._Canter@who.eop.gov; Chris.Collins@mail.house.gov;

> kmd2@cdc.gov; Toby_Donenfeld%OVP@oa.eop.gov;

> Philip_G_Dufour%OVP@oa.eop.gov; Maria_Echaveste@who.eop.gov;

> hdg1@cdc.gov; egoosby@osophs.dhhs.gov; Joshua_Gotbaum@omb.eop.gov;

> Audrey_T._Haynes@who.eop.gov; dyn6@cdc.gov; echndc@aol.com;

> Chin-Chin_lp@omb.eop.gov; meiskowitz@aol.com;

> Christopher_C._Jennings@opd.eop.gov; Elena_Kagan@opd.eop.gov;

> pkawata@nmac.org; Cathy_R._Mays@opd.eop.gov;

> Michael_D._McCurry@who.eop.gov; Daniel_C._Montoya@opd.eop.gov;

> nosanchu@justice.doj.gov; Ashley_L._Raines@oa.eop.gov;

> Bruce_N._Reed@opd.eop.gov; Ursula_J._Sanville@ondcp.eop.gov;

> Marsha_Scott@who.eop.gov; Richard_Socarides@who.eop.gov;

> Robert_Soliz@opd.eop.gov; Jeff.Trandahl@clerk.house.gov;

> Richard_J._Turman@omb.eop.gov; dvonzinkernagel@osophs.dhhs.gov;

> Paul_J._Weinstein_Jr@opd.eop.gov; Jonathan_T._Weber@opd.eop.gov;

> Wendyw@nih.gov; Wm_G._White@omb.eop.gov; Paul_J._Yandura@oa.eop.gov

> Subject: You're invited.....

>

> OPEN HOUSE

> (Embedded image moved to file: PIC11801.PCX)

> White House Office of National AIDS Policy

>

> Please join us for an open house with members of the

> President's Advisory Council on HIV/AIDS at our new office.

>

> June 15, 1998

> 6:30 to 8:00 pm

>

> 736 Jackson Place

> Washington, DC 20503

>

> For information, call (202) 456-2437 << File:

> PIC11801.PCX >>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Abreu, Julio ("Abreu, Julio" <JAbreu@AIDSAction.org> [UNKNOWN])

CREATION DATE/TIME:10-JUN-1998 23:25:11.00

SUBJECT: FW: score: bad guys 52, good guys 46

TO: Deborah VonZinkernagel ("'Deborah VonZinkernagel (E-mail)'" <dvonzinkernagel@osophs.dhhs.gov> [UNKNOWN])
READ:UNKNOWN

TO: Helene Gayle ("'Helene Gayle (E-mail)'" <hdg1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Daniel C. Montoya (CN=Daniel C. Montoya/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

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

TEXT:
>somehow this message came back to me today, here it is plus the language

in

>the daschle alternative:

>

>"Notwithstanding any other provision of law, no Federal funds shall be

> made available for FY98 or FY99 to carry out any program of

> distributing sterile hypodermic needles or syringes to individuals

for

> the hypodermic injection of any illegal drug."

>

>yesterday's message:

>the coverdell anti-drug amendment with the neps ban passed 52-46; and the

>daschle alternative (w/ the strike "dir. or indir" and the

moratorium/sunset)

>was defeated 45-53. i don't have a roll yet, but it appeared that the

only

>gops to vote against coverdell were chafee and jeffords. mccain, collins,

>and snowe all bagged out on us...

>

>

>ugh jca

>

>

>

>Julio C Abreu

>Legislative Representative

>Government Affairs

>202-986-1300 x3021

>

>jabreu@aidsaction.org

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-JUN-1998 14:00:43.00

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, June 10, 1998

POLITICS & POLICY

==========

#1 CONGRESS: New Tobacco Bill Provision Would Ban Federal

Needle-Exchange Funds

#2 ADAPs: Hopkins Docs, AWG Call For Increased Funding

#3 UN DEMONSTRATION: AIDS Activists March For Clean Needles

ACROSS THE NATION

==========

#4 MISSOURI: AIDS Deaths Down

PUBLIC HEALTH & EDUCATION

==========

#5 STD PROTECTION: Testing For Prophylactic Effectiveness

#6 HCFA WEBSITE: Pregnancy and HIV

OPINIONMAKERS

==========

#7 PARTNER NOTIFICATION: Opposing Views Of New York Bill

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

POLITICS & POLICY

#1 CONGRESS: NEW TOBACCO BILL PROVISION WOULD BAN FEDERAL NEEDLE-EXCHANGE FUNDS

The Senate voted yesterday to tack a provision onto Sen. John McCain's (R-AZ) comprehensive tobacco bill that would ban all federal funds for needle-exchange programs. The provision is part of a larger amendment introduced by Sen. Paul Coverdell (R-GA), which aims to divert $18 billion over five years in tobacco-tax revenue to anti-drug programs. The 52-46 amendment vote along party lines came at the behest of Senate Majority Leader Trent Lott (R-MS), who said it "was essential if the comprehensive tobacco bill were to clear the Senate" (AP/Nando Times, 6/10). The Senate also rejected, by a vote of 45-53, an

alternative amendment by Senate Minority Leader Tom Daschle (D-SD) that would have imposed a one-year moratorium on needle exchanges. The House passed a permanent needle-exchange ban on April 29 by a vote of 287-140. AIDS advocacy groups immediately assailed the provision as one that would only facilitate the spread of AIDS among high-risk populations. Daniel Zingale, executive director of AIDS Action, said: "The Senate to our kids: 'Don't smoke. Do get HIV.' The Senate is playing a tragic shell game with the health of America's children. Until we win the war on drugs, we must take AIDS out of the battle plan. ... A genuine war on drugs means a renewed effort for treatment that helps drug users end their addiction" (release, 6/9).

