Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From Harry Sadler to Todd Summers Re: Sara=Sarah Holewinski (1 page)	06/25/1998	Personal Misfile
002. email	From Matt Florence to Many Recipients Re: A thought for the day (2 pages)	07/07/1998	Personal Misfile
003. email	From ShyInDC@aol.com to Todd Summers Re: Fwd: Assistance, Plz (2 pages)	07/07/1998	Personal Misfile
004. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	07/09/1998	b(7)(C), b(7)(F), b(6)
005. email	From Nicole Hernandez to Todd Summers Re: Treatment Access Workgroup Meeting - Addition [Personally Identifiable Information] [partial] (1 page)	07/09/1998	b(6)
006. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	07/10/1998	b(7)(C), b(7)(F), b(6)
007. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	07/10/1998	b(7)(C), b(7)(F), b(6)
008. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	07/10/1998	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:
[06/25/1998 - 07/10/1998]

2018-0758-F
jn562

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:25-JUN-1998 14:05:35.00

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 25, 1998

12TH WORLD AIDS CONFERENCE

==========

#1 AIDS ACTIVISM: New Breed Of Activists Make Presence Felt In Geneva

PUBLIC HEALTH & EDUCATION

==========

#2 TEENS: New Jersey Conference Focuses On HIV Testing and Treatment

#3 TESTING: Florida Offers "Needle-Free" Test On National HIV Testing Day

ACROSS THE NATION

==========

#4 TEXAS: Infection Rate Among Minorities, Women Causes

SCIENCE & MEDICINE

==========

OPINIONMAKERS

==========

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

12TH WORLD AIDS CONFERENCE

#1 AIDS ACTIVISM: NEW BREED OF ACTIVISTS MAKE PRESENCE FELT IN GENEVA

"Nearly 20 years after the virus was first reported and after countless marches and stunts to prod governments and drug companies into action, AIDS activists have been given an equal

say along with scientists in the format and content of one of the world's largest medical meetings," Reuters/Nando Times reports. The meeting is the 12th World AIDS Conference, which runs from June 28 through July 3, and "[t]he level of activist involvement ... is unprecedented." Every decision about the conference has been made by both the scientific and activist communities, and people with HIV "have been included in each scientific section." According to Robin Gorna, chair of the conference's Community Planning Committee, "There have always been activists and people with HIV at most of the conferences but never to the same degree, never as many and never as fully integrated and respected. We've been banging on the table saying we want a place and now we've got one. [W]e've gone from demonstration activism to briefcase activism."

WHY THE CHANGE?

The equal footing has come about because the "AIDS community delegates" are well informed and sometimes know more about the virus and the latest treatments than the doctors who treat the disease. Reuters/Nando Times also reports that "[n]o other disease group ha[s] been as well organized as AIDS sufferers. ... The activism happened because the illness involved human rights and humanitarian concerns. People were dying fast and there was no understanding of the disease and no answers" (6/23).

PUBLIC HEALTH & EDUCATION

#2 TEENS: NEW JERSEY CONFERENCE FOCUSES ON HIV TESTING AND

TREATMENT

Speaking yesterday at the New Jersey Statewide Conference on Adolescent HIV/AIDS, Dr. Robert Johnson, professor of pediatrics and psychiatry at the New Jersey Medical School in Newark and "a national expert on the disease", sounded an alarm over the spread of AIDS among teens, the Bergen Record reports. Despite public health officials' "best efforts" at prevention, Johnson said, two young people are infected with HIV every hour, and 25% of new reported AIDS cases are among people ages 13 to 21. In Newark, even though the total number of new AIDS cases reported has decreased 13% since 1995, there has been a 12% jump in the number of adolescent AIDS cases. The rise is particularly severe among African-American teens, he noted. Until a vaccine is developed and distributed, Johnson continued, teens should be targeted for aggressive testing and treatment. "We have treatment," he said. "But to benefit, adolescents have to know about the disease as early as possible. But they don't have the symptoms, so they have to be tested."

NOT JUST AN ADULT PROBLEM

New Jersey Health Commissioner Len Fishman noted that AIDS, like smoking, is generally thought to be an adult health problem. But, he said, both HIV and smoking are "pediatric illnesses. Both start in adolescence, but the effects surface years later." Fishman said that "60% of people with AIDS in their 20s and 30s probably were infected with HIV as teenagers," an age of "experimentation, of taking risks." Fishman said that "[p]eer pressure and peer leadership are the keys to educating teens

about safe sex and behavior modification." He praised Comprehensive Family Life, a New Jersey Health Department program, for training 2,500 teens as peer leaders.

CLEAN NEEDLES

Johnson advocated a needle-exchange program as a means of controlling HIV infection among adolescents. He speculated that New Jersey Gov. Christine Todd Whitman (R) "might be persuaded to modify her stand" against a state-funded needle-exchange program if "conservatives in the state Legislature would drop their opposition to the idea" (Groves, Bergen Record, 6/25).

#3 TESTING: FLORIDA OFFERS "NEEDLE-FREE" TEST ON NATIONAL HIV TESTING DAY

As part of this Saturday's National HIV Testing Day, Florida health officials will offer "needle-free" HIV tests to the community at no cost, the St. Petersburg Times reports. The test, OraSure, is performed by "placing a pad on the end of a stick between the cheek and gum and rubbing it back and forth for a couple of minutes." The pad "draw[s] antibodies to HIV from tissues in the mouth," the Times reports. Local health supervisor Craig Wilson said, "To me, it looks like a toothbrush. Instead of bristles on the end, it's flattened, almost like a big cotton swab." Orasure has been used in Florida since February, and Wilson reports that the number of people being tested has increased by more than 50%. "[I]t's really had a tremendous impact," Wilson said (Landry, 6/25).

#4 TEXAS: INFECTION RATE AMONG MINORITIES, WOMEN CAUSES CONCERN

Women and blacks in Texas are experiencing a disproportionate rate of new HIV infections, according to a coalition of Ft. Worth, TX, health care organizations. The state had 44,865 AIDS cases last year -- "about 44% Anglo, 26% black and 18% Hispanic" -- up from approximately 17,000 cases between 1985 and 1991. The Ft. Worth Star-Telegram reports that local minority leaders, AIDS activists, county health officials and advocacy groups met yesterday to discuss "barriers preventing them from working effectively in minority communities ... including a lack of trust in health care providers, language differences, homophobia, miscommunication, denial and an unwillingness to talk about sex." Jacky Banks, co-founder and executive director of Bridge the Gap, encouraged educators to "learn to ask some clients questions in a vernacular they understand, such as using the street slang for a sexually transmitted diseases instead of standard English." And Rita Cotterly, an HIV/AIDS education specialist with the Health Education Learning Project (HELP), "said adults have to be willing to let AIDS educators honestly discuss sex with young people." Attendees at yesterday's meeting also decried a lack of sufficient funding. According to Roy Brooks, president of a local minority leaders council and AIDS Outreach Center chair, "[m]ore Texans have AIDS now than ever before, but the state

funding to fight the disease is the same as in 1991" (Rodrigues, 6/24).

#5 AUSTIN: CROWDED HIV/AIDS CLINIC AIMS TO EXPAND

Austin and Travis County health officials said Monday they anticipate locating an expansion site for the area's overcrowded HIV/AIDS clinic, "by August," the Austin American-Statesman reports. Officials from the Austin/Travis County Health and Human Services Department and the HIV Planning Council are proposing a new "10,000 square feet, centrally located" facility accessible by public transportation, using $1.5 million in city funds. The number of clients the clinic serves "has grown from 60 in 1991 to almost 900." At a recent public meeting, community members listed their priorities for an expanded clinic. Their paramount concern was having a doctor on staff "who can admit clinic patients to the hospital and oversee their care," so AIDS patients avoid long emergency room waits. Providing evening hours for people who work was also a concern. Meanwhile, David Lurie, director of Austin/Travis County Health and Human Services, promised to address community concerns "within eight weeks" (Hopper, 6/23).

SCIENCE & MEDICINE

#6 RISK FACTORS: PAST ABUSE A FACTOR IN UNSAFE SEX AMONG DRUG-ABUSING WOMEN

Feelings of powerlessness stemming from past sexual and

physical abuse may lead to an increased risk of HIV infection, a recent Johns Hopkins study found. Appearing in this month's Women's Health, the study consisted of in-depth interviews with HIV-positive African American women currently incarcerated for abusing crack cocaine. The women reported feelings of powerlessness over their personal relationships, often reflected in a willingness to have casual and unprotected sex. Lead author Susan Sherman, MPH, said, "In the face of many negative factors in their lives, sex offers these women a sense of belonging." Sherman recommended that substance abuse treatment programs take an individual's complete family history into consideration when determining treatment options. "Although smoking crack cocaine is not in itself a biological risk factor for HIV infection, it is one of a cluster of behaviors stemming from the pasts of these women that place them at an increased risk for HIV infection," the study concluded (Johns Hopkins School of Public Health release, 6/24).

OPINIONMAKERS

#7 UN AIDS REPORT: GLOBE URGES LAWMAKERS TO HELP POOR NATIONS

In the wake of yesterday's United Nations report that painted a dismal picture of the global AIDS epidemic, the Boston Globe urges U.S. officials to assist poorer nations in battling the spread of the disease. The editorial calls the 12th World AIDS Conference an "ideal forum" for promoting an expedited search for an AIDS vaccine and a "renewed commitment" to

international family planning programs to combat the spread of STDs. Concerning recent delays in Congress on international funding, the editors write, "It is unconscionable that a band of religiously motivated U.S. congressmen continually bottle up foreign aid for family planning, because, they say, it might be used for abortion." The editorial notes that HIV-infected people in developing nations "will almost certainly die" because they cannot afford drug therapies that keep HIV-positive patients alive. The editorial concludes: "The United Nations report says AIDS is threatening to become a killer on a par with other great epidemics of the millennium, including bubonic plague. It is well past time for wealthier nations to stop dithering and do some things that can actually save the world" (6/25).

==========

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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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:25-JUN-1998 18:26:36.00

SUBJECT: FW: g'twn law website

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: Andersen, Amy

>Sent: Thursday, June 25, 1998 11:14 AM

>To:AIDS Action ALLSTAFF

>Subject: g'twn law website

>

>

>

> 1875 Connecticut Avenue NW

>Suite 700

>Washington, DC 20009

> 202-986-1300 (P) 202-986-1345 (F)

>

>

>

>For Immediate Release

Contact: Steven Fisher

>June 25,

1998

202-986-1300, ext. 3065

>

>Bragdon Opinion Greatest Legal Victory Since the Beginning of the Epidemic

>

>Statement by Daniel Zingale

>Executive Director, AIDS Action

>June 25, 1998

>

>The Supreme Court today handed people with HIV their greatest legal

victory

>since the beginning of the epidemic. The Bragdon decision is a victory

of

>reason and responsibility over irrationality and illogic. While we are

>pleased by the Court's decision, justice is not done until Sidney Abbott

is

>back in the dentist chair.

>

>The Court's action is also consistent with the views of the American

people,

>as evidenced by public opinion research released today by AIDS Action

>demonstrating strong public support for anti-discrimination protections

for

>people living with HIV.

>

>The ground has shifted beneath us as a new standard has been set for

federal

>treatment of people living with HIV. The federal government's

anachronistic

>treatment of asympotomatic HIV disease has threatened the lives of the

most

>vulnerable HIV-positive Americans. Indeed, Medicaid does not provide AIDS

>preventing drugs for those with HIV infection until they develop

full-blown

>AIDS, when treatment is less successful and more expensive.

>

>If the Supreme Court says people with HIV should be protected from

>discrimination, they should be protected from advancement to AIDS. Today,

>AIDS Action has written to the Health Care Financing Administration urging

>them to act on the Court's decision and modernize Medicaid to cover people

>with HIV.

>

>PUBLIC OPINION DATA AND LETTER TO HCFA FOLLOW

>

>

>

>PUBLIC OPINION RESEARCH DATA REGARDING HIV DISCRIMINATION

>

>To: Interested Press

>

>From: Lake Snell Perry & Associates

>

>Subject: Recent research findings:

> Voters oppose workplace discrimination for people with

AIDS.

>

>Date: June 24, 1998

>

>

> Recent focus groups conducted by Lake Snell Perry & Associates

for AIDS

>Action revealed strong objections to workplace discrimination against

>HIV-positive people and people with AIDS.1

>

> While people do have concerns - often scientifically unfounded -

about HIV

>transmission and the public health risks presented by contact with people

>with AIDS, the focus group respondents still strongly defended the right

to

>work. As one Atlanta woman said, "People want to work and?you don't let

them

>work because they have HIV - that is kind of sad." Another Atlanta woman

>said simply, "HIV [positive] people should not be punished" and another

>agreed, "They can live productive lives."

>

> Other participants voiced the concern that fear of discrimination

might

>discourage people from being tested for HIV. Said one woman in Milwaukee,

>"I'm thinking for being hired, discrimination there wouldn't be fair." A
>Milwaukee man applied the fear of discrimination to his own life, "I
wouldn't
>take the AIDS test? I don't want to be blackballed."
>
> Finally, some participants noted that people who are working will
be better
>able to take care of themselves and will not rely as much on government or
>community assistance. Said one woman, "As long as they are productive,
they
>can pretty much care for themselves or carry insurance?, and that is less
>government burden. As long as they are functioning, they should be
allowed
>to [work]." (Atlanta woman)
>
> Largely unfamiliar with the intent of the Americans with
Disabilities Act,
>participants were confused about why this law would apply to able-bodied
>people with HIV: "?Covered by the disability act but yet they are
working?"
>asked one Atlanta woman. Nonetheless, they agreed strongly with the
intent
>of the ADA - to provide discrimination protection for those with
disabilities
>who are able to work. "Maybe there is another law that can cover them as
>opposed to disability," suggested a woman in Atlanta. "Yeah, some kind of
>discrimination or something other than [the] Disabilities Act," responded

>another participant.

>

>

>

>1 Lake Snell Perry conducted a series of four focus groups among a cross

>section of American electorate in May 1998. Two groups were held in

>Milwaukee (white women without college degrees, white men with at least

some

>college education); two groups were held in Atlanta (African-American

women

>with at least a high school diploma; white women with college degrees).

>Qualitative research is different in nature than quantitative research in

>that it allows the researcher to dig beneath the surface of opinions in

order

>to uncover beliefs, perceptions, and attitudes.

>

>

>- MORE -TEXT OF LETTER TO HCFA REGARDING MEDICAID

>

>June 25, 1998

>

>Nancy-Ann Min DeParle

>Administrator

>Health Care Financing Administration

>314G HHH Building

>200 Independence Avenue, SW

>Washington, DC 20201

>

>Dear Nancy-Ann,

>

>Today's landmark Supreme Court decision in Bragdon v. Abbott has, in one
>stroke, altered the landscape of how the federal government treats
>populations affected by HIV disease. As the AIDS epidemic has shifted
from
>diagnoses of almost certain death to, in many cases, a manageable chronic
>condition, the federal response to this shift has, until today, been
>lethargic.

>

>Indeed, despite the Court's recognition of the new medical significance of
>asymptomatic HIV disease, federal health programs have yet to make this
>important distinction, jeopardizing the long-term health of thousands of
the
>most vulnerable Americans.

>

>Current Medicaid policy that provides access to protease inhibitor drugs
only
>for HIV positive individuals diagnosed with full-blown AIDS is a recipe
for
>disaster. In essence, the federal government is telling low-income
>HIV-positive Americans that they can't receive AIDS-preventing drugs until
>they develop AIDS. If automobile safety regulations followed this model,
air
>bags would only be required in cars that have already crashed.

>

>Despite the absence of reliable statistics as to its exact size, the under
>and uninsured are among the fastest growing segments of the AIDS
population.
>In the last fiscal year, federal Medicaid costs for AIDS patients were
>estimated to be $1.8 billion with a beneficiary pool of more than 100,000
>people. Ironically, studies show that costs of caring for people with
>full-blown AIDS are nearly twice that of healthy HIV-positive individuals.
>
>AIDS Action has proposed a "Reinventing Medicaid" plan that would
modernize
>the program to conform to current standards of care as defined by the
>National Institutes of Health. Under the plan, which was endorsed by Vice
>President Gore in 1997, Medicaid would provide eligibility to HIV-positive
>individuals who would otherwise meet income eligibility for the program.
>
>Reinventing Medicaid to cover healthy HIV-positive Americans would save
lives
>and save money. Every major study of protease cocktails has proven that
>early treatment provides the best route for preventing the onset of
illness.
>Moreover, the cost of providing drugs early would offset exorbitant
>hospitalization and other medical costs associated with AIDS treatment.
>
>Moreover, there is new evidence to suggest strong public support for
>Reinventing Medicaid. As part of the first-ever message research project
>around AIDS issues, AIDS Action has learned that there is not only strong
>support for discrimination protection for people with HIV, but that there

is

>strong opposition to the current Medicaid policy.

