Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From James Terje Anderson to Many Recipients Re: Terje's turning 40, come celebrate (3 pages)	06/12/1998	Personal Misfile
002. email	From Richard Ehara to Todd Summers Re: Hi (1 page)	06/16/1998	Personal Misfile
003. email	From ECHNDC@aol.com to Todd Summers Re: You're invited..... (2 pages)	06/16/1998	Personal Misfile
004. email	From ECHNDC@aol.com to Todd Summers Re: You're invited..... (2 pages)	06/17/1998	Personal Misfile
005. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	06/18/1998	b(7)(C), b(7)(F), b(6)
006. email	From Ron Saleh to Todd Summers Re: AIDS Ride Stop One BFE North Carolina (1 page)	06/20/1998	Personal Misfile
007. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	06/23/1998	b(7)(C), b(7)(F), b(6)
008. email	From ECHNDC@aol.com to Todd Summers Re: FYI..... (2 pages)	06/23/1998	Personal Misfile

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

FOLDER TITLE:
[06/12/1998 - 06/25/1998]

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RESTRICTION CODES

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

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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]

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

b(1) National security classified information [(b)(1) of the FOIA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

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TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Friday, June 12, 1998

POLITICS & POLICY

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#1 HOMELESS: Psychiatric, AIDS Patients Run Up Hospital Costs

#2 INTRAVENOUS DRUGS: Proposed Heroin Project Stirs Debate

ACROSS THE NATION

==========

#3 CALIFORNIA: HIV-Infected Man Faces Life For Sex With Minor

SCIENCE & MEDICINE

==========

#4 HIV TREATMENT: Immune Response Corp. Gets Financial Partner

For Polio-Inspired Drug, Remune

OPINIONMAKERS

==========

#5 PARTNER NOTIFICATION: Looking Beyond To Anti-Discrimination Laws

#6 NAMES-BASED REPORTING: The Pros And Cons

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 HOMELESS: PSYCHIATRIC, AIDS PATIENTS RUN UP HOSPITAL COSTS

Care for homeless patients, especially those with AIDS or psychiatric disorders, is putting heavy financial pressure on hospitals that care for them. Homeless patients cost the facilities $2,400 more per admission than other low-income patients and have lengths-of-stays that are on average 4.1 days longer. "One group of psychiatric patients had stays averaging 70 days more than medical treatment called for because clinicians believed they couldn't be safely discharged," the Wall Street Journal reports. The "provocative new study," published in today's issue of the New England Journal of Medicine, is the

"first large scale study to actually document the economic impact of homelessness on the health care system" (Winslow, 6/11).

ADMISSION CRITERIA

The study found that nearly three-quarters of the patients studied were "hospitalized for conditions for which hospitalization is often preventable, including substance abuse, mental illness, respiratory disorders, trauma, skin disorders and infectious diseases other than AIDS." The bulk of the additional days of hospitalization were accounted for by psychiatric (57%) and AIDS (12%) patients. Homeless patients admitted for psychiatric problems cost hospitals $4,094 more than other low-income patients, and homeless AIDS patients cost $3,370 more. The "leading cause of long stays ... was placement problems among homeless psychiatric patients." Doctors also said they delayed discharge for many homeless patients because they knew the patients would not have access to adequate follow-up care or sanitary living conditions, and lowered the admission bar for others "whose medical conditions [were] likely to worsen if they remain in shelters or on the streets" (Salit, et al, 6/11 issue). Click here to see an abstract of the study.

PAY NOW OR PAY LATER

The study, funded by the United Hospital Fund of New York, examined the cost of care for homeless patients admitted to public hospitals in New York City in 1992 and 1993. United Hospital Fund health policy analyst Sharon Salit, the lead author of the study, said, "The homeless account for less than one-half of one percent of the city's population, but they are having a

huge impact on the health care system." She added, "The extra costs for a single hospital admission are as much as the annual welfare rental allowance for a single individual in New York." The study found that 80% of the costs of care for the homeless patients were paid for by Medicaid. The Journal reports that the findings of the study "illustrate the impact of addressing the consequences instead of the causes of some of the nation's social ills" (6/11).

SWIMMING AGAINST THE CURRENT

An accompanying editorial in the NEJM by Princeton University's Dr. Paul Starr notes: "Failure to deal with a social problem 'upstream' (lack of housing, education, health insurance, substance-abuse prevention) leads to added costs 'downstream' (police, prisons, hospital care)." Starr writes that "downstream" institutions like hospitals and prisons are both expensive and ill-equipped to provide the necessary fix for the problem of homelessness. He notes that "attacking the problem upstream would be both more efficient and more effective," and that "we continue paying to put the homeless in hospital beds while not providing them with ordinary beds of their own" (Starr, 6/11 issue). The Journal reports that other advocates for the homeless have echoed Starr's assertion, stressing the need to increase "investment in housing programs to save money now spent ... for health care" (6/11). Salit and the study's other authors concluded that more spending on "upstream" programs "represent[s] a more cost-effective as well as a more humane approach to the problem of homelessness" (NEJM, 6/11).

TRYING IT IN MINNESOTA

Minnesota is experimenting with the improvement of "upstream" programs with a plan "that invested money in supportive housing for 180 homeless and disabled persons." A report for the New York-based Corporation for Supportive Housing shows that the program "saved the state $9,600 per person in funds that would otherwise have been spent on health care, jails and other services." Corporation President Julie Sandorf said: "If you don't look at housing, health care and other social services as a seamless web, you will get a constant recycling of homeless folks through very-high-cost hospital and other institutional care" (Journal, 6/11).

#2 INTRAVENOUS DRUGS: PROPOSED HEROIN PROJECT STIRS DEBATE

The Baltimore Sun reports that a research venture proposed by Baltimore Health Commissioner Dr. Peter Beilenson in which heroin addicts would be given heroin in a controlled setting "came under fierce attack yesterday from elected officials as a symbolic step in the wrong direction." Beilenson had not advocated a city-run program, but had encouraged Johns Hopkins University addiction experts to consider an experimental heroin maintenance program for the purposes of reducing the spread of HIV and crime associated with heroin use. The Sun reports that there are an estimated 34,000 heroin addicts in Baltimore.

GENERATING DEBATE

The Sun reports that Gov. Parris Glendening (D) said, "It doesn't make any sense. It sends totally the wrong signal."

Baltimore Mayor Kurt Schmoke (D) said his "administration has no intention of initiating a heroin maintenance program," and that any such efforts would come from Johns Hopkins. He had previously said he would consider allowing the city to participate "in a multicity heroin maintenance experiment," but also "expressed concern that such a program could prove so controversial as to be counterproductive." Baltimore City Councilman Norman Handy Sr., a minister, said, "If we don't do (heroin maintenance), some other city will do it. And even if we don't do it, it should be discussed. Obviously, this war on drugs is a failure and we need to fire all the generals." Dr. Alfred Sommer, dean of the Johns Hopkins School of Public Health, "said the criticism should not be permitted to stifle scientific inquiry." He said, "It's discouraging to hear people say they're absolutely against this before they know anything about it. That's not the way to advance public policy or to find ways to protect public health" (Shane/Shields/Waldron, 6/12).

ACROSS THE NATION

#3 CALIFORNIA: HIV-INFECTED MAN FACES LIFE FOR SEX WITH MINOR

"A registered sex offender who knew he was infected with the AIDS virus faces life in prison for having sex with a 15-year-old boy," the Los Angeles Times reports. Sean DeFrance is charged with "six counts of sodomy, oral copulation and committing lewd acts upon a child under the age of 16" which carry "a special allegation" because he committed the acts "[k]nowing he was

infected with HIV." Under California's "three strikes" law, DeFrance faces up to 165 years in prison because of his history "of multiple counts of child molestation." Ventura County Deputy District Attorney Edward Ulla said if the teenager was infected "an attempted murder charge would have been filed." But court records show DeFrance "wore a condom when he had sex with the boy." The Times reports that police learned of DeFrance's HIV status when they obtained a warrant to search his home and found his HIV test results; DeFrance also admitted he is HIV-positive. DeFrance pleaded guilty to all six counts against him in Ventura County Superior Court last month. DeFrance's sentencing hearing in scheduled for June 25 (MacGregor, 6/11).

SCIENCE & MEDICINE

#4 HIV TREATMENT: IMMUNE RESPONSE CORP. GETS FINANCIAL PARTNER FOR POLIO-INSPIRED DRUG, REMUNE

San Diego, CA-based Agouron Pharmaceuticals Inc. agreed late yesterday to pay up to $77 million for limited rights to Remune, a "controversial drug" under development by Carlsbad, CA-based Immune Response Corp. The Wall Street Journal reports that "Remune was inspired by the late Jonas Salk, who believed that a deactivated version of the AIDS virus might work much like the polio vaccine he developed in the 1950s." Although researchers were initially skeptical that Remune would "trigger a strong enough response to have a significant for AIDS patients," it is now thought that the new drug will likely be effective in a

"cocktail" combination with other antiviral compounds. Agouron President and CEO Peter Johnson said the preliminary results from a small study of the effectiveness of a Remune combination were "highly encouraging. It was definitely a factor in our decision to go forward" with the Immune Response collaboration. The results of this study will be presented in July at the World AIDS Conference in Geneva. Remune is currently "undergoing several human tests, including a 2,500-patient study at more than 70 medical centers" nationwide. The companies hope to file a request with the Food and Drug Administration for approval to market Remune. Under the agreement, Immune Response and Agouron would split all profits from world-wide sales of the new drug (Rundle, 6/12).

OPINIONMAKERS

#5 PARTNER NOTIFICATION: LOOKING BEYOND TO ANTI-DISCRIMINATION LAWS

In response to a June 9 New York Times editorial in support of names-based reporting and partner notification of HIV-infected people, Marc Elovitz, chair of the Association of the Bar of the City of New York's committee on AIDS, wrote: "Proposals like these ... risk the inadvertent disclosure of an individual's HIV status to third parties." In addition, he notes, such proposals "are often based on the [incorrect] premise that HIV-related discrimination is illegal." While lawmakers may assume that subsequent HIV-based discrimination would be illegal, Elovitz

notes that "several courts have held that people with HIV are not protected by nondiscrimination laws." He notes that the Supreme Court is scheduled by month's end to "decide whether HIV-positive people are protected by the Americans With Disabilities Act" and that even if it decides in the affirmative, "protections against discrimination can be inadequate because of barriers to their access" (6/11).

#6 NAMES-BASED REPORTING: THE PROS AND CONS

In a commentary published in this month's issue of the American Journal of Public Health Dr. Grant Nash Clofax of the San Francisco Department of Public Health AIDS Office and Dr. Andrew Bindman of the University of California-San Francisco Department of Internal Medicine discuss the benefits and risks of names-based HIV reporting. Overall, the authors contend that while naming HIV-positive individuals is beneficial to early detection and treatment, "name reporting compromises confidentiality ... [and] could deter people from seeking medical care or disease testing, therefore harming the individual ... and threatening public health." To date, 30 states keep track of HIV-infected individuals by name.

BENEFITS

"When combined with sufficient resources and effective vaccines or cures, reporting infected individuals by name can be used to help control endemic diseases," the authors write. They point out, however, that "there is little evidence as to whether reporting actually improves individual or public health

outcomes," and that there is a "lack of outcome date for name reporting strategies." In addition, reporting by name "could enable health officials to find and counsel people who test positive but do not return for their results or who are tested in venues that do not provide extensive educational opportunities," they write. It "could also lead to medical referrals and earlier viral load and CD4 testing." An additional benefit to name reporting is its potential to "augment partner notification programs," which have been shown "to be an effective method of identifying individuals at high risk for HIV infection."

RISKS

Clofax and Bindman note two main risks: "the information could be misused to harm infected persons, and fear of being reported may deter infected individuals from being tested, potentially delaying their receipt of appropriate counseling and medical care." More importantly, the authors write, "is that HIV-related legislation might allow legal disclosure of HIV test results, superseding efforts to keep name reporting information restricted and confidential." In South Carolina, "implementation of mandatory name reporting of confidential results caused a 51% drop in testing by gay men at an anonymous test site, and there is evidence that some such men were subsequently tested anonymously in adjacent states." Another study showed that gay men in San Francisco "would be only one third as likely to get tested if results were reported to health officials, while 22% of African-American and Latino patients attending a sexually transmitted disease clinic in New York said they would not be

tested if results were reported." Still another study of anonymous test sites "found that 63% would be less likely to be tested if results were reported by name."

THE COMMUNITY VARIABLE

"More data are needed about the impact of name reporting on testing behavior, access to care, and partner notification," but "[d]espite the current lack of comprehensive studies, the impact of reporting HIV infected persons by name is likely to vary by community," the authors write. "In urban areas, knowledge about HIV infection may be sufficiently high that people would accrue little benefit from being reported and subsequently counseled about risk behaviors or care opportunities," they say. On the other hand, "in areas with low rates of HIV infection, knowledge about HIV could be limited, and those infected might benefit from interventions and referrals made possible by name reporting."

Clofax and Bindman conclude that "[b]efore name reporting for HIV infection is implemented more broadly, a determination should be made as to whether the goals of this policy could more easily bemet through other HIV-infection control strategies and whether the theoretical benefits of name reporting outweigh the potential risks" (June issue).

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The Kaiser Daily HIV/AIDS Report is published for The Henry J.

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

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

TO: Paul J. Weinstein Jr. (CN=Paul J. Weinstein Jr./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.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From James Terje Anderson to Many Recipients Re: Terje's turning 40, come celebrate (3 pages)	06/12/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
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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)

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CREATION DATE/TIME:15-JUN-1998 14:14:17.00

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A news service of The Henry J. Kaiser Family Foundation

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

Monday, June 15, 1998

SCIENCE & MEDICINE

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#1 PROTEASE INHIBITORS: May Cause Dangerous Fat Metabolism Disorders

#2 HIV THERAPY: DuPont Merck Asks For Fast-Track Status For Sustiva

PUBLIC HEALTH & EDUCATION

==========

#3 HEPATITIS C: Focus Of U.S. News Cover Story

ACROSS THE NATION

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#4 SAN FRANCISCO: Clinic To Target City's Gay Youth

#5 KENTUCKY: HIV Testing Encouraged This Month

IN THE COURTS

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#6 CRIMINAL TRANSMISSION: Georgia Judge Sets Bond For Woman Accused Of Withholding HIV Status

GLOBAL CHALLENGES

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#7 NEW ZEALAND: Needle-Exchange Program Credited For Low HIV Rates

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.

SCIENCE & MEDICINE

#1 PROTEASE INHIBITORS: MAY CAUSE DANGEROUS FAT METABOLISM DISORDERS

Some AIDS patients are developing an unusual condition in which their limbs shrink to "skin and bones," while disfiguring fat deposits collect around their waists or behind their heads, the AP/Richmond Times-Dispatch reports (Neergaard, 6/15). Researchers have traced the syndrome to a problem with the body's ability to metabolize fat in which the "biochemical systems that usually break up or store lipids, or fats, in the body" go awry. Even more alarming than the cosmetic disfigurement, these fatty deposits are often coupled with sharp rises in cholesterol levels and thickening of the blood. Washington, DC practitioner Dr. Doug Ward said one patient "got a cholesterol count of 900," which he compared to "butter." He said the patient "had triglycerides of 4,000." Ward has put his patients on two cholesterol-lowering medications, a therapy which has not worked thus far, he said (Newsday, 6/15).

IS IT THE DRUGS?

Researchers speculate that it is protease inhibitors that have caused these cases of fat redistribution. "Protease inhibitors already are known to increase the risk of diabetes by raising blood sugar, so AIDS researchers are studying whether this new problem is related," the AP/Los Angeles Times reports (6/15). Merck & Co., however, maker of the most popular protease inhibitor, says there is no proof yet of a correlation, and it

notes that some similar problems have occurred in patients who never took the drugs. Therefore, it could be yet another symptom of AIDS "that most patients until now haven't lived long enough to see," or a reaction with another AIDS drug. But the FDA "says all four protease inhibitors currently being sold are prime suspects," noting that only three such problems were reported with older therapies. Between 5% and 64% of HIV patients are now estimated to be affected. The symptoms have been so disconcerting to some that they have discontinued their therapies. However, the FDA's Jeff Murray said, "[W]e think the benefits still outweigh the risks." But, he added, "We're concerned" (AP/Times-Dispatch, 6/15).

#2 HIV THERAPY: DUPONT MERCK ASKS FOR FAST-TRACK STATUS FOR SUSTIVA

The DuPont Merck Pharmaceutical Company announced Thursday that it has submitted a New Drug Application to the federal Food and Drug Administration for its investigational, once-daily anti-HIV drug Sustiva (efavirenz), a non-nucleoside reverse transcriptase inhibitor. The company is seeking accelerated approval of Sustiva based on data collected during numerous trials involving more than 2,000 HIV-infected individuals. The FDA has agreed to expedite the review of the application. The more than 25 clinical trials conducted on the drug since 1996 compared Sustiva's effect to that of other HIV medications, in isolation and in combination. "Data collected during the past two years suggest that Sustiva is a potent drug and can be used

in a variety of antiretroviral combinations, with or without a protease inhibitor, to achieve HIV-RNA viral suppression below quantifiable levels over an extended period of time," said Dr. John Mellors, director of HIV/AIDS programs at the University of Pittsburgh Medical Center. Side effects of the drug are rash, nausea, dizziness, diarrhea, headache and insomnia. DuPont Merck announced it is submitting applications to European and Canadian regulatory authorities as well (DuPont Merck release, 6/12).

PUBLIC HEALTH & EDUCATION

#3 HEPATITIS C: FOCUS OF U.S. NEWS COVER STORY

The cover story of this week's U.S. News & World Report looks at the hepatitis C epidemic, a "silent killer" that "has infected four times as many people as has HIV." The article reports that "[a]t least 4 million Americans," or "2% of the population," are infected with the virus. Centers for Disease Control and Prevention officials "predict that in the next 10 years the hepatitis C death toll will triple, eclipsing that of AIDS" and resulting in "huge" costs. Surgeon General David Satcher noted that hepatitis C costs the health care system more than $600 million a year. Treatment options are few for the infected, since "only about 20% of patients" respond to the principal therapy -- interferon. Hepatitis C, U.S. News reports, "remains largely a mystery" to medical science.