#2 ADAPS: HOPKINS DOCS, AWG CALL FOR INCREASED FUNDING

In a briefing on Capitol Hill yesterday, Johns Hopkins researchers and the Washington, DC-based ADAP Working Group (AWG) called for $175 million in additional federal funding for AIDS Drug Assistance Programs (ADAPs), federally and state-funded programs that provide medications for the four out of five HIV-positive patients who do not have health insurance. In doing so, the group stressed the need for ADAPs to provide newly developed treatments to patients, explaining how these new medical advances have reduced costs and hospitalization over the past two years. According to the AWG, the Department of Health and Human Services' 1997 guidelines recommend treating HIV with a potent mix of therapies that include protease inhibitors. "Many patients who receive substandard treatment develop drug

resistance, ultimately leading to treatment failure when they finally do get access to protease inhibitors," said Dr. John Bartlett, chief of the Infectious Diseases Division at the university and co-chair of the committee that wrote the guidelines. According to Dr. Richard Moore, Johns Hopkins associate professor in the infectious diseases division, the amount of money necessary to treat these patients in the early stages of HIV is "offset by the significant drop in hospitalizations, treatment costs for opportunistic infections associated with HIV and AIDS, and an actual decrease in AIDS deaths." The Centers for Disease Control and Prevention recently announced that AIDS deaths have decreased 44% from 1996 to 1997, and that the disease is no longer the leading cause of death for Americans aged 25-44.

MORE MONEY

The researchers said that although President Clinton has requested a $100 million increase in ADAP funding for FY 1999, another $175 million will be necessary to insure the program's effectiveness. High demand for new medications like protease inhibitors has left many clinics struggling to meet higher costs. According to the AWG, 30 of the 52 ADAPs have had to curtail treatment due to financial woes. Martin Delaney, director of San Francisco-based Project Inform and moderator of the briefing, said, "Although the Congress and many state leaders have responded by committing new funding to meet increased demands, some ADAPs are still limiting their programs in ways that are unethical, arbitrary and threatening to the lives of people who

must depend on this coverage" (AWG release, 6/9).

#3 UN DEMONSTRATION: AIDS ACTIVISTS MARCH FOR CLEAN NEEDLES

More than a thousand people marched down New York City's 42nd Street to the United Nations Monday to challenge President Clinton's refusal to lift the ban on federal funding for needle-exchange programs. Clinton was speaking at a U.N. conference on International Drug Control Policy. The demonstrators claimed the ban "would result in tens of thousands of new AIDS cases" in the U.S. Protestors carried 33 coffins "to signify the number of HIV infections resulting every day from Clinton's policy" and a "giant puppet of President Clinton as the grim reaper." One protestor, Marvin Crawford, an HIV-positive war veteran who said he was infected from sharing syringes, said, "The president knows what he has to do to save lives, but he won't do it. Because of him, thousands of people will be infected, most of them people of color. Clinton's 'War on Drugs' is really a war on poor and minority communities." Chris Lanier of the National Coalition to Save Lives Now said, "Clinton says he is worried about sending the wrong message to kids. But the message he's sending now is that it's okay to let people who use drugs get AIDS, it's okay to let their kids be orphaned, it's okay to let their communities be devastated by HIV."

PARTICIPATING ORGANIZATIONS

Organizations involved in the protest included the National Coalition to Save Lives Now; The Harm Reduction Coalition; ACT UP/NY; ACT UP Philadelphia; ADAPT; CitiWide Harm Reduction

Program; CHAI Project New Brunswick, NJ; East New York Underground; Exponents/Arrive; Harm Reduction Care Network of New York; Housing Works; The Lower East Side Needle Exchange; the Latino Commission on AIDS; Moving Equipment; New York City AIDS Housing Network; Nice Donut; NATAP; Positive Health Project; POZ Magazine; St. Ann's Corner of Harm Reduction; and the Streetside Health Project (release, 6/8).

ACROSS THE NATION

#4 MISSOURI: AIDS DEATHS DOWN

Deaths from AIDS in Missouri in 1997 dropped by more than half from 1996, down two-thirds from their peak in 1995, according to the state Department of Health. The AP/Columbia Missourian reports there were 163 Missouri deaths from AIDS in 1997, down from 339 in 1996 and 502 in 1995. Dr. Maureen Dempsey, state health department director, said the "decline reflects a national trend." Between 1995 and 1997, the national AIDS mortality rate "dropped 59%," and during the same period in Missouri, "the death rate dropped 62%." Dempsey noted that the reduced rates are "largely the result of improvements in the treatment of HIV-infected people," particularly "the increasing use of combinations of antiretroviral drugs that include protease inhibitors" (6/9).