>

>Said one man in Milwaukee, "Government does everything backwards."

Another

>Milwaukee man asked, "with $1.6 billion (spending on certain AIDS

programs)

>you can't have the air bag before the accident?"

> - MORE -

>And among a group of African-American women in Atlanta, the reaction was

even

>stronger. Said one woman, "? it is really sickening to think they don't

even

>try to intervene until someone has AIDS knowing that prevention is really

the

>key."

>

>If the Supreme Court says people with HIV should be protected from

>discrimination, then logic and morality dictate that they protecting them

>from developing AIDS is just as important . Today, the dynamic has

shifted

>and now is the time to follow the lead of the Court by modernizing

Medicaid

>to meet the current standards of care.

>

>Sincerely,

>

>

>Daniel Zingale

>Executive Director

>

># # #

>

>AIDS Action is the national voice on AIDS, representing all Americans

>affected by

>HIV/AIDS and 2,400 community-based organizations that serve them.

>

>

>Info on the Georgetown Law website for talking points on Abbott vs.

Bragdon:

>

>From HIV Law listserve

>The HIV and AIDS Law and Policy Study Center at Georgetown Law Center will

>be posting on the Internet recommended talking points on Bragdon w/in 3

>hours

>of case being issued:

>

><<http://members.tripod.com/~FedLeg/>>

>

>Points will represent a consensus from key players involved in/advising on

>the

>case. The Center is staffed by Tim Westmoreland, formerly Henry Waxman's

>health aide and a key Congressional AIDS staffer for many years, and Chai

>Feldblum, who was the ACLU's representative when the ADA was being

drafted.

>

>

>

>

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Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From Harry Sadler to Todd Summers Re: Sara=Sarah Holewinski (1 page)	06/25/1998	Personal Misfile

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

FOLDER TITLE:
[06/25/1998 - 07/10/1998]

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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:25-JUN-1998 23:29:55.00

SUBJECT: Returned mail: Cannot send message for 4 hours

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

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

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

open with justice.doj.gov

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

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

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

id AA02140; Thu, 25 Jun 1998 15:21:11 -0400

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

id 8525662E.006A49B4 ; Thu, 25 Jun 1998 15:20:56 -0400

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: Sarah_A._Bianchi@opd.eop.gov, chris.collins@mail.house.gov,

Toby_Donenfeld%OVP@oa.eop.gov, egoosby@osophs.dhhs.gov,

echndc@aol.com,

meiskowitz@aol.com, pkawata@nmac.org, seth.kilbourn@hrc.org,

mmartin@os.dhhs.gov, nosanchu@justice.doj.gov,

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david_vos@hud.gov, Wendyw@nih.gov, Paul_Yandura@hud.gov,

dzingale@aidsaction.org, JAbreu@AIDSAction.org

Message-Id: <8525662E.00698230.00@lngate3.eop.gov>

Date: Thu, 25 Jun 1998 15:16:57 -0400

Subject: Statement by the President: Supreme Court Decision - Bragdon vs.

Abbott

Mime-Version: 1.0

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

THE WHITE HOUSE

Office of the Press Secretary

(Xi?an, People?s Republic of China)

For Immediate Release June 26, 1998

STATEMENT BY THE PRESIDENT

I am pleased with today's Supreme Court decision in Bragdon v. Abbott. This decision reinforces the protections offered by the landmark Americans With Disabilities Act for Americans living with HIV and AIDS.

The ADA was enacted with strong bipartisan support to protect Americans with disabilities from discrimination. My Administration argued successfully in this case that people with HIV are disabled whether or not they have developed the symptoms of AIDS.

I am firmly committed to protecting all Americans, including those living with HIV and AIDS, from discrimination, and ensuring that each of us can benefit from all America has to offer. Today?s decision will help in fulfilling that commitment.

-30-30-30-

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:25-JUN-1998 20:41:23.00

SUBJECT: RE: Statement by the President: Supreme Court Decision - Bragdon vs.Abbott

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

TEXT:
Great job on this Todd. We are mindful of the fact that the

administration weighed in and that all of the President's appointees

voted with us. Nice to have something to celebrate, huh?

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

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

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

>Sent: Thursday, June 25, 1998 3:17 PM

>To:Zingale, Daniel; Abreu, Julio; Sarah_A._Bianchi@opd.eop.gov;

>chris.collins@mail.house.gov; Toby_Donenfeld%OVP@oa.eop.gov;

>egoosby@osophs.dhhs.gov; echndc@aol.com; meiskowitz@aol.com;

>pkawata@nmac.org; seth.kilbourn@hrc.org; mmartin@os.dhhs.gov;

>nosanchu@justice.doj.gov; joneill@hrsa.dhhs.gov;

>Ursula_J._Sanville@ondcp.eop.gov; Sandra_Thurman@opd.eop.gov;

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

>david_vos@hud.gov; Wendyw@nih.gov; Paul_Yandura@hud.gov

>Subject: Statement by the President: Supreme Court Decision -

Bragdon

>vs.Abbott

>

> THE WHITE HOUSE

>

> Office of the Press Secretary

> (Xi?an, People?s Republic of China)

>---

>For Immediate Release June 26, 1998

>

>

> STATEMENT BY THE PRESIDENT

>

> I am pleased with today's Supreme Court decision in Bragdon v. Abbott.

>This decision reinforces the protections offered by the landmark

Americans

>With Disabilities Act for Americans living with HIV and AIDS.

>

>The ADA was enacted with strong bipartisan support to protect Americans

>with disabilities from discrimination. My Administration argued

>successfully in this case that people with HIV are disabled whether or not

>they have developed the symptoms of AIDS.

>

>I am firmly committed to protecting all Americans, including those living

>with HIV and AIDS, from discrimination, and ensuring that each of us can

>benefit from all America has to offer. Today?s decision will help in

>fulfilling that commitment.

>

>

> -30-30-30-

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Deyton, Lawrence R. MD ("Deyton, Lawrence R. MD" <dr.bopper.deyton@mail.va.gov> [UNKNOWN])

CREATION DATE/TIME:25-JUN-1998 21:02:54.00

SUBJECT: Whew!

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

CC: Deyton, Lawrence R. MD ("Deyton, Lawrence R. MD" <dr.bopper.deyton@mail.va.gov> [UNKNOWN])
READ:UNKNOWN

TEXT:
Todd, I'm glad we all were prepared and even happier that we didn't need

to do damage control.

Someone from HHS forwarded the President's statement to me. Please put

VA on your email broadcast list for these kinds of things. My email

address is below.

Again, thanks for all the work on this and ain't it great we didn't need

it!

Bopper

Lawrence Deyton, MSPH, MD 202 273-8457

Director, AIDS Service 202 273-9078 fax

Department of Veterans Affairs email:

810 Vermont Avenue, NW dr.bopper.deyton@mail.va.gov

Washington, DC 20420

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Deyton, Lawrence R. MD ("Deyton, Lawrence R. MD" <dr.bopper.deyton@mail.va.gov> [UNKNOWN])

CREATION DATE/TIME:26-JUN-1998 04:21:48.00

SUBJECT: RE: Whew!

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

TEXT:
Take a break my friend - you deserve it! Bopper

> ----------

> From:

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

> Sent: Thursday, June 25, 1998 5:18 PM

> To: Deyton, Lawrence R. MD

> Subject: Re: Whew!

>

> a list? you presume some kind of organization! sorry - I'm just

> getting

> around to sending out the POTUS statement - took about all I had to

> just

> get it out!

>

> a big relief!

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:26-JUN-1998 14:01:37.00

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/

Friday, June 26, 1998

IN THE COURTS

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#1 ABBOTT V. BRAGDON: High Court Rules Americans With Disabilities Act Protects Patients With HIV

ACROSS THE NATION

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#2 CALIFORNIA: New Bus Ad Campaign Promotes Testing

SCIENCE & MEDICINE

==========

#3 COMBINATION THERAPY: Computer Database Plots Course Of Treatment

#4 DRUG DEVELOPER: Shaman Gets $7 Million In Financing

MEDIA & SOCIETY

==========

#5 OPINION POLL: NBC News/Wall Street Journal Asks About AIDS

OPINIONMAKERS

==========

#6 NEEDLE EXCHANGE: New York Medical Establishment Speaks Out

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.

IN THE COURTS

#1 ABBOTT V. BRAGDON: HIGH COURT RULES AMERICANS WITH DISABILITIES ACT PROTECTS PATIENTS WITH HIV

In a close decision yesterday, the U.S. Supreme Court ruled that Americans with HIV are protected from discrimination under federal law. The Court ruled 5-4 that the 1990 Americans with Disabilities Act, which prohibits discrimination in employment, housing, medical care and other public services, covers HIV-positive people even if they have no symptoms of AIDS. At the center of the case was Sidney Abbott, a Maine woman who was refused care in her dentist's office because she was infected with HIV. While "the Court stopped short of ruling flatly that HIV infection is automatically covered by the disability law," the New York Times reports that the court found the woman's infection put her within the law's definition of a disability by "substantially limit[ing]" a "major life activity" -- reproduction (Greenhouse, 6/26). "Reproduction falls well within the phrase 'major life activity,'" Justice Anthony Kennedy wrote in the Court's majority opinion. "Reproduction and the sexual dynamics surrounding it are central to the life process itself" (Elsasser/Berger, Chicago Tribune, 6/26).

AN IMPORTANT VICTORY

The Washington Post calls the ruling "a striking mixture of compassion and precise clinical understanding about a disease that often has been highly stigmatizing." AIDS activists said the Court's ruling could be a boon to public health, prompting more people to be tested for the virus without fear that infection could jeopardize their jobs or access to services (Biskupic/Goldstein, 6/26). "This decision is a timely reminder that license must never be given to employers, doctors, dentists,

or anyone else to mistreat, punish or turn away people with AIDS," said Gay Men's Health Crisis Executive Director Mark Robinson (GMHC release, 6/25).

MEDICAID COVERAGE FOR HIV?

Others noted the decision could provide leverage in the push for Medicaid coverage for HIV-infected patients (the federal assistance program now covers only individuals with full-blown AIDS.) In a letter to Health Care Financing Administration head Nancy-Ann Min DeParle, AIDS Action Executive Director Daniel Zingale wrote, "[D]espite the Court's recognition of the new medical significance of asymptomatic HIV disease, federal programs have yet to make this important distinction ... [T]he federal government is telling low-income HIV-positive Americans that they can't receive AIDS-preventing drugs until they develop AIDS. If automobile safety regulations followed this model, air bags would only be required in cars that have already crashed" (AIDS Action release, 6/25).

MORE THAN AIDS

Observers say the ruling has broad implications for all disabled Americans, not just people with HIV, the San Francisco Chronicle reports. It could affect Americans that have "such diseases as diabetes, epilepsy, asthma and breast cancer but who display no symptoms" because they have been successfully treated for the disease. "It is bizarre and ironic that as medical technology has improved and people can now live their lives fully ... that they would lose their civil rights protection and the courts would condone discrimination," said Arlene Mayerson, an

attorney for the Berkeley, CA-based Disability Rights and Education Defense Fund.

RAMPANT DISCRIMINATION

But the ruling's significance to the AIDS community is even more far-reaching, advocates say, because discrimination is widespread even in communities where HIV is common. "I talk hourly and daily with people who face employment discrimination, people who are told they can't receive services, people who tell me a chiropractor or a massage therapist refuses to treat them," said Betsy Johnsen, an attorney with the San Francisco-based AIDS Legal Referral Panel (Freedberg, 6/26). ACLU attorney Jennifer Middleton said on NPR that the ruling takes an opposite approach from lower court decisions that have "[set] up an obstacle course for people with disabilities to jump through to prove just simply that they have a disability and should be covered by law" ("Morning Edition, 6/26).

IS AIDS EVER ASYMPTOMATIC?

The Post reports that the Centers for Disease Control and Prevention statistics show about 400,000 to 650,000 HIV-infected individuals are not "sick enough" to qualify as having AIDS, though "[i]t is unclear how many of those people are symptom-free." In writing for the Court yesterday, however, Justice Anthony Kennedy said it is a "misnomer" to call the virus asymptomatic. "In the light of the immediacy with which the virus begins to damage the infected person's white blood cells and the severity of the disease, we hold it is an impairment from the moment of infection," Kennedy wrote (6/26).

UNANSWERED QUESTIONS

Still unanswered is whether Abbott's dentist, Randon Bragdon, was right in insisting she pay to have cavity filled in the hospital instead of in his office, USA Today reports. The ADA "permits the disabled to be treated differently if they pose a 'direct threat to the health or safety of others.'" The Supreme Court sent the case back to a Massachusetts federal Court of Appeals to decide if the dentist's refusal to treat her in his office was "medically justified" (Bayles, 6/26). The ACLU's Middleton said the Court's ruling rejects Bragdon's claim that "he could essentially use his own judgment to decide whether Ms. Abbott posed a risk" to the health and safety of his staff. "The CDC has repeatedly found that treating people in dentists' offices ... is perfectly safe, and I'm sure that the courts below will find the same thing," she said ("Morning Edition," 6/26).

YOUR FEEDBACK

Please send your reactions and comments concerning this Supreme Court decision to the Daily Report editorial staff. Email us at report@kff.org or send a fax to (703)518-8703.

ACROSS THE NATION

#2 CALIFORNIA: NEW BUS AD CAMPAIGN PROMOTES TESTING

A bus advertising campaign to advocate HIV testing is being launched this week in the Los Angeles and San Francisco Bay areas in conjunction with National HIV Testing Day. Supported by the California Department of Health Services Office of AIDS, the

campaign will encourage at-risk adults to call the California AIDS Hotline (800-367-AIDS) for testing information. Health officials hope the campaign will convince those who are reluctant to get tested that early detection of the virus and counseling could help them obtain life-saving drug therapy. "Knowing your HIV status is a critical step in preventing the spread of HIV," said Drew Johnson, head of the state's Office of HIV/AIDS Prevention Policy Section. "We want to let them know that a positive test result is not an automatic 'death' sentence" (release, 6/25).

SCIENCE & MEDICINE

#3 COMBINATION THERAPY: COMPUTER DATABASE PLOTS COURSE OF TREATMENT

In an effort to improve medical care for patients suffering from AIDS and other illnesses, Dr. Michael Saag, researcher at the University of Alabama, is creating a computerized database to help doctors "determine what drugs are best for treating various patients at different stages of a disease," the Birmingham Post-Herald reports. The issue is a critical one since there are currently 11 drugs available for AIDS treatment. "If a doctor chooses to give a patient only four of those 11 drugs, they could prescribe more than 2,000 different combinations of medications." Since 1997, Saag and a team of researchers have been developing a computer modeling system that processes what medications a patient has used, how effective and costly they were, and how the

patient "felt physically and mentally." The Post-Herald notes that, "One pharmacist working with Saag said the database allows researchers to find patterns and plot the course of treatment." If successful, Saag predicts that a computer tracking system "will replace paper medical charts, because the computer will pattern the effects of the drugs." The tracking system may also prove effective for other diseases, such as diabetes or cancer. Saag will present his findings at the 12th World AIDS Conference in Geneva. The study is funded with a $200,000 grant from Glaxo-Wellcome (Colburn, 6/25).

#4 DRUG DEVELOPER: SHAMAN GETS $7 MILLION IN FINANCING

San Francisco-based Shaman Pharmaceuticals "has landed $7 million in equity financing to continue its phase III clinical studies on its AIDS treatment drug, Provir." The San Francisco Business Times reports that Provir, which received "fast-track" FDA approval last month, "treats the chronic diarrhea that affects up to 60% of AIDS patients." Under the financing agreement, Delta Opportunity Fund Ltd. will buy "up to $7 million of 5.5% convertible preferred stock" in Shaman over nine months (Bole, 6/22 issue).