POINTING FINGERS AT AIDS

According to U.S. News, AIDS "has played a role in the

hepatitis C story." Some critics of how the government is responding to the hepatitis C epidemic, including former Surgeon General C. Everett Koop, "say public health authorities let themselves get preoccupied with AIDS and failed to alert the public to this other threat."

FIRST STEPS

The federal government is now "finalizing a rule requiring blood banks and hospitals to notify people who likely contracted hepatitis C through transfusions between January 1988 and June 1992." In addition, the government recommends that "anyone with a major risk factor should get tested." While half of hepatitis C transmissions can be traced to blood transfusions, the CDC "says 10% ... are unexplained." The federal health agency "recently attributed 20% of hepatitis C cases to sexual transmission," though "the virus is not easily sexually transmitted." Hepatitis C often goes undetected for years because the virus can "quietly damage the liver ... for 20 years before symptoms emerge." According to U.S. News, the "simplest and cheapest way to get tested" for hepatitis C "is to donate blood," because infected donors "are notified within six months if there is a problem." Anyone concerned about whether they have the virus can contact the American Liver Foundation at 888-443-7872 or at www.liverfoundation.org (Shute, 6/22 issue).

ACROSS THE NATION

#4 SAN FRANCISCO: CLINIC TO TARGET CITY'S GAY YOUTH

San Francisco is opening "its first health clinic targeted at gay adolescents and young adults ... a population overlooked by mainstream health agencies," the San Francisco Examiner reports. The new clinic, called "Dimensions," "will open July 2, offering medical and mental health services" as well as HIV "prevention and testing." The San Francisco Department of Public Health collaborated with several nonprofit agencies to create the clinic, which will extend services to individuals unable to afford treatment.

HEALTH CARE IS LACKING

Patterned after existing clinics in Boston, Los Angeles and New York, Dimensions "resulted from a survey last summer of 200 gay, lesbian, bisexual and transgender people ages 12 to 25," by Health Initiatives for Youth, "a nonprofit organization that helped develop the clinic." The survey found that "access to health care, therapy and substance-abuse treatment was a leading concern for gay adolescents and young adults." According to Dimensions officials, "mainstream agencies tend to focus on AIDS and overlook other health needs" of gay youth. Additionally, many gay youth neglect regular health care, fearing the costs of certain treatments or having had negative doctor's office experiences. Kevin Gogin, head of gay and lesbian youth support services for the San Francisco schools, noted that Dimensions "would be vital for gay youths with nowhere else to turn." Currently, "[h]alf of all new HIV infections ... occur in people under 25," and San Francisco's population of gay, lesbian, bisexual and transgender youths numbers between 6,000 and 10,000

(Chao, San Francisco Examiner, 6/14).

#5 KENTUCKY: HIV TESTING ENCOURAGED THIS MONTH

As part of their "Take the Test, Take Control" campaign, Kentucky public health officials are urging everyone, "especially those in high-risk groups, to get tested for HIV" this month at a doctor's office or local health department. The initiative also encourages testing for other sexually transmitted diseases, given the high coinfection rate between those diseases and HIV/AIDS. As of March, 2,344 Kentuckians were living with HIV, while another 1,138 have full-blown AIDS. The Owensboro Messenger-Inquirer reports that over 30,000 state residents were tested last year (6/11).

IN THE COURTS

#6 CRIMINAL TRANSMISSION: GEORGIA JUDGE SETS BOND FOR WOMAN ACCUSED OF WITHHOLDING HIV STATUS

A Richmond County, GA, judge decided late last week to prosecute a North Augusta woman under a state law that "requires people to divulge their HIV status prior to sexual intercourse," the Augusta Chronicle reports. "It is only the second time in Richmond County that someone has been prosecuted under the law," the Chronicle reports. Richmond County Civil Court Presiding Judge William Jennings III set a $10,000 bond for 26-year-old Amy Marie Johnson, who "was charged with felony reckless conduct" last Sunday for having sex with a man without divulging her HIV

status (Hodson, 6/12). The county is still investigating whether Johnson actually has HIV, according to sheriff's investigator Kenny Lynch. According to the AP/Columbia State, the law was last enforced two years ago when an HIV-infected Augusta man withheld his HIV status after having sex with two minors. He "pleaded guilty to reduced charges and received a two-year jail sentence" (6/12).

GLOBAL CHALLENGES

#7 NEW ZEALAND: NEEDLE-EXCHANGE PROGRAM CREDITED FOR LOW HIV RATES

New Zealand has one of the "lowest rates of HIV infection in the world" largely due to its decade-old needle-exchange program, Associate Health Minister Tuariki Delamere told the United Nations yesterday. Speaking at the final day of a three-day special session on drugs, Delamere said that the rate of HIV infection has remained below 1% of the population. He attributed the low rate to a needle-exchange program for drug addicts that was launched prior to HIV becoming "established within the injecting drug using community" (New Zealand Press Association, 6/12).

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:15-JUN-1998 03:33:03.00

SUBJECT: Fwd: Tu. Morning meeting of International Subcommittee of Presidential Advisory

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TO: AquiLGBT (AquiLGBT@llego.org [UNKNOWN])
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Received: from rly-zc04.mx.aol.com (rly-zc04.mail.aol.com [172.31.33.4])

by air-zc05.mail.aol.com (v43.25) with SMTP; Thu, 11 Jun 1998 09:47:55 2000

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

rly-zc04.mx.aol.com (8.8.5/8.8.5/AOL-4.0.0) with SMTP id JAA25298; Thu, 11

Jun 1998 09:47:47 -0400 (EDT)

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

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-0400

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

85256620.004BBA82 ; Thu, 11 Jun 1998 09:47:09 -0400

Date: Thu, 11 Jun 1998 09:43:28 -0400

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MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

X-Lotus-Fromdomain: EOP

Presidential Advisory Council on HIV/AIDS

June 15?18, 1998

Madison Hotel

Washington, D.C.

DRAFT AGENDA

(June 10, 1998)

Monday, June 15, 1998

9:00 a.m. Interim Council Activities/Long-Range Strategic Planning

R. Scott Hitt, M.D., Chair

Dolley Madison Room

10:00 a.m. Office of National AIDS Policy (ONAP) Update

Sandra L. Thurman, Director

Todd Summers, Deputy Director

11:00 a.m. Long-Range Strategic Planning Overview

?Introduction from the Chair

R. Scott Hitt, M.D.

12:00 noon LUNCH (on your own)

1:00 p.m. Long-Range Strategic Planning

Dolley Madison Room

3:00 p.m. Subcommittee Meetings:

Prevention Subcommittee

?Long-Range Planning Discussion

Drawing Room I

Monday, June 15, 1998 (continued)

3:00 p.m. Subcommittee Meetings (continued):

Research Subcommittee

?Long-Range Planning Discussion

?Microbicide Development Update

Polly Harrison, Ph.D., Alliance for

Microbicide Development

Penelope Hitchcock, D.V.M., M.S.,

National Institute of Allergy and Infectious

Diseases, NIH

Mt. Vernon C

Services Subcommittee

?Long-Range Planning Discussion

?Review Recommendations and Assessments

?Native American Information/Discussion

?HIV-Positive Health Care Worker Guidelines

Update

Todd Weber, ONAP

Drawing Room II

5:45 p.m. Full Council Meeting

Dolley Madison Room

6:00 p.m. ADJOURN

Tuesday, June 16, 1998 (continued)

Tuesday, June 16, 1998

9:00 a.m. Subcommittee Meetings:

Discrimination Subcommittee Meeting

?Long-Range Planning Discussion

Dolley Madison Room

International Issues Subcommittee Meeting

?Long-Range Planning Discussion

?U.S. Department of State HIV/AIDS Strategic Plan Update/Discussion

Nancy Carter-Foster, David Wagner,

U.S. Department of State

Drawing Room I

Tuesday, June 16, 1998 (continued)

9:00 a.m. Subcommittee Meetings (continued):

Communities of African and Latino Descent

Subcommittee Meeting

?Long-Range Planning Discussion

?Racial and Ethnic Minority Population Discussion

- African American Update

- National Minority HIV Plan Update and

President?s Initiative on Race/ HHS Race and

Health Initiative

Matthew Murguia, ONAP

- Harvard AIDS Institute; Unidos Para La Vida

?Subcommittee Structure Discussion

Mt. Vernon C

Prison Issues Subcommittee Meeting

?Long-Range Planning Discussion

?HIV Surveillance in Federal Correctional Institutions Recommendation

?National Summit Meeting on Prisons Discussion

?Update on Federal Interagency Meeting on

Compassionate Release

?Review Recommendations and Assessments

?Update on Prison Site Visit

Drawing Room II

11:00 a.m. Subcommittee Meetings:

Prevention Subcommittee Meeting

?Long-Range Planning Discussion

Drawing Room I

Research Subcommittee Meeting

?Long-Range Planning Discussion

Mt. Vernon C

Services Subcommittee Meeting

?Long-Range Planning Discussion

?HIV Cost and Service Utilization Study Update

Sam A. Bozzette, M.D., Ph.D., University of California at

San Diego

Martin F. Shapiro, M.D., Ph.D., University of

California at Los Angeles

Drawing Room II

12:00 noon LUNCH (on your own)

1:00 p.m. Full Council Panel Presentation

Addressing HIV/AIDS Among Youth

Sean Sasser, Moderator

Margaret Campbell, The Multicultural AIDS Coalition

Donna C. Futterman, M.D., Montefiore Medical

Center

David C. Harvey, AIDS Policy Center for Children,

Youth & Families

Audrey Smith Rogers, Ph.D., M.P.H., National

Institute for Child Health and Human

Development, NIH

Bret Rudy, M.D., Children?s Hospital

Robert Soliz, ONAP

Dolley Madison Room

3:00 p.m. Long-Range Strategic Planning

Dolley Madison Room

6:00 p.m. ADJOURN

Wednesday, June 17, 1998

9:00 a.m. Long-Range Strategic Planning

Dolley Madison Room

12:00 noon LUNCH (on your own)

1:00 p.m. Long-Range Strategic Planning

6:00 p.m. ADJOURN

Thursday, June 18, 1998

9:00 a.m. General Council Business/Subcommittee Reports

R. Scott Hitt, M.D.

Dolley Madison Room

9:30 Services Subcommittee Report

9:45 Research Subcommittee Report

10:00 Prevention Subcommittee Report

10:15 Prison Issues Subcommittee Report

10:30 International Issues Subcommittee Report

10:45 Discrimination Subcommittee Report

11:00 Communities of African and Latino Descent Subcommittee Report

11:15 Long-Range Planning?Wrap-up/New Business

1:00 p.m. ADJOURN

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

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

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

Collection: 2015-0017-F Segment 2

Bucket: OPD

Creation Date: 1998-06-15

Subject: Please advise Internet users of your correct email address: Todd_A._Summers@opd.eop.gov

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	From Richard Ehara to Todd Summers Re: Hi (1 page)	06/16/1998	Personal Misfile

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

FOLDER TITLE:
[06/12/1998 - 06/25/1998]

2018-0758-F
jn561

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

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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]

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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
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	From ECHNDC@aol.com to Todd Summers Re: You're invited..... (2 pages)	06/16/1998	Personal Misfile

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

FOLDER TITLE:
[06/12/1998 - 06/25/1998]

2018-0758-F
jn561

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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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: hivaidslist (hivaidslist@njdc.com [UNKNOWN])

CREATION DATE/TIME:16-JUN-1998 13:53:42.00

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/

Tuesday, June 16, 1998

POLITICS & POLICY

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#1 CONGRESS: Senate Subcommittee Approves Funds For AIDS

Housing Program

PUBLIC HEALTH & EDUCATION

==========

#2 STDS: Experts Warn Of Global Epidemic

#3 AIDS AND PREGNANCY PREVENTION: AAHP Lauds Harvard Pilgrim

Program

IN THE COURTS

==========

#4 HIV/AIDS Discrimination: Supreme Court Decides ADA Applies

To Prisoners

GLOBAL CHALLENGES

==========

#5 SOUTH AFRICA: National Campaign To Raise Youth Awareness

SCIENCE & MEDICINE

==========

#6 GENE THERAPIES: Could Be Used To Treat 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 CONGRESS: SENATE SUBCOMMITTEE APPROVES FUNDS FOR AIDS HOUSING PROGRAM

The Housing Opportunities for People With AIDS (HOPWA) program could see a $21 million increase in funds for fiscal year 1999 if a Senate appropriations subcommittee's approval of $225 million for the program "clear[s] a number of additional hurdles." The advocacy group AIDS Action, which pushed for the increase, said the increased funding will help "provide crucial

housing services to low-income people with AIDS in states and cities hit hardest by the AIDS epidemic." The funding increase now goes before the full Senate Appropriations Committee for approval (Chibbaro, Washington Blade, 6/12).

PUBLIC HEALTH & EDUCATION

#2 STDS: EXPERTS WARN OF GLOBAL EPIDEMIC

STD experts recently warned that "an epidemic of sexually transmitted diseases threatens to cause death and misery throughout the world," BBC News reports. At a recent conference in Budapest, Hungary, organized by the International Herpes Management Forum (IHMF), doctors were informed that safe-sex campaigns were "doing little" to stop the spread of communicable diseases such as HIV and genital herpes. BBC News notes that "more than 100 million people worldwide" are infected "with the virus that causes genital herpes and over 30 million" are believed to be HIV positive. Health experts at the conference said that 60% of people with genital herpes "have signs or symptoms of the disease, but are undiagnosed." An individual with genital herpes is "eight times more vulnerable to the HIV virus than average," BBC News reports. Further, many people remain unaware that "[i]t is possible to contract genital herpes from a cold sore through oral sex." Andre Meheus, professor and member of a World Health Organization committee on STDs, said, "Many people are simply not changing their sexual behavior. We urgently need to do something about the situation" (6/15).

Click here to read recent Daily HIV/AIDS Report coverage of this issue.

#3 AIDS AND PREGNANCY PREVENTION: AAHP LAUDS HARVARD PILGRIM PROGRAM

Boston-based Harvard Pilgrim Health Care's innovative AIDS and teen pregnancy prevention program was tapped as the winner of the American Association of Health Plans 1998 Community Leadership Award. Central to the program is the "First AIDS" kit -- a package of AIDS education materials created by a pediatrician, young adults, AIDS experts, teachers and school health experts. Included in the kit is information about date rape, sexually transmitted diseases, the effects of drugs and testing for HIV. Since the program was developed in April 1994, more than 48,000 of the kits have been distributed to 346 schools and 451 community centers and outreach programs.

RUNNER-UP

Among the nine runners-up for the AAHP award was a Seattle-based health plan's teen health program. Group Health Cooperative of Puget Sound was lauded for its "Promoting Teen Health Through the Schools" program, which includes a teen clinic at one high school and support for gay, lesbian and bisexual students (AAHP release, 6/15).

IN THE COURTS

#4 HIV/AIDS DISCRIMINATION: SUPREME COURT DECIDES ADA APPLIES

TO PRISONERS

Yesterday's unanimous U.S. Supreme Court decision to uphold the rights of disabled prisoners under the 1990 Americans with Disabilities Act will likely have significant implications for prisoners with AIDS. According to the Baltimore Sun, "the ruling means that prison and jail authorities must accommodate inmates by altering the their physical arrangements or changing their programs so that the disabled may take an equal part." A coalition of state, county and city government organizations protested that the ruling would increase the cost and complexity of prison operations. The groups said that prison populations "include a high proportion of people with disabilities covered by the federal law: HIV infection and AIDS, learning disabilities, mental retardation, psychological disorders, drug addiction and alcoholism." While in the past, many states have traditionally kept such populations in separate facilities, the new ruling makes such segregation illegal. The ruling could impact physical accommodations, such as wheelchair access, as well as access to "work-release and pre-release programs" (Denniston, 6/16). The Philadelphia Inquirer notes that prisoners across the nation have filed dozens of discrimination suits under the ADA, and the case brought other instances to light. For example, a woman with AIDS "was segregated and denied prison privileges in California" (Epstein, 6/16).

GLOBAL CHALLENGES

#5 SOUTH AFRICA: NATIONAL CAMPAIGN TO RAISE YOUTH AWARENESS

Today is Youth Day in South Africa, and the Department of Public Health plans to use the occasion to increase awareness of HIV/AIDS. Youths under age 25 bear the brunt of HIV infections in South Africa, comprising some 60% of all new cases. Young females are infected twice as often as males. The National Youth Commission and the Department of Health's volunteer and mass media campaign, "Beyond Awareness," will publicize an HIV/AIDS information hotline through TV and radio advertisements, following the theme "Youth in Service for National Development." The campaign encourages the young "to give their time and energy to services that offer HIV and AIDS counseling -- advice from a person in your own age group is bound to be more acceptable and accessible to young people." Rose Smart of the health department's National AIDS Program said, "We need to re-orient existing services to make them accessible and user-friendly for the youth. ... [j]udgemental adults [are] the last thing a young person needs when he or she is looking for advice, guidance and comfort." Smart said that "HIV and AIDS should be a primary focus of all services aimed at the youth. ... We need to draw in churches, NGOs, and even political parties who can reach these children" (South Africa Department of Health release, 6/13).

SCIENCE & MEDICINE

#6 GENE THERAPIES: COULD BE USED TO TREAT AIDS PATIENTS

Two experimental gene therapy treatments, somatic gene

therapy and germ-line gene therapy, are being used on a trial basis to treat AIDS patients, the Contra Costa Times reports. Although clinical treatment is "at least five years" away, "both types of therapies are creating quite a stir" in the research community. Critics charge that gene therapy could potentially cause "irreversible genetic errors," but proponents, such as Dr. Ted Friedmann, director of the research program at University of California-San Diego, compare gene therapy "to the advent of antibiotics or anesthesia -- only much, much bigger." The Times reports that if successful, gene therapy treatment could "revolutionize medicine, allowing doctors to better treat -- and possibly cure -- conditions such as AIDS." So far, the largest obstacle to successful gene therapy, researchers find, is the human body's immune system. Since 1990, researchers have sought to perfect the treatment, but the "human body has been able to outwit science every time." Scientists and public policymakers, however, believe successful gene therapy is imminent, and the American Society of Gene Therapy has begun to hold conferences on its "social ramifications."