PUBLIC HEALTH & EDUCATION

#5 STD PROTECTION: TESTING FOR PROPHYLACTIC EFFECTIVENESS

In an "Annotation" section in this month's American Journal of Public Health, Associate Editor Zena Stein and Editor Mervyn Susser call for better methods to test effectiveness of certain contraceptives against HIV and other STDs. They say it's "time to repair the gap" in judging the relative effectiveness of the male condom, the female condom, the vaginal diaphragm and the cervical cap in preventing pregnancy and STD infection. First, they argue that tests for these prophylactics should focus on "use effectiveness" rather than "method effectiveness." Instead of testing how well the method fares in the lab outside of day-to-day circumstances, tests should determine "whether a method achieves what it is supposed to achieve under routine field conditions," considering social, behavioral and psychological responses. Second, they assert that the current practice of testing the female condom, diaphragm and cervical cap "only as a supplement to the male condom" makes it difficult to obtain accurate results. Third, they contend that tests should be administered at the group level rather than at the individual level, as informed epidemiologists "recognize that epidemics are invariably group phenomena that ultimately must be dealt with at the group level." The authors conclude "that trials might best test program effect rather than efficacy; that the experimental intervention, to be measured against male condoms in the control group, should offer a choice between a hierarchy of methods; and that the design should encompass the group level rather than solely the individual level" (June issue).

#6 HCFA WEBSITE: PREGNANCY AND HIV

The Health Care Financing Administration maintains a Website entitled "Pregnancy and HIV: What women and doctors need to know". The site is organized in six sections:

- o "Reducing the Transmission of HIV to Infants" explains how a mother can protect her baby against infection during pregnancy.
- o "Special Medicaid Coverage for Pregnant Women" discusses Medicaid eligibility for HIV-positive pregnant women, prenatal care offered through Medicaid, income limits for eligibility and steps women can take to enroll in the program.
- o "Getting Tested for HIV" stresses the importance of screening for all pregnant women and discusses the testing process, confidentiality and at-home testing.
- o "Pregnant or Thinking About It?" lists steps a woman can take to have a healthy baby, including HIV testing, prenatal care, proper nutrition and adequate rest.
- o "Doctors: It's Your Responsibility" delegates responsibility for HIV testing to all health care providers who treat pregnant women.
- o "Reducing HIV in Infants: the Maternal AIDS Project" introduces HCFA's Maternal AIDS Consumer Information Project, which "was created to increase patient and provider knowledge about the availability of treatments that reduce HIV transmission and to expand knowledge of Medicaid

eligibility and prenatal care coverage."

The site's internet address is

http://www.hcfa.gov/hiv/default.htm.

OPINIONMAKERS

#7 PARTNER NOTIFICATION: OPPOSING VIEWS OF NEW YORK BILL

Opposing commentaries in two New York City dailies yesterday made cases for and against a proposed state law that would require HIV-infected patients to notify their sexual partners of their HIV status. A piece in the New York Daily News by state Assembly Health Committee Chair Richard Gottfried (D), entitled "Don't force HIV partner notice," states that the bill "would end up with fewer -- not more -- partners getting the information they're entitled to." Gottfried argues that if the proposed law passes, high-risk individuals will hear that if they test positive their names will be sent to the government. These individuals will therefore be less inclined to undergo testing. Gottfried cites a statistic from New Jersey, where names-based reporting caused the number of people getting tested to drop by 20,000 in one year. Gottfried, who supports the current system -- in which "a doctor or public health official" may "notify partners over the objection of the infected person" -- writes: "We don't need a new law for collecting the names and 'mandatory' notification." He concludes: "[A] 'mandatory' law won't help if those people choose not to get tested, or give a false name, or get treatment from doctors who don't know they have a partner.

The health system will lose any chance we have to get them to behave responsibly. The result: less testing, less partner notification, more senseless tragedies" (6/9).

SIGN OF THE TIMES?

A New York Times editorial supports mandatory notification, arguing "[t]here are too many cases where women and their babies have become infected because husbands and boyfriends hid the truth." It says the new law would give these people "access to crucial information so that they can take steps to avoid infection." The piece notes that under the bill, the Health Department would contact the patient for the names of his or her partners, but would impose no penalty upon those who refuse to cooperate. Nor would the health worker reveal to the partners the identity of the person who potentially infected them. Calling on the legislature and state health officials to "rethink the public-health response to the disease," the editors conclude: "Partner notification is standard with other communicable diseases such as syphilis. The people most at risk for AIDS have a right to information that could prolong their lives and prevent them from unknowingly spreading HIV to others" (6/9). Click here to read Daily Report coverage of another opinion piece in favor of the partner notification law .

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==========

If at anytime you wish to discontinue e-mail delivery of the Kaiser Daily HIV/AIDS Report, simply reply to this message with "unsubscribe" (without quotes) in the subject line.

-30-

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Mailer-Daemon (Mailer-Daemon@SAMHSA.GOV [UNKNOWN])

CREATION DATE/TIME:10-JUN-1998 23:06:46.00

SUBJECT: Message status - undeliverable

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

TEXT:
The message that you sent was undeliverable to the following:

mvmills (user not found)

Possibly truncated original message follows:

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

(GroupWise SMTP/MIME daemon 4.1 v3) ; Wed, 10 Jun 98 19:06:39 EDT

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

(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA25954; Wed, 10 Jun 1998 19:04:15

-0400

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

8525661F.007EB9BF ; Wed, 10 Jun 1998 19:04:10 -0400

Date: Wed, 10 Jun 1998 19:00:32 -0400

From: Todd_A._Summers@opd.eop.gov

Subject: You're invited.....