MEDIA & SOCIETY

#5 OPINION POLL: NBC NEWS/WALL STREET JOURNAL ASKS ABOUT AIDS

NBC News/Wall Street Journal published a landmark poll yesterday that contains questions with broad implications for

AIDS policy. When asked about "[t]he ability of your insurance to cover you in the case of a catastrophic illness," 28% responded that they were "very satisfied," 33% were "fairly satisfied," 12% were "somewhat dissatisfied" and 15% were "very dissatisfied. When asked: "When it comes to dealing with the problem of health care, which party do you think would do a better job?," 25% chose the Democrats and 12% Republicans, while 34% said both and 23% said neither (6/25). In a reaction piece to the poll, Wall Street Journal reporter/columnist Al Hunt pointed out that when the poll asked respondents what they were fearful of dying from, only "4% [said they] worry about death from AIDS," which, Hunt said, "mainly affects gay men and intravenous drug users." A full 20% of respondents said they think AIDS will be cured in the next 20 years. Also, Hunt pointed out that the poll reflects "huge public and political support for more funds for medical research." He noted that President Clinton has proposed increasing the National Institutes of Health budget by 50% over the next five years, while Sen. Connie Mack (R-FL) has proposed doubling it. Likewise, "[b]y a margin of more than two to one, the public feels it is better for the FDA to 'make absolutely sure there is no risk of serious side effects' before approving new drugs" (Hunt, 6/25).

OPINIONMAKERS

#6 NEEDLE EXCHANGE: NEW YORK MEDICAL ESTABLISHMENT SPEAKS OUT

In today's Wall Street Journal, members of the medical

community refute the positions expressed in Dr. Sally Satel's June 8 opinion piece, "Opiate for the Masses." Satel characterized heroin maintenance programs as illustrative of a "posture of surrender" among public health officials, and said needle exchange and other "harm reduction" programs "make no demands on addicts." In two separate letters, the New York Academy of Medicine's Dr. Alan Fleischman and Gary Stein, and Philip Alcabes, assistant professor of environmental medicine at NYU's School of Medicine, write that needle-exchange programs are an effective means to reduce transmission of AIDS and AIDS-related diseases. Alcabes writes, "Giving out clean syringes might not, it's true, be the most effective way of reducing the spread of HIV in all communities at all times. ... But we do know that there is nothing else that can be done cheaply and quickly that will stem the virus tide." Fleischman and Stein write that in addition to playing a "significant role in reducing the transmission of HIV ... among drug-users, and their sex partners and children," needle-exchange programs provide a "bridge" to comprehensive drug treatment, "HIV-prevention education and referrals to health care, mental health and social services" (6/26).

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

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

E-mail: report@kff.org

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

-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:26-JUN-1998 13:24:25.00

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 apihf.org (smtp)... 550 Host unknown

554 <lbau@apihf.org>... 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 AA20476; Fri, 26 Jun 1998 09:24:25 -0400

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

id 8525662F.0049A56C ; Fri, 26 Jun 1998 09:24:24 -0400

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: lbau@apihf.org

Message-Id: <8525662F.0049273C.00@lngate3.eop.gov>

Date: Fri, 26 Jun 1998 09:20:23 -0400

Subject: Solidarity and Support Statement

Mime-Version: 1.0

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

Hi Ignatius -

Thanks for sending along the statement of solidarity on the state of emergency - can you get me the names, addresses, etc. for the signatories to that statement? I don't have a lot of them.

Thanks,

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:29-JUN-1998 14:37:40.00

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

TO: Debra S. Wood (CN=Debra S. Wood/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:
I will be out of the office from 06/27/98 until 07/05/98.

I am out of the country. Our office, and WH Signal, has emergency contact

information. I will NOT be checking email until my return. Call Sarah at

5-1441 or Matthew at 5-1447 if urgent.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:29-JUN-1998 14:29:34.00

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 29, 1998

12TH WORLD AIDS CONFERENCE

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#1 AIDS VACCINE: Gates Gives Major Funding Boost

#2 VACCINE TESTING: Ethics Panel Endorses New Third-World Guidelines

#3 MOTHER-TO-INFANT TRANSMISSION: Caesareans, AZT Could Cut Risk

#4 UNDERSTANDING HIV: Scientists Discover Why Disease Progresses Slowly In Some Patients

#5 ABACAVIR: Convenient Drug On FDA "Fast-Track"

POLITICS & POLICY

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#6 1999 Budget: House Committee Boosts AIDS Funding

For online coverage of the 12th World AIDS Conference, view the Webcast website at webcast.aids98.org.

12TH WORLD AIDS CONFERENCE

#1 AIDS VACCINE: GATES GIVES MAJOR FUNDING BOOST

"A bold, $500-million plan to find an AIDS vaccine within the next few years was unveiled [yesterday] at the opening session of the 12th World AIDS Conference," the Detroit News reports (Woods, 6/29). The new project was announced by the International AIDS Vaccine Initiative, which unveiled its Scientific Blueprint for AIDS Vaccine Development. "The world is not on track to meet the goal of a safe and effective AIDS vaccine in the next decade," said IAVI Vice President for Scientific Affairs Margaret Johnson. "This program will not only

put us back on track, it will put us on a fast track," she said. UNAIDS Executive Director Dr. Peter Piot called IAVI's Blueprint "a bold and necessary global program" to develop a vaccine (IAVI release, 6/28). The plan involves "putting dozens of potential AIDS vaccines ... on a fast track for testing in humans." The Detroit News reports that almost every vaccine with a "'reasonable' chance of being safe and showing some effectiveness would be tested ... mainly in developing nations" (6/29). Reuters/Fox News reports that IAVI also "plans to identify gaps in scientific development, provide technical assistance in poorer countries and to encourage public and private collaboration in vaccine research." It also recommended "the creation of up to six international product development teams to identify promising vaccines and get them into trials quickly" (Reaney, 6/28). The Philadelphia Daily News reports that IAVI "also suggests that vaccines should be tailored to the various strains of HIV." IAVI President Dr. Seth Berkeley said, "Only a vaccine has a chance of ending a global AIDS epidemic" (Kim, 6/29).

BIG BUCKS FROM BILL

"Software billionaire Bill Gates" gave the new effort a major boost, donating $1.5 million for the effort and "endorsing a global strategy to step up the slow pace of progress" (Sternberg, USA Today, 6/27). Gates said that he and his wife Melinda were "committed to building a future in which AIDS is a part of the past." The United Kingdom's Department for International Development also donated 200,000 pounds to the effort (IAVI release, 6/28). Other donors to the program include

"the World Bank, the Rockefeller Foundation, the UNAIDS Program and big pharmaceutical companies," Detroit News reports (6/29). For the complete text of the IAVI's Scientific Blueprint for AIDS Vaccine Development, click here, or visit IAVI's Website at www.iavi.org.

#2 VACCINE TESTING: ETHICS PANEL ENDORSES NEW THIRD-WORLD GUIDELINES

"[A]n ethics panel convened by the United Nations is recommending major changes in the way experimental vaccines are tested in people," the New York Times reports. Current international guidelines "intended to prevent exploitation" of developing nations call for a potential vaccine to be tested first in its country of manufacture "before testing it in a developing country." Under the new guidelines, "such trials will be allowed to take place in any country ... even if not first tested in the manufacturer's country. The Times reports that Third World nations had complained that the "old guidelines were having the unintended effect of impeding possible vaccine trials in many developing countries." The Times notes that trial results "generally come faster and require fewer participants when they are conducted in a country with a higher incidence of new infections," such as heavily infected sub-Saharan African countries. Expressing the opinion that American bioethical standards do not necessarily apply in such disease-ravaged nations, Sophia Mukasa Monico, director of a Ugandan AIDS support group, said, "We are asking for more flexibility in the

guidelines right now." The Times reports that the recommendations "represent a shift from older attitudes of paternalism and protectiveness to greater empowerment by developing countries."

RECOMMENDATIONS

To temper concerns about exploitation, the panel recommended that informed consent be acquired from each participant in any trial, which "could end the widespread practice of allowing a village chief or local leader to give blanket approval for the participation in vaccine trials of all those living in a village." The panel also agreed that the use of placebo vaccines would be ethical, "as long as no effective vaccine exists." Finally, it was determined that the treatment of study participants who become infected during the course of a trial be "left to the individual countries participating in the trial," but that the standard of care should be "no lower than the highest practical standard of care in that country." Dr. Peter Piot, head of the UNAIDS program, said he expects endorsement of all of the panel's recommendations (Altman, 6/28).

#3 MOTHER-TO-INFANT TRANSMISSION: CAESAREANS, AZT COULD CUT RISK

"Pregnant women with HIV can almost eliminate the risk of infecting their newborns during delivery by having an elective Caesarean section and taking" AZT, USA Today reports (6/29). A major National Institutes of Health study, to be released tomorrow, found that "women who couple the anti-HIV drug AZT with

an elective C-section have less than a 2% risk of sentencing their infants to life with HIV" (Sternberg, 6/29). The AP/Nando Times reports that four years ago, a baby born to an HIV-infected mother had a 25% chance of contracting the virus. AZT alone dropped the mother-to-infant transmission rate to less than 8% (Irvine, 6/27). The Boston Globe reports that about 500 babies each year in the United States acquire the virus from their mothers, most often during the last stages of pregnancy. At an American Medical Association session Saturday, immediately preceding the 12th World AIDS Conference in Geneva, Paris researcher Dr. Laurent Mandelbrot said Caesarean deliveries "would prevent most" cases of mother-to-newborn transmission. He said Caesarean sections allow the baby to be delivered "before the mother goes into labor and before membranes surrounding the fetus and amniotic fluid have spontaneously ruptured" (Knox, 6/28).

NOT A PERFECT SOLUTION

Despite the dramatic drops in mother-to-infant transmission documented in the studies, physicians and researchers maintain some reservations. University of Chicago infectious disease specialist Dr. John Flaherty has seen a drop in mother-to-infant transmissions with the use of AZT and other "cocktail" therapies, but "he wonders if it's worth the risk of complications and even death for the mothers to add C-sections to the process," AP/Nando Times reports. And Dr. Patricia Garcia, a Northwestern University professor of obstetrics and gynecology, is "wary" of routinely using the procedure. "There isn't a woman alive who

wouldn't do anything to reduce the risk of transmission to her child. But until we sit down and so carefully go over the implications of this, I'm very concerned about implementing it," she said (AP/Nando Times, 6/27). USA Today notes that while the new findings apply only to C-sections performed before labor begins, they promise to shift the debate from "whether C-sections protect infants ... to how often they should be used" (6/29). The Globe reports that the finding will "not benefit millions of women in countries that cannot afford surgical deliveries" or in areas where C-sections cannot be safely performed (6/28).

#4 UNDERSTANDING HIV: SCIENTISTS DISCOVER WHY DISEASE PROGRESSES SLOWLY IN SOME PATIENTS

At the 12th World AIDS Conference in Geneva, "researchers say they have discovered why some people infected with HIV develop AIDS more rapidly than others," the Washington Times reports. Such differences in "progression rates" can be attributed to variations in structures of the virus, called "co-receptors," which allow the virus to enter the cell. In certain highly resistant individuals, the virus can only enter and infect cells through a single "door" -- the co-receptor CCR5. But in others, HIV "evolves so that it can enter the cell at several places" (Larson, 6/29). Once in a cell, the virus uses a cell's own mechanisms to reproduce, escalating the infection process. Reuters/Nando Times reports that the individuals who are able to thwart the virus over long periods often possess a strain of HIV with "a defect in CCR5," which gives them a

"natural resistance to HIV infection, even when they are at high risk. When people with the defect do become infected, the disease appears to progress more slowly" (6/28).

A NEW HOPE?

"An understanding of why the virus in these patients is not evolving may provide insight about how to delay disease progression in people infected with HIV," said Renu Lal, a biologist with the Centers for Disease Control and Prevention (Washington Times, 6/29). Hoffmann-La Roche virologist Nick Cammack was even more optimistic about the new findings, suggesting that it may give insight into blocking infection of cells: "[T]he potential for blocking infection of cells in the first place holds tremendous hope. Stopping HIV before it even has chance to cause serious harm would be a dramatic step forward in HIV treatment. It would give the treating physician a third category of treatments (in addition to protease inhibitors and reverse transcriptase inhibitors) to interfere with the replication of HIV." Cammack proposed development of a drug that would disable CCR5, much as it is in the disease-resistant patients. He warned, however, that any such drug would need to be "highly selective" so as not to affect the rest of the immune system. "It is currently uncertain whether it is possible to make a highly selective small-molecule inhibitor of CCR5 alone," he said. He noted that the U.S. company Progenics Pharmaceuticals Inc. "had already developed antibodies targeted at CCR5 which stopped HIV entering the cell but did not interfere with the cell's normal functions" (Reuters/Nando Times, 6/29).

#5 ABACAVIR: CONVENIENT DRUG ON FDA "FAST-TRACK"

A new AIDS drug on the Food and Drug Administration's regulatory "fast track" could vastly simplify the complicated regimens of "drug cocktail" therapy, the Raleigh News-Observer reports. Glaxo Wellcome on Thursday requested marketing approval for its reverse transcriptase inhibitor abacavir. The drug, likely to be known by the brand name Ziagen, has undergone successful clinical trials in the U.S., Canada, Australia and Europe which "have proven that abacavir can reduce the HIV virus in a person's blood to the point where it is undetectable," said Glaxo's research team leader Stephen LaFon. "It's a very powerful drug," LaFon said, adding that the drug can be taken twice a day, does not negatively interact with other AIDS drugs and the body is unlikely to develop immunities against it (Bickley, 6/26).

MORE MUSCULAR

The Miami Herald notes that abacavir causes fewer side effects and "appears to be far more muscular than its predecessors," AZT and 3TC. University of Miami's Margaret Fischl is currently conducting a combination therapy study that includes the new drug. Fischl is heartened by the study's preliminary findings, but remains cautious as the drug appears to reduce the virus to barely-detectable amounts in the body, but does not completely eradicate all traces. "It's telling us we are successful at treating patients and improving their quality of life, but that in no way has stopped the march forward of this

disease." Abacavir in combination with other drugs "is potent enough that it is knocking out the virus short term. But you have to be cautious," Fischl said (Smith, 6/29). She warned that Abacavir "looks active," but that "there's been no head-to-head comparison of it against a triple combination that contains a protease," Fischl said (Garrett, Newsday, 6/29).

POTENTIAL FOR CHILDREN

A "first ever" study focusing on HIV-positive children suggests that abacavir is effective in children who are "failing therapy with other drugs," the Los Angeles Times reports. Tulane University researchers studied 205 HIV-positive children between three months and 12 years old who had previously undergone combination therapy for at least 12 weeks. Half of the children received AZT and 3TC, while the other half received those drugs plus abacavir, the Times notes. Thirteen percent of those in the abacavir group had undetectable virus levels (Maugh, 6/29).

POLITICS & POLICY

#6 1999 BUDGET: HOUSE COMMITTEE BOOSTS AIDS FUNDING

The House Labor, Health and Human Services, Education and Related Agencies appropriations subcommittee voted last week to increase funding for the Ryan White CARE Act and AIDS research at the National Institutes of Health. The Washington Blade reports the subcommittee increased fiscal year 1999 funding for the Ryan White Care Act by $181 million, to $1.33 billion. The act "provides grants to cities and states for AIDS-related medical

and social service programs," including the AIDS Drug Assistance Program (ADAP), which helps pay for AIDS drugs for those who cannot afford them. ADAP funding was increased $100 million to $385 million. NIH research funding was increased by $124 million, to $1.73 billion. The committee also agreed to increase support for substance abuse treatment programs by $275 million to $1.58 billion. Activists lobbied for the money on the basis that "injection drug use is believed to be the cause of half of all new HIV infections in the U.S."

NOT ENOUGH

In a day of fiscal victories for AIDS activists, the subcommittee voted against increasing the AIDS prevention budget for the Centers for Disease Control and Prevention, "a development that raised concern among AIDS advocacy groups." Daniel Zingale, executive director of AIDS Action, said, "We feel at least another $100 million is needed for prevention programs" (Washington Blade, 6/26). He said, "The House went a long waytoward improving care, research and housing but they went nowhere toward improving prevention. If we had a medical vaccine, forces would be mobilized to deploy it. Today we have a virtual vaccine -- prevention -- and those forces are paralyzed" (AIDS Action release, 6/26).

PUBLIC HEALTH & EDUCATION

#7 MINORITY POPULATIONS: AIDS INCREASINGLY A BLACK DISEASE

As the rate of HIV infections drops sharply among whites, black Americans increasingly bear the brunt of the AIDS epidemic

due to a lack of education about the disease and the severe social stigma it carries in the black community. According to data from the Centers for Disease Control and Prevention, blacks make up 13% of the U.S. general population, but between 1994 and 1997 they "account[ed] for about 57% of all new infections with" HIV. The disease is "the leading cause of death among black people age 25 to 44, the New York Times reports. Said Surgeon General David Satcher: "[T]he epidemic is becoming increasingly an epidemic of color."