HOW THEY WORK

Somatic gene therapy physically alters a diseased individual's genetic make-up by inserting healthy gene material into the blood system or cells. If proven successful, the therapy will be used to treat individuals who are already ill. Nationwide, 244 clinical studies are "investigating the effectiveness of somatic gene therapy methods," and at least one pharmaceutical firm, SySTEMix Inc., is "currently exploring gene

treatments in cancer and AIDS patients." Germ-line gene therapy works to prevent disease prior to birth. The procedure "reprograms the genes in a man's sperm or a woman's eggs to eliminate unwanted traits in future offspring" (Sevrens, 6/15). Click here to read past Daily HIV/AIDS Report coverage of gene therapy.

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

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-JUN-1998 21:21:25.00

SUBJECT: PACHA Recommendations on Global AIDS Issues

TO: BigBob411 (BigBob411@aol.com [UNKNOWN])
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TO: bob_hattoy (bob_hattoy@ios.doi.gov [UNKNOWN])
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TEXT:
To: Scott Hitt-Chair-President's Advisory Council on HIV/AIDS

From: Paul Boneberg--Global AIDS Action Network-202-667-6300

RE: Recommendations On US Global AIDS Policies and Programs

Date: June 16, 1998

Scott--

Attached is a final version of recommendations that GAAN provided to the International Subcommittee of PACHA. As I and others mentioned to the group we have failed to get the attention of the administration and believe that global AIDS issues are now off the radar screen of any high level officials. I attach letters to the administration from numerous groups, none of which have generated a response, although a meeting at USAID is still possible.

Any help PACHA can give in bringing attention to the issue would be welcome.

It is hard for us to believe that no one cares about this within the Administration, but the facts speak for themselves. If we do not soon get some high level champion to involve themselves it appears that any hope of increased action on global AIDS issues by the administration will be lost. We are, after all, in the sixth year with funding unchanged, the global strategy apparently not implemented, and visibility close to zero (as in the recent trip to Africa).

Please do what you can--

Paul

Recommendations to the President's Advisory Council on HIV/AIDS On US Global
AIDS Policies and Programs

Submitted by Global AIDS Action Network

As the global AIDS pandemic continues to expand at a horrific rate leadership
from the Clinton Administration on international AIDS programs is virtually non-existent. For example:

--Although the Administration is seeking a 5% increase in overall foreign
assistance spending for FY 99 it is seeking to decrease funding for the USAID
Child Survival and Infectious Disease Account by 10%. (AIDS programs remain level; other disease programs are slashed.)

The administration has never sought an increase in funding for global AIDS
programs and funding remains at the 1993 level of $121,000,000.

--The Department of State issued a sweeping US Strategy for HIV/AIDS in 1995.
It appears to be virtually meaningless, with the Department of State

unable to
even complete a review as to implementation of its many recommendations.

--CDC and NIH have conducted AIDS research on perinatal transmission in developing nations that the New England Journal of Medicine called ethically flawed. There is also question as to whether benefits from this research are of any use in some of the nations where trials were conducted, given complications around both testing and breast-feeding issues. This raises the question of why the US is funding research in nations that may not translate into program activity worthy of USAID support.

The global pandemic should, obviously, be a priority in its own right for the US. However, it should also be pointed out that an inadequate global AIDS program would likely have a negative impact on efforts to develop both vaccines and microbicides.

Recommendations

GAAN urges PACHA to undertake an action it has here-to-fore not done: make a public statement solely on recommendations for increased Administration leadership on international AIDS programs. We desperately need to gain the

attention of the Administration which has ignored letters and appeals from many community groups, and even refuses to implement its own preexisting strategies and commitments.

We urge you to consider making the following recommendations to the President:

The President should direct the Agency for International Development to seek
increased funding for HIV, other infectious diseases, and the entire Child Survival Account for FY 1999 and 2000.

The President should direct the Department of State to immediately ensure that
its 1995 strategy on HIV/AIDS is being fully implemented and expanded to incorporate new developments in the science of HIV. The Secretary should use
this opportunity to make a substantive public statement on US global AIDS programs.

The President should direct USAID, CDC, and NIH to establish a high level of
coordination to ensure that AIDS research conducted in other nations will provide substantial benefit to the citizens of these nations. (No research should be conducted that has little or no possibility of providing real benefit to the nation where it is undertaken.)

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

CREATION DATE/TIME:17-JUN-1998 16:27:02.00

SUBJECT: RE: NPR Story

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

TEXT:
Excuse me?????

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

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

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

> Sent: Wednesday, June 17, 1998 11:59 AM

> To: hdg1@cdc.gov

> Subject: NPR Story

>

> I gotta tell you - hearing John on that NPR story yesterday on

> surveillance

> REALLY aggravated me. Maybe some time you could help me understand

> how the

> hell he gets to continue this shit.

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: AIDS Medicine (AIDS Medicine & Miracles <amm@inspirational.org> [UNKNOWN])

CREATION DATE/TIME:17-JUN-1998 18:53:06.00

SUBJECT:

TO: bgw2 (bgw2@nip1.em.cdc.gov [UNKNOWN])
READ:UNKNOWN

TO: Bhattoy (BHattoy@ios.doi.gov [UNKNOWN])
READ:UNKNOWN

TO: BigBob411 (bigbob411@aol.com [UNKNOWN])
READ:UNKNOWN

TO: bolandmg (bolandmg@umdnj.edu [UNKNOWN])
READ:UNKNOWN

TO: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

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

TO: ctroupe (ctroupe@services.state.mo.us [UNKNOWN])
READ:UNKNOWN

TO: debaids (debaids@isdn.net [UNKNOWN])
READ:UNKNOWN

TO: Fraser-Howze_Deborah (Fraser-Howze_Deborah@oa.eop.gov [oa])
READ:UNKNOWN

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

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

TO: helenmm (helenmm@itsa.ucsf.edu [UNKNOWN])
READ:UNKNOWN

TO: hornor (hornor@hsc.usc.edu [UNKNOWN])
READ:UNKNOWN

TO: isbell (Isbell@hugheshubbard.com [UNKNOWN])
READ:UNKNOWN

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

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

TO: mojo1025 (mojo1025@aol.com [UNKNOWN])
READ:UNKNOWN

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

TO: NBOLLMAN (nbollman@irvine.org [UNKNOWN])
READ:UNKNOWN

TO: NSG999 (NSG999@msn.com [UNKNOWN])
READ:UNKNOWN

TO: Phyllis_Greenberger (Phyllis_Greenberger@oa.eop.gov [oa])
READ:UNKNOWN

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

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

TO: rev_alta (rev_alta@juno.com [UNKNOWN])
READ:UNKNOWN

TO: Rick_Stafford (Rick_Stafford@oa.eop.gov [oa])
READ:UNKNOWN

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

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

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

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

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

TO: terje (terje@worldnet.att.net [UNKNOWN])
READ:UNKNOWN

TO: thenders (thenders@glo.state.tx.us [UNKNOWN])
READ:UNKNOWN

TEXT:
Note: Some recipients have been dropped due to syntax errors.Please refer to the "$AdditionalHeaders" item for the complete headers.

June 17, 1998

Update Database Files

Attention: To whom it may concern

I am currently in the process of updating our records and am requesting some
information from those people who I have email addresses for. I do not have
any other personal information regarding individuals who were on the list
that we received from the President's AIDS Council. The appropriate
information that I need in order to add you to our database is as follows:
Name (first, last), address, organization association (if you desire to be
affiliated with one), and phone number. If you do not wish to be added to
the AM&M mailing list, please disregard this letter. I have added a little
information at the bottom to familiarize you with our organization so that
you may decide if our mailing list is something that interests you. Take
care and be well!

Best,

Joanna H. Liddle

AM&M Brief History: AIDS, Medicine and Miracles is a national non-profit organization coordinating educational retreats for all of us living and working with HIV/AIDS. Emphasizing a holisitic, whole person approach, we address the physical, emotional and spiritual components of health and wellness. In a community of love and support we bring together people living with HIV/AIDS, medical experts in HIV research and treatment, and pioneers in the field of mind/body health to provide treatment information and to share support, encouragement and hope. 1997 marked our 10th Anniversary of caring and service to the HIV Community. Our programs provide the tools for an integrated approach to HIV Management. Join us and

explore what holds promise for all of us living and working with HIV and AIDS.

****

"I came here with AIDS and self-pity. I am leaving with life and self-love"

-conference participant

AIDS Medicine & Miracles

Boulder, Colorado

Fax: (303)447-3902 Voice: (303)447-8777

Email: amm@inspirational.org

URL: Http://www.inspirational.org/~amm

****

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:17-JUN-1998 14:26:08.00

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 17, 1998

PUBLIC HEALTH & EDUCATION

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#1 HIV INFECTION RATE: Study Notes Shift From White Men To Minority Men And Women

#2 FEMALE CONDOMS: Taken Seriously In The Developing World

POLITICS & POLICY

==========

#3 NAMES-BASED REPORTING: NPR Examines Debate In Light Of Need For Better Statistics

ACROSS THE NATION

==========

#4 WHITMAN-WALKER: Announces Largest Endowment Of Its Kind

#5 MAINE: City Council Defeats 'Needle-Exchange Idea'

SCIENCE AND MEDICINE

==========

IN THE COURTS

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CORRECTION: "NAMES-BASED REPORTING: The Pros And Cons" (Friday, June 12, #6) misspelled Dr. Grant Nash Colfax's last name. Dr. Colfax is with the San Francisco Department of Public Health AIDS Office.

PUBLIC HEALTH & EDUCATION

#1 HIV INFECTION RATE: STUDY NOTES SHIFT FROM WHITE MEN TO MINORITY MEN AND WOMEN

A new federal study has found that while the rate of HIV infection among young white males has declined significantly, it has remained steady or risen among young men and women in racial

minorities -- a demographic shift that may have been prompted by behavioral trends. The study, conducted by the National Cancer Institute and appearing in today's issue of the Journal of the American Medical Association, compared estimated infection rates among people ages 18 to 27 between 1988 and 1993. The study found that while "HIV incidence attributed to homosexual contact or injection drug use decreased" during this period, "HIV incidence attributed to heterosexual contact was stable or increasing." Prevalence among young white men decreased by 50% during the period, but remained "relatively stable in black and Hispanic men." In contrast, HIV prevalence among "women aged 20 and 25 years rose by 36% and 45%, respectively, because of increasing heterosexual transmission" (Rosenberg et al, 6/17 issue). The Reuters/New York Times reports that in particular, the rate of infection among black women rose 60% during the period studied. The authors expressed concern about high rates of heterosexual transmission among young minorities. Dr. Philip Rosenburg, co-author of the study, noted that while blacks and Hispanics comprise just 27% of the of the age group studied, they accounted for two-thirds of all HIV cases (6/17). The Washington Post reports that it is not clear "what the findings imply for the present." Rosenburg said, "If fewer people have the disease, there is less chance of encountering an infected person, which tends to slow the spread (6/17). The authors expressed particular concern that so many HIV-positive persons become infected as teenagers (JAMA, 6/17 issue). The Reuters/Washington Times reports that according to the authors, the study "was the

most detailed yet of infection trends among the first generations to enter young adulthood facing the threat of AIDS" (6/17).

#2 FEMALE CONDOMS: TAKEN SERIOUSLY IN THE DEVELOPING WORLD

Although the female condom "Reality" has "made hardly a dent in the U.S. contraceptive market" since its arrival in 1994, it is being viewed "with utmost seriousness" in developing countries "because it not only prevents pregnancy but can also prevent deadly disease," the Washington Post reports. This year, through a new UNAIDS program, African nations such as South Africa, Uganda, Zambia and Zimbabwe "bought millions of the devices in hopes of slowing the spread of the AIDS virus that is devastating their populations." UNAIDS negotiated with Reality manufacturer Female Health for a volume discount that brought the cost per condom down from about $2.50 to "under a dollar." According to Female Health President Mary Ann Leeper, the "need ... is just terrible. In Botswana, 20% of the sexually active population has AIDS. ... The average lifespan was 65; now it's down in the low forties, and the ones dying are the young people."

CULTURAL DIFFERENCES

In the U.S., the female condom has been the subject of "jokes and embarrassed laughter in the pages of women's magazines and other media." People don't like the way it looks and "[m]en were quoted as saying it was like having sex with a sandwich bag." Leeper said, "I thought this [would] address the issue of empowerment of women. What I found in the U.S., women don't want to be empowered in the bedroom. In the boardroom, yes, but in

the bedroom they don't ... want to jeopardize having sex with that man." In developing countries, women "know they're at risk" of sexually transmitted diseases, she said, whereas in America and other developed nations, "there are other choices and not so many threats." Also, Leeper noted that in some developing countries, women "can't ask the man to wear a male condom."

OFFERING BOTH CONDOM TYPES

The Post reports that "when the female condom is offered as an option along with the male condom, more people act to protect themselves." A 1997 study of female sex workers in Thailand found that "[a]mong women who were given access to both male and female condoms, the average incidence rate of sexually transmitted diseases decreased by 34%, and the number of unprotected sex acts decreased by 25% compared with a group of women who had only male condoms as an option" (Herman, 6/16).

POLITICS & POLICY

#3 NAMES-BASED REPORTING: NPR EXAMINES DEBATE IN LIGHT OF NEED FOR BETTER STATISTICS

A federal study published in today's Journal of the American Medical Association found that the rate of HIV infection is falling among gay men and drug users, but rising among heterosexual men and women (see story). But NPR's Robert Siegel reports that the current picture of the HIV epidemic is based on old and incomplete numbers. The trends documented in the JAMA study are more than five years old, culled from 1988 to 1993. To

gather more current data, NPR's Brenda Wilson reports, the Centers for Disease Control and Prevention want states to track HIV-infected people by name. CDC officials hope nationwide, names-based reporting will simplify what has been an "unwieldy task" for the government, "subject to hyperbole and a lack of hard numbers." Although 32 states have complied so far in establishing some sort of system for names-based reporting, those states account for only one-third of the HIV infections in the United States. Two of the hold-outs are New York and California, thought to account for nearly half the nation's HIV cases. And CDC officials worry that could be skewing the record. "Our estimates about how many people are living in the United States with HIV are actually about five years old now because we really have no effective way currently of estimating the size of the epidemic," said John Ward, who tracks the disease for the CDC. "The number of people living with HIV could well be increasing," he added.

FEAR OF DISCLOSURE

Some public health officials and AIDS activists are fighting the push for names-based reporting, which they say could scare people into avoiding testing altogether. Wilson reports that in minority communities where HIV is more prevalent, many people already are suspicious of the government. One Massachusetts public health official said a recent survey in her state showed that "people are still not comfortable with the idea of the government maintaining a list of people who are infected, particularly if they receive welfare or are afraid of losing

custody of their children." Massachusetts started a code-based system, in which unique coded identifiers are used in place of names for each HIV-infected person. The CDC's Ward said that system, adopted by several other states including Texas and Maryland, is unsatisfactory because it does not allow researchers to track the mode of transmission of the virus.

WATCHING NY AND CA

All eyes are on New York and California, the two states that supporters of names-based reporting hope will jump on the bandwagon. If New York is going to adopt a names policy, NPR's Wilson reports, it will have to do so this week, before the current legislative session ends. But some AIDS advocates are unhappy with the proposals before the New York Legislature because many of them tie reporting to partner notification. Dr. Mark Rappaport, a former public health official and member of a special advisory committee to the state health commissioner, criticized the system. "We have a system in New York, or a non-system I would characterize it as, which allows physicians to tell a partner if the infected person chooses not to, but it also allows them to not divulge that data and not involve public health officials. ... I think that's an outrage," he said. California, meanwhile, has no current plans to institute names-based reporting, though it has considered using a coded-identifier system. Wilson reports that some researchers wonder if that will be enough: "Epidemiologists say that means that changing trends in infection and pockets of HIV off the main track may go unnoticed" (Morning Edition, 6/17). Click here for

more Daily HIV/AIDS report coverage of the debate over names-based reporting.

ACROSS THE NATION

#4 WHITMAN-WALKER: ANNOUNCES LARGEST ENDOWMENT OF ITS KIND

The Washington, DC-based Whitman-Walker Clinic recently established a private "endowment with a lead gift of $2 million," making it "the only major AIDS service organization with such an endowment." The Washington Post reports that the late Richard Karpawich bequeathed the gift, which is the "largest from a single donor in the organization's 25-year history." The clinic already has used most of the endowment to buy the building that houses its Elizabeth Taylor Medical Center. Whitman-Walker plans to use rent income from tenants within the center and private donations "to enhance the endowment," according to clinic officials (6/17).

#5 MAINE: CITY COUNCIL DEFEATS 'NEEDLE-EXCHANGE IDEA'

Concerned that a recently passed state law could bring a needle-exchange program to Port City, ME, Assistant Mayor Alex Hanson attempted to convince the city council to "rally ... against introducing" such a program, but was defeated by a 7-1 vote during a recent council meeting. Foster's Daily Democrat reports that a measure sponsored by state Rep. Cecelia Kane (D) and recently passed by the state Legislature "empowers local officials to decide whether to implement needle-exchange

programs." Although no one has approached the city to implement such a program, Hanson said he did not want "to wait for a formal request by the state before addressing the issue." During the same meeting, Kane came before the council "to invite the city to participate in efforts to bring Miss America to Portsmouth." The council "welcomed the idea of having" Kate Shindle, who "supports AIDS education and needle-exchange programs," but "declined using city funds for the endeavor" (Coolidge, 6/16).

SCIENCE AND MEDICINE

#6 HEPATITIS C: HIV MASKS SOME TEST RESULTS

Physicians are finding that the HIV virus masks results from standard hepatitis C tests, the Detroit Free Press reports. The two viruses often go hand-in-hand: "In some cities, more than 90% of people who were infected with HIV by sharing needles also are infected with the hepatitis C virus," according to the Centers for Disease Control and Prevention. While "[s]tandard screening for hepatitis C measures antibodies to the virus," the test "fails to work in 20% - 50% of people who are also infected with HIV." As a result, a more expensive blood test -- called a "PCR assay" -- must be used to screen HIV-positive individuals. Regarding treatment, physicians report the new hepatitis C combination therapy "appears to work about as well" in patients who carry both viruses as it does for those who only have hepatitis C, the Free Press reports. The American Foundation for AIDS Research is conducting a 20-city clinical study to

scientifically verify that anecdotal evidence (Roehr, 6/16).