To: pfleming@erols.com, dyn6@cdc.gov, echndc@aol.com,

Jeffrey_Levi@compuserve.com, ncihaids@ncihaids.org, mvmills@samhsa.gov,

joneill@hrsa.dhhs.gov, JW14Z@nih.gov, dzingale@aidsaction.org

Message-id: <8525661F.007E2BF6.00@lngate3.eop.gov>

MIME-version: 1.0

Content-type: MULTIPART/MIXED;

BOUNDARY="Boundary_(ID_IGvAUEoDSbIGg801DVc7gw)"

X-Lotus-Fromdomain: EOP

OPEN HOUSE

(Embedded image moved to file: PIC16073.PCX)

White House Office of National AIDS Policy

Please join us for an open house with members of the

President's Advisory Council on HIV/AIDS at our new office.

June 15, 1998

6:30 to 8:00 pm

736 Jackson Place

Washington, DC 20503

For information, call (202) 456-2437

- PIC16073.PCX========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D47]ARMSZZ000NB2I.000 to ASCII,
The following is a HEX DUMP:

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

FOIA Number: 2018-0758-F

Clinton Presidential Records Automated Records Management System [EMAIL]

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

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

File Name: p_i2bn000z_opd_html_1.pcx

p_i2bn000z_opd_html_1.pcx p_i2bn000z_opd_html_1.pcx

p_i2bn000z_opd_html_1.pcx

Attachment Number: [ATTACH.D47]ARMSZZ000NB2I.000

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:11-JUN-1998 23:46:01.00

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 mail2.cloakroom.com (smtp)... Deferred: Connection timed out during

user open with mail2.cloakroom.com

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

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

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

id AA32268; Thu, 11 Jun 1998 15:45:08 -0400

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

id 85256620.006C788B ; Thu, 11 Jun 1998 15:44:47 -0400

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: hivaidslist@mail2.cloakroom.com

Message-Id: <85256620.006C2956.00@LNGATE2.EOP.GOV>

Date: Thu, 11 Jun 1998 15:41:25 -0400

Subject: Todd A. Summers/OPD/EOP is out of the office.

Mime-Version: 1.0

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

I will be out of the office from 06/11/98 until 06/15/98.

I will respond to your message when I return. I am available through the White House Signal Operator for urgent messages. I will NOT be checking email until my return.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Valdiserri, Ron ("Valdiserri, Ron" <rov1@cdc.gov> [UNKNOWN])

CREATION DATE/TIME:11-JUN-1998 22:01:58.00

SUBJECT: RE: CDC response to HIV surveillance recommendation from PACHA

TO: Gayle, Helene D ("Gayle, Helene D" <hdg1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

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

CC: Pendergraft, Chandra ("Pendergraft, Chandra" <cmp3@cdc.gov> [UNKNOWN])
READ:UNKNOWN

CC: Valdiserri, Ron ("Valdiserri, Ron" <rov1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TEXT:
Todd: I've reviewed the official response and left it for Helene's

review. I'm not sure what her schedule is like tomorrow, but fl am sure

she'll look at it as soon as possible.

Ron V

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

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

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

> Sent: Thursday, June 11, 1998 2:00 PM

> To: hdg1@cdc.gov

> Cc: Rov1@cdc.gov

> Subject: CDC response to HIV surveillance recommendation from

> PACHA

>

> I understand that you're working on an official response to the

> President's

> Advisory Council on HIV/AIDS's recommendation on HIV surveillance.

> They're

> arriving in town on Monday (can you see the smoke cloud?) so anything

> you

> could do to speed it along would be greatly appreciated. I'm copying

> this

> to Ron in case you're out of town.

>

> Also, thanks very much for the response on the youth issues. It helps

> me a

> lot.

>

> Todd

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Toby Donenfeld (CN=Toby Donenfeld/O=OVP [OVP])

CREATION DATE/TIME:11-JUN-1998 12:53:26.00

SUBJECT: Re: VP Q and A for LA

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

TEXT:
I can get them to the VP for Saturday if you'd like. (They'll fax his

briefing book to him Friday night). Did DPC or anyone else vet these?

Todd A. Summers @ EOP

06/11/98 12:39 PM

To: Toby Donenfeld/OVP

cc:

Subject: VP Q and A for LA

Here - get back to me ASAP since I'm about to head off for a trip - to

whom should these be sent?

Todd

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

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D18]ARMSZZ000MJ97.000 to ASCII,
The following is a HEX DUMP:

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

Q AND A FOR VICE PRESIDENT

Meeting with Lesbian and Gay Community
June 14, 1998

Q: We were very disappointed by the Administration's decision on needle exchange. Can you explain to us why you withheld Federal funds?

A: The Administration is committed to reducing the transmission of HIV and reducing drug use. We believe that the recent decision was the best way to advance these two goals. The Secretary of Health and Human Services made clear that appropriate needle exchange programs can cut HIV transmission without increasing illegal drug use. At the same time, we tried to prevent the politicization of needle exchange by keeping decision making at the local level. We understand that this decision raises strong feelings on both sides, but we think that HHS's release of the scientific findings relating to needle exchange was critically important.