"EYES SHUT"

Satcher bemoans the fact that civil rights groups and the black church have given the issue little attention, in large part because of the homophobia that is prevalent in the black community. The Times reports that at the annual conventions of "the nation's two largest black civil rights groups, the Urban League and National Association for the Advancement of Colored People ... AIDS is on neither agenda." Because of a "prevailing myth" that "only gay men are at risk ... most black people who are infected tend to keep the diagnosis a secret," fearing social stigma, according to health experts. This despite the fact that among female AIDS cases, "heterosexual sex has surpassed drug infection as the most common route of transmission." Furthermore, the "hush-hush attitude contributes to the high death rates from AIDS among African-Americans" by hindering timely access to powerful new drugs like protease inhibitors that can often keep the virus in check. In addition, blacks are often hesitant to see doctors, experts say, because of a "deep-seated

... mistrust of doctors" or because they are so heavily weighted with the day-to-day problems of poverty.

FUNDING GAP

Well-established AIDS organizations, often based in the gay community, "still receive the lion's share of AIDS money because they are more sophisticated at writing grants," the Times reports. In an attempt to alleviate the dearth of funding for minority programs, the CDC recently "bypassed its own rules" and gave $18 million to minority groups, 75% of which went to programs that focus on helping blacks. President Clinton, as part of his program to eliminate racial inequalities in disease, "has proposed spending $400 million on model community programs" over the next five years. It will help, but Satcher admitted that the goal of eliminating racial disparities in the AIDS epidemic in 12 years "may be too optimistic." He said, "It is a long-term proposition. There is no immediate fix."

#8 MASSACHUSETTS: REPORTS FAR FEWER HIV CASES IN 1997

The Massachusetts Department of Public Health reported 466 new AIDS cases in 1997, "46% fewer than the 865 new cases reported in 1996," the AP/Boston Globe reports. The drop represents the fourth consecutive year in which the number has declined, but the 1997 drop vastly outdistanced the 9% decline in 1996. Jean Maguire, director of the department's AIDS bureau, said, "The new treatments and our efforts to make them available throughout the commonwealth have contributed significantly to not just preventing patients from dying, but from preventing new

cases from developing. ... We're pretty proud of our efforts in making the drugs available, but we really have contributed to this downward trend by our prevention efforts."

DEMOGRAPHIC BIAS

Among new cases in 1997, blacks made up 32%, compared with 26% in 1996, while infection among whites was 41%, down 6%. Blacks comprise only 5% of the population of Massachusetts. The Hispanic infection rate remained the same at 26%. Men represented 75% of the new cases, approximately the same as in 1996. "Transmission through homosexual sex dropped from 28% to 25%," while heterosexual infections were up slightly to 16%. Thirty-seven percent of cases resulted from intravenous drug use and 17% from "other, unspecified acts" (6/26).

REPORTING SHORTCOMING

In the past, doctors were required to report only full-blown cases of AIDS, not new cases of infection, the Boston Herald reports. But in February, the state health department voted to update the reporting requirement to include HIV cases. Maguire said, "In the next two or three years, we'll be able to have a better sense of where prevention is having an impact, and where we need to concentrate more resources" (Lasalandra, 6/26). The AP/Globe reports that as part of National HIV Testing Day, the public health department Saturday began a public service initiative designed to increase testing and treatment. "Mass transit ads will be placed in Boston, Cambridge, Brockton and Springfield, and there is a special, toll-free hotline, 1-888-I-ACT-NOW" (6/26).

IN THE COURTS

#9 ABBOTT V. BRAGDON: NEWSPAPERS EVALUATE HIV-DISCRIMINATION RULING

Newspapers across the nation continue to weigh in over the U.S. Supreme Court's decision to expand the protections of the Americans with Disabilities Act to people with asymptomatic HIV. A news analysis in today's Los Angeles Times says that with the decision, the court "opened the door to a new era of anti-discrimination protection for the millions of Americans who have an impairment or a disease." Abbott v. Bragdon was the high court's first ruling on the 1990 federal anti-discrimination law, and the Los Angeles Times reports the court's decision "signaled it will extend the measure broadly, covering not only those who are truly disabled, but also those who have conditions that could prove disabling" (Savage, 6/29).

A DIVIDED COURT

A Washington Times analysis reports that the court's HIV decision "followed the usual liberal-conservative split with Justice Kennedy, as he often does, providing the swing vote" (Murray, 6/29) Kennedy was joined by Justices John Paul Stevens, David Souter, Ruth Bader Ginsburg and Stephen Breyer to form the majority in the 5-4 decision. Chief Justice William Rehnquist and Justices Antonin Scalia, Clarence Thomas and Sandra Day O'Connor dissented in the case. The dissenting justices opposed the majority's argument that reproduction is a "major life

activity" as characterized by the Americans with Disabilities Act, the New York Times notes. Further countering the majority's assertion, they said "the ability to have a child was not 'substantially limited' by HIV infection in the way the law used that phrase" (Greenhouse, 6/26). The dissenters added that "a person's claim of a disability should be evaluated on an individual basis," the Washington Post reports. And in a separate dissent, O'Connor wrote that "the act of giving birth to a child, while a very important part of the lives of many women, is not generally the same as the representative major life activities of all persons" (Biskupic/Goldstein, 6/26).

ON THE OP-ED PAGES

An editorial in Friday's USA Today characterizes the Supreme Court's decision in Abbott v. Bragdon as one of strict legal interpretation. The editorial reads: "To the Supreme Court, it boils down simply: The Constitution means what it says. Congress means what it says. ... The justices, despite shifting majorities, sent a common message Thursday to those trying to stretch the law and Constitution to suit their purposes. ... the word is, back off." With respect to dentist Dr. Randon Bragdon's effort to apply his own medical judgement to the case, USA Today writes: "Sorry, the court said, that's not the law. You can't discriminate by applying a personal standard in the place of professional standards" (6/26).

Editors of the Chico, CA, Enterprise-Record couldn't disagree more, arguing that the decision "only further demonstrates the open-ended absurdity" of the Americans with

Disabilities Act. They argue that "[u]nder any common sense reading, the ADA is meant to address such personally encumbering handicaps as deafness, blindness or an inability to walk." Sidney Abbott contended her HIV status precluded "her ability to have sexual relations and bear children without the risk of passing the infection on to others." The Enterprise-Record notes, "It takes some convoluted thinking to say this is what the disabilities act is about" (6/28).

Columnist Bill Nemitz, writing in the Portland Sunday Telegram, takes yet a different angle. He ridicules Bragdon's "paranoia," and writes that the court's decision means Abbott "cannot be treated like a modern-day leper whenever she needs to have a tooth filled." Bragdon's assertion that he may be in danger by treating her is "blather that, spouted often enough, turns HIV victims into social pariahs. And turns something so simple as a filling into a costly hospital procedure that most HMOs wouldn't touch with a 10-foot printout" (6/28). Click here to read excerpts from Thursday's ruling, published in Friday's Washington Post. Click here to hear an audio analysis of the decision by University of Southern California law professor Erwin Chemerinsky.

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CREATOR: Ignatius Bau (Ignatius Bau <ibau@apiahf.org> [UNKNOWN])

CREATION DATE/TIME:30-JUN-1998 22:34:17.00

SUBJECT: Re: Solidarity and Support Statement

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

TEXT:
At 09:24 AM 6/26/98 -0400, Todd_A._Summers@opd.eop.gov wrote:

>Hi Ignatius -

>

>Thanks for sending along the statement of solidarity on the state of

>emergency - can you get me the names, addresses, etc. for the signatories

>to that statement? I don't have a lot of them.

>

>Thanks,

>

>Todd

Hi Todd:

I got your message. I am working on getting the list to you.

Ignatius

****

Ignatius Bau

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

CREATION DATE/TIME:30-JUN-1998 14:28:02.00

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TEXT:
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Tuesday, June 30, 1998

12TH WORLD AIDS CONFERENCE

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#9 HIV THERAPIES: Too Much Pessimism, Says Aaron Diamond Director

For online coverage of the 12th World AIDS Conference, view the Webcast website at webcast.aids98.org.

12TH WORLD AIDS CONFERENCE

#1 AIDS THERAPIES: RESEARCHERS DETAIL MYRIAD NEW OPTIONS

At the 12th Annual World AIDS Conference in Geneva yesterday, researchers disclosed findings on new drugs that could radically improve the effectiveness and tolerability of drug therapies for HIV/AIDS patients. The prospect of taking new, more powerful drugs only twice a day is "going to give patients many more treatment options," said Dr. Stephen LaFon of Glaxo Wellcome (Ferraro, New York Daily News, 6/30). The difficulty of adhering to the current treatment regimens of "drug cocktails," has been a major concern. Such therapies often produce debilitating side effects, and "missing even a few pills allows

mutant viruses to evolve that are resistant to the drugs." Dr. Francois Raffi, a professor at the University of Nantes in France, said, "Although more anti-HIV agents are available than ever before, resistance remains a problem" (Larson, Washington Times, 6/30). Dr. David Ho of the Aaron Diamond AIDS Research Center in Manhattan also said that with the current treatments, it would take 10 years to eradicate the HIV in a patient's body. But most will never get there, "given the toxicity and cost of the current therapies." Meanwhile, Newsday reports that a team of Australian physicians, led by Dr. David Cooper of the University of New South Wales, said "key parts of the immune system called CD8 cells are continuing to die off, even in patients on" the drug cocktails (Garrett, 6/30).

A NEW HOPE

The AP/Atlanta Constitution reports that two new medications introduced at the conference "offer easy-to-take alternatives to protease inhibitors, which have been the key ingredient" of the cocktails. Both DuPont Pharmaceuticals' Sustiva, known generically as efavirenz, and Glaxo Wellcome's Ziagen, known as Abacavir, "appear to be about as effective as protease inhibitors but require taking far fewer pills than the standard mix." A three-drug regimen with Sustiva requires five pills per day, while Ziagen requires six (Haney, 6/30). The Financial Times reports a 16-week Phase III clinical trial of Ziagen cut the amount of HIV in the blood "to levels comparable with those on regimens containing protease inhibitors." The drug was submitted to U.S., Canadian and European regulatory authorities for

approval last week (Pilling, 6/30). The Dallas Morning News reports that Sustiva showed "a greater efficacy than the current standard of care," according to Dr. Schlomo Staszewski of Johann Wolfgang Goethe University in Frankfurt. Given in combination with AZT and 3TC, "efavirenz appeared to send viral levels plummeting in a higher percentage of patients than the same two drugs plus a protease inhibitor" (Beil, 6/30). The Wall Street Journal reports that if the "new research [on Sustiva] hold up, many AIDS physicians and activists ... believe it will be possible to treat people with HIV without using" protease inhibitors, and that the newer drug may soon replace protease inhibitors as the standard of care for "many people who are receiving combination therapy for the first time," or for people who have developed resistance to protease inhibitors. The Journal notes, however, that not "everyone is enthusiastic." Julio Montaner of the University of British Columbia said, "I think we are seeing a lot of hype over Sustiva. The new combination isn't without serious side effects" (Waldholz, 6/30).

THAT'S NOT ALL

The Daily News also notes that other drugs may compete for the burgeoning market in these new therapies. "Saquinavir, marketed as Fortovase and made by Hoffmann-LaRoche" is taken three times a day and has proven to be very effective in trials. Nevirapine, marketed by Boehringer Ingleheim Pharmaceuticals as Viramune, is taken twice a day (6/30). Preliminary data from the largest study to evaluate twice-daily protease inhibitor regimens showed that twice-daily dosing of Fortovase (the new, soft gel

formulation of saquinavir) resulted in viral load reduction to below the limit of detection in 75% of 242 patients at 16 weeks, compared to 79% taking the drug in a three-times-daily dosing regimen. According to Dr. Calvin Cohen of the Community Research Initiative of New England, "These preliminary results suggest that a twice-daily regimen of Fortovase has similar potency to its standard three-times-daily dosing, and offers much greater convenience (Roche Laboratories release, 6/29).

OTHER STRATEGIES

The Washington Times reports that scientists are also working on drugs that boost the body's immune response, rather than attacking HIV itself. "One such drug, known as WF10, has shown promising results in boosting the number of macrophages, or white blood cells in tissue that attack invading bacteria and viruses" (6/30). Another drug, a protease inhibitor called Norvir, "is receiving a major boost" at the conference as well. The Chicago Tribune reports that Norvir, made by Abbott Laboratories, was shown to have the effect of keeping drug combinations in the blood longer, thereby increasing their efficacy. Also, it "is one of the few AIDS drugs approved in the U.S. for pediatric use (Japsen, 6/30).

BAD NEWS?

A significant proportion of patients on antiviral cocktails "experience a resurgence of the virus in their blood within a year," said a team of San Francisco researchers in Geneva. The team looked at 233 patients who had virus levels "dip to undetectable levels" after taking the cocktails. Fifty-five

percent of them had HIV show up again within a year. Dr. John Nienow of UCSF noted, however, that the resurgence of the virus did not necessarily correlate with health problems. He said, "It's good news that the vast majority of patients are doing well clinically, though over half had a resurgence in their viral load. ... It doesn't appear to lead automatically to clinical progression of the disease" (Scripps-McClatchy/Nando Times, 6/30). Optimism prevailed among some researchers, who "raised the possibility ... that treatment may someday eliminate the AIDS virus from the body or lower it to the point where the immune system can successfully control it." Dr. Robert Siliciano of Johns Hopkins said, "Eradication of HIV is not a myth" (AP/Atlanta Constitution, 6/30).

#2 MOTHER-TO-INFANT TRANSMISSION: UN LAUNCHES AZT TREATMENT PROGRAM

Hoping to slow the spread of HIV from mothers to their children, United Nations officials announced yesterday a pilot program that will treat 30,000 pregnant women in 11 developing nations with the HIV-fighting drug AZT for as little as $50 each. The announcement comes on the heels of findings presented this week at the 12th World AIDS Conference in Geneva that AZT can dramatically reduce mother-to-infant transmission, one of the "AIDS epidemic's most devastating problems" (Perlman, San Francisco Chronicle, 6/30). Aimed at women in developing nations where expensive AIDS therapies are virtually out of reach, the $3.6 million program will provide a short course of

AZT to woman in their 36th week of pregnancy. While pregnant American women with HIV often undergo a three-month course of AZT for about $800, the UNAIDS program will provide the shorter-term treatment for about $50, the Los Angeles Times reports (Maugh, 6/30). AZT manufacturer Glaxo Wellcome is making the cheaper therapy possible by providing AZT for the program at "a discounted rate of up to 75% on prices in the industrial world" (Pilling, Financial Times, 6/30). U.S. Surgeon General David Satcher said the United States will back the program financially, but he would not disclose how much funding the federal government will offer, the Boston Globe reports (Knox, 6/30).

ALTERNATIVES TO BREASTFEEDING

In addition, the program will offer alternatives to breastfeeding, "thought to be the route of infection for a third of children," in developing countries, BBC News reports. UN officials have been looking for substitutes for breast milk but are wary of asking women to give up breastfeeding, which is "cheap and convenient" for women in poorer countries. According to one UN spokesperson, however, "We have now a new equation. ... We cannot just sit back and maintain our position. We are not happy to ask women not to breastfeed, but we have to do it" (Doole, 6/29). Breast milk substitute and testing will cost $70 per patient, the Financial Times reports (6/30). HIV-infected women in Botswana, Burkina Faso, Cambodia, Honduras, Cote d'Ivoire, Rwanda, Tanzania, Thailand, Uganda, Zambia and Zimbabwe will be targeted by the UN program (BBC News, 6/30).

JUST THE BEGINNING

Each year, two million HIV-positive women become pregnant worldwide, and about 540,000 of their babies -- more than one quarter -- are born with HIV in Third World nations in Asia and Africa. Though the new UN program "will prevent only a tiny fraction" of the cases of mother-to-infant transmission, health officials "see the program as an opening wedge in an effort to bring the benefits of AIDS research to the nations hardest hit by the" AIDS epidemic (Boston Globe, 6/30). UN officials and health officials worldwide praised the new effort, calling it a good first step in stamping out transmission to children. "All our efforts at providing safe water and other protections for children have been undermined, undone, by the AIDS epidemic," said Dr. David Alnwick, head of UNICEF's health program. "But we are now committed to supporting every possible practical action that will prevent the transmission of HIV from mother to their infants" (San Francisco Chronicle, 6/30). "We've made dramatic advances in the last four years in reducing mother-to-child transmission of HIV in developed countries," said Dr. Lynne Mofenson of the National Institute of Child Health and Human Development. "With the now-proven efficacy of the short course of AZT ... I hope we may see a similar impact in the developing world in the next four years" (Los Angeles Times, 6/30).