#7 FAMVIR: FDA APPROVES HERPES DRUG FOR HIV/AIDS PATIENTS

The Food and Drug Administration yesterday approved the drug Famvir (famciclovir) for people with HIV who suffer from the herpes simplex virus, drugmaker SmithKline Beecham announced. Famvir, the oral form of penciclovir, is the first oral drug approved for this purpose. Initial studies indicate that the drug effectively heals herpes lesions in HIV-positive patients if treatment occurs within 48 hours of an outbreak. "An effective antiviral treatment that can be used safely in HIV patients is good news, because herpes infections are very common among people with HIV, and outbreaks are often more frequent and severe," said University of Alberta professor Dr. Barbara Romanowksi, who has researched the drug. It is estimated that nearly 95% of HIV-infected individuals also are infected with a strain of the herpes virus.

EASILY MANAGED MEDICINE

Famvir is an appealing treatment option because it is taken orally twice a day, making it easier to manage for HIV patients who follow strict drug regimens. "Since people with HIV are typically taking large amounts of medications that require frequent dosing, compliance is a common problem," said Dr. Sorana Segal-Maurer, who specializes in the treatment of HIV patients at New York Hospital Medical Center of Queens (SmithKline Beecham release, 6/16). Click here for previous coverage of HIV patients and herpes.

IN THE COURTS

#8 CRIMINAL TRANSMISSION: RECENT CASES IN PENNSYLVANIA AND MARYLAND

A little-known Pennsylvania "get-tough prostitution law" is under criticism for its lack of effectiveness in combatting the criminal transmission of HIV. "The law, enacted in March 1995, offers penalties as stiff as seven years in prison for prostitutes who engage in sex after discovering they have HIV or AIDS," the Philadelphia Daily News reports. In addition to prostitutes, the law "targets pimps who solicit the AIDS-infected prostitutes, as well as the johns who knowingly infect prostitutes during paid visits." After three years on the books, the law has been enforced only twice in Philadelphia and "a handful of times across the state." Critics call the law a "feel-good" effort that punishes only those offenders who have undergone testing and who know they are HIV-positive. Further, such testing must be voluntary; under a 1990 state law, police cannot force prostitutes or their clients to undergo testing or to disclose their HIV status, the Daily News reports. Critics claim that "the law by its very design discourages prostitutes,pimps and their customers from seeking AIDS testing and counseling." Philadelphia District Attorney Lynne Abraham "says she isn't sure [the law is] the most effective tool for dealing with the spread of AIDS or the growing prostitution problem." She said, "I didn't support it. If I needed it, I would make use of it. But to have two arrests in three years, when we've made

10,000 prostitution arrests in that time? It's highly unlikely this bill is an effective tool" (Adamson, 6/16).

ATTEMPTED MURDER

A 51-year-old Baltimore, MD, man is facing charges of attempted murder for not wearing a condom when he raped a woman in late May, the AP/Nando Times reports. The man has known he was HIV positive for 13 years, according to a police report. He has been denied bail and will remain in jail until his trial, set for July 14. If convicted, he could face life in prison (6/15).

#9 HIV DISCLOSURE: JUDGE ALLOWS PRISONER'S PRIVACY SUIT TO PROCEED

A New York judge is allowing a lawsuit to proceed in which a former female inmate claims that her right to privacy was breached when her HIV status was disclosed by a guard. The New York Law Journal reports that Southern District Judge Harold Baer Jr. denied a motion by the guard to dismiss the case. The plaintiff claimed the guard "deliberately display[ed] her AZT medication," thereby disclosing that she was HIV positive. The guard's attorney's had argued that "there is no precedent establishing a constitutional right to privacy for an inmate's HIV condition." In addition, the guard held "that his conduct was reasonable since he had a duty to examine inmates for security reasons." Judge Baer rejected both arguments as "equally meritless," citing two district court precedents in New York that found that "inmates are protected from unwarranted disclosure of their HIV status." Additionally, Baer emphasized

that common sense should have told the guard "he was violating a defined constitutional right." In his opinion, Baer wrote: "An inmate has 'a robust interest in preventing the disclosure of his or her HIV status, an intensely personal condition, to strangers in prison -- with whom there is often a mutually distrustful relationship.'" Disclosure of a prisoner's HIV status also can lead to a "dual stigmatization" when they are released, wrote Baer. "Although societal perceptions have thankfully improved in recent years, in many circles, AIDS carriers are still viewed as the modern day equivalent of lepers," he said (6/15).

==========

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

E-mail: report@kff.org

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CONTRIBUTING EDITOR: Russ Walker

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

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-30-

:

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. email	From ECHNDC@aol.com to Todd Summers Re: You're invited..... (2 pages)	06/17/1998	Personal Misfile

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

FOLDER TITLE:
[06/12/1998 - 06/25/1998]

2018-0758-F
jn561

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]
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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.

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b(1) National security classified information [(b)(1) 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: Lotus Pager Gateway (Lotus Pager Gateway [UNKNOWN])

CREATION DATE/TIME:17-JUN-1998 19:46:30.00

SUBJECT:

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

TEXT:
To: 2168163 @ SkyTel

cc:

From: Todd A. Summers

Date: 6/17/1998

Time: 19:41:44

Subject:

Body:

Call Todd at 395-2130

Priority:

Message history for recipient SANDY (SKY) THURMAN [Pager]

Wednesday 17 Jun 1998 19:45:35 Eastern Standard Time - Message received

by Pager Gateway

Wednesday 17 Jun 1998 19:46:09 Eastern Standard Time - Message received

by Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:17-JUN-1998 22:25:06.00

SUBJECT: RE: NPR Story

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

TEXT:
Tried to call, but by the time I had a chance you were gone. I think what I was reacting to most was the continued John Ward bashing. I think it's very unfair. If you read the comments that he made, there is little if anything that is inapproriate, given the questions he is presumably responding to. The headline and the spin that the media wants to give this is and continues to be one that pits CDC against others. Our media people worked hard on this to make sure there was a clear understanding of our position upfront (ie that there is not an official policy, that any policy we would put out woul allow for flexibility, etc.). John also (and I've been with him to hear how he discussed this) is very clear about how we want this to be discussed. It is very frustrating for us to constantly see this made into a hardened stance and framed in a way that suggests that the object of this is having the names of people with HIV.

At this point the best thing that could happen is to be allowed to get the MMWR out so that people can see for themselves not second guess what is being considered. I actually think we have done a decent job of meeting the main concerns that people have about flexibility, confidentiality and security.

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

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

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

> Sent: Wednesday, June 17, 1998 1:38 PM

> To: Gayle, Helene D

> Subject: RE: NPR Story

>

> Ok, so this is why I shouldn't have email. I re-read my note and it

> was

> tacky and unprofessional. I'm sorry. It was a clumsy attempt at the

> kind

> of familiarity I feel with you - honestly, I meant no dig or offense.

> Just

> shouldn't have written it.

>

> Can we talk about how to work together to get this resolved? We're

> getting

> a lot of pressure from community folks and the President's Advisory

> Council, and are continuing to tell them that the policy it isn't

> determined yet. I'll call.

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:18-JUN-1998 14:22:37.00

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 18, 1998

SCIENCE & MEDICINE

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#1 AIDS RESEARCH: Scientists Release First 3-D Pictures Of Key HIV Protein

#2 MEDICAL MARIJUANA: Researchers Find Marinol Beneficial For HIV Patients

POLITICS & POLICY

==========

#3 CALIFORNIA: San Mateo To Close AIDS Hospice

IN THE COURTS

==========

#4 MISSOURI: State Supreme Court Upholds HIV Risk Law

GLOBAL CHALLENGES

==========

#5 GREAT BRITAIN: Report Says Teens Need More Sex Education

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.

SCIENCE & MEDICINE

#1 AIDS RESEARCH: SCIENTISTS RELEASE FIRST 3-D PICTURES OF KEY HIV PROTEIN

After years of effort, researchers have developed the first three-dimensional images of a key protein used by the HIV virus to infect cells. The Boston Globe reports that the "discovery,

considered a technical tour de force, already reveals secrets" of how HIV docks with molecules on human cells and "suggests why vaccines against HIV so far have been disappointing" (Knox, 6/18). The government-funded research was conducted by scientists at Harvard's Dana Farber Cancer Institute, Columbia University's College of Physicians and Surgeons in New York. SmithKline Beecham Labs collaborated on the study. Using a "technique called X-ray crystallography," the team took a purified concentration of the protein, gp120 and crystallized it. "Then they bombarded the crystal with X-rays. By observing the pattern" as the X-rays passed through the molecule, they were able to obtain a 3-D picture (Collins, Philadelphia Inquirer, 6/18). Each AIDS virus contains 216 such molecules, which measure only 1/200-millionth of an inch across. "In a rare tribute to the achievement's importance, the new pictures of the HIV molecule adorn the covers of both the British journal Nature, published today, and its U.S. rival Science, appearing tomorrow," the Globe reports (6/18). Lead researcher Joseph Sodroski said, "It's the difference between being blind -- trying by trial and error to find new drugs and vaccines -- and being able to see. For the first time we can see this protein."

"VIRAL HOUDINI"

In imaging the virus, the researchers found plenty of strong defenses that HIV possesses against the body's natural immune response. The molecule contains loop-shaped projections, which can change shape and "shield critical docking regions of the HIV protein from attack by antibodies that hunt down viruses

(Sternberg, USA Today, 6/18). When the virus is ready to bind with a white blood cell to infect it, "the loops collapse out of the way" (Maugh II, Los Angeles Times, 6/18). Further, the docking mechanism of gp120 hides "behind a cover of sugar molecules," which also prevent destruction by human antibodies. Sodroski said, "HIV is a viral Houdini. It carries a multiply protected infection machinery that frustrates host defenses" (Inquirer, 6/18).

A NEW HOPE?

The researchers feel that the new images cast doubt on the ability of current vaccine trials to effectively combat HIV. The vaccines, "which stimulate the immune system to attack gp120, do not compensate for the protein's ability to hide its key binding regions until the last instant" (USA Today, 6/18). Sodroski refers specifically to a current trial of a vaccine by San Francisco-based VaxGen Inc., the first AIDS vaccine to "enter final clinical trials in people." He said, "Gp120, which is this VaxGen approach, has been tried before and it has been very disappointing and I think that is something we can expect" (Fox, Los Angeles Times, 6/18). Optimism remains, however, the new pictures will lead to a new generation of vaccine trials. For the first time, "We can see what the defenses of this virus are, and that allows us to focus on a logical approach to penetrate those defenses," said Sodroski (AP/Richmond Times-Dispatch, 6/18). For instance, gp120 contains a hole, which binds to a chemical finger on a T-cell receptor cite called CD4. "The new work reveals details of that hole, which might allow scientists

to design drugs that essentially plug it, and thereby prevent infection" (Baltimore Sun, 6/18). Dr. Peter Kwong, one of the Columbia researchers, said, "When I first saw that, I said, 'My god, that's the cure for AIDS." Dr. David Baltimore said, "Having the binding cite for CD4 is a great plus, because it could give an idea of a site for inhibitor binding" (New York Times, 6/18). Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said: "The more you learn about the precise molecular structure of the covering of the virus, the better off you are in trying to design a vaccine. This is the first step toward being molecularly precise in how we approach immunizing people" (USA Today, 6/18).

#2 MEDICAL MARIJUANA: RESEARCHERS FIND MARINOL BENEFICIAL FOR HIV PATIENTS

San Francisco researchers evaluating Marinol -- the only legally available form of THC, the active psychoactive ingredient in marijuana -- found it effective in treating appetite loss, vomiting and nausea among HIV-infected patients. The nine-month study, drawing on nationwide data from researchers, physicians, addiction medicine specialists and law enforcement personnel, was announced yesterday by Chicago-based Unimed Pharmaceuticals, Inc. The researchers found that cannabis-dependent populations show no interest in abusing or illegally trafficking Marinol, which may help allay fears about misuse of the product. The study noted that the substance produces no "effects that are considered desirable in a drug of abuse." Unimed President and CEO Ronald

Goode said, "This study is an important validation for the many patients who are currently receiving clinical benefits from Marinol." The findings were presented by Haight Ashbury Free Clinics president and research director, Sarah Calhoun, at the College of Problems of Drug Dependency's annual scientific meeting (Unimed release, 6/17). A separate study by San Francisco researchers is examining the effectiveness of marijuana cigarettes in treating AIDS patients.

POLITICS & POLICY

#3 CALIFORNIA: SAN MATEO TO CLOSE AIDS HOSPICE

San Mateo County, CA, officials announced Tuesday that they will close the county's only AIDS hospice on June 30 and reopen it as a residential facility for people "suffering from a variety of terminal illnesses." The San Francisco Chronicle reports that Belmont House opened a six bed residential facility three years ago after local officials learned that AIDS patients were "dying alone in run-down motels or on the street." But health officials said the roughly $600,000 annual cost to operate the hospice "forced" them to reorganize. John Conley, county AIDS program director, said that keeping the six-bed hospice open would have meant cutting programs that served 500 people with AIDS. The county spends $3 million annually on care for people with HIV. Conley noted that the need for hospice care has dropped with the advent of anti-viral drug treatments. In the last six months, none of the county's 530 AIDS patients has died of an AIDS-

related illness. The new, eight-bed residential facility will continue to serve AIDS patients as well as those with other terminal illnesses (Wilson, 6/17).

IN THE COURTS

#4 MISSOURI: STATE SUPREME COURT UPHOLDS HIV RISK LAW

The Missouri Supreme Court Tuesday upheld a 1988 state law that makes it illegal for HIV-positive individuals to have unprotected sex without first informing sex partners of their HIV status. The AP/St. Louis Post-Dispatch reports the law was challenged in court by Sean Sykes, sentenced to 10 years in prison after having repeated unprotected sex with both a woman and an underage girl, and Charles Mahan, who was given five years for repeated unprotected sex with another man. Upon testing positive for the virus, both men "signed forms acknowledging they were HIV positive, stating they were aware of the Missouri law and that they would not violate it." Both challenged the law for being overly vague, and both contended that their HIV status was privileged medical information that should not have been disclosed to the court. Judge William Ray Price Jr. rejected each claim, writing, "Because infection with HIV is an element of the crime of risking infection with HIV, a prosecutor who is contemplating bringing charges against someone ... needs to know the HIV status of that individual" (6/17).

GLOBAL CHALLENGES

#5 GREAT BRITAIN: REPORT SAYS TEENS NEED MORE SEX EDUCATION

A report released by the "Labour-leaning" Fabian Society "accuses" British parents and schools of failing to prepare teenagers for a "healthy sexual life," the BBC reports. The report cites statistics that "[h]alf of all Britons with HIV are under 25," 90% of teens are sexually active and 10% have a sexually transmitted disease. It says schools "need to ensure that sex and relationships are a mandatory part of the national curriculum" and that parents must be "more open and honest about sex." At present, only 70% of schools teach safe sex, and very few mention homosexuality. The report also states that the society "wants teenage sexual health to be one of the government's public health priorities," considering that "Britain has one of the highest teenage pregnancy rates in the developed world." In addition, it notes that the society supports a recent push to make "morning-after" pills available through nurses and pharmacists. A Fabian spokeswoman said, "We need to get real and generate a climate of openness, provide free information and ensure access to confidential advice" (6/17).

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Kennedy, Becky Neilson, Adam Pasick

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:18-JUN-1998 17:46:05.00

SUBJECT:

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

TEXT:
To: 2168163 @ SkyTel

cc:

From: Todd A. Summers

Date: 6/18/1998

Time: 17:41:15

Subject:

Body:

Call Todd at 456-2444

Priority:

Message history for recipient SANDY (SKY) THURMAN [Pager]

Thursday 18 Jun 1998 17:45:19 Eastern Standard Time - Message received

by Pager Gateway

Thursday 18 Jun 1998 17:45:54 Eastern Standard Time - Message received

by Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Richard K. Ehara ("Richard K. Ehara" <rehara@nmac.org> [UNKNOWN])

CREATION DATE/TIME:18-JUN-1998 02:49:51.00

SUBJECT: Re: Hi

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

TEXT:
home 483-8952

==========

Richard K. Ehara

Treatment Education and Training Specialist

National Minority AIDS Council

1931 13th Street, NW

Washington, DC 20009-4432

Tel: (202) 483-6622

Fax: (202) 483-1135

E-mail: rehara@nmac.org

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

> To: "Richard K. Ehara" <rehara@nmac.org>

> Subject: Re: Hi

> Date: Wed, 17 Jun 1998 19:23:02 -0400

>

>love to - I have lost your home number so I'll try you tomorrow.

>

>Todd

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:18-JUN-1998 20:44:25.00

SUBJECT: Re: Paperwork

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

TEXT:

Todd---sorry this is still a problem and here's a letter I could send--I though Ross Leach was at your office--or is its someone else? Also, I understand that HUD has made offers on the secretary's position and we will have a new term (up to 4 years) employee who will be assigned to your office; she will start on Monday, June 29 and will probably be in HUD for only one day on paperwork. Our administrative office should let me know soon which of the group was selected.

-- what do you think?

PS--lunch would be great, give me a date, I'm sure you're schedule is worse than mine. DV

Ms. Sandra L. Thurman

Director

White House Office of National AIDS Policy

736 Jackson Place NW

Washington, DC 20503

Dear Sandy:

This letter provides you with confirmation that a temporary services agency has been retained by the Department of Housing and Urban Development and that their agent, Ross Leach, is currently assigned to provide administrative assistance to the Interagency Task Force on HIV/AIDS. I understand that Mr. Todd Summers, Deputy Director of your office, will serve as the supervisor during this assignment. In this capacity, the temporary employee will serve as an agency representative, although this role will not involve any policy representation on behalf of this Department.

HUD is pleased to support the efforts of your Office in view of our common missions in addressing the housing needs of persons affected by the HIV epidemic.

Very sincerely yours,

David Vos

Director

Office of HIV/AIDS Housing

I just got an ear-full from the administration people about getting paperwork on the receptionist. I know she's only temporary, but I'm not supposed to have anyone here without submitting the letter from you all first. Do you still have the draft I sent you? Can you just send

something over? Thanks for coming the other night - sorry we didn't get a chance to chat more - any interest in getting together for a sandwich?