Q: Is it true that the President's own Advisory Council on HIV/AIDS is prepared to resign as a result of his decision not to fund needle exchange programs?

A: I understand that members of the Council have expressed frustration from time to time, but their participation gives them a unique opportunity to develop policies that best meet the needs of people living with AIDS. I hope that they continue to work with us.

Q: It feels like the Administration's commitment to AIDS has decreased over the second term.

A: The President and I will continue to make the fight against HIV/AIDS a top priority. Since we took office:

- funding for care and treatment for people living with HIV/AIDS has more than tripled and funding for research has increased by 50%
- drug assistance programs that provide promising new therapies to people with HIV/AIDS have increased by more than 450%
- a new vaccine research center is being built at the National Institutes of Health to focus on the President's goal of finding an AIDS vaccine within 10 years
- drug approval at the Food and Drug Administration has been accelerated to record times

---

Tape Restoration Project
Hex-Dump Conversion

Q: Is there anything that you can do to help us with the pharmaceutical industry to lower the cost of AIDS drugs or get them more involved in HIV vaccine research?

A: I am happy to look into this. David Beier, my new domestic policy advisor, has worked with the pharmaceutical industry for years so he will be able to offer some important insight into ways that we can develop a stronger partnership with the private sector.

Q: Last year, you announced an effort to expand Medicaid coverage to people with HIV infection so that they could have access to life-saving new therapies. What's happening with that?

A: We've asked Sandy Thurman, the President's AIDS policy advisor, to head up a group of senior staff to look into this problem and develop a strategy for moving forward. As you know, we were all a little surprised and disappointed that our first effort at a demonstration project proved unworkable. However, we are still committed to working on treatment access. I'm looking forward to some ideas from Sandy's group.

In the interim, we've tried to help by increasing funding for the AIDS Drug Assistance Program by $100 million. We're also going to be looking at other ways to encourage better participation by states and the private sector.

Tape Restoration Project
Hex-Dump Conversion

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:11-JUN-1998 14:40:17.00

SUBJECT: Todd A. Summers/OPD/EOP is out of the office.

TO: Cathy R. Mays (CN=Cathy R. Mays/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

TEXT:
I will be out of the office from 06/11/98 until 06/15/98.

I will respond to your message when I return. I am available through the

White House Signal Operator for urgent messages. I will NOT be checking

email until my return.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Gayle, Helene D ("Gayle, Helene D" <hdg1@cdc.gov> [UNKNOWN])

CREATION DATE/TIME:11-JUN-1998 21:11:28.00

SUBJECT: RE: CDC response to HIV surveillance recommendation from PACHA

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

CC: Margolies-Seiler, Eva Z ("Margolies-Seiler, Eva Z" <eam1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

CC: Valdiserri, Ron ("Valdiserri, Ron" <rov1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TEXT:
Folsk are aware of the deadline. So I think we will get it there in

time.

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

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

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

> Sent: Thursday, June 11, 1998 2:00 PM

> To: hdg1@cdc.gov

> Cc: Rov1@cdc.gov

> Subject: CDC response to HIV surveillance recommendation from

> PACHA

>

> I understand that you're working on an official response to the

> President's

> Advisory Council on HIV/AIDS's recommendation on HIV surveillance.

> They're

> arriving in town on Monday (can you see the smoke cloud?) so anything

> you

> could do to speed it along would be greatly appreciated. I'm copying

> this

> to Ron in case you're out of town.

>

> Also, thanks very much for the response on the youth issues. It helps

> me a

> lot.

>

> Todd

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: FAX1 (CN=FAX1/OU=OA/O=EOP [OA])

CREATION DATE/TIME:11-JUN-1998 00:25:53.00

SUBJECT: 2 page fax sent by Lotus Fax Server

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

TEXT:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Mailer-Daemon (Mailer-Daemon@SAMHSA.GOV [UNKNOWN])

CREATION DATE/TIME:11-JUN-1998 15:05:05.00

SUBJECT: Message status - undeliverable

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

TEXT:
The message that you sent was undeliverable to the following:

mvmills (user not found)

Possibly truncated original message follows:

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

(GroupWise SMTP/MIME daemon 4.1 v3) ; Thu, 11 Jun 98 11:04:53 EDT

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

(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA13881; Thu, 11 Jun 1998 11:04:56

-0400

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

85256620.0052D982 ; Thu, 11 Jun 1998 11:04:56 -0400

Date: Thu, 11 Jun 1998 11:01:23 -0400

From: Todd_A._Summers@opd.eop.gov

Subject: You're invited....

To: mvmills@samhsa.gov

Message-id: <85256620.00527964.00@lngate3.eop.gov>

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

X-Lotus-Fromdomain: EOP

OPEN HOUSE

White House Office of National AIDS Policy

Please join us for an open house with members of the

President's Advisory Council on HIV/AIDS at our new office.