DETRACTORS

Some AIDS activists were not as enthusiastic, the New York Times reports. Members of the French advocacy group ACTUP-Paris called the program "unethical" and argued it was "far too limited" because it treats HIV-infected women only during

pregnancy, not after they have given birth. The detractors further criticized UN officials for their inattention to the fate of children whose mothers die of AIDS. "The UN will be an orphan factory soon," said ACTUP-Paris' Marie de Cenival. She said the new program is a "wrong and cheap" strategy, and that it will do little to improve the health system in African nations, home to 21 million of the world's 30 million HIV-infected people. "We want to limit spread of the epidemic, but we think it is a political strategy and we want people to understand that," she said.

IN DEFENSE

The New York Times reports that UN officials strongly defended the program, arguing that "the United Nations did not have enough money to treat all HIV-infected pregnant women and had to act now, even if the program created some orphans" (Altman, 6/30). The San Francisco Chronicle reports that Bernard Kouchner, France's secretary of state for health, "shrugged" off ACTUP's challenge. "This epidemic has gotten ahead of us completely," he said. "We cannot have a perfect strategy against it. But we must move as swiftly as we can wherever we can, and of course that means we must move into the battle of providing access to real and continuing care for the mothers" (6/30).

#3 SAFE SEX: LOW SELF-ESTEEM A HIGH-RISK FACTOR

At the 12th World AIDS Conference in Geneva Monday, University of California-San Francisco researcher Craig Waldo presented findings that suggest gay men with low self-esteem are

more likely to engage in risky sexual behavior. The San Francisco Examiner reports that Waldo and his colleagues at the UCSF Center for AIDS Prevention Studies and AIDS Research Institute surveyed 302 gay men aged 18-29 in three West Coast cities -- Eugene, OR, Santa Cruz and Santa Barbara, CA. The team gauged respondents' reaction to such statements as: "I am glad to be gay"; "My gay male friends are good at helping me solve personal problems"; and "At times I think I'm no good at all." According to Waldo, men "who responded affirmatively to the first two questions, and negatively to the third, were more likely to practice safe sex." Of his study group, 30% of those he determined to have high self-esteem had engaged in unsafe sex. The number jumped to 46% among those he identified as least accepting of themselves as gay. Benjamin Schatz, executive director of the Gay and Lesbian Medical Association in San Francisco, said the findings were not surprising. "One of our slogans is that homophobia is a health hazard. ... If the (societal) message is 'Gay men are worthless,' why should he protect himself or his partner," Schatz said (Davidson, 6/29).

HIGH-RISK BEHAVIOR ON RISE IN SAN FRANCISCO

A second UCSF study of 510 gay and bisexual men in the San Francisco area finds a 50% increase in unsafe sex, but not an increase in the HIV infection rate, the Boston Globe reports (Knox, 6/30). According to USA Today, UCSF's Maria Ekstrand speculates that "complacency, optimism over new treatments and boredom with safe sex may contribute to the trend" (Sternberg, 6/30). The Globe reports that "the trend is all the more

striking because San Francisco's gay community has been cited as a model for adopting responsible behavior." UCSF researcher Dennis Osmond notes that the reason HIV infection rates have not risen along with unsafe-sex practices may be that more infected men are taking "potent anti-viral drugs" that reduce the amount of the virus in the bloodstream (6/30).

BEYOND SELF-ESTEEM

The Examiner reports that according to Stephen LeBlanc of ACT UP Golden Gate, self-esteem is not sufficient to ensure that men practice safe sex. He said, "My general impression is thatit's a lot more complex than that." LeBlanc noted that partners may not realize they are carrying the virus, or, if they do know, may choose to lie about it. Researcher Susan Kegeles agreed that healthy self-esteem doesn't guarantee safe sex practices. She noted that the three cities in which the men were surveyed had support systems that encourage safe sex (Davidson, 6/29).

#4 AIDS COCKTAIL: WORKS BETTER WHEN LAUNCHED ALL AT ONCE

Beginning multi-drug therapy simultaneously is more effective than adding the drugs one at a time over several months, according to a new study released yesterday at the 12th World AIDS Conference and published in the Journal of the American Medical Association. The San Francisco Chronicle reports that the study "involved nearly 100 HIV-infected patients who were prescribed Crixivan" in conjunction with AZT and 3TC. The study "found that nearly 80% of the patients who began treatment by taking all three of their drugs simultaneously saw their levels of HIV drop quickly to undetectable levels ... and

remain undetectable for two full years" (Perlman, 6/29). Among the patients who started with AZT and 3TC and added Crixivan six months later, only 30% maintained undetectable levels of HIV.

STILL COUNTING

According to lead author Dr. Roy Gulick of Cornell University, the two-year viral suppression recorded in the study is "the longest sustained response on record." The patients who began the triple-combination therapy all at once also saw their CD4 cell count continue to rise "for the two years of the experiment." Gulick commented that "simultaneous drug therapy ... minimizes chances that drug resistance will emerge" (Chronicle, 6/29). He said that the study "answers one of the most important strategic treatment questions facing physicians today -- how to start therapy to get the most effective results." He also noted that "adding on medications to existing treatments may have, in fact, played a major part in causing treatment failures" (Merck release, 6/27).

#5 TREATMENTS: NEW APPROACH WOULD UTILIZE T CELLS

Researchers at the University of Pittsburgh are testing an AIDS treatment that trains "special cells in the immune system, called dendritic cells, so they learn to recognize HIV as the enemy and order attacks on the virus," the Pittsburgh Tribune-Review reports. Dr. Charles Rinaldo, of the university's Graduate School of Public Health presented his findings at the 12th World AIDS conference in Geneva yesterday (Lott, 6/29). The study is the first to show that even small numbers of killer T

cells present in late-state AIDS patients after triple therapy can be activated against HIV (University of Pittsburgh release, 6/24). The new treatment, which would be used in conjunction with triple-drug therapy, "aim[s] to create an army of killer T cells specifically taught to target HIV." Rinaldo said the goal would be to "eradicate the last latent cells of the virus" and give patients "long-term immunity." Animal testing is currently underway on the technique. The Tribune-Review reports that if all goes well, "human trials could be under way within one to two years" (6/29). Rinaldo said, "This indicates that we may be able to enhance the body's response to the virus, which is very exciting because it suggests that with some prodding and priming, we may be able to train the immune system to ward off further attacks by HIV." He added, "If we can permanently boost a patient's immunity to HIV, we could eventually discontinue the complex regimen of drugs which can involve up to 18 pills a day" (University of Pittsburgh release, 6/24)

POLITICS & POLICY

#6 SURGEON GENERAL: IN PRAISE OF HONESTY AND CONDOMS

Dr. David Satcher spoke out yesterday at the 12th World AIDS Conference about the need to deal frankly with the realities of HIV transmission. "In a country where sex is happening everywhere -- movies, TV, everywhere you can imagine -- when it comes to addressing it, frankly, we have some way to go," he said. The AP/Ft. Lauderdale Sun-Sentinel reports that Satcher

emphasized the need to "deal with AIDS in a realistic way, not just stress the need for abstinence." Satcher criticized the recent "Republican-led" decision not to lift a ban on using federal funds for needle-exchange programs, and called for televised condom commercials (6/30). This last suggestion "brought swift condemnation from the religious right, which had opposed [Satcher's] confirmation to the high-profile post," the New York Daily News reports. Kristen Hansen of the Family Research Counsel said, "The federal government has no right to send sexual messages to teenagers through television -- bypassing families and parents."

Satcher noted that some 40,000 to 80,000 Americans become infected with HIV each year, most of whom are teens. According to Stephen Banspach, a researcher at the Centers for Disease Control and Prevention, one in four sexually active teens contracts an STD each year. A three-year study in Texas and California that Banspach helped conduct "showed safe-sex education increased the use of condoms among high school students without encouraging sexual activity" (Siemaszko, 6/30).
Click here to read about a recent RAND study that found condom distribution in high schools did not increase sex among students.

#7 AIDS POLICY: JESSE JACKSON INTERVIEWS AIDS CZAR SANDY THURMAN

On Sunday's edition of "Both Sides," Reverend Jesse Jackson interviewed AIDS Policy Director Sandy Thurman "about the status of the war on AIDS" in the U.S. and around the world. Using the

12th World AIDS Conference as a jumping-off point, Jackson questioned Thurman on U.S. needle-exchange policy, the increase in HIV among black and female populations, public perception of AIDS and current research and prevention efforts. Jackson and Thurman also discussed implications of the recent U.S. Supreme Court decision that classifies HIV infection as a disability under the Americans with Disabilities Act. Click here for a transcript of the interview.

GLOBAL CHALLENGES

#8 ASIA: ECONOMIC CRISIS PROPELS SPREAD OF HIV

Asia's financial crisis is negatively impacting funding of HIV/AIDS interventions, and is likely to "increase the spread of HIV in what is already the world's second most affected region," according to Asian health officials. Despite government promises, "spending on prevention, education and treatment of HIV in many Asian countries" has been cut back as a result of the recession, which may result in the spread of HIV and "many more deaths," Reuters/Inside China Today reports. Already, Thailand's Ministry of Public Health has cut 30% from its HIV prevention and education budget. Thai AIDS activist Meechai Viravadhya noted that additional World Bank funding has helped, but that "AIDS spending is often not seen as a priority." Similarly, the Philippines AIDS budget has been "slashed" by 25%. Asia is home to six million HIV-positive people, ranking second to sub-Saharan Africa.

TRULY DOWNTRODDEN

"The poor will be worst affected," noted a UNAIDS official. The poorest regions of Asia are already facing a spread in HIV infection of 25% to 30% per year. Malaysian AIDS Foundation Director Indra Kumari Madchatram noted that companies have no extra funding to contribute to intervention efforts. "When companies had larger profit margins, contributions were not a problem. But when you are in the red, how are you going to give to charity?" (Reuters/Inside China Today, 6/29).

OPINIONMAKERS

#9 HIV THERAPIES: TOO MUCH PESSIMISM, SAYS AARON DIAMOND DIRECTOR

Writing in a New York Times op-ed piece from the Geneva conference, Dr. David Ho, director of the Aaron Diamond AIDS Research Center, criticizes the AIDS research community for its unwarranted cynicism about the efficacy of new treatments for HIV. He writes, "a number of scientists and commentators are now questioning whether [protease inhibitors and other] drugs really work. They offer a doomsday scenario, wherein patients on the combination therapy deteriorate, one after another in rapid succession, because of the emergence of viral strains that are resistant to the drugs." He comments that such "dire predictions" are not likely to "come true," as new studies already are disproving them. He argues that the real danger is pessimism that could "hurt AIDS research by diverting us from the

appropriate course of action" -- many scientists look at the "residual reservoir" of HIV left after antiretroviral therapies as "insurmountable." But, he writes, "they should not surrender so quickly," as research on the topic is underway, as is "a concerted American effort to develop [a vaccine]." Dr. Ho also warns against impatience, saying it "has already caused zealots to pursue strategies that have shown little utility." He concludes: "Every nation must overcome denial and address this pandemic for what it really is -- an international emergency in which 16,000 people are sentenced every day to a slow and miserable death" (New York Times, 6/27).

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 1-JUL-1998 14:14:21.00

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, July 1, 1998

12TH WORLD AIDS CONFERENCE

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#1 DRUG RESISTANCE: Some Patients Now Immune To Protease Inhibitors

#2 AIDS THERAPIES: Top Researchers Offer Renewed Hope For Cure

#3 SURPRISE TREATMENT HOPE: Obscure Cancer Drug Shows Major Promise

#4 NEW HIV TEST: Detects Recent HIV Infections

#5 CONFERENCE WRAP-UP: Highlights From Geneva

POLITICS & POLICY

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#6 NEEDLE EXCHANGE: Floundering New Jersey Program Gets Push

GLOBAL CHALLENGES

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IN THE COURTS

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OPINIONMAKERS

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For online coverage of the 12th World AIDS Conference, view the Webcast website at webcast.aids98.org.

12TH WORLD AIDS CONFERENCE

#1 DRUG RESISTANCE: SOME PATIENTS NOW IMMUNE TO PROTEASE INHIBITORS

Researchers at the 12th Annual World AIDS Conference yesterday confirmed a development that many had long feared: strains of HIV are now being detected that are resistant to the most advanced drugs from the moment of infection. "Researchers have long known that HIV, which causes AIDS, can lose

susceptibility to any drug in any given patient," the Boston Globe reports. What has researchers alarmed "is that the multidrug-resistant strains, and those that have escaped the effects of protease and nucleoside drugs alone, have been passed from one individual to another" (Knox, 7/1). "We may be seeing an emerging and dangerous edge to the epidemic," said Dr. Frederick Hecht of the University of California-San Francisco. Hecht reported to the conference the case of a patient who was "resistant to all four of the protease inhibitors now in use, as well as to two older, widely used AIDS drugs, AZT and 3TC." The man's partner apparently was treated with nine different AIDS drugs since 1990, but used them only sporadically, thus building up immunity. Researchers at the University of Geneva found similar strains of HIV in six of 57 patients (Perlman, San Francisco Chronicle, 7/1).

A STEP BACK?

NPR's Brenda Wilson reported, "For many public health officials, this case emphasizes the danger of becoming complacent about HIV and AIDS, of engaging in practices that appear to be safe, but aren't. Compliance with treatment, no matter how difficult, is essential, and sexual intercourse is still safer using a condom." Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said, "That really is a wake-up call for people who are assuming that since we have what appears to be adequate therapy, that if they get infected now, that they'll be able to easily treat their infection. If you happen to get infected from a person who has a multiple drug-

resistant virus, it's just as if you got infected in 1983 when we had absolutely no anti-retroviral drugs" ("Morning Edition," 7/1). Some doctors, however, cautioned against panicking. Dr. David Ho of the Aaron Diamond AIDS Research Center said, "So, it's happening, but it's rare, and it would be wrong to say that this is ... a rampant phenomenon. It's not, but it's the beginning, I think." Tom Coats of UCSF said, "This is a real problem and this has happened before with other infectious diseases. It's happened with tuberculosis. We know it's happened with gonorrhea" (CNN, "World Today", 6/30).

#2 AIDS THERAPIES: TOP RESEARCHERS OFFER RENEWED HOPE FOR CURE

After a somber day of reports on viral resistance to AIDS treatment, researchers offered new hope yesterday for a cure in the near future. At the 12th World AIDS Conference, Aaron Diamond AIDS Research Center Director Dr. David Ho detailed plans to attack the deadly virus by using "a new vaccine approach to try to restimulate the immune system," Newsday reports. Ho's plans for a vaccine experiment come in the wake of presentations that said the virus is "growing and spreading in hidden reservoirs in the bodies of 'successfully treated' patients." National Institute of Allergy and Infectious Diseases Director Dr. Anthony Fauci presented evidence yesterday that the virus is still lurking in "dozens of infected patients" who had been treated successfully. And Johns Hopkins University researcher Dr. Robert Silicano said "the size of [the] pool of lurking viral death is determined within days after a person becomes infected."

Ho said his clinical trial, approved by the Food and Drug Administration and slated to begin next week, will involve injecting several HIV-infected men who have "attained full suppression of HIV in their blood" with a new vaccine developed by the French company Merieux (Garrett, 7/1).

TARGETING HIDDEN STRAINS

AIDS researchers outlined several strategies for targeting hidden strains of the virus, the New York Times reports. "[O]ne strategy is to find new drugs to rid the body of the last cell of the reservoir. Another is to use one drug to flush HIV out of hiding so that another drug might kill the escaping virus." Researchers are cautious in their approach, however. "[A]ctivating the immune system to flush out the virus is something that we have no experience with," Ho said (Altman, 7/1). However, researchers seemed optimistic that a cure for AIDS still lies on the horizon. "Cure of HIV infection is not a myth," Silicano said. "I think this a problem that can be solved" (AP/Richmond Times-Dispatch, 7/1). Ho said AIDS researchers should consider finding a cure the primary goal. "We should unapologetically declare that as the ultimate objective, even though the challenges are rather daunting right now," he said. "If I thought it was completely unrealistic, I would not work on it. But I cannot quantify what the chance might be," he said (New York Times, 7/1).