If you lost it, try this:

We are please to be able to provide _____ to the Office of National AIDS Policy to serve as an agency representative on the Interagency Task Force on HIV/AIDS. She/he will be available in the capacity starting on _____ and ending _____. [you can put in a distant date if you're not sure - you can always withdraw someone - doing extensions is yet another piece of paper!]. During their tenure, this agency representative will be providing administrative support to the office and will not be providing policy guidance.

Sincerely,

David Vos

HUD

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	06/18/1998	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:
[06/12/1998 - 06/25/1998]

2018-0758-F
jn561

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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) 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:18-JUN-1998 22:38:42.00

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

Date: 06-18-1998

[005]

Time: 18:34:13

This message serves as confirmation of an appointment for the

visitors listed below.

Appointment With: SUMMERS, TODD

Appointment Date: 6/18/98

Appointment Time: 8:00:00 PM

Appointment Room: WW

Appointment Building: WH

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U71366

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 : 4

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 4

****

COHEN, ANDREW

COHEN, DORY

COHEN, LACY

COHEN, NANCY

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:18-JUN-1998 21:25:23.00

SUBJECT: small grant fund meeting while in geneva

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

TO: ccortez (ccortez@usaid.gov [UNKNOWN])
READ:UNKNOWN

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

TO: pbhatt (pbhatt@usaid.gov [UNKNOWN])
READ:UNKNOWN

TEXT:
Don Casey, Association Francois-Xavier Bagnoud

Todd Summers, Office of National Aids Policy

Clif Cortez, HIV/AIDS Division USAID

Paurvi Bhatt, HIV/AIDS Division USAID

Helen Cornman / Ron MacInnis, Global Aids Program NCIH

We would like to have a Small Grant Fund steering committee meeting while

in Geneva; as we have a few applications for consideration.

Some possible times include:

6/29 monday 8:00 for breakfast,

6/29 monday 12:00 for lunch, or

6/30 tuesday 12:00 for lunch

Please repsond as to which time is best and then we'll send out an e-mail

with a final meeting time.

Thanks,

Kim Parvez

Global Aids Program Assistant

****

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:19-JUN-1998 14:09:45.00

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 19, 1998

PUBLIC HEALTH & EDUCATION

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#1 PREVENTION: Study Shows Risk Reduction Counseling Effective
In High-Risk Populations

#2 AIDS AWARENESS: Today Is Annual Day Of Compassion

#3 CONNECTICUT: Board Approves Voluntary Sex Ed Guidelines

POLITICS & POLICY

==========

#4 NEW YORK: Names-Reporting Bill Passes Assembly

SCIENCE & MEDICINE

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#5 VAXGEN: Says New 3-D HIV Images' Implications For AIDSVAX
Were Misinterpreted

#6 VACCINES: Stanford Study Finds 'Imperfect' Vaccines Still Effective

MEDIA & SOCIETY

==========

#7 PARTNER NOTIFICATION: HIV-Positive Partners Often Don't Reveal Their Status

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 PREVENTION: STUDY SHOWS RISK REDUCTION COUNSELING EFFECTIVE IN HIGH-RISK POPULATIONS

A groundbreaking study in today's Science shows that educational and counseling sessions are effective in curbing risky sexual behavior among groups at a high risk for HIV, proof that preventing the spread of the epidemic is as important as figuring out how to treat it. The Philadelphia Inquirer reports that the study of 3,706 low-income African Americans and Hispanics in 37 inner-city health clinics provides the "first

hard evidence" that initiatives aimed at "chang[ing] people's behavior -- as opposed to medical interventions such as drugs or vaccines -- have an important role to play in stopping the spread of HIV" (Collins, 6/19). "Reducing high-risk behaviors is still the best way to prevent HIV infections," said Dr. Steven Hyman, director of the National Institute of Mental Health, which funded the study. "There has been a stigma ... about the ability to reach this disadvantaged population. We have identified an effective strategy that could be adopted by public health and community organizations all across America" (Maugh II, Los Angeles Times, 6/19). The advocacy group AIDS Action said the study's findings are "a wake-up call for a new era of prevention." Daniel Zingale, the group's executive director, called prevention a "virtual vaccine" that could curb the epidemic, noting that the "national leadership" should be behind prevention efforts just as they would back a real vaccine. "Until there's a cure, the most immediate breakthroughs in fighting HIV will come through treating prevention like the vaccine we so desperately crave," he said (AIDS Action release, 6/18).

REAL RESULTS

Study participants attended seven two-hour small-group sessions featuring discussions about AIDS and sexual behavior, role-playing activities, instruction in proper condom use and videos about safer sex, while a control group received one hour-long AIDS education session, the Washington Times reports. During the year after the training program, subjects were

periodically asked to report on their behavior. Participants in the intensive counseling sessions "reported significantly fewer unprotected sexual acts, had higher levels of condom use and were more likely to use condoms consistently" (Larson, 6/19). Researchers also found that men in the intervention project "were only half as likely to contract gonorrhea" -- considered a reliable marker of whether people are practicing risky sexual behavior -- than those who did not attend the sessions, according Rutgers University's Ann O'Leary, who conducted the study (Groves, Bergen Record, 6/19).

FINDING FUNDING

Researchers called prevention programs a "cost-effective" way to deal with the HIV epidemic, the AP/Contra Costa Times reports (Recer, 6/19). Hyman said the intervention program used in the NIMH study cost about $278 per participant -- "about the same as the cost of one week of treatment for an HIV-infected person with protease inhibitors," the Washington Post reports. Funding for AIDS research and treatment continues to increase, but federal funds for prevention have remained steady. "When it comes to prevention, the watchword is, give as little as possible and expect a lot," said University of California-San Francisco's Thomas Coates. "That's a misguided way to look at prevention ... We know a vaccine is a long way off. We know the treatments are imperfect and are going to be harder and harder to deliver. Prevention is still where it's at" (Okie, 6/19) And "state and local governments have spotty records when it comes to funding intervention," the Asbury Park Press reports. Rutgers' O'Leary

said she hopes prevention techniques will be used, but added that most "health and community organizations are severely underfunded," which prevents public officials from implementing intervention programs in the areas that need them most. "Because funds are limited we have had to place prevention projects in the cities with the highest incidence," said Steven Saunders of the New Jersey health department's AIDS prevention division. "We have those covered, but people in cities with lower incidence rates need something as well" (McEnery, 6/19).

POLITICS AS USUAL

The Atlanta Journal-Constitution reports that "politics sometimes defeats scientific reason when it comes to American AIDS prevention policies, notably the federal government's support of abstinence-only education and refusal to finance needle-exchange programs." The National Academy of Sciences' Karen Hein said the rates of HIV, STDs and unintended pregnancy are higher in the United States than in other developed nations because of the "widespread 'reluctance to use scientific findings as a basis for policy because of the perceived political consequences" (McKenna/Kim, 6/19). "It did take a while to get the science in place. Now ... it's there," Hein said. "Now, perhaps the focus ought to be on policy and politics" (Washington Post, 6/19).

#2 AIDS AWARENESS: TODAY IS ANNUAL DAY OF COMPASSION

Media outlets across the country plan to call attention to the continuing crisis of HIV/AIDS today. On this sixth annual

Day of Compassion, network and cable television, print media, Internet providers and radio stations will air special programming specifically geared toward educating and raising awareness about those living with the disease, those working on research and advocacy fronts, and friends and families who have -- on a multitude of levels -- been touched by HIV/AIDS. Gay and Lesbian Alliance Against Defamation (GLAAD) executive director Joan Garry said, "Over the past five years, Day of Compassion has demonstrated the unparalleled ability of the media to call attention to compelling social issues such as HIV/AIDS. While it is important to highlight the remarkable progress being made in the medical arena, it is critical to remind the public that this is not a time to be complacent." The event is cosponsored by GLAAD, the Names Project Foundation and Cable Positive, the cable industry's action organization. Scheduled TV appearances include Jeanne White, mother of the late Ryan White, on Good Morning America and Miss America Kate Shindle on CNN. Over 300 other shows and cable systems will broadcast dramatic and informational shows with AIDS-related themes. For more information, click on GLAAD's Website at www.glaad.org (release, 6/18).

#3 CONNECTICUT: BOARD APPROVES VOLUNTARY SEX ED GUIDELINES

The state Board of Education Wednesday approved "a new set" of voluntary guidelines for sex education curriculum, "leaving local school boards free to accept or reject all or part of the recommendations." The New Haven Register reports that the recommendations "teach students about respecting others

regardless of ... sexual orientation" and "call for teaching about contraception and methods for avoiding sexually transmitted diseases" and HIV (Hladky, 6/18). "The guidelines are a compromise reached after months of debate over what is appropriate to teach about sex in kindergarten through high school and how much input parents should have" (AP/Boston Globe, 6/18). About two weeks ago, the board recommended reinstating disputed portions of the guidelines.

POLITICS & POLICY

#4 NEW YORK: NAMES-REPORTING BILL PASSES ASSEMBLY

The New York Assembly gave approval yesterday evening to a measure that would establish a names-based HIV reporting system for the state (Daily Report sources, 6/19). The final obstacle to the bill fell when state Assembly Speaker Sheldon Silver (D), who had for years blocked the bill from coming to a vote, "gave in to pressure from other Democrats" and allowed the measure to come up for a vote, the New York Times reports. Subsequently, the bill was narrowly approved by two committees by identical votes of 11 to 10. The state Senate passed the bill June 11 with strong bipartisan support. It would mandate that "HIV-positive people be reported to the state" and that "government health workers ask infected people to name their sexual partners so they can be notified that they are at risk." The Times reports that bill sponsor Assemblywoman Nettie Mayersohn has spent "years trying to embarrass Mr. Silver into allowing a vote," her case

strengthened by the saga of a New York man who infected 12 women and girls with the HIV virus last year. "This is a great moment for common sense. This is what ... we should have done years ago," said Mayersohn. Predicting privacy violations and a disruption of the doctor-patient relationship, "AIDS-treatment advocacy groups fought the measure." Robert Jaffe, a lobbyist for Gay Men's Health Crisis, said, "The idea that HIV-positive persons will disclose to government workers who they don't know and don't trust is a fantasy" (Perez-Pena, 6/19).

SCIENCE & MEDICINE

#5 VAXGEN: SAYS NEW 3-D HIV IMAGES' IMPLICATIONS FOR AIDSVAX WERE MISINTERPRETED

Yesterday's news that scientists had obtained the first 3-D pictures of HIV -- images that show a "houdini-like" ability to change shape -- led some to speculate that current vaccine approaches may prove ineffective. But VaxGen, Inc., developer of AIDSVAX, says the reverse is true. Phillip Berman, vice president of research for VaxGen, said, "Speculation by scientists, in reaction to the first cystallography pictures of the HIV envelope protein gp120, that an AIDS vaccine based on gp120 proteins is unlikely to work is premature and incorrect. To the contrary, the data, which indicate that the virus has a two-target strategy, actually confirm the importance of gp120 in inducing a protective immune response and, indeed, validate the scientific basis on which VaxGen has developed its AIDSVAX

vaccine. Our vaccine was specifically designed to address both these targets." Berman concludes that the approach VaxGen took in developing AIDSVAX "is, indeed, in agreement with structural data of Dr. Joseph Sodroski, an author of the new report." The Food and Drug Administration on June 3 cleared AIDSVAX for large-scale Phase III clinical trials in the U.S. VaxGen plans to initiate a separate Phase III study for another formulation of the vaccine in Thailand later this year (VaxGen release, 6/19).

#6 VACCINES: STANFORD STUDY FINDS 'IMPERFECT' VACCINES STILL EFFECTIVE

A mathematical model formulated by Stanford University researchers suggests that vaccines against HIV, even those "only moderately effective in preventing or treating the infection," could save money, extend lives and prevent deaths. Study co-author Dr. Douglas Owens of Stanford University's School of Medicine said, "Most vaccines we use for other diseases have very high efficacy, but this study suggests that even imperfect HIV vaccines can still have a great deal of benefit." The model applied "theoretical scenarios and vaccines" to surveys and other data from a population of approximately 50,000 gay men in San Francisco.

THERAPEUTIC VS. PREVENTIVE

Researchers compared the impact of preventive vaccines (designed to protect individuals from infection) with therapeutic vaccines (designed to rouse the immune system to fight infection). The findings are presented in the June 18 issue of

the journal AIDS. The authors note that while therapeutic vaccines have the potential to "make things worse" by giving infected individuals more years of life in which to transmit the virus, therapeutic vaccines resulted in "the loss of 679 fewer lives and the gain of 8,854 healthy years of life." In terms of new cases, however, the therapeutic vaccine was less effective than the preventive vaccines: the former resulted in 210 new cases over the 20-year period modeled, whereas the latter resulted in 3,877 fewer cases. No therapeutic vaccines currently are commercially available.

IMPERFECT PREVENTION STILL PREVENTION

In a separate paper published in the May/June issue of Interfaces, the researchers' findings indicate that the benefits of an imperfect vaccine "are particularly noticeable in the case of a preventive vaccine." Even a vaccine that successfully protected 25% of the study population resulted in significant health expenditure savings. And when modeled under theoretical conditions of an early-stage epidemic, the benefits of preventive vaccine were more pronounced than a therapeutic vaccine in terms of cost savings and preservation of healthy life years. Co-author Donna Edwards, who conducted the studies for a doctoral dissertation in Stanford's Department of Engineering-Economic Systems, said, "You have to be careful extrapolating this to other populations. The general ideas about vaccine effectiveness will probably hold up in other populations, but the absolute numbers will not"

BEHAVIORAL CHANGE STILL KEY

Owens noted a "possible danger that recipients of any vaccine will feel a sense of security and will therefore engage in more risk-taking behaviors, such as decreased condom usage." The authors underscore the importance of pairing any therapeutic vaccine with behavioral programs. While "the picture for the therapeutic vaccine improves ... if the vaccine reduces the infectivity of its recipients," it improves still further if the recipients refrain from engaging in risky behavior (release, 6/19).

MEDIA & SOCIETY

#7 PARTNER NOTIFICATION: HIV-POSITIVE PARTNERS OFTEN DON'T REVEAL THEIR STATUS

A recent Brown University study of "203 HIV-infected men and women found that 40% of the 129 people who were sexually active" hadn't revealed their HIV-positive status to their partners, the June issue of Glamour reports. The study showed that the more sex partners a person had, the less likely he or she was to inform them. "More than half of those who'd had more than one lover in the previous six months said they hadn't told everyonethey'd slept with, compared with one in five of those who'd been with only one person," Glamour reports. Men were less likely to reveal their HIV status than women: "78% of women told all their partners that they were HIV positive, compared with only 52% of men." Some of the reasons people gave for not telling a partner were that they were afraid it would end the relationship, it would be "too stressful" or that their partner "couldn't handle

it." The study also indicated that people who did not reveal their HIV status were less likely to use condoms on a regular basis. Study author Dr. Michael Stein pointed out that not revealing one's HIV status "is becoming a crime in a growing number of states" (Lever/Schwartz, June 1998).

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

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-30- :

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

CREATION DATE/TIME:19-JUN-1998 23:21:00.00

SUBJECT: Conference Call Schedule

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])
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TO: debaids ("'debaids@isdn.net'" <debaids@isdn.net> [UNKNOWN])
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TO: fatema ("'fatema@womens-health.org'" <fatema@womens-health.org> [UNKNOWN])
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TO: harndc ("'harndc@aol.com'" <harndc@aol.com> [UNKNOWN])
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TO: helenmm ("'helenmm@itsa.ucsf.edu'" <helenmm@itsa.ucsf.edu> [UNKNOWN])
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TO: hornor ("'hornor@hsc.usc.edu'" <hornor@hsc.usc.edu> [UNKNOWN])
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TO: isbell ("'isbell@hugheshubbard.com'" <isbell@hugheshubbard.com> [UNKNOWN])
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TO: jedelheit ("'jedelheit@templeisrael.com'" <jedelheit@templeisrael.com> [UNKNOWN])
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TO: jerryc ("'jerryc@wizard.com'" <jerryc@wizard.com> [UNKNOWN])
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TO: judtaral ("'judtaral@aol.com'" <judtaral@aol.com> [UNKNOWN])
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TO: katgerus ("'katgerus@mail.oeonline.com'" <katgerus@mail.oeonline.com> [UNKNOWN])
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TO: kinseyvi ("'kinseyvi@aol.com'" <kinseyvi@aol.com> [UNKNOWN])
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TO: Mojo1025 ("'mojo1025@aol.com'" <mojo1025@aol.com> [UNKNOWN])
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TO: montoya_dc ("'montoya_dc@a1.eop.gov'" <montoya_dc@a1.eop.gov> [UNKNOWN])
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TO: mra1019 ("'mra1019@aol.com'" <mra1019@aol.com> [UNKNOWN])
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TO: NBOLLMAN ("'NBOLLMAN@irvine.org'" <NBOLLMAN@irvine.org> [UNKNOWN])
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TO: nsg999 ("'nsg999@msn.com'" <nsg999@msn.com> [UNKNOWN])
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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])
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TO: ronaldj ("'ronaldj@gmhc.org'" <ronaldj@gmhc.org> [UNKNOWN])
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TO: rwstaff ("'rwstaff@uswest.net'" <rwstaff@uswest.net> [UNKNOWN])
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TO: Scotthitt ("'Scotthitt@aol.com'" <Scotthitt@aol.com> [UNKNOWN])
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TO: SteveLew2 ("'stevelew2@aol.com'" <stevelew2@aol.com> [UNKNOWN])
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TO: thenders ("'thenders@glo.state.tx.us'" <thenders@glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

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

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

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

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

TEXT:
This is the call schedule... I am forwarding it as a wordperfect

attachment

as well...

For your information, I will be out of the office until July 13.