June 15, 1998

6:30 to 8:00 pm

736 Jackson Place

Washington, DC 20503

For information, call (202) 456-2437

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:11-JUN-1998 14:04:42.00

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, June 11, 1998

POLITICS & POLICY

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#1 NAME-BASED REPORTING: New York Senate Passes Reporting Requirement For HIV Patients

#2 PUBLIC FUNDING: Local Pennsylvania Planned Parenthood Chapter Disputes Funding Shift

ACROSS THE NATION

==========

#3 OKLAHOMA: Many With HIV Have Not Sought Care

#4 BALTIMORE: May Offer Heroin Maintenance Program

#5 MILWAUKEE: AIDS Fund-Raiser Draws Negative Reaction

PUBLIC HEALTH & EDUCATION

==========

#6 SEXUAL BEHAVIOR: Study Finds Changes In Boys' Activity

#7 MEDICAID PROGRAMS: Effective For HIV-Positive Women And Their Babies

New Feature!

The Henry J. Kaiser Family Foundation is pleased to announce that the online archive database for the Kaiser Daily HIV/AIDS Report is up and running! The archive is a keyword-searchable database of all stories published in the Daily Report, as well as stories from American Health Line dating back to March 30, 1992. The online archive also contains pre-set searches on key topics that will allow readers quick access to the 10 most recent articles from the Daily Report on those topics. The archive is accessible from each day's report. From this page (web-based version), click on "archive" at the top left. Or, click here to try it out! Questions? Please email us at report@kff.org.

POLITICS & POLICY

#1 NAME-BASED REPORTING: NEW YORK SENATE PASSES REPORTING REQUIREMENT FOR HIV PATIENTS

The New York state Senate passed a bill yesterday that would establish a confidential state database in which the names of all people testing positive for HIV would be listed. The Albany

Times-Union reports that patients whose names are gathered "also would be encouraged to give health workers a list of sex partners and other contacts, who would then be notified by county officials of their exposure." While failure to comply would not result in punishment, the bill reserves officials' right to notify known partners even without the infected person's consent. The bill, sponsored by state Sen. Guy Velella (R), passed the Republican-led chamber "with strong Democratic backing." State Assemblywoman Nettie Mayersohn (D) has sponsored an identical bill in the state Assembly, which she hopes will see floor action before the legislature's summer recess begins next Thursday.

TWO CAMPS

The tracking system comes at the suggestion of a "work group set up by the Department of Health's AIDS Advisory Council," which included doctors, public health officials, community leaders and AIDS activists. "The doctors and health commissioners ... supported a names-based system used in 28 other states and endorsed by the federal Centers for Disease Control and Prevention." AIDS activists, however, insisted that such a system would decrease the number of at-risk individuals being tested for fear that their names would become public. B.J. LaRouch, an AIDS patient and lobbyist, said, "A lot of people will be afraid to get tested. For me, this bill is like murder." The AIDS activists supported a coded identifier system. Groups who oppose names-based reporting include the Gay Men's Health Crisis, Housing Works, the New York Civil Liberties Union and the New York AIDS Coalition (Tully, 6/11). For past Daily Report

coverage of the New York debate, click here.

#2 PUBLIC FUNDING: LOCAL PENNSYLVANIA PLANNED PARENTHOOD CHAPTER DISPUTES FUNDING SHIFT

In revamping its funding process "to ensure access to testing for the racial groups most affected by the virus," the Philadelphia AIDS Consortium this year denied Planned Parenthood of Bucks County the $32,000 annual grant it had received each year for three years, the Philadelphia Inquirer reports. Planned Parenthood is "disputing" the funding shift, contending it will no longer be able to run its program that has provided free HIV testing to more than 3,000 people. But consortium director Larry Hochendoner, noting that African Americans comprise 70% of HIV-positive people, said: "The dollars follow the epidemic. All we're attempting to do is make sure we're getting to the most-affected communities." Planned Parenthood Executive Director Linda Hahn noted that 95% of Bucks County residents are white and 3% are black, thus the consortium's strategy "does not make sense" in Bucks County. The Inquirer reports that 520 AIDS cases have been reported in Bucks County since 1982, 82% of which occurred in whites and 11% in blacks (Bishop, 6/10).

ACROSS THE NATION

#3 OKLAHOMA: MANY WITH HIV HAVE NOT SOUGHT CARE

Fifty percent of HIV-positive patients in northeastern Oklahoma have yet to access primary health care services,

according to a report released Tuesday by the Tulsa HIV Care Consortia Planning Group, the Tulsa World reports. Nearly 1,500 Oklahomans are "living with HIV or AIDS," 500 of which are uninsured. While the number of AIDS deaths has decreased nationwide, "the number of Oklahomans living with HIV and AIDS continues to climb." Janice Nicklas of the Community Service Council of Greater Tulsa said, "There is all this news about the new drugs, so people have the impression that the epidemic is over or if you get HIV you just get treated. It's much more than that." The Tulsa HIV study estimates that approximately $2 million will be necessary to treat HIV-positive Oklahomans at primary care facilities. "If we pay now," said Sharon Theole of the HIV Research Consortium, "it costs a lot less than if we pay later. By assisting people and helping them stay healthy longer, it costs us less in the long run." The study notes that when HIV-positive patients begin needing expensive medication, "[n]early $9 million more will be required." This finding has spurred the study's authors to recommend that the state "triple the current amount of statewide funding for drug treatment" (Winslow, 6/10).