#3 SURPRISE TREATMENT HOPE: OBSCURE CANCER DRUG SHOWS MAJOR PROMISE

Hydroxyurea, an "obscure, 130-year old" cancer drug, "emerged yesterday as a top candidate for raiding the hidden sanctuaries of the AIDS virus," the Washington Times reports (7/1). A study released in Geneva found that the drug when used in triple combination therapy with ddI and d4T produced significant reductions in viral load. Dr. Sergio Lupo, the author of the study, said, "Close to 80% of the patients receiving a three-drug combination of hydroxyurea, ddI and d4T achieved undetectable viral loads at 20 and 24 weeks. These results ... were comparable to results from trials of protease inhibitor-containing regimens" (release, 6/29). The drug was found to be "'remarkably effective' in inhibiting HIV in so-called resting white blood cells in infected patients," said Dr. Franco Lori of Georgetown University Medicine Center. She added that it "may also help restore the immune system in HIV patients." The Times reports that the drug fights HIV "by blocking action of an enzyme" the virus "needs to copy its genetic code into a form that can take over control of human cells." However, unlike protease inhibitors, hydroxyurea "has relatively few serious side effects" and is inexpensive, costing about $1,800 annually compared to the $10,000 cost of protease inhibitors (7/1). Dr Lupo said, "This makes hydroxyurea-based combination therapy a very cost-effective treatment option, one that can be made widely accessible to patients, even in countries with limited budgets for AIDS patient care" (release, 6/29).

#4 NEW HIV TEST: DETECTS RECENT HIV INFECTIONS

Researchers with the Centers for Disease Control and Prevention have developed a new blood test able to distinguish recent HIV infections from earlier ones, Reuters/San Francisco Chronicle reports. CDC researcher Dr. Robert Janssen and colleagues unveiled the test Saturday at the 12th World AIDS Conference. Reuters/Chronicle reports that the new test is "important, because patients known to have been infected recently can be started on antiviral medication earlier" (6/30). In the July 1 special HIV/AIDS issue of the Journal of the American Medical Association, the researchers report that their "testing strategy accurately diagnosed 95% of persons with early infection" and that "[t]he ability to differentiate persons with early infection from those with later infection is a breakthrough for estimating HIV-1 incidence, for clinical care and research studies focused on early HIV-1 infection, and for guiding HIV prevention programs."

MISSING LINK

"We anticipate that coming out of the 12th World AIDS conference there will continue to be a very strong recommendation for early comprehensive treatment for people who have recently been infected," said study coauthor Dr. Margaret Chesney of the University of California-San Francisco. "The missing link was being able to determine if a person was in the early stage of infection. Some of our most important breakthroughs are elegant in their simplicity," she said. The modified form of the HIV test, currently available only in certain locations, will be used routinely by the San Francisco Department of Public Health STD

Clinic. Patients identified as having early-stage HIV are being referred to the UCSF-affiliated San Francisco General Hospital's Options Project, which offers innovative treatment strategies for early HIV infection (UCSF release, 6/27).

DETECTING HIV IN SEMEN

In another report presented to the conference yesterday, Pittsburgh Graduate School of Public Health researchers reported that current testing practices, which typically measure the viral load of HIV-1 in the blood, may not accurately detect the amount of virus in semen. They emphasized that testing viral load levels in semen may offer physicians a better way to monitor viral activity in HIV-infected patients and also stem transmission of HIV-1 (University of Pittsburgh release, 6/30).

#5 CONFERENCE WRAP-UP: HIGHLIGHTS FROM GENEVA

Although only half of HIV-infected individuals progress to AIDS after 10 years of HIV infection, long-term nonprogressors -- individuals who remain disease free with high CD4 counts more than 10 years after infection -- are relatively rare, according to a new study from the University of California-San Francisco. Researchers conducting a large, long-term follow-up study of HIV patients have found that while 11% of subjects were long-term nonprogressors after 10 years, only 2% remained so after 18 years. The only factor characterizing long-term nonprogressors that researchers were able to identify was plasma viral level, which led them to recommend that HIV-positive individuals who have avoided progressing to AIDS for many years

should consider starting combination antiviral therapy before CD4 levels drop (UCSF release, 6/30).

STDS AND HIV

A large clinical trial in Uganda has found that controlling sexually transmitted diseases does not translate into a concomitant reduction in HIV infection. The study by the Johns Hopkins Schools of Medicine and Public Health contradicts earlier findings that suggested that controlling STDs may be a key factor in reducing the incidence of HIV. Senior author Ronald Gray of Johns Hopkins said, "Given the significant impact that our mass treatment campaign in Uganda had on STDs, it's disappointing to find no differences in HIV incidence between the treated and untreated populations." The authors called for more research to determine why STD treatment was apparently ineffective in halting the spread of AIDS (Johns Hopkins release, 6/30).

POST-EXPOSURE PREVENTION

Preliminary data from the first study of individuals who seek out post-exposure HIV treatment suggest that almost all exposures are sexual, most commonly from anal intercourse. About half of those who sought treatment knew their partners were HIV-positive and an additional 43% believed their partners had one or more risk factors. Eighty-four percent of those seeking treatment were male and 30% were non-Caucasian; the average time after exposure in seeking treatment was 58 hours. Nine of the 151 patients treated have returned for repeat treatment; to date, no participant has become infected after 28 days of treatment. Jeffrey Martin of the University of California-San Francisco,

which conducted the study in conjunction with the San Francisco Department of Public Health, said, "There was some concern that having [post-exposure treatment] as an option might discourage safe sex practices. So far, however, we have only found a handful who are repeatedly coming in. And the fact that they are coming in gives us access to these high-risk takers who are not heeding other safe sex messages"
(UCSF release, 6/30).

WOMEN NEED LESS VIRAL LOAD

An HIV-infected woman with only half the viral load of an HIV-infected man will develop AIDS as quickly as the man, Johns Hopkins School of Public Health researchers announced this week in Geneva. Further, an infected woman with the same viral load level as a man "is likely to be much further along the path toward AIDS," they announced. "Although it remains unclear why, our data suggest that the current HIV-1 viral load levels now used to signal initiation of antiretroviral therapy may have to be revised downward for women by as much as one-half," said lead author Homayoon Farzadegan. Current treatment guidelines recommend therapy when plasma viral load levels are greater than or equal to 10,000 copies per milliliter and when CD4+ cell counts are greater than or equal to 500 cells per micrometer
(Johns Hopkins release, 6/30).

ENHANCING CARE INITIATIVE

To improve communication among regional HIV/AIDS experts in South America, Africa and Asia and harness their knowledge, the Harvard AIDS Institute, Francois-Xavier Bagnoud Center for Health

and Human Rights at the Harvard School of Public Health and the Merck Company Foundation are launching the Enhancing Care Initiative. Initial research efforts for the initiative have begun in Brazil and Senegal, and other countries in Africa and Southeast Asia will be selected to expand the research effort next year. In each participating country, a multidisciplinary team of local epidemiologists, clinicians, economists, people living with HIV/AIDS, government officials and public health experts will assess the current status of medical care and explore possible treatment improvements. Each country team will use data from its research to develop practical, long-term strategies which reflect local needs and realities. The Harvard team will coordinate with host country researchers and international agencies. To facilitate the sharing of knowledge, the initiative is designing an integrated groupware and web site system (release, 6/28).

HIV TEST A "simple" antibody test for HIV has been developed that "might make large-scale screening affordable for a country like Botswana, where studies have shown that less than 10% of the infected individuals are aware" of their infection, Newsday reports. Developed by Dr. Souleymane Mboup of the University Cheikh Anta Giop in Dakar, the test costs 71 cents and is "10 times cheaper" than the one currently available. It "can be conducted in tropical heat conditions, revealing with 100% accuracy in just four hours whether or not an individual is infected" (Garrett).

POLITICS & POLICY

#6 NEEDLE EXCHANGE: FLOUNDERING NEW JERSEY PROGRAM GETS PUSH

The Home News Tribune takes a two-part look this week at an effort by the Research and Policy Reform Center -- a "lobbying group funded by New York financier and philanthropist" and outspoken needle-exchange supporter George Soros" -- to "energize" New Jersey's "sluggish" needle-exchange program. The first part of the series looks at the politics of needle-reform in the state and the second part focuses on opposition to the program (Becker, 6/28).

GLOBAL CHALLENGES

#7 UGANDA: FIRST AFRICAN AIDS VACCINE TRIAL TO BEGIN

Twenty HIV-negative Ugandan volunteers will participate in the first African HIV vaccine trial, the Financial Times reports. "The idea is that the bodies of vaccine recipients may be fooled into thinking they have been infected with HIV and produce an immune response." The International AIDS Vaccine Initiative's Donald Burke said the trial, designed to test the safety of the vaccine, is set to begin and will be conducted by the nation's ministry of health. The gp120 vaccine, produced by California-based VaxGen and genetically engineered by France's Pasteur Merieux Connaught, was made "by incorporating a small part of the HIV virus into a canary pox virus, which cannot infect humans." The Times reports that development costs about $30 million and

that funding came from venture capitalists and private donors. IAVI is reportedly "cautious" about the new vaccine. IAVI President Seth Berkley said, "It is not likely that gp120 alone will work. But it's worth a shot" (Pilling, 6/30).

#8 AFRICA: SOCIAL STIGMA MAY INCREASE MOTHER-TO-CHILD TRANSMISSION

HIV-positive pregnant women's fear of social stigma may be the greatest barrier to preventing mother-to-child transmission of HIV in Africa. The Washington Post reports that "[a]lthough the financial and logistical problems have gotten the most attention, it's now clear that there are human ones as well." Approximately 90% of the 600,000 annual mother-to-child transmissions of HIV worldwide take place in Africa. As many as half of all women at prenatal clinics in Botswana and Zimbabwe are HIV-positive, one-third of whom pass the virus on to their babies.

HIGH NON-COMPLIANCE

Despite the striking advances in the treatment of HIV-positive pregnant women recently publicized at the 12th World AIDS Conference, (see Daily Report, 6/29), success in preventing mother-to-child transmission in Africa may prove difficult. A recent Ivory Coast study revealed that among expectant mothers who were given twice-daily pills for the last four weeks of pregnancy and pills to take every three hours during labor, "only 3% took all the doses they were supposed to during labor and about 50% took half the recommended doses." According to Dr.

Ehounou Ekpini, who was involved in the study, this is due to the fact that "childbirth often is an event attended by family members and relatives. Taking an AIDS drug on such an occasion would declare a woman's illness to everyone." In addition, the Post reports that women whose husbands have discovered their HIV status have been beaten or ostracized, and that many women prefer not to know their status at all.

OTHER NEWS

In another presentation, Dr. Chris Hudson of the University of Natal in South Africa reported that in KwaZulu-Natal province, "which has undergone a three-fold increase in HIV prevalence since 1995," many HIV tests of pregnant women result in false negatives due to recent infection with the virus. As a result, accurate testing and treatment is difficult. In another presentation, Wafaie Fawzi of the Harvard School of Health reported that multivitamins "reduced the rate of fetal death, low birth weight and premature birth in Tanzanian women who were HIV-positive" (Brown, 6/30).

IN THE COURTS

#9 ABBOTT V. BRAGDON: 'NEWSHOUR' TAKES A CLOSER LOOK

Last night, PBS' "NewsHour' explored the implications of the Supreme Court's Abbott v. Bragdon ruling, which held that the Americans with Disabilities Act covers people with asymptomatic HIV infection. Stephen Bokat, general counsel at the U.S. Chamber of Commerce, and Chai Feldblum, a professor at Georgetown

University Law Center, agreed that the decision opens up the possibility that the definition of disability will be expanded. Bokat said, "I think this decision will be a signal to the lower courts to give them a more expansive reading to what is a disability. But, you know, we believe there have to be some limits and there is going to be a good deal of litigation about what this case means." Feldblum insisted those limits are already built into the law: "I do hope that this Supreme Court case ... will ... bring up the fact that the law has balances put into it already, because the point of the law is not to put businesses out of business. How would that help any of us? It's to treat people equally who can do the job, or achieve the services" (6/30). Click "NewsHour" to read the full transcript of the discussion.

OPINIONMAKERS

#10 TREATMENT: HOLLYWOOD CELEBRITIES SHOULD PROVIDE FUNDS

Writing in yesterday's Baltimore Sun, Elizabeth Farber calls upon Hollywood elite with an interest in AIDS to raise the money needed to provide combination therapy treatment for AIDS patients who can't afford it. Farber says, "The question is, with all the wealthy Hollywood types who sport their red ribbons on nationally televised awards ceremonies, why are some HIV and AIDS patients in this country still unable to take advantage of the promising triple-drug 'cocktails' introduced two years ago?" Farber says she is "morally outraged"

to hear that celebrities spend exorbitant amounts of money on luxury items when people with AIDS "a stone's throw away" lack appropriate care. She says that with AIDS, clearly "dollars buy life," yet these "critical dollars" remain unavailable to people in need of combination therapy. While it is "unclear how many HIV-infected people want the costly therapy but can't afford it," she says, "Richard Jefferys, a spokesman for the AIDS Treatment Data Network, estimates that it would cost about $1 billion to provide the therapy to patients who cannot afford it. ... I don't think $1 billion is too much for a bunch of rich entertainers to raise in a year." She says if there aren't 1,000 celebrities who can spare $1 million each, perhaps there's "100, or 10 or one" (6/30).

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Chris Collins (Chris Collins <chris.collins@mail.house.gov> [UNKNOWN])

CREATION DATE/TIME: 1-JUL-1998 21:23:03.00

SUBJECT: AIDS and Labor-H

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

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

TO: Arnold, Bill ("'Arnold, Bill/ADAP'" <weaids@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Harris, B.J. ("'Harris, B.J.'" <nastad@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Harvey, David ("'Harvey, David'" <Harveyapc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Hopkins, Ernest ("'Hopkins, Ernest'" <ehopkins@sfaf.org> [UNKNOWN])
READ:UNKNOWN

TO: Jacobs, Jeff ("'Jacobs, Jeff'" <jjacobs@AIDSAction.org> [UNKNOWN])
READ:UNKNOWN

TO: Kilbourn, Seth ("'Kilbourn, Seth'" <seth.kilbourn@hrc.org> [UNKNOWN])
READ:UNKNOWN

TO: Moore, Clark ("'Moore, Clark'" <cmoore@aidspolicycenter.org> [UNKNOWN])
READ:UNKNOWN

TO: Shriver, Mike ("'Shriver, Mike'" <MDSHRIVER@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Silver, Jane ("'Silver, Jane'" <jane.silver@amfar.org> [UNKNOWN])
READ:UNKNOWN

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

TEXT:
I've taken a "for eyes only" look at language in the bill today. A

public version will be out next week. We got almost all our

AIDS-related language requests, including:

-- CARE title II: encouraging 20% state ADAP match; use of ADAP for

quality insurance ok; take efforts to correct variability in state ADAP programs; encourage reduction in purchase price of drugs (same as last year)

-- CARE/Dental: provide tech assistance and time to adjust to new requirements

-- CDC: need to control admin costs; (the bill also spells out CDC admin in the line items to hold the agency accountable)

-- HCFA/Office of Research and Demo: encourage state demos for Medicaid expansion for people with HIV, and note that there are sufficient funds for tech assistance and evaluation of these programs

-- SAMHSA: encourages maintenance of the HIV/AIDS Mental Health Services demos

Other language included in bill:

-- Request for report from HRSA by Oct. 15, 1998 on state compliance with Ryan White CARE sec 300ff-21 and sec 300ff-47. HRSA tells me this has to do with, 1) states determining their allocation of Title II funds based on the percentage of women/children/infants with AIDS. HRSA does not feel it will be any problem demonstrating state compliance with this; and, 2) Title IIIa requirement that states have laws criminalizing intentional transmission of HIV. HRSA says that this line is not funded, and so is not enforced.

-- CARE Title III: priority given to communities of color

-- NIH: support for OAR is stated; AIDS $ are to be allocated according to AIDS research plan. OAR and Varmus have a 3% transfer authority.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 1-JUL-1998 13:03:33.00

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

TO: Barbara D. Woolley (CN=Barbara D. Woolley/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:
I will be out of the office from 06/27/98 until 07/05/98.

I am out of the country. Our office, and WH Signal, has emergency contact

information. I will NOT be checking email until my return. Call Sarah at

5-1441 or Matthew at 5-1447 if urgent.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-JUL-1998 14:19:33.00

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

TO: Miguel M. Bustos (CN=Miguel M. Bustos/O=OVP @ OVP [OVP])
READ:UNKNOWN

TEXT:
I will be out of the office from 06/27/98 until 07/05/98.

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-JUL-1998 16:21:36.00

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

TO: Ruby Shamir (CN=Ruby Shamir/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:
I will be out of the office from 06/27/98 until 07/05/98.

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5-1441 or Matthew at 5-1447 if urgent.