[[CALLSCH.NEW : 4614 in CALLSCH.NEW]]

Presidential Advisory Council on HIV/AIDs

Conference Call Schedule

Appropriations Subcommittee

888-232-0361 Participant Code: 956532

Host Code: 587431

* Monday, July 13 11 a.m. EDT

Executive/Process Subcommittee

888-232-0370 Participant Code: 350463

Host Code: 660876

* Tuesday, June 26 10 a.m. EDT

International Subcommittee

888-476-3752 Participant Code: 895494

Host Code: 632944

* Tuesday, July 14 10:00 a.m. EDT

Prevention Subcommittee

888-232-0365 Participant Code: 429903

Host Code: 954508

* Wednesday, July 22 12:30 p.m. EDT

Prison Issues Subcommittee

888-422-7101 Participant Code: 460626

Host Code: 216760

* Wednesday, July 15 11 a.m. EDT

* Tuesday, August 18 11 a.m. EDT

Racial Ethnic Minority Populations Subcommittee

888-476-3752 Participant Code: 184426

Host Code: 370689

* Wednesday, July 15 3 p.m. EDT

* Wednesday, August 19 3 p.m. EDT

* Wednesday, September 16 3 p.m. EDT

* Wednesday, October 21 3 p.m. EDT

Research Subcommittee

* Tuesday, June 23 10 a.m. EDT (Vaccines)

THIS CALL ONLY: Dial-in: 888-422-7105 Participant Code:

412106 Host Code: 383614

888-232-0365 Participant Code: 893143

Host Code: 984679

* Wednesday, August 5 10 a.m. EDT

* Wednesday, August 26 10 a.m. EDT

* Wednesday, October 7 10 a.m. EDT

Services Subcommittee

888-232-0365 Participant Code: 217860

Host Code: 819552

* Thursday, July 30 10 a.m. EDT

* Thursday, August 13 10 a.m. EDT

* Thursday, September 17 10 a.m. EDT

* Thursday, October 22 10 a.m. EST

- CALLSCH.NEW========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D57]ARMSZZ000O034.000 to ASCII,
The following is a HEX DUMP:

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

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888-232-0361 Participant Code: 956532
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Host Code: 984679

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Thursday, September 17	10 a.m. EDT
Thursday, October 22	10 a.m. EST

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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]

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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: Alan B. Rhinesmith (CN=Alan B. Rhinesmith/OU=OMB/O=EOP [OMB])

CREATION DATE/TIME:22-JUN-1998 11:48:41.00

SUBJECT: Alan B. Rhinesmith/OMB/EOP is out of the office.

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

TEXT:
I will be out of the office from 06/19/98 until 06/25/98.

Ed Brigham is Acting DAD for HTF. Otherwise, contact Betsy DiGennaro

(5-4516) if you need assistance.

ar

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-JUN-1998 23:28:21.00

SUBJECT: abbott v. bragdon in the supreme court

TO: Bill Dauster ("Bill Dauster (E-mail)" <Bill_Dauster@labor.senate.gov> [UNKNOWN])
READ:UNKNOWN

TO: Brian Komar ("Brian Komar (E-mail)" <komar@lccr.org> [UNKNOWN])
READ:UNKNOWN

TO: Catherine Atkin ("Catherine Atkin (E-mail)" <catherine.atkin@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Chris Collins ("Chris Collins (E-mail)" <chris.collins@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

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

TO: Deirdre Martinez ("Deirdre Martinez (E-mail)" <deirdre.martinez@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: John Ford ("John Ford (E-mail)" <john.ford@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Lisa Levine ("Lisa Levine (E-mail)" <lisa.levine@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Mark Agrast ("Mark Agrast (E-mail)" <mark.agrast@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Michael Merson ("Michael Merson (E-mail)" <michael.merson@yale.edu> [UNKNOWN])
READ:UNKNOWN

TO: Paul Kim ("Paul Kim (E-mail)" <paul.kim@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Rita Patel ("Rita Patel (E-mail)" <rita.patel@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Rob Cogorno ("Rob Cogorno (E-mail)" <robert.cogorno@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Robert Raben ("Robert Raben (E-mail)" <robert.raben@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Stephanie Robinson ("Stephanie Robinson (E-mail)" <Stephanie_Robinson@labor.senate.gov> [UNKNOWN])
READ:UNKNOWN

TO: Steve Morin ("Steve Morin (E-mail)" <smorin@psg.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: Todd Tuten ("Todd Tuten (E-mail)" <todd.tuten@mail.house.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

CC: Lubinski, Christine ("Lubinski, Christine" <CLubinski@AIDSAction.org> [UNKNOWN])
READ:UNKNOWN

TEXT:
hello, i wanted to alert folks that the historic decision on the ada

case, abbott v. bragdon, is likely to come down on thrs or fri of this

week. this has grave implications on the disability community in

general, people living with hiv/aids in particular. unclear how the

opinion will go down, but i hope you can join us in whatever response is

appropriate.

i'll keep you posted... 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:22-JUN-1998 14:03:54.00

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 22, 1998

POLITICS & POLICY

==========

#1 WORLD AIDS CONFERENCE: Aims To 'Bridge The Gap' Between Developing Nations

#2 ALASKA: Governor Vetoes Bill That Would Make Spreading HIV A Felony

#3 HHS GRANTS: Awarded To Nine State Programs

PUBLIC HEALTH & EDUCATION

==========

#4 TREATMENT: Berlin Man Fights HIV Without Drugs

#5 INTERVENTION PROGRAMS: Even Participants Who Relapse Help Slow Spread Of HIV

MEDIA & SOCIETY

==========

#6 AIDS RIDE: 1,400 Raise $3.7M From Raleigh To DC

SCIENCE & MEDICINE

==========

#7 TRANSPLANT DRUGS: May Rid Immune System Of HIV

#8 DRUG THERAPY: UK Survey Finds Many Doctors Do Not Prescribe Cocktail Therapy

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 WORLD AIDS CONFERENCE: AIMS TO 'BRIDGE THE GAP' BETWEEN DEVELOPING NATIONS

At this year's 12th World AIDS Conference in Geneva, Switzerland, scientists will address worldwide disparities in HIV/AIDS treatment. Commenting on the conference's theme, "Bridging the Gap," a Lancet editorial argues: "This gap is more a gulf, yawning between what is deliverable (if not always delivered) in the western world and what is affordable where AIDS is the biggest burden." The big debate will center on treatment access, "equity between countries [a]nd on priorities within countries" (6/30). According to Warren Lindner, a senior adviser to the conference, "if we don't address the gap then millions of people are going to die and all we can do is help them die in a peaceful way -- that is wrong." However, the WHO's Rachel Baggaly said, "We must not raise false hopes" in regard to drug accessibility. Dr. Anton Pozniak of King's Medical College in London concurred: "We have had a cure for TB for 30 years and it costs just 26 dollars for a full treatment. Yet more people are dying of TB now than ever before" (Deane, Panos, 6/16). The Lancet questions whether the conference has the "muscle to persuade the drug industry that its prices are too high," and concludes: "We think not" (6/30).

A GAP TOO FAR?

Focus on the disparity comes at a time when researchers are faced with a paradox, Newsweek reports. While they know more than ever before about AIDS, the disease is "spread[ing] faster than ever," and "gaining ground -- on both sides of the gap."

The most advanced available treatment -- triple cocktail therapy -- is "hardly everything it promised," and "gruelingly complicated." And, in reality, the AIDS virus has been shown to be "so sophisticated in duping the body's defenses that a cure or a vaccine is still years away -- if possible at all" (Cowley/Zarembo, 6/29).

CONFERENCE ACCESS

Several organizations are providing access to the conference. Session summaries will be available on the World Wide Web at the primary conference website: http://www.aids98.ch. Other sites include: http://www.unige.ch/imsp/aids98 and http://www.hon.ch/aids98. A video conference, "BETA Live!," will be held July 2 at noon pacific time by the San Francisco AIDS foundation. Participants should register in advance by calling 1-800-707-BETA (AIDS Treatment News, 6/19) Click here for other HIV/AIDS Daily Report coverage of the conference.

#2 ALASKA: GOVERNOR VETOES BILL THAT WOULD MAKE SPREADING HIV A FELONY

Alaska Gov. Tony Knowles (D) vetoed a bill Friday that would have criminalized HIV transmission, the AP/Anchorage Daily News reports. The measure would have made it a felony for an HIV-positive person to donate infected blood or tissue or to have sex without first informing their partner. Knowles called the bill "a threat to public health" and an "attack on those Alaskans who need treatment, compassion and confidence in our public health system -- not prosecution" (Queary, 6/20). According to the

Reuters/San Jose Mercury News, Knowles said the measure would have caused people to "fear testing and health treatment." He said that Alaska already has laws to guard against "reckless endangerment and various forms of assault" and noted that "[n]o other disease has ever been criminalized" in the state -- "not tuberculosis, not syphilis, not diphtheria, not even typhoid." State Sen. Robin Taylor (R), the bill's sponsor, refuted the governor's claim that the law would lead to lower rates of testing, stating that other states with similar laws "saw no decrease in testing" (6/19). Taylor, who is challenging Knowles in Alaska's gubernatorial race, said, "This bill does not criminalize the disease, it criminalizes irresponsible, fraudulent conduct that puts other people's lives at risk" (AP/Anchorage Daily News, 6/20). Taylor told Anchorage TV station KTUU he would seek a legislative override of the governor's veto (Reuters/Mercury News, 6/19).

#3 HHS GRANTS: AWARDED TO NINE STATE PROGRAMS

The Health Resources and Services Administration, a subdivision of the Department of Health and Human Services, announced Friday ten grants totaling $3.28 million to fund early HIV intervention services in the rural and underserved areas of nine states. The funding will go toward diagnostic testing and primary medical care at 10 clinics and outpatient units that join 165 other providers already funded under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. "These grants allow HRSA to strengthen the health care system for people

struggling with HIV in areas where care is not readily available or easily accessible," said Dr. Joseph O'Neill, associate administrator of HRSA's HIV/AIDS Bureau. The new funding will be distributed to: Venice Family Clinic, Venice, CA; North Broward Hospital District, Ft. Lauderdale, FL; Family Practice Residency of Idaho, Boise, ID; QUAD/Community Health Center, Davenport, IA; University of Iowa, Iowa City, IA; Heartland CARES, Paducah, KY; Beaufort Jasper Comprehensive Health Services, Ridgeland, SC; Fletcher Allen Health Care, Burlington, VT; University of Virginia Infectious Disease Clinic, Charlottesville, VA; and University of Wisconsin, Madison, WI. The CARE Act is the largest source of federal funding to enable states to treat the low-income, HIV-infected population (HRSA release, 6/19).

CONGRESS APPROVES FUNDS

One week after the Senate Appropriations Committee approved a $21 million increase for the Housing for People with AIDS program (HOPWA), the House Appropriations Committee is taking similar action. The advocacy group AIDS Action, reports that "a $225 million spending level for FY 1999 is virtually assured, improving the quality of life for thousands of low-income people living with HIV" (AIDS Action release, 6/19).

PUBLIC HEALTH & EDUCATION

#4 TREATMENT: BERLIN MAN FIGHTS HIV WITHOUT DRUGS

AIDS researchers are following carefully a Berlin man who appears to be fighting off the AIDS virus with only one weapon --

his immune system. Diagnosed with HIV two years ago, the so-called "Berlin patient" gave up his combination therapy after six months, a move that usually prompts the virus to come "roaring back." But "[t]he most precise tests detect no HIV in his blood and only trace amounts in the his lymph tissue, the major reservoir for the virus," the New York Times Magazine reports. The case "fascinates" AIDS researchers, who are looking at it for potential clues that could lead to new treatments. Some fear, however, that news of the Berlin patient will encourage other HIV-infected to give up their drugs -- a potentially dangerous decision. San Francisco AIDS doctor Marcus Conant said, "If someone comes to me and says, 'I want to go off drugs,' I look him in the eye and say, 'You're nuts.'"

WONDERING WHY

The Times reports that "scientists have known for some time about a small group of people they call long-term nonprogressors, who suppress the virus without ever taking drugs" with the aid of HIV-specific helper T cells. Last year, Harvard University AIDS researchers Bruce Walker and Eric Rosenberg published findings indicating that "if HIV is pinned down with aggressive drug treatment soon after infection, ordinary patients develop HIV-specific helper cell responses indistinguishable from those in long-term nonprogressors." Walker said he thinks early, aggressive treatment might have turned the Berlin patient into a long-term nonprogressor.

FIGHTING BACK

The Berlin case and other cases that are not as well-

documented are spurring a shift in AIDS research, the Times reports. Researchers are expanding their focus from merely figuring out how to attack the virus to determining how to strengthen the immune system. The new focus on the immune system comes at a time when "the early euphoria over protease inhibitors has been tempered by the realization that they achieve a stalemate, not a victory" (Schoofs, 6/21).

#5 INTERVENTION PROGRAMS: EVEN PARTICIPANTS WHO RELAPSE HELP SLOW SPREAD OF HIV

AIDS intervention programs that counsel women to abstain from high-risk sexual activity and needle-sharing are effective in reducing the spread and treatment cost of HIV -- even if women relapse periodically, according to a study appearing in a special issue on AIDS in this month's edition of Interfaces. The study was conducted by Dr. Margaret Brandeau of Stanford University, Dr. Douglas Owens of the Veterans Affairs Palo Alto Health Care System and Stanford University and Carol Sox of Dartmouth Medical School. Brandeau said that "relapses occur, even in the best treatment programs," but "even ... a temporary reduction in risky behavior" can diminish the spread of HIV.

SAVINGS AND FEWER INFECTIONS

Using data from a previous study and a "math modeling" technique, the researchers evaluated the cost and effectiveness of programs targeting three groups of women: those who use intravenous drugs, those who use such drugs and have high risk sex partners, and all women. The greatest success was found

among the first group -- 10,000 intravenous drug users studied over a two-year period. The researchers calculated that "[i]f there are 25% relapses to risky behavior during the period," 72 adult infections would be prevented and $16 million in lost earnings and medical expenses would be saved. If the relapse rate climbed to 50%, 66 infections would "still" be prevented and an estimated $11.8 million would be saved. A "perfect success rate," by comparison, would "prevent 78 infections" and save $19.9 million." With regard to the second group, success was found to be "slightly" lower. And for the third group, all women, the study authors found that programs must be more successful at changing initial behavior in order to be cost effective (INFORMS release, 6/17).

MEDIA & SOCIETY

#6 AIDS RIDE: 1,400 RAISE $3.7M FROM RALEIGH TO DC

The third annual Washington, DC, AIDs Ride raised over $3.7 million, with approximately 1,400 riders traveling the 350 miles between Raleigh, NC, and Washington, DC. The Richmond Times-Dispatch reports that proceeds will go to the Whitman-Walker Clinic and Food&Friends, a nonprofit organization that provides meals to people living with HIV or AIDS (6/22). National AIDS czar and first-time AIDS Ride participant Sandy Thurman said, "There are HIV-positive riders here that take a drug cocktail regimen that would choke a horse, and they are whizzing by me at 90 miles per hour" (Hull, Washington Post,

6/22). Starting Thursday, the riders biked for four days through North Carolina and Virginia, finishing in "a closing ceremony on the Mall [Sunday] afternoon," the AP/Fairfax Journal reports. Each participant raised at least $1,800 in pledges (6/22).

SCIENCE & MEDICINE

#7 TRANSPLANT DRUGS: MAY RID IMMUNE SYSTEM OF HIV

In a commentary in the journal Science, Dr. David Ho, one of the country's foremost AIDS researchers and developers of the AIDS "cocktail" therapy, wrote that a drug used to keep the body from rejecting transplanted organs may be able to rid the system of HIV. Reuters/ABC News reports that Ho, of the Aaron Diamond AIDS Research Center at Rockefeller University, and other experts think HIV can lie dormant in "resting immune cells," even after years of combination drug therapy. Ho wrote that the immune system must be "tweaked" to activate the inactive cells so that HIV can be "flushed out" of the immune system, and he suggested that organ transplant drugs, specifically a mouse antibody called OKT3 that is given to kidney transplant patients, could be used to "stimulate the immune cells." While "high doses of OKT3 are routinely used to deplete T-cells (immune system cells) to prevent transplant rejection," Ho urged testing of low-doses in patients -- and even the creation of a human version of the mouse antibody -- because HIV patients would need to take many doses to flush out the HIV-infected cells. Reuters/ABC reports that Ortho Biotech, a subsidiary of Johnson & Johnson, makes OKT3 (6/18).

#8 DRUG THERAPY: UK SURVEY FINDS MANY DOCTORS DO NOT PRESCRIBE COCKTAIL THERAPY

"A drug-resistant AIDS 'super-virus' could result from the failure of many doctors to treat HIV properly," according to a report from Crusaid, a British AIDS charity. The report found that "only half of specialist doctors consistently prescribed up-to-date, triple-drug therapy for patients with mid-stage HIV infection," and of those who say patients with late-stage infection, "15% had not provided triple therapy." BBC News reports that Crusaid surveyed 110 HIV specialists in the United Kingdom. The study also found that a third of these physicians had recommended "at least once that a patient seek treatment outside their health authority." These doctors explained that they needed to direct patients to other clinical programs providing services they did not offer. Restraints on funding and lack of services in small clinics were also given as reasons for withholding full treatment to patients.

EXPERTS WEIGH IN

Crusaid CEO and biologist Dr. James Deutsch expressed concern over the development of a drug-resistant virus if sub-standard treatment continues. "[W]e know that ineffectiveHIV treatment causes the evolution of drug-resistant 'super-HIV' which can then be transmitted to new patients. Only by providing patients across the country with up-to-date, effective treatment can we stop the development of a new epidemic," he said. HIV specialist Dr. Mike Youle of London noted that the study reveals "variations in access to therapeutic options across the UK,"

specifically that the problem is found mainly in small clinics.

BBC News notes that Crusaid has "called for a national system to provide the right treatment for all HIV patients regardless of where they live" (6/19).

==========

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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.

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Paul Kawata (Paul Kawata <pkawata@nmac.org> [UNKNOWN])

CREATION DATE/TIME:22-JUN-1998 21:32:22.00

SUBJECT: Re: You Are Invited

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

TEXT:
We wanted to put Sandy on the invite, its going to print tomorrow. What is

the possibility.

THANKS!

Paul Akio Kawata

pkawata@nmac.org

National Minority AIDS Council

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

> To: Paul Kawata <pkawata@nmac.org>

> Subject: Re: You Are Invited

> Date: Mon, 22 Jun 1998 15:54:09 -0400

>

>Paul -

>

>FYI, Sandy's going to be in Geneva.