#4 BALTIMORE: MAY OFFER HEROIN MAINTENANCE PROGRAM

The Baltimore Sun reported yesterday that Johns Hopkins University researchers, in conjunction with Baltimore's health commissioner, may conduct a study "in which heroin would be distributed to hard-core addicts" in an attempt to reduce AIDS, crime and other injection drug "fallout" (Shane, 6/10). The

Village Voice reports that this news comes as drug abuse experts gathered Saturday at the New York Academy of Medicine to discuss heroin maintenance, including the findings of Ambrose Uchtenhagen, the "pope of drug policy research." At the event, Uchtenhagen announced that his three-year study of 1,100 Swiss addicts found that prescribing heroin to addicts "slowed the spread of HIV, reduced crime, decreased homelessness, and led to more addicts getting jobs" (Gonnerman, 6/10). The Sun reports that Baltimore Health Commissioner Dr. Peter Beilenson said, "It will be politically difficult, but I think it's going to happen. ... We would not use city money, and it would not be in city Health Department clinics." According to Dr. David Vlahov of the Johns Hopkins School of Public Health, the programs "might lure some addicts off the street and into a setting where they can get health care and counseling and eventually kick the habit" (6/10).

BAD POLITICAL TIMING?

Great Britain, Holland and other European countries have drug-maintenance programs, but the United States' only attempt at setting up such a program in 1971 was "killed" by "pressure from the federal government, the Village Voice reports. Ethan Nadelmann of the Lindesmith Center -- funded by billionaire George Soros -- is eager to try again: "We are confident that we will be able to secure private funding for heroin maintenance trials." However, the time may not be right, according to some skeptical conference-goers such as David Lewis of the Center for Alcohol and Addiction Studies at Brown University. Said Lewis, who almost directed the last U.S. heroin maintenance program 27

years ago, "Even though Nixon had a war on drugs in 1971, we probably had a better chance then of doing a heroin trial without public opposition than we do now" (6/10).

#5 MILWAUKEE: AIDS FUND-RAISER DRAWS NEGATIVE REACTION

A Milwaukee-based AIDS agency's fund-raising strategy came under fire this week from a woman who was afraid the group's direct-mail package would lead neighbors to believe she had AIDS. The padded envelope bearing the AIDS Resource Center's return address was marked "Please Rush! Strict Instructions Enclosed" and had "what sounded like pills rattling around inside," Nando.net/Milwaukee Journal Sentinel reports. But instead of pills, the package included a "'prescription' of gourmet jelly beans" and a note instructing the recipient to "take" the candy at certain times during the day to simulate the regimen an HIV-positive patient would follow. Three thousand packages were sent this week to people who have donated to the AIDS Resource Center in the past.

NOT ME

The Milwaukee woman who complained about the mailing had donated to the agency in the past, "but isn't inclined to do so again" because she's worried that her mail carrier and people on her street might think she has the disease. AIDS Resource Center Executive Director Doug Nelson apologized to the woman and "to anyone who was offended by this mailing." Nelson said the mailing's purpose was two-fold: to raise money for AIDS research and care, and "to educate our donors on the complexity of the

drug regimens, the difficulty of adherence, the side effects, the cost and the failure rate" AIDS patients face. Nelson said a decade ago his agency would not send anything with "AIDS" printed on it because supporters did not always want to be associated with AIDS causes. But now he says the organization is "very comfortable" putting "AIDS" on its stationery -- a change he says is "symbolic ... of a greater enlightenment in society" toward the disease (Marchione, 6/10).

PUBLIC HEALTH & EDUCATION

#6 SEXUAL BEHAVIOR: STUDY FINDS CHANGES IN BOYS' ACTIVITY

For the first time in decades, "sexual activity is leveling off" among teenaged males and "may be decreasing among white teenaged males," according to a study in this month's American Journal of Public Health. At the same time, "condom use has increased and the level of unprotected intercourse (without condoms) has fallen." The National Survey of Adolescent Males, conducted in 1988 and 1995 on 1,880 boys ages 15 to 19, found that during that period, the "percentage of teenaged males who reported ever having sexual intercourse with a female" dropped from 60% to 55%. But closer analysis shows that the numbers only dropped for white males (from 57% to 50%), with the "proportions of black and Hispanic males who were sexually experienced" not changing significantly. Blacks had the highest percentage of sexual experience (80%), with Hispanics following (61%) and whites having the lowest percentage (50%) in 1995. However,

condom use in all ethnic categories increased significantly from 1988 to 1995. In 1988, 57% of sexually active males reported "using a condom at last intercourse," while 67% of respondents did in 1995. This behavior increased "significantly" for white and black males, but increased only marginally among Hispanics during the seven-year period. In addition, "higher levels of condom uses in 1995 appear to have occurred while partners' use of female methods declined." Overall, in 1995, 20% of respondents reported using neither condoms nor female contraception, while 23% went without either in 1988. But the overall consistency of those always using condoms rose from 33% in 1988 to 45% in 1995. The researchers conclude that with regard to consistency of condom use, "all three groups showed some improvement, but the results translate into greater protection for blacks and whites than for Hispanics." While these findings "are encouraging and suggest that public health and educational initiatives to improve sexual and contraceptive behaviors of American teenagers have been moving in the right direction," the authors note that they "also warn us that more improvements are needed, particularly to protect the health of black and Hispanic youths" (Sonenstein et al, June issue).