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

CREATION DATE/TIME: 2-JUL-1998 14:08:13.00

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, July 2, 1998

12TH WORLD AIDS CONFERENCE

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#1 AIDS TREATMENT: Study Suggests Immune System Can Revive

POLITICS & POLICY

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#2 NEEDLE EXCHANGE: Maryland County To Begin Program

ACROSS THE NATION

==========

#3 FLORIDA: Clinic Drops 'Ryan White' Name After Dispute

#4 WYOMING: Educator Says State Is Complacent

GLOBAL CHALLENGES

==========

#5 ASIA: Thai AIDS Group Organizes Medicine Bank

SCIENCE & MEDICINE

==========

#6 GENE MUTATION: May Slow AIDS Progression In Blacks, But Not Whites

OPINIONMAKERS

==========

#7 DEMOGRAPHICS: AIDS Becoming 'Epidemic Of Color'

The Daily Report will not be published July 3 so that our staff may enjoy the 4th of July weekend.

12TH WORLD AIDS CONFERENCE

#1 AIDS TREATMENT: STUDY SUGGESTS IMMUNE SYSTEM CAN REVIVE

"The body's immune system can recover to a large extent, even after it has been ravaged by severe AIDS," according to a study presented yesterday in Geneva. Dr. Brigitte Autran, a French immunologist, studied 303 patients in the advanced stages of AIDS, the New York Times reports, who took AIDS drug cocktails for 24 months. She found that after the patients began therapy, their "immune systems cells returned at a high speed for the first two months and then increased at a slower but steady pace."

The patients' average CD4 counts rose from 51 to 194. She "estimated that it would take four to eight years" to fully restore the immune system, although, the Times notes, no one knows if patients can safely stay on antiviral therapy that long (Altman, 7/2). Autran noted that until the ability of these restored immune systems to fight off the opportunistic infections associated with AIDS is tested outside of the laboratory, "it will not be possible to know that the achievement is truly complete." She said, "Although we need more and larger studies to learn whether full reconstruction of the immune system against opportunistic infections -- and possibly even against HIV -- is possible, we do believe that recovery of CD4 cells is achievable in advanced disease" (Perlman, San Francisco Chronicle, 7/2).

DRUG HOLIDAY

The Boston Globe reports that researchers in Boston and Geneva hope to gain ethics committee approval to begin "a crucial AIDS experiment" in which all antiviral therapy will be halted for a group of patients who "began treatment soon after they became infected with HIV." The goal of the experiments would be to "see whether these patients' immune systems have revived enough to keep the virus under permanent control." According to Dr. Bernard Hirschel of University Hospital in Geneva, patients who began therapy early in the course of their infection are ideal for the experiment because they "have undetectable levels of HIV in their blood even with tests capable of detecting" minuscule amounts of the virus (Knox, 7/2).

COMPLIANCE FAILURE

Dr. Anthony Fauci, head of the National Institutes of Allergy and Infectious Disease, and other experts warned yesterday in Geneva about the growing problem of noncompliance with HIV therapy. The Washington Times reports that "Fauci released a draft editorial, scheduled for publication later this year in the New England Journal of Medicine, warning that patient 'non-compliance' may lead to mutant forms of HIV" that are resistant to new drugs (Wood, 7/2). However, another study presented at the conference found that even when patients fail on the AIDS drug cocktail by clinical standards, their CD4 counts rose and they were "markedly healthier." Patient are considered to have failed therapy if their viral load remains in the measurable range. The Washington Post reports that the "details of this phenomenon -- clinic success in the face of microbiological failure -- are still scant and sketchy." However, "it's beginning to appear the triple therapy doesn't produce the all-or-nothing results AIDS researchers expected." This may be especially important for "marginalized HIV patients" who are "much more reliable at taking their medicines than many doctor assume -- but are still less than perfect as demanded by current AIDS therapy (Brown, 7/2).

POLITICS & POLICY

#2 NEEDLE EXCHANGE: MARYLAND COUNTY TO BEGIN PROGRAM

A new state law taking effect July 1 allows Prince George's County, MD, to distribute free needles and syringes to drug

abusers in an effort to arrest the spread of HIV among the drug-using population. The new law also deems drug abusers "immune from state laws prohibiting people from possessing drug paraphernalia." The Washington Times reports that county officials will appoint a director and a six-member advisory committee to implement the program. Maryland reports 17,000 cases of AIDS infection since the early 1980s, with an estimated 42% of them transmitted through intravenous drug use. Prince George's County represents 2,831 of Maryland's cases. Critics charge the needle-exchange program "will increase thefts and robberies, send children the wrong message about drugs and perpetuate heroin addictions." The Times reports that "[c]ounty health officer Arthur Thatcher said he supports the idea but would like the county to offer heroin abusers installments of methadone" as well. He said, "It's more complicated than just doing a needle exchange. I'm not opposed to needle exchange, but I would like to have a program with methadone treatment tied to it" (Cain/Redmon, 6/30).

ACROSS THE NATION

#3 FLORIDA: CLINIC DROPS 'RYAN WHITE' NAME AFTER DISPUTE

The Fort Lauderdale-based Ryan White Foundation for Medical Treatment dropped White's name this week because of a dispute with Ryan White's mother about allegations that it overbilled Medicaid for services at its for-profit AIDS clinic. Jeanne White, who also runs an Indianapolis-based Ryan White Foundation,

revoked the Florida group's right to use her son's name because Medicaid is investigating charges that the clinic billed Medicaid up to 10 times the cost of an experimental AIDS drug, the Ft. Lauderdale Sun-Sentinel reports.

VIEW FROM THE HILL

"This is an organization that in Jeanne's view was starting to tarnish the reputation of her son," said Mark Maddox, who represents Jeanne White and the Indiana foundation. But Fort Lauderdale attorney Michael McNerny said that "Jeanne White's desire for money, not Ryan White's honor, prompted the name change." McNerny said the foundation's director, Steven Steiner, proposed canceling its deal with Jeanne White in May because her annual $75,000 fee "was too high." He said, "She didn't force us to drop the name. This was all voluntary," McNerny said. Maddox called McNerny's account "ridiculous and insulting." The Sun-Sentinel reports that the existence of a state Medicaid investigation into the clinic's billing practices "is not in dispute." Last year, the clinic charged Medicaid $377 per patient for an experimental cancer drug called Interleukin-2. A vial of the drug large enough to treat five to 10 people costs about $400. A Medicaid spokesperson is "reviewing those billings." McNerny said the clinic's fees were "in line with federal prices" (LaMendola, 6/30).

#4 WYOMING: EDUCATOR SAYS STATE IS COMPLACENT

Wyoming residents "tend to think" the state doesn't have an HIV/AIDS problem, and health care providers, government officials

and educators in the state "are not effectively informing the public on how to deter the spread of HIV versus AIDS," said Sara Dubik-Unruh of the University of Wyoming's AIDS Education and Training Center. The AP/Casper Star-Tribune reports that Dubik-Unruh plans to take charts to the 12th World AIDS Conference to show where the prevalence of HIV/AIDS in the state occurs: "[a]long major truck and tourist routes," interstate highways and military bases. However, Carol Peterson, consultant for Wyoming's school health education department, said her department isn't "being negligent." The Star-Tribune reports that "[a]bout 95% of health education teachers reported they included HIV prevention in their programs in grades six through twelve" (6/30).

GLOBAL CHALLENGES

#5 ASIA: THAI AIDS GROUP ORGANIZES MEDICINE BANK

People with HIV/AIDS in Chiang Mai, Thailand, have developed a unique resource for 400 AIDS patients in need of medication. They are combining resources and opening a medicine bank for those who can't afford expensive AIDS drugs, the Bangkok Post reports. Due to the recession in Asia, the Thai government last year stopped subsidizing all AIDS drugs except AZT for pregnant women. In addition, the cost of AIDS drugs skyrocketed. To "help each other get access to the expensive drugs," the New Life Friends Center, a group organized by HIV/AIDS patients, aims to collect a supply of medicine through

fundraising efforts and donations. "Families and relatives of those who have died of AIDS have donated some unused medicines and first-aid equipment to the bank," the Post reports, while "[o]thers have sent money to support the project."

WISH LIST

Dr. Kriengkrai Srithanaviboonchai, who will supervise the medicine bank at San Sai hospital, said the most needed medicines are AZT, DDI, DDC, Sporal, Amphotericin-B, Fluconazole, Ketoconazole and strong painkillers. Even saline and general first-aid supplies are needed, he said. "If there are not enough medicine[s] for everyone who needs it, we have to decide who needs them most and in what amount," Dr. Kriengkrai said. He added, "It is a huge dilemma, whether to give medicine to everyone, but in modest amounts to try and sustain their lives, or to give larger doses to fewer people in a bid to improve their quality of life." Until the medicine bank is functional, many AIDS patients are relying on homestyle remedies such as cough syrup and herbal medicines "for simple afflictions" (Sukrung, 6/30). Click here for previous coverage on the impact of the Asian recession of HIV/AIDS.

SCIENCE & MEDICINE

#6 GENE MUTATION: MAY SLOW AIDS PROGRESSION IN BLACKS, BUT NOT WHITES

"A gene mutation previously found to extend the life and health" of people infected with HIV "appears only to work in

African-Americans and perhaps Hispanics," but is ineffective in non-Hispanic whites, according to a study by the University of Texas Health Science Center. The San Antonio Express-News reports that the study, which examined 1,090 HIV-infected Air Force personnel, also found that another gene mutation thought to "delay" progression of AIDS by seven to ten years "actually caused patients" to die "three years sooner." Published in this week's Nature Medicine, the findings "suggest" that devising AIDS treatments "around the relatively new science of genetic resistance" may prove more "difficult than many had hoped," said Dr. Sunil Ahuja, assistant professor of medicine at the University of Texas. Ahuja said, "Even though non-Hispanic whites and African-Americans have the same gene mutation, it's only protective in one group." She also noted that the study suggests that other "yet-undiscovered" mutations play a role in HIV resistance (Finley, Express-News, 6/29).

OPINIONMAKERS

#7 DEMOGRAPHICS: AIDS BECOMING 'EPIDEMIC OF COLOR'

"There is now little doubt that AIDS is becoming an epidemic of color," since it strikes African Americans "to a disproportionate and devastating degree," a New York Times editorial asserted yesterday. The Times says that "[a]s the demographics" of AIDS shift, "the government's AIDS policies must change as well." While "needle-exchange programs, safer-sex education ... and drug treatment efforts would help slow" the

spread of the disease, "posturing in Congress has blocked these common-sense measures." "Equally important," the Times asserts, "black community and civil rights groups, churches and schools must raise their voices to increase awareness of the disease." The Times says "[t]heir relative silence on the subject has made it easier for politicians and the broader public to ignore the disease's impact" (7/1).

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CREATION DATE/TIME: 6-JUL-1998 21:36:43.00

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

554 <kking@hcfa.dhhs.gov>... 550 Host unknown (Authoritative answer from

name server)

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

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id AA31250; Mon, 6 Jul 1998 17:36:43 -0400

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

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X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: Christopher_C._Jennings@opd.eop.gov, David_W._Beier%OVP@oa.eop.gov,

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Message-Id: <85256639.0073DC67.00@lngate3.eop.gov>

Date: Mon, 6 Jul 1998 17:32:08 -0400

Subject: HIV Treatment Access Workgroup Meeting - July 15, 1998

Mime-Version: 1.0

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

The first meeting of the HIV Treatment Access Workgroup is scheduled for next Wednesday. Here is information pertinent to that meeting. I will be putting together an informational package for you in the next day or two. Please call me if you have any questions! Thanks, Todd Summers (202) 456-2444 (Direct)

Date: July 15, 1998

Time: 3:00 - 5:00 pm

Location: Room 472, Old Executive Office Building

Attendees

Prinicpals: David Beier, Office of the Vice President

Nancy-Ann Minn Deparle, HCFA

Earl Fox, HRSA

Eric Goosby, OHAP (HHS) [CANNOT ATTEND]

Marsha Martin, OS (HHS)

Daniel Mendelson, OMB

Sandra Thurman, Office of National AIDS Policy

Senior Staff: Sarah Bianchi (Jennings)

Toby Donenfeld (Beier)

Gina Mooers (Mendelson)

Joseph O'Neill (Fox)

John Palenicek (Fox)

Todd Summers (Thurman)

Richard Turman (Mendelson)

Deborah vonZinkernagel (Goosby)

Purpose of Workgroup

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

Information released at the 12th International Conference on AIDS, which concluded last week, supports the provision of intensive treatment for HIV disease prior to the onset of AIDS. In addition, the Kaiser Family Foundation released a new model addressing the issue of Medicaid expansion. More information on this "late breaking" news will be provided at the

meeting.

Agenda for Meeting

Introduction of Members and Senior Staff

Review of Purpose of Workgroup

Proposal for Process

Outline of Issue

Administration Activities To Date

Discussion of Ideas for Addessing Issue

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 6-JUL-1998 14:00:50.00

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TEXT:
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A news service of The Henry J. Kaiser Family Foundation

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

Monday, July 6, 1998

12TH WORLD AIDS CONFERENCE

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#1 GENEVA: Conference Closes To Mixed Messages

#2 VACCINES: Live-Virus Inoculation Gives AIDS To Test Monkeys

#3 AIDS THERAPY: Broader Medicaid Coverage Could Save

Thousands Of Lives

PUBLIC HEALTH & EDUCATION

==========

#4 CALIFORNIA: Communities Fight AIDS In African Americans

GLOBAL CHALLENGES

==========

#5 CUBA: AIDS Under Control, But Some Worry About Tourism

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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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12TH WORLD AIDS CONFERENCE

#1 GENEVA: CONFERENCE CLOSES TO MIXED MESSAGES

"The 12th World AIDS Conference ended here on Friday in a somber mood," the New York Times reports. With little hope in sight for a vaccine, researchers emphasized the need for preventive efforts. However, many of the scientists in attendance "said this last hope was not being pursued as aggressively as it should be." Dr. Catherine Hankins, an epidemiologist with Montreal General Hospital, noted that "over 100 times more money is being spent on therapeutics now than on the development of prevention technologies," such as "chemicals that could be inserted into the vagina before sexual intercourse to kill HIV." Others said that health care workers should "combine preventions as they had drugs and adopt a community-based approach to promote them" (Altman, 7/4).

COME TOGETHER

Newsday reports that the conference ended with a "call to arms" by U.N. Secretary General Kofi Annan. He said, "Millions

of children and adults are becoming infected, falling ill and dying without the barest essentials in medical treatment, counseling or social support." And Richard Horton, editor of The Lancet, "castigated the pharmaceuticals industry for not doing more for the poor" (7/3). "He charged that money from pharmaceutical firms unfairly dominates the AIDS conference, even though ... drug companies have yet to make a definite commitment to making anti-AIDS drugs more affordable for the world's poorer nations," the Houston Chronicle reports. He said, "In a conference aimed at 'bridging the gap,' why could I find barely a mention, in the plethora of satellite symposia and exhibition stands, about how the industry plans to bridge the gap?" He said that pharmaceutical companies were not being held accountable by the medical community, noting, "It is almost as if we have all become so dependent on their hospitality ... that we cannot bear to bite the hand that feeds us" (SoRelle, 7/4).

A LONG WAY TO GO

AP/Philadelphia Inquirer reports that as the conference wrapped up, "the message to many" was that the "chasm between the haves and the have nots in the global epidemic is only widening." Dr. Dodji Mathey of Togo said, "Bridge the gap? I don't think so. It is not possible for the new medicines to ever get to Africa. We are too poor" (Haney, 7/4). Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Disease, said, "I think we've come a long way, and as was manifested at the meeting, there have been a number of important advances. The tone of the meeting was one I would say of some

sober reality testing" ("The NewsHour With Jim Lehrer," PBS, 7/3).

#2 VACCINES: LIVE-VIRUS INOCULATION GIVES AIDS TO TEST MONKEYS

A live-virus vaccine has given AIDS to the monkeys used as test subjects, dimming previous hopes that the strategy used to conquer smallpox and polio could also curb HIV. Dr. Ruth Ruprecht of the Dana-Farber Cancer Institute released the results of a study Thursday in which she inoculated 15 adult rhesus monkeys with a genetically weakened version of the Simian Immunodeficiency Virus (SIV), "a close cousin of HIV," the Boston Globe reports (Knox, 7/3). After the monkeys were given the attenuated SIV, the weakened virus appears to have mutated rapidly "into a strain that actually causes" AIDS, the AP/Los Angeles Times reports. One monkey has died of AIDS, and three "have high levels of the virus in their blood." According to Ruprecht, "There is a mini-Darwinian experiment going on in every single vaccinated animal. In the end, we have disease."