>

>Todd

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:23-JUN-1998 18:29:24.00

SUBJECT: Returned mail: User unknown

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

TEXT:
The original message was received at Tue, 23 Jun 1998 14:29:23 -0400 (EDT)

from daemon@localhost

----- The following addresses had permanent fatal errors -----

<acheson@justice.usdoj.gov>

----- Transcript of session follows -----

... while talking to justice.usdoj.gov.:

>>> RCPT To:<acheson@justice.usdoj.gov>

<<< 550 <acheson@justice.usdoj.gov>... User unknown

550 <acheson@justice.usdoj.gov>... User unknown

- att1.unkReturn-path: <Todd_A._Summers@opd.eop.gov>

Received: (from daemon@localhost) by wdcsun1.usdoj.gov (8.8.4/8.8.4) id

OAA28995 for <acheson@justice.usdoj.gov>; Tue, 23 Jun 1998 14:29:23 -0400

(EDT)

Received: from gatekeeper.eop.gov(198.137.241.3) by wdcsun1.usdoj.gov via

smap (V1.3) id sma028971; Tue Jun 23 14:28:54 1998

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

(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA27407; Tue, 23 Jun 1998 14:34:58

-0400

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

8525662C.00661180 ; Tue, 23 Jun 1998 14:34:51 -0400

Date: Tue, 23 Jun 1998 14:30:55 -0400

From: Todd_A._Summers@opd.eop.gov

Subject: Re: Take Two

To: acheson@justice.usdoj.gov

Message-id: <8525662C.0065A9FF.00@lngate3.eop.gov>

MIME-version: 1.0

Content-type: MULTIPART/MIXED;

BOUNDARY="Boundary_(ID_ltG3+qkxz7khjua5wWvtPQ)"

X-Lotus-Fromdomain: EOP

Can you tell me who at Justice I need to vet this through?

Thanks!

Todd

---------- Forwarded by Todd A. Summers/OPD/EOP on 06/23/98

02:34 PM ----------

(Embedded Todd A. Summers

image moved 06/23/98 02:08:46 PM

to file: (Embedded image moved to file: PIC27681.PCX)

PIC01637.PCX)

Record Type: Record

To: Robert G. Damus/OMB/EOP

cc: Diana Fortuna/OPD/EOP, McGavock D. Reed/OMB/EOP, DvonZinkernagel @ osophs.dhhs.gov @ inet

Subject: Re: Take Two

We are trying to prepare a POTUS statement to be released in response to a Supreme Court decision expected this Thursday. It assumes a negative decision, although we obviously do not know the outcome. Some last minute tinkering may be necessary Thursday based upon a quick reading.

Can you tell me what the clearance process is?

Thanks!

Todd Summers

---------- Forwarded by Todd A. Summers/OPD/EOP on 06/23/98 02:07 PM ----------

Robert N. Weiner

06/23/98 11:53:33 AM

Record Type: Record

To: Todd A. Summers/OPD/EOP, Richard Socarides/WHO/EOP

cc:

Subject: Re: Take Two (Document link not converted)

This is a redraft of Todd's proposed statement by POTUS in the event of an

adverse decision. It assumes that there may be some ambiguity regarding

the impact of the decision. The statement may require some fill-in,

probably at the end of the first paragraph, when we actually get the

decision:

I sincerely hope that today's decision by the Supreme Court in Bragdon v.

Abbott, will not weaken the protections offered by the landmark Americans With Disabilities Act. The ADA was enacted with strong bi-partisan support to protect disabled Americans from discrimination. The Administration filed a brief in this case arguing that people with HIV are disabled whether or not they are symptomatic, and that the protections offered by the ADA therefore apply.

I want to assure all disabled Americans, including those living with HIV disease and AIDS, that this Administration is firmly committed to protecting them from discrimination. I have asked the Secretary of Health and Human Services, the Attorney General, and the Director of the Office of National AIDS Policy to: (1) assess the implications of today's decision; (2) review other Federal anti-discrimination protections -- in such

programs as Medicare, Medicaid, the Ryan White CARE Act, veteran's health

care, and publicly assisted housing -- potentially available to people

living with HIV; and (3) recommend ways to strengthen existing protections.

I call again on Congress to join us in the effort to afford all Americans,

including the disabled, equal access to health care, housing, and other

essential services.

- PIC01637.PCX - PIC27681.PCX========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Reporting-MTA: dns; wdcsun1.usdoj.gov
Arrival-Date: Tue, 23 Jun 1998 14:29:23 -0400 (EDT)

Final-Recipient: RFC822; acheson@justice.usdoj.gov
Action: failed
Status: 5.1.1
Remote-MTA: DNS; justice.usdoj.gov
Diagnostic-Code: SMTP; 550 <acheson@justice.usdoj.gov>... User unknown
Last-Attempt-Date: Tue, 23 Jun 1998 14:29:24 -0400 (EDT)

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

========== ATTACHMENT 2 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D16]ARMSZZ000NSCF.001 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 2 ==========

========== ATTACHMENT 3 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D16]ARMSZZ000NSCF.002 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 3 ==========

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_fcsn000z_opd_html_2.pcx

Attachment Number: [ATTACH.D16]ARMSZZ000NSCF.001

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_fcsn000z_opd_html_3.pcx

Attachment Number: [ATTACH.D16]ARMSZZ000NSCF.002

Withdrawal/Redaction Marker
Clinton Library

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)	06/23/1998	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:
[06/12/1998 - 06/25/1998]

2018-0758-F
jn561

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:23-JUN-1998 20:53:43.00

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: 06-23-1998

Time: 16:48:22

This message serves as confirmation of an appointment for the

visitors listed below.

Appointment With: SUMMERS, TODD

Appointment Date: 6/23/98

Appointment Time: 4:45:00 PM

Appointment Room: 472

Appointment Building: OEOB

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U73090

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

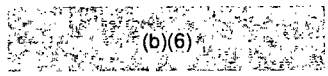
Access Control Officer answering your call.

****

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1

****

HONEYCUTT, KEVIN 

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: DvonZinkernagel (DvonZinkernagel@osophs.dhhs.gov (Deborah Von Zinkernagel) [UNKNOWN])

CREATION DATE/TIME:23-JUN-1998 16:50:12.00

SUBJECT: Re[2]: Take Two

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

TEXT:
Todd,

This looks a lot better. One typo -- you say insuring a number of

places, I think it should be ensuring. Thanks for the opportunity to

see it.

Deb

_____ Reply Separator

_____

Subject: Re: Take Two

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

Date: 6/23/98 11:57 AM

Thanks Rob! OSTP wants to tinker with the last paragraph - I'll send what

they come up with over to you to look at.

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:23-JUN-1998 14:03:46.00

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/

Tuesday, June 23, 1998

ACROSS THE NATION

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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.

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Phone: 703-518-8725

ACROSS THE NATION

#1 CHICAGO: AIDS DEATHS DOWN 52%, LOWEST TOLL SINCE 1988

Deaths from AIDS-related illness plummeted 52% in Chicago last year to just 377, a number not seen since 1988, city Health Department officials announced yesterday. The drop, in line with a nationwide trend, represents the second decline in Chicago in two years. The Chicago Tribune reports that "for the first time, the decrease is nearly as dramatic among African-Americans and Hispanics as it is among white men." AIDS deaths among women

also decreased for the first time -- by 36%. Dr. Steven Whitman, director of epidemiology for the Chicago Department of Public Health, said, "Overwhelmingly, it's the largest decrease we've seen." He emphasized that the death rate never fell in the entire period between 1980 and 1996. Whitman attributed the declines to the so-called "drug cocktails" that combine protease inhibitors with other drugs to slow the HIV replication in the body (Manier/Wilson, 6/23).

NO SIGHS OF RELIEF

The Chicago Sun-Times reports that Whitman tempered the announcement with concern that "people may pay less attention to prevention." He pointed out that infected individuals will continue to need health care, housing and other services, and ongoing research efforts will continue to need funding (Ritter, 6/23). Experts remain concerned that the cost of treatment -- up to $25,000 per year for combination therapy --is a "major hindrance" for the poorest patients (Tribune, 6/23). Moreover, while AIDS deaths are decreasing, the rate of new HIV infections may actually be on the rise, and it is unclear how long current therapies will be able to slow the effects of the disease (Sun-Times, 6/23). "There is no guarantee that the medicines that are so effective in 1998 will be effective -- even a few years from now," Whitman said. "It is absolutely crucial that people not let down their guard and believe there is no need to practice safer techniques. The best course of action is prevention. It's the safest, most sensible and cheapest option" (Tribune, 6/23).

GLOBAL CHALLENGES

#2 AIDS DRUGS: COMPANIES TO SLASH PRICES FOR DEVELOPING COUNTRIES

Several of the world's biggest pharmaceutical companies are drastically discounting expensive AIDS drugs in an attempt to treat patients in the developing world, the Wall Street Journal reports. Nine in ten HIV-positive patients "live in the developing world, most of them in the impoverished nations of sub-Saharan Africa" where annual costs of combination drug therapy often exceed per capita incomes. Companies such as Glaxo Wellcome PLC, Bristol-Myers Squibb Co., Abbot Laboratories and Roche Holdings PLC have agreed, through negotiations sponsored by the United Nations AIDS Program (UNAIDS), to "slash their prices ... by 50% to 75%." For example, Glaxo Wellcome will sell the "two widely used AIDS drugs" AZT and 3TC for $200 per month or less, more than a 60% discount. The discount will be formally announced next week at the 12th World AIDS Conference in Geneva.

DROP IN THE BUCKET

Although the effort is lauded by some HIV/AIDS activists, it is only a small step towards bridging the huge gap between the high cost of AIDS drugs and many individuals' ability to pay for them. In Uganda, where 10% of the population is HIV-positive, the cost of triple-drug combination therapy will drop from $950 to $400 per month. However, the monthly income of middle-class

Ugandans is only $500. Thus, the entire UNAIDS-sponsored program is only expected to help approximately 3,000 of the tens of millions in need of drug therapy. "We know that's not many," said Dr. Joseph Saba, who "spearheaded" the UNAIDS program. "But our aim is to create a real market there for the first time, to make the drugs accessible and get doctors and medical centers there familiar with them."

DRUG CO. DILEMMA

Several drug companies, most notably leading protease inhibitor drugmaker Merck & Co., have chosen not to join the UNAIDS-sponsored program. Merck public affairs staffer Jeffrey Sturchio: "We don't want to be part of a short-term fix. ... What good is it if we are providing drugs for just a few hundred people? And what if UNAIDS pulls out or the other companies decide to end their commitment?" The Journal notes that drug companies are "concerned" about potential development of a black market. Also, if companies sell drugs much more cheaply in poor countries, "the discounts may suggest to some that the cost of combination drug therapy in the U.S. is the result of huge markups. The Journal cites several "observers" that doubt whether the pharmaceutical companies are "being driven simply by compassion. By helping create a distribution and monitoring operation, as well as stimulating interest in the medicines, the companies could someday reap a bonanza from developing-world markets," especially at a time when developed markets are increasingly competitive. At present, participating drug companies are hoping "their involvement will silence critics."

Said Glaxo Wellcome's Peter Young: "At least for now, we have tried something" (Waldholz, 6/23).

#3 SOUTH AFRICA: BUSINESS CONSORTIUM BUYS RIGHTS TO 'CONTROVERSIAL' AIDS DRUG

A South African business consortium bought a 70% interest in the drug maker that developed the politically and scientifically "controversial" AIDS remedy Virodene PO58, the AP/Arizona Daily Star reports. The consortium, Virodene Pharmaceutical Holdings, bought the rights to Virodene along with its majority interest in Cryopreservation Technologies, the drug manufacturer. VPH paid $3.7 million for the share, according to media reports, but a consortium spokesperson would not confirm a purchase price. Researchers say Virodene reduces the level of HIV in the blood and enhances infection-fighting CD4 cell counts, but the drug maker has come under fire for testing it on humans without first using laboratory and animal trials. Virodene also has been politically controversial: several top-ranked government officials "are being investigated for alleged conflict of interest in connection with the drug." VPH officials said the consortium is completing a testing plan to submit to the government agency that must approve human trials of the drug (6/21).

PUBLIC HEALTH & EDUCATION

#4 TESTING: AIDS ORGANIZATIONS SPONSOR NATIONAL HIV TESTING

DAY

Nearly 10,000 AIDS organizations nationwide are calling on Americans at risk for HIV to get tested on June 27, National HIV Testing Day. Sponsored by the U.S. Public Health Service and the National Association of People With AIDS (NAPWA), the fourth annual event "is about awareness and action -- take the test, take control," said A. Cornelius Baker, executive director of NAPWA. According to Dr. Joseph O'Neill, director of the Bureau of HIV/AIDS at the Health Resources and Services Administration, "Recent advances in the treatment of HIV/AIDS can potentially slow the progression of the disease. This makes it even more important for a person to learn his or her HIV status and to seek treatment as early as possible." Although AIDS deaths have been decreasing, studies show that AIDS is increasing among some groups, including the elderly, African-Americans, Latinos, teenagers and women. Testing options include traditional blood tests, the new rapid blood test, and non-invasive tests, such as the oral test and the recently FDA-approved urine test. In many areas, confidential testing is offered for free (NAPWA release, 6/22). For local testing sites, contact the National AIDS Hotline at 1-800-342-AIDS.

#5 HIV SPECIAL REPORT: SCIENTIFIC AMERICAN EXAMINES PROGRESS

In a nine-article special report in the July issue of Scientific American, leading AIDS researchers "spell out the vexing challenges to better treatment and prevention." The report, "Defeating AIDS: What Will It Take?," opens with an

article by AIDS experts Jonathan Mann and Daniel Tarantola, who "present a grim global picture" of the AIDS epidemic. Mann and Tarantola report that more than 40 million people have become infected with HIV since the early 1980s, and almost 12 million have died. The articles look at the progress made against the disease since Scientific American devoted an issue to it ten years ago, and they examine the obstacles that prevent researchers from conquering the virus (release, 6/22).

POLITICS & POLICY

#6 DRUG THERAPY: NIH PANEL DEFINES PRINCIPLES OF HIV INFECTION

A recent study in the Annals of Internal Medicine published by NIH's Office of AIDS Research attempts to translate "scientific advances ... into information that practitioners and their patients can use in making decisions about using the new [HIV] therapies and monitoring tools to achieve the greatest, most durable clinical benefits." Sponsored by the Henry J. Kaiser Foundation and the U.S. Department of Health and Human Services, a panel of researchers defined 11 principles that "address issues of fundamental importance for the treatment of HIV infection" (6/15 issue). Click here for a direct link to the report.

#7 MEDICAL SCHOOLS: BRITISH DOCTORS SAY HIV RISK SHOULD NOT BAR ENTRY

Doctors at a recent meeting of the British Medical Association condemned medical schools that "excluded students at risk of acquiring HIV or viral hepatitis," calling the practice "discriminatory, unethical and unacceptable," the British Medical Journal reports. The members asked the General Medical Council to change its guidelines "to enable students with blood-borne infections to begin or complete degree courses in medicine in specific circumstances." They also called on medical schools to "show flexibility in modifying courses where necessary to accommodate such students." One doctor cited a section from the University of Cambridge prospectus that read, "All entrants to medicine have to undergo immunization against hepatitis B in their first year. Those found to carry infective markers of this condition will have to consider their future in medicine. There is also an obligation on those at high risk from HIV infection to consider the implications for an intended career in clinical medicine." General Medical Council member James Appleyard said the group "will not allow this issue to go away" and will continue to try to persuade deans to address it (6/20 issue).

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UN Says AIDS Infection in Africa up

.c The Associated Press

By GEIR MOULSON

GENEVA (AP) - The lack of AIDS awareness and access to new drug therapies

is

fueling alarming HIV infection rates in many developing countries - up to a

quarter of the population in parts of Africa - U.N. experts said in a

report

Tuesday.

The report provided country-by-country statistics to back up a study

released
in November, which estimated that 2.3 million people died of AIDS in 1997,
up
50 percent from 1996. About 16,000 people a day contract HIV, the virus
that
causes AIDS.

The latest study, by the World Health Organization and UNAIDS, comes ahead
of
Sunday's opening of the 12th World AIDS Conference in Geneva, where 12,000
specialists and others will discuss advances in HIV research.

Limited education about the virus is a major hurdle, particularly because
an
effective cure may be at least 10 years away, UNAIDS Director-General Peter
Piot told a news conference.

``Let's be very aware AIDS is with us to stay for a very long time,'' Piot
said.

Poor access to new therapies for AIDS-related infections such as
tuberculosis
and diarrhea is the ``overwhelming issue'' for 90 percent of those living
with
the AIDS virus, the report said.

Decreasing infection rates in some countries are eclipsed by huge rates in

others, like South Africa, Piot said.

Some 2.9 million South Africans had the virus at the end of 1997, 700,000 of them infected last year alone, the study said. Almost 13 percent of adults between 15 and 49 were infected.

The United States figure was 0.76 percent - 820,000 people in all. It was under 1 percent across Western Europe.

Zimbabwe and Botswana, where UNAIDS estimates around one in four adults carry HIV, had the highest infection rates.

North Africa and the Middle East are ``the great unknown,'' with cultural difficulties in talking about the epidemic hampering collection of statistics, UNAIDS said.

Political courage to prevent the spread of AIDS is the key to narrowing the ``AIDS gap,'' Piot said, praising HIV prevention efforts in Uganda, Thailand and Senegal.

The study last November said 5.8 million people were infected with HIV in 1997, up from 5.3 million people the year before.

A total of 30.6 million live with HIV or AIDS globally, two-thirds of them in sub-Saharan Africa, it said.

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Wednesday, June 24, 1998

GLOBAL CHALLENGES

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#1 UNAIDS CONFERENCE: Report Details 'Shocking' Global Statistics

#2 SOUTH AFRICA: Civil Cooperation Bureau Accused Of HIV Injections

SCIENCE & MEDICINE

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#3 AIDS VACCINE: Large-Scale Trials Begin

#4 HIV DRUG RESISTANCE: Papers Note New Urgency

#5 NEW TB DRUG: Not Recommended For HIV Patients

#6 INTERLEUKIN-2: New Drug Boosts CD4s But Keeps Viral Levels Low

PUBLIC HEALTH & EDUCATION

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#7 RURAL WOMEN'S HEALTH: Study Surveys Washington State Clinics

MEDIA & SOCIETY

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#8 PUBLIC VIEWS: Misconceptions About AIDS Persist

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.