#7 MEDICAID PROGRAMS: EFFECTIVE FOR HIV-POSITIVE WOMEN AND THEIR BABIES

"Medicaid programs focused on supporting HIV-infected, drug-using women through pregnancy can help ensure the delivery of healthy newborns," according to a study published in this

month's issue of the journal Obstetrics and Gynecology. Reuters/San Francisco Chronicle reports that researchers at Thomas Jefferson University in Philadelphia and the New York State Department of Health conclude that "[i]nfants born to women participating in New York State Medicaid's Prenatal Care Assistance program 'were half as likely to have a low birth weight or be delivered preterm as those born to women who were not in the program.'"

OUTCOMES RESEARCH

Researchers focused on "birth outcomes of newborns delivered during 1993 and 1994 by 353 HIV-infected, drug-using New York women," of whom 68% participated in a program that "provides free HIV treatment, counseling on the avoidance of activities that might harm both mother and fetus (especially smoking, drinking, and drug use), and postpartum outreach services." The study found that almost a quarter of babies "born to women using the program were either born preterm or had birth weights under five pounds, compared with about a third of all babies born to mothers who did not use the program." The authors write that the improvement "is one of the largest reported in the (scientific) literature for the high-risk population studied here." But researchers note that "despite these improvements," a significant number of women enrolled in the assistance program "still delivered underweight or preterm babies," which means that "much more remains to be done to improve birth outcomes in HIV-infected pregnant women" (Reuters/San Francisco Chronicle, 6/9).

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If at anytime you wish to discontinue e-mail delivery of the Kaiser Daily HIV/AIDS Report, simply reply to this message with "unsubscribe" (without quotes) in the subject line.

-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Philip G Dufour (CN=Philip G Dufour/O=OVP [OVP])

CREATION DATE/TIME:11-JUN-1998 12:06:43.00

SUBJECT: Re: Name?

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

TEXT:
I am really glad you came. The perks are so few in these jobs that I

think it important to do fun things when you can.

The woman's name you spoke with is Wendy New. You can reach her at

6-7124, however she is traveling with the VP and won't be back until

Monday.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Holtgrave Ph.D., David ("Holtgrave Ph.D., David" <dyn6@cdc.gov> [UNKNOWN])

CREATION DATE/TIME:11-JUN-1998 18:22:17.00

SUBJECT: RE: You're invited.....

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

TEXT:
Todd: The Center scheduled our advisory comm here during the same time.

I have to go to the Center's advisory comm, so can't come to DC.

However, Victor Barnes is going to represent me throughout PACHA -- ok

if he come to this gathering?? I am sorry I can't be there. Thanks!!

David

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

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

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

> Sent: Wednesday, June 10, 1998 7:01 PM

> To: pfleming@erols.com; dyn6@cdc.gov; echndc@aol.com;

> Jeffrey_Levi@compuserve.com; ncihaids@ncihaids.org;

> mvmills@samhsa.gov; joneill@hrsa.dhhs.gov; JW14Z@nih.gov;

> dzingale@aidsaction.org

> Subject: You're invited.....

>

>

> OPEN HOUSE

> (Embedded image moved to file: PIC16073.PCX)

> White House Office of National AIDS Policy

>

> Please join us for an open house with members of the

> President's Advisory Council on HIV/AIDS at our new office.

>

> June 15, 1998

> 6:30 to 8:00 pm

>

> 736 Jackson Place

> Washington, DC 20503

>

> For information, call (202) 456-2437 << File:

> PIC16073.PCX >>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: hivaidslist (hivaidslist@mail2.cloakroom.com [UNKNOWN])

CREATION DATE/TIME:11-JUN-1998 18:43:27.00

SUBJECT: I do not understand your request

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

TEXT:
You sent a request that the National Journal E-Mail Alert server

did not understand.

If you would like to stop your E-Mail Alert subscription, please reply

to this message and type the word "unsubscribe" (without quotes) in the

SUBJECT line of the e-mail message.

Thank you.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Mailer-Daemon (Mailer-Daemon@SAMHSA.GOV [UNKNOWN])

CREATION DATE/TIME:11-JUN-1998 18:44:04.00

SUBJECT: Message status - undeliverable

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

TEXT:
The message that you sent was undeliverable to the following:

Mailer-Daemon (user not found)

Possibly truncated original message follows:

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

(GroupWise SMTP/MIME daemon 4.1 v3) ; Thu, 11 Jun 98 14:43:56 EDT

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

(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA17081; Thu, 11 Jun 1998 14:44:06

-0400

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

85256620.0066E03E ; Thu, 11 Jun 1998 14:43:40 -0400

Date: Thu, 11 Jun 1998 14:40:18 -0400

From: Todd_A._Summers@opd.eop.gov

Subject: Todd A. Summers/OPD/EOP is out of the office.

To: Mailer-Daemon@samhsa.gov

Message-id: <85256620.00669136.00@LNGATE2.EOP.GOV>

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

X-Lotus-Fromdomain: EOP

I will be out of the office from 06/11/98 until 06/15/98.

I will respond to your message when I return. I am available through the White House Signal Operator for urgent messages. I will NOT be checking email until my return.