GLOBAL CHALLENGES

#1 UNAIDS CONFERENCE: REPORT DETAILS 'SHOCKING' GLOBAL STATISTICS

The United Nations released a report yesterday that "paints the gloomiest picture of the HIV epidemic since it was first recognized in 1981." The New York Times reports that AIDS in Africa is now reaching the proportions of the Black Plague or the Spanish flu outbreak of 1918-19, with infection rates as high as 10% to 25% in sub-saharan countries. Together these sub-saharan nations "account for the world's 21 highest rates of HIV among adults aged 15 to 49." In Botswana and Zimbabwe, infection rates hover around 25% of the entire population, a figure which was so shocking it initially caused the UN research team to suspect "a statistical error." In one enclave on the Zimbabwe-South Africa border, "70% of women attending prenatal clinics in 1995 were found to be infected" (Altman, 6/24). The report comes from the United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization, and was released as the UN prepares for a conference on the global crisis beginning this weekend in Geneva (Baltimore Sun, 6/24). It "is the most comprehensive yet on the state of the epidemic in 170 countries. It expands on a late-1997 report that said 30 million people worldwide, many more than previously thought, have HIV" (Painter, USA Today, 6/24). NPR's Joe Neel reports the new study is "the first country-by-country analysis of who has AIDS ... who is infected with HIV .. and what kinds of prevention programs are working."

THE BAD NEWS

Dr. Peter Piot, executive director of UNAIDS, said, "Even

though we know more than ever before about how to fights AIDS in all fronts, in most parts of the world, AIDS is winning. AIDS is now one of the leading infectious diseases of death in the world. Last year, for example, 2.3 million people died of AIDS, about the same number of those that died of malaria, another major global killer" (NPR, "All Things Considered," 6/23). Last year, 5.6 million people were infected with HIV, bringing the global total to 30 million, the New York Times reports. "India has the largest number of HIV-infected people -- four million -- in the world," but it is the situation in Africa that is particularly troubling to UN experts, with 21 million infected. The epidemic also appears to be spreading in Eastern Europe, which is also troubling because "over half the world's population lives in these regions," which means "small differences in rates can make a huge difference in the absolute numbers of people infected," the UN said.

THE GOOD NEWS

The report notes, however, that "infection rates have slowed in countries that have adopted strong prevention programs, including Senegal, Tanzania, Thailand and Uganda" (New York TImes, 6/24). Uganda's rate has been lowered from 13% in 1994 to 9.5% last year (Pilling, Financial Times, 6/24). Furthermore, the "disease is receding in the industrialized world," with new cases in Western Europe plummeting to below 15,000 in 1997 after hitting 25,000 per year in 1994 (Reuters/Philadelphia Inquirer, 6/24). Piot said, "AIDS death rates are stabilizing and dropping in a number of the wealthier countries, including in the United

States. And we can say in the parts of the world where there is access to antiretroviral drugs, the impact of them has been really significant on the lives of people with HIV" (NPR, "ATC," 6/24). Some see this as more evidence of a "gap between rich and poor" nations -- those that can afford expensive antiretroviral drugs and those that cannot. Developing countries now account for all but 10% of new cases. "We need to do everything we can to search for a vaccine, which is at least 10 years away," Piot said (Reuters/Inquirer, 6/24).

#2 SOUTH AFRICA: CIVIL COOPERATION BUREAU ACCUSED OF HIV INJECTIONS

South Africa's Truth and Reconciliation Committee is conducting investigations into whether the apartheid government injected HIV into the regime's enemies, the South African Sunday Times reported this weekend. The Civil Cooperation Bureau, already accused by former employee Dr. Wouter Basson of using chemical and biological weapons, "is thought to have been involved in collecting infected blood -- possibly from a dying double agent -- to be used in 'an operation.'" The Civil Cooperation Bureau was part of the apartheid government's "dirty tricks squad," whose "program of maximum disruption ... was to 'kill, destroy or compromise'" (Van Breda, 6/21).

SCIENCE & MEDICINE

#3 AIDS VACCINE: LARGE-SCALE TRIALS BEGIN

The first large-scale test of an AIDS vaccine began yesterday as 5,000 uninfected volunteers across the country prepared to roll up their sleeves for the Phase III clinical trials of AIDSVAX, the Philadelphia Inquirer reports. Dr. Mark Watkins, a longtime AIDS doctor, was the first to receive the vaccine (Collins, 6/24). Watkins is "a gay male, and thus in a high-risk bracket for contracting HIV"; individuals with HIV-positive partners are also included in the clinical trial, the Philadelphia Daily News reports. VaxGen, the manufacturer of AIDSVAX, is advising all participants "to continue practicing safe sex," as the efficacy of the vaccine is still unproven and half of the volunteers will receive placebos (Tkacik, 6/24). The three-year trial is "the final step before Food and Drug Administration approval," the AP/Ft. Lauderdale Sun-Sentinel reports. More than 30 cities, including Baltimore, Chicago, Denver, Los Angeles and St. Louis will participate (6/24).

DOES "CORPORATE DEVELOPMENT" TRUMP "SAVING LIVES?"

The AIDS research community "give[s] the vaccine little chance" of success, however. John Moore of the Aaron Diamond AIDS Research Center said: "I am absolutely sure this vaccine will not have measurable efficacy. ... [I]ts advancement to large field trials has more to do with 'corporate product development' than saving lives" (Philadelphia Inquirer, 6/24). Seven inoculations of AIDSVAX over 30 months are designed to "induce several antibodies, any one of which can neutralize HIV," said Dr. Phillip Berman of VaxGen (VaxGen release, 6/23). However,

critics of the vaccine say that the antibodies produced are not "relevant." In addition to the U.S. trial, the vaccine will be tested "among 2,500 volunteers in Thailand" (Philadelphia Inquirer, 6/24).

#4 HIV DRUG RESISTANCE: PAPERS NOTE NEW URGENCY

A "Special Communication" in this week's Journal of the American Medical Association examines the public health implications of HIV drug resistance. The authors note that "[w]idespread use of antiretroviral agents and increasing occurrence of [HIV] strains resistant to these drugs have given rise to a number of important issues," including the ability of drug-resistant viruses to be transmitted sexually, intravenously or from mother to child, and the frequency with which this occurs. Other important issues include the "effectiveness of antiviral therapy in diminishing viral burden in both blood and genital secretions and whether this may be compromised in persons harboring resistant virus," and the "importance of patient adherence to antiviral therapy and its relationship to sustained" viral load reduction in order to minimize transmission of drug-resistant virus. They note that both the prevention of HIV drug resistance and the transmission of any resistant viruses are equally important issues, and "[u]nless this topic is appropriately addressed, the likelihood is that drug-resistant variants of HIV ... will sustain the epidemic and limit the effectiveness of antiviral therapy" (Wainberg/Friedland, 6/24 issue). An accompanying editorial notes that "[d]rug resistant

HIV-1 will increasingly challenge clinicians and public health agencies ... The challenge to pharmaceutical companies is to develop drug combinations with once-a-day or twice-a-day dosing to improve adherence." However, they note that the "problems highlight the need to develop an effective HIV vaccine," as [d]rug resistant HIV-1 is here to stay."

NOT READY FOR PRIME TIME

A consensus statement in the same issue of JAMA says that new tests that can identify drug-resistant stains of HIV "do not have a long enough track record to be used routinely," the AP/San Francisco Chronicle reports. The panel assembled by the International AIDS Society-USA said the tests need additional study. One of the tests "looks for genetic mutations that have known drug resistance," the other "directly measures whether a drug will kill the AIDS virus taken from an individual patient" (Coleman, 6/24).

#5 NEW TB DRUG: NOT RECOMMENDED FOR HIV PATIENTS

The Food and Drug Administration yesterday approved the first anti-tuberculosis drug in 25 years, the South Florida Sun-Sentinel reports (Singer, 6/23). The new drug, rifapentine is manufactured by Hoechst Marion Roussel, a Kansas City-based division of Germany's Hoechst AG, according to the Wall Street Journal. The Journal notes that after "consistently declining from the 1940s to the 1980s, the number of U.S. tuberculosis cases jumped 20% between 1985 and 1992. Doctors blame the AIDS epidemic, a surge in immigration and slashes in funding for

tuberculosis prevention and treatment programs" (Peterson, 6/24) The Sun-Sentinel reports that while HIV-infected individuals "are more susceptible to TB than the general population, several HIV-positive patients with TB developed resistance to the drug during the clinical trial." FDA officials emphasized yesterday that rifapentine should not, therefore, be used to treat HIV-positive TB patients. Dr. Dianne Murphy, a senior official with the FDA's center for Drug Evaluation and Research, said, "The clinical trial in South Africa, upon which this approval was largely based, excluded HIV patients." Dr. Marc Cavaille-Colo, also of the FDA, noted that the drug's instructions "make it clear not to use rifapentine for HIV-positive patients. In fact, the insert suggests that doctors perform an HIV test on patients who are not responding" (Singer, 6/23).

#6 INTERLEUKIN-2: NEW DRUG BOOSTS CD4S BUT KEEPS VIRAL LEVELS LOW

Treating HIV with Interleukin-2 (IL-2) therapy significantly increased CD4 cell counts and other immune system indicators without increasing viral loads, according to a new study to be presented at the upcoming 12th World AIDS Conference. The study "demonstrate[s] that IL-2 therapy is a viable option for people with AIDS," according to presenting author Dr. Daniel Berger, medical director of NorthStar Medical Center in Chicago. In the study, 15 patients with AIDS who were previously on stable protease inhibitor-containing regimens were given once-a-day IL-2 doses for five days, repeating the cycle approximately every

eight weeks. Side effects, which generally resolved within 24 hours after therapy, included chills, fatigue, malaise, sinus congestion, headache, nausea and fevers, the latter being the most severe, with temperatures peaking at 103 degrees. Patients saw a significant boost in CD4 and CD8 cells, but no statistically significant increase in HIV RNA levels. Interleukin-2 is a natural cytokine produced by the human body in response to infection. A recombinent version known as Proleukin is used to treat some kinds of kidney cancer (Berger release, 6/22).

PUBLIC HEALTH & EDUCATION

#7 RURAL WOMEN'S HEALTH: STUDY SURVEYS WASHINGTON STATE CLINICS

A survey appearing in the May/June issue of Family Planning Perspectives on the availability of family planning services in rural areas of Washington state found that "[w]hile the three wealthiest areas had clinics, eight of the poorest areas had no clinics." In addition, "[n]ine of the 43 potential reproductive services were not provided by any" of the 31 planning clinics in the state. Clinics surveyed indicated that cost, understaffing, facility size and lack of equipment were barriers to offering some services. Services most commonly not provided included abortion, genetic counseling and delivery services. Only one of the 31 clinics surveyed provided abortion services. Survey respondents also noted community opposition (71%) and lack of

trained providers (55%) as reasons why abortions were not being provided. However, "36% of clinic supervisors indicated that their clinicians would prescribe mifepristone if it were available."

MORE FINDINGS

The study also found that "[m]ost providers were nurse practitioners, physician assistants or registered nurses"; while each site was supervised by a physician medical director, "virtually no physicians provid[ed] clinical services at these sites." All of the clinics surveyed offered chlamydia and gonorrhea screening and STD counseling; most offered contraceptive counseling, injectable and oral contraceptives and HIV testing -- although two clinics did not offer each of these services. Twenty-four of the clinics offered emergency contraception, 23 offered testing for the human papillomavirus, 20 offered implantable contraceptives and 17 offered IUDs (Dobie/Gober/Rosenblatt, Family Planning Perspectives, May/June issue).

MEDIA & SOCIETY

#8 PUBLIC VIEWS: MISCONCEPTIONS ABOUT AIDS PERSIST

A recent University of California-Davis study finds that "many Americans remain uncomfortable around people" with AIDS, and "misconceptions about how it is spread" remain prevalent, Nando Times reports. Lead researcher Gregory Herek found that29% of people surveyed believe those who contract AIDS through sexual contact or drug abuse "got what they deserved," up 9%

since 1991. Those who contract AIDS via shared needles, multiple sex partners and homosexual contact received "harsher judgments" than those who develop the disease through a blood transfusion, one sexual partner or heterosexual contact. "AIDS is still a symbolic disease. It serves as a symbol for many people to express how they feel about people who get AIDS," Herek said.

VIEWS ON HOW IT'S SPREAD

Misconceptions also persist regarding how the disease is contracted. Nando Times reports that "slightly more people" today than in 1991 "wrongly believe casual social contact can spread HIV." The survey also found:

- 25% of respondents said they would be "uncomfortable working with someone who has AIDS."
- 27% percent said they would be "uncomfortable having their child around a classmate with AIDS."
- 55% said AIDS could be "spread" from a drinking glass.
- 41% said AIDS could be caught from a public toilet.
- 54% said HIV "might be transmitted through coughing or sneezing."

THE FLIP SIDE

In contrast, 77% of Americans believe AIDS sufferers are "unfairly persecuted" by society, and "support for public reporting of people with AIDS dropped to 19% from 30% since 1991," according to Nando Times. In addition, "fewer people [today] said they actually would avoid a person with AIDS" than the number reported in the 1991 study

(Davila, 6/23).

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:24-JUN-1998 18:50:09.00

SUBJECT: Returned mail: Host unknown

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

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

550 aspa.dhhs.gov (smtp)... 550 Host unknown

554 <Richard_Sorian@ASPA.dhhs.gov>... 550 Host unknown (Authoritative

answer from name server)

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

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

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

id AA01940; Wed, 24 Jun 1998 14:50:09 -0400

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

id 8525662D.006777C4 ; Wed, 24 Jun 1998 14:50:08 -0400

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: Sean_P._Maloney@who.eop.gov

Cc: Elena_Kagan@opd.eop.gov, Diana_Fortuna@opd.eop.gov,

Sarah_A._Bianchi@opd.eop.gov, Robert_N._Weiner@who.eop.gov,

rlevinso@ostp.eop.gov, DvonZinkernagel@osophs.dhhs.gov,

Richard_Sorian@ASPA.dhhs.gov,

Matt_Nosanchuck%12023073137%fax@oa.eop.gov

Message-Id: <8525662D.0062CB6E.00@lngate3.eop.gov>

Date: Wed, 24 Jun 1998 14:46:08 -0400

Subject: POTUS Statement on Bragdon v. Abbott

Mime-Version: 1.0

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

Below is a proposed statement to be released by the President in response to a decision by the Supreme Court that we expect to be released tomorrow. The Administration has a compelling interest in this case in that it has filed an amicus brief with the Supreme Court, as well as in related adjudication by lower courts. In addition, this is very likely to receive significant press attention.

Essentially, this case will determine whether people living with HIV but not yet symptomatic are protected by the Americans With Disabilities Act. The statement is designed to respond to a negative decision by the Court (that the ADA does not provide such protection). Once the decision is released, we will work with the White House Counsel's office to determine if the proposed POTUS statement is applicable. We will then notify you that the statement should be released by the WH Press Office.

I have submitted this statement to several Administration officials for review, including:

Elena Kagan (DPC)

Diana Fortuna (DPC)

Sarah Bianchi (DPC)

Rob Weiner (WH Counsel)

Rachel Levinson (OSTP)

Matt Nosanchuck (Justice)

Richard Sorian (HHS)

Eric Goosby (HHS)

Matt has circulated it internally at Justice, and will include the Solicitor General in the discussion loop. We have agreed that this statement will not be released until the decision is released and reviewed by the White House (OGC, OPD, and ONAP), Justice, and HHS. At that point (probably tomorrow morning), we will jointly decide whether a statement by the President is appropriate, and if this proposed statement is acceptable as is or needs modification.

However, in anticipation of the need for a fast turn-around, I would appreciate it if you circulate this internally for comment to facilitate a rapid approval of a final version tomorrow.

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DRAFT STATEMENT BY THE PRESIDENT

"I sincerely hope that today's decision by the Supreme Court in Bragdon v. Abbott, will not weaken the protections offered by the landmark Americans With Disabilities Act. The ADA was enacted with strong bi-partisan support to protect Americans with disabilities from discrimination. The

Administration filed a brief in this case arguing that people with HIV are disabled whether or not they are symptomatic, and that the protections offered by the ADA therefore apply.

I want to assure all Americans with disabilities, including those living with HIV disease and AIDS, that this Administration is firmly committed to protecting them from discrimination. I have asked the Secretary of Health and Human Services, the Attorney General, and the Director of the Office of National AIDS Policy to: (1) assess the implications of today's decision; (2) review other Federal anti-discrimination protections -- in such programs as Medicare, Medicaid, the Ryan White CARE Act, veteran's health care, and publicly assisted housing -- potentially available to people living with HIV; and (3) recommend ways to strengthen existing protections.

I call again on Congress to join us in the effort to afford all Americans,

including those with disabilities, equal access to health care, housing,

and other essential services."

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Ursula J. Sanville (CN=Ursula J. Sanville/OU=ONDCP/O=EOP [ONDCP])

CREATION DATE/TIME:25-JUN-1998 16:02:41.00

SUBJECT: Jane Sanville/ONDCP/EOP is out of the office.

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

TEXT:
I will be out of the office from 06/23/98 until 07/13/98.

I will be out of the office from 06/23/98 until 7/13/98. I will return

your message when I return.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:25-JUN-1998 19:56:49.00

SUBJECT: RE: FW: g'twn law website

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

TEXT:
anything for the medicaid expansion!! are you going to geneva??

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

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

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

>Sent: Thursday, June 25, 1998 3:09 PM

>To:Abreu, Julio

>Subject: Re: FW: g'twn law website

>

>well wasn't that an interesting spin you all put on it?!

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:25-JUN-1998 18:24:59.00

SUBJECT: FW: state of needles...

TO: Deborah VonZinkernagel ("'Deborah VonZinkernagel (E-mail)'" <dvonzinkernagel@osophs.dhhs.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:
fyi...

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

>From: Abreu, Julio

>Sent: Thursday, June 25, 1998 2:20 PM

>To:Government Affairs GA

>Cc:Fisher, Steven

>Subject: state of needles...

>

>looks like the great news on bragdon spilled over across the street to the

>senate. it appears that the senate will NOT take up needles today (and

>therefore not before the break/recess). not sure when/if the senate

decides

>to take up the permanent ban when we return. the senate l,hhs approps

bill

>has been postponed, it is no longer happening on the 7th of july. not

sure

>when it is being rescheduled for. i asked the subcmtee for a mtg and it

>looks like it might be forthcoming after the senate break.

>

>chao jca

>

>Julio C Abreu

>Legislative Representative

>Government Affairs

>202-986-1300 x3021

>

>jabreu@aidsaction.org

>