MONKEY BUSINESS

Ruprecht has long been critical of a live HIV vaccine, after her findings released in 1995 showed that baby monkeys who received the SIV vaccine subsequently developed AIDS. She called her recent results a slower version of what happened with those babies, whose immune systems were weaker (Haney, 7/3). Dr. Charles Farthing, who has been the live vaccine's most ardent proponent, refused to abandon hope that a safe, live vaccine could be developed. Farthing organized 300 AIDS doctors earlier

this year who volunteered to take a live-virus vaccine. Saying that he would still risk taking the vaccine, he said, "The worst thing that would happen is that I would have to take anti-retroviral therapy that I give to my patients" (SoRelle, Houston Chronicle, 7/3). Click here for further coverage of the live-virus HIV vaccine.

Click here to read about AIDSVAX, a vaccine that does not contain a live virus that recently began large-scale clinical trials.

#3 AIDS THERAPY: BROADER MEDICAID COVERAGE COULD SAVE THOUSANDS OF LIVES

Thousands of U.S. AIDS deaths and late-stage cases of the disease could be averted by expanding federal Medicaid coverage of HIV drugs, according to a new study by University of California-San Francisco AIDS policy researchers. "Combination therapy using antiretroviral medications is now available and for the first time offers real hope for controlling HIV infection, but not everyone has access to these drugs," principal investigator Dr. James Kahn of the UCSF AIDS Research Institute told scientists last week at the 12th World AIDS Conference. Such an expansion -- estimated to reach an additional 38,000 people -- would save 4,200 lives and result in 11,400 fewer cases of HIV infection, the researchers said. And if AIDS drugs prices are reduced, the expansion would be cost neutral for the federal government. "An 11% reduction in HIV drug prices to the Medicaid system would generate $110 million per year -- enough to make this expansion program no cost to the federal government," Kahn

said. "The proposed expansion would increase net drug sales by nearly $200 million, largely because the increase in drug sales volume more than offsets the price reduction," he continued. The study was funded by the Henry J. Kaiser Family Foundation (UCSF ARI release, 7/1). Benjamin Schatz, executive director of the Gay and Lesbian Medical Association, said that the failure to expand Medicaid coverage reflects larger political realities. He said, "The people who have HIV are gay men, drug users and poor people of color, none of whom are on the top 10 hit parade of the GOP" (San Francisco Examiner, 7/3).

GOING WITHOUT

Another study released in Geneva found that only 8% of poor HIV-infected people in San Francisco were receiving protease inhibitors, and "[o]nly 28% take any anti-HIV drugs at all." The San Francisco Examiner reports that "[b]y contrast, almost 90% of middle-class San Franciscans infected with HIV receive medication for it" (Davidson, 7/1).

PUBLIC HEALTH & EDUCATION

#4 CALIFORNIA: COMMUNITIES FIGHT AIDS IN AFRICAN AMERICANS

California beauty parlors, barber shops and churches are "the latest front in the war on AIDS" in the African-American community. Scripps-McClatchy/Nando Times reports that area "[h]ealth officials have distributed free condoms, pamphlets and posters to such shops," and are also enlisting the aid of churches, "in an attempt to combat the disproportionately high

rate of AIDS among African Americans. In Sacramento, county health officials launched "an education campaign that includes billboards, media spots and community forums" to combat the African-American community's alarmingly high AIDS rate -- 18% of the state's reported cases. In addition, county health officials have collaborated with "a growing number of African-American community and religious leaders" to fight the population's "distrust [of] the medical establishment" and the belief "that AIDS is a disease of gay, white males." African-American physician Lisa Merritt said, "There's a ... belief in the African American community that AIDS was created to annihilate them." However, "it's too early to tell if the campaign is working," Scripps/Nando Times notes, because "dollars for AIDS prevention are driven by statistics that aren't logged until long after people are infected" (Macgagnini, 7/6).

GLOBAL CHALLENGES

#5 CUBA: AIDS UNDER CONTROL, BUT SOME WORRY ABOUT TOURISM

Cuban officials say that only 1,980 people have tested positive for HIV on the island nation, and credit the country's controversial get-tough AIDS policy, as well as its socialized health care system, with keeping the epidemic in check. However, the growing popularity of the island as a tourist destination has some worried about the long-term course of disease management in the country. The Boston Globe reports that "[f]our years ago, the communist island ended a controversial policy that kept HIV-

positive patients in perpetual quarantine." While strict quarantine rules are no longer enforced, the "government evidently still reserves the right to keep certain patients" in government-run sanitariums, "especially during the six months after they are diagnosed as HIV-positive." In addition, about 85% of the nation's AIDS patients remain in the sanitariums voluntarily, "where they receive regular meals and extra helpings during a period of severe economic crisis."

TOURIST TRAP

While health experts "offer no apologies" for the policy, and there are no plans to reinstate it, "many fear that a growing number of tourists could spread the virus in Cuba." Dr. Jorge Perez notes that the country is now getting about one million tourists annually, up from 60,000 or 70,000. He said, "There is a danger." While the government emphasizes the use of condoms, the Globe reports that they are in "short supply" and of questionable quality (Snow, 7/2).

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CREATION DATE/TIME: 7-JUL-1998 02:09:51.00

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

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

Date: Thu, 2 Jul 1998 09:06:07 EDT

From: AOLNews@aol.com

Subject: Early Access to HIV Treatments for Underserved...

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

Early Access to HIV Treatments for Underserved Populations Found to be Cost

Effective

- AIDS Activists Applaud New Research That Puts Added Pressure on

Government Officials to Expand Treatment Access -

GENEVA, July 2 /PRNewswire/ -- New pharmacoeconomic research presented

today

at the 12th World AIDS Conference demonstrates that providing early access

to

AIDS treatment for the poor and uninsured would be cost-effective. This

study

challenges underlying assumptions supporting current Medicaid requirements

that withhold treatment from HIV-infected patients until they exhibit the symptoms of full-blown AIDS. Medicaid is the largest payer of HIV-related medical services in the United States.

Current Medicaid eligibility rules extend health care coverage to HIV-infected patients only after they have suffered an AIDS defining illness or after their CD4 count has declined to below 200. Patients living with the HIV virus but without the symptoms of full-blown AIDS are ineligible and, if unable to gain access to AIDS drugs through other means, must delay treatment until they experience the symptoms of AIDS. Although federally funded state-administered AIDS Drug Assistance Programs (ADAPs) generally cover the drug costs for patients ineligible for Medicaid, many state programs have experienced financial shortfalls due to rapidly increasing enrollments and per patient costs and, as a result, have responded by restricting access to their programs.

AIDS activists attending the conference characterized the pharmacoeconomic study as a solid first step in the development of a critical policy basis for the expansion of life-saving AIDS drug therapies to the uninsured and underinsured. The research, which was conducted by a consortium of

academic
researchers, professional pharmacoeconomists, AIDS organizations and
research-
based pharmaceutical interests called the Treatment Access Expansion
Project
(TAEP), uses established pharmacoeconomic simulation techniques and data
from
existing clinical trials (Roche clinical trials NV15182 and NV15355) to
draw
two conclusions:

-- early initiation of treatment with AIDS drug cocktails delays the

progression of AIDS, and

-- providing early treatment (i.e., when the patient has a CD4 count

between 200 and 500 and has never experienced an AIDS defining event)

would result in prolonged survival and would be cost-effective, when

compared to delayed treatment (when the patient has a CD4 count of less

than 200 or has experienced an AIDS defining event).

"At the most basic level, our research shows that patients receiving early,
aggressive treatment experience increased lifespan," said Gary Rose,

T.II.C.A.N.N. (Ryan White CARE Act Title II Community AIDS National Network)
public policy director and community liaison with the Treatment Access Expansion Project and a chief researcher on the project. "Moreover, the overall cost of providing patients with this survival benefit is negligible."

In April 1997, Vice President Al Gore directed federal health officials to determine the feasibility of expanding Medicaid coverage to make new AIDS drugs available to the uninsured for early HIV treatment. In December, the Clinton Administration announced that an expansion in Medicaid along these lines would be too costly. "Ability to pay should not have to be a barrier to
early intervention for people with HIV," said Daniel Zingale, Executive Director of the AIDS Action Council.

The new pharmacoeconomic study shows that early HIV treatment would increase
life expectancy of currently infected asymptomatic patients (patients with a
CD4 count between 200-500 and never having experienced an AIDS defining event)
by 0.43 years (unadjusted for quality of life). The researchers determined that these gains in life expectancy would result in longer treatment with protease inhibitors and an expected increase in lifetime costs per patient of
2.2%. Ultimately, however, early AIDS treatment is projected to delay

progression of AIDS-defining events and prolong survival, at a cost well within the range of generally accepted cost-effective medical interventions.

"This pharmacoeconomic study provides an important addition to any discussion on early treatment," said Dr. John Hornberger, Director of Health Economics in Roche Global Pharmacoeconomic Research. "By delaying the onset of the symptoms of AIDS, early treatment only slightly increases medical-care costs over the first 5 years by $241 per patient per year."

The principal sponsor of the TAEP pharmacoeconomic study is Hoffmann-La Roche.
Roche Laboratories, a subsidiary of Hoffmann-La Roche, markets more than 35 medications in major therapeutic areas including AIDS, oncology, transplantation, infectious diseases, cardiovascular diseases and dermatology.

Treatment Access Expansion Project: TAEP was initiated to develop and disseminate sophisticated pharmacoeconomic models for use by federal, state and local governments and other entities concerned with the budget implications of providing treatment to people living with HIV/AIDS. TAEP consists of a consortium of academic researchers, professional pharmacoeconomists, AIDS organizations and research-based pharmaceutical

interests.

T.II.C.A.N.N.: The Ryan White CARE Act Title II Community AIDS National Network (T.II.C.A.N.N.) is a non-profit organization dedicated to initiating and supporting activities that ensure access to care for all Americans living with or affected by HIV.

Roche Laboratories Inc.: Roche Laboratories Inc. is the marketing and sales subsidiary of Hoffmann-La Roche Inc., a leading research-intensive pharmaceutical company. Roche Laboratories markets more than 35 medications in major therapeutic areas including AIDS, oncology, transplantation, infectious diseases, cardiovascular diseases and dermatology.

SOURCE Treatment Access Expansion Project

CO: Treatment Access Expansion Project; Roche Laboratories Inc.; T.II.C.A.N.N.

ST: Switerland

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Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	From Matt Florence to Many Recipients Re: A thought for the day (2 pages)	07/07/1998	Personal Misfile

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

FOLDER TITLE:
[06/25/1998 - 07/10/1998]

2018-0758-F
jn562

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	From ShyInDC@aol.com to Todd Summers Re: Fwd: Assistance, Plz (2 pages)	07/07/1998	Personal Misfile

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

FOLDER TITLE:
[06/25/1998 - 07/10/1998]

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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: 7-JUL-1998 14:21:04.00

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, July 7, 1998

12TH WORLD AIDS CONFERENCE

==========

#1 AIDS THERAPIES: Side Effects Linked To Protease Inhibitors

Cause 'Uneasiness'

#2 PREVENTION: NYC Needle-Exchange Programs Are Effective

#3 CURBING THE EPIDEMIC: Human "Urges" Thwart Efforts

PUBLIC HEALTH & EDUCATION

==========

#4 NEEDLE EXCHANGES: New York Ads Stir Controversy

#5 PRISONERS WITH HIV: California Program Assures Proper Care

OPINIONMAKERS

==========

#6 GLOBAL EPIDEMIC: Inquirer Points To Disparity Between Rich

And Poor

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 e-mail us at report@kff.org.

12TH WORLD AIDS CONFERENCE

#1 AIDS THERAPIES: SIDE EFFECTS LINKED TO PROTEASE INHIBITORS CAUSE 'UNEASINESS'

HIV-fighting drug cocktails that contain protease inhibitors are causing "bizarre side effects" like shrivelling limbs, abnormal fat deposits and dangerous metabolic disorders. At last week's 12th World AIDS Conference in Geneva, doctors and researchers reported new cases of lipodystrophy syndrome, the

name for the pattern of side effects that "has caught AIDS experts by surprise." The New York Times reports that incidence figures varied tremendously: Australian researcher Dr. David Cooper -- "one of the first to raise a yellow flag about the lipodystrophy syndrome" -- reported that 64% of patients who take protease inhibitors experience the syndrome, but reports from France and Hong Kong put the percentage closer to 25%. The difference could stem from several sources, including some doctors' failure to report the side effects and variation in research methods among the researchers who study the syndrome. "Like patients, doctors can become as frustrated when they have no effective therapy to offer and as enthusiastic as patients when a new therapy suddenly offers dramatic improvement," the Times reports. Thus, doctors are likely to deny troubling side effects.

'A VERY LARGE PROBLEM'

Cooper said the side effects have become "a very large problem." The Food and Drug Administration recently warned that protease inhibitors could be linked to diabetes, and the reports of dangerous changes in fat metabolism and disfiguring cosmetic side effect are causing an "uneasiness" among patients and doctors. No record exists of how many patients have dropped the drug therapies because of the side effects, but AIDS experts "estimated that at least one-third of people who started drug cocktails have stopped them after two years" because of the side effects or the strict regimen. The link between lipodystrophy syndrome and protease inhibitors has raised doubts among some

doctors and researchers -- like Dr. Donald Kotler and his team from Manhattan's St. Luke's-Roosevelt Hospital Center -- who say the side effects were documented well before protease inhibitors were introduced. Others disagree, however, saying doctors would have reported the side effects earlier if that were the case.

AGREEING ON SOMETHING

Researchers at the conference in Geneva did agree on the need for expanded studies of lipodystrophy syndrome. Studies of AIDS drug therapies often pay little attention to the side effects of such treatments. A recent study in the Journal of the American Medical Association on the long-term effectiveness of protease inhibitors, for example, did not include data on side effects. In addition, "American and European doctors plan to begin trials later this year to test drug combinations that exclude protease inhibitors to determine if they could become first line therapy," the Times reports, replacing the need for protease inhibitors altogether (Altman, 7/7).

#2 PREVENTION: NYC NEEDLE-EXCHANGE PROGRAMS ARE EFFECTIVE

Studies presented at the 12th World AIDS Conference last week show that needle-exchange programs are thwarting the spread of the AIDS epidemic in New York City, "the first convincing evidence" that needle exchanges have "a broad and lasting impact on new AIDS virus infections," the Boston Globe reports. Needle-exchange expert Don DesJarlais conducted the series of 17 studies at New York's Beth Israel Medical Center in collaboration with the city's health department. DesJarlais said about two-thirds

of New York City's 150,000 drug users participate in needle exchanges and the city spends about $1 million on the programs. The Globe reports that according to researchers, a "[s]harp reduction in needle-sharing behavior in New York ... is a major factor in bringing the spread of HIV there under control." HIV infection among IV drug users in New York is occurring at a rate of 1.4 cases per 100 person-years, down from 13 per 100 in the early 1980s, the studies show. The percentage of people infected at a given time -- the seroprevalence -- dropped from 44% in the '80s to 28%. "We've seen a dramatic change in risky behavior along with the drop in prevalence and incidence," DesJarlais said.

EUREKA!

DesJarlais said he began to suspect last year that infection among drug users was falling, "[b]ut the 'eureka moment' did not occur until he pulled together data to present in Geneva." The Globe reports that DesJarlais' "findings carry major implications for reining in the overall epidemic," and they "appear likely to revive a stalemated debate about the urgency of funding" needle exchanges. Nationwide, about 120 needle-exchange programs are funded by state and city governments and private organizations. President Clinton decided this past spring not to federally fund needle exchanges, but he did acknowledge that the programs quell the spread of HIV without increasing drug use. According to Health Research Group's Peter Lurie, "The new data make even more unconscionable the Clinton administration's refusal to fund needle-exchange programs. Responsibility for the unnecessary

infections that will ensue lies with Bill Clinton himself." Dr. Helene Gayle, head of AIDS programs at the Centers for Disease Control and Prevention, called needle exchanges "a complex issue in a complex world." She said: "We all know that science should be the basis of our policy. But it's not a perfect world. People in policy roles juggle a lot of things" (Knox, 7/5).

#3 CURBING THE EPIDEMIC: HUMAN "URGES" THWART EFFORTS

After attending the 12th World AIDS Conference, Joseph Dolman writes in the Philadelphia Inquirer that HIV prevention efforts are doomed as long as people remain "prisoners of our urges." He notes that women and their children in the developing world "are infected by men who have contracted the disease from prostitutes or drug injection" and writes, "Who knows why people choose drugs and sex over survival? Who knows how to make such folks more prudent? The best we can do is make educated guesses. We're all prisoners of our urges." He writes that "people talk about prevention. Or they talk about the need to change social mores to allow for more effective sex education." He writes: "[S]how me the prevention program that will ultimately beat a medical cure. Show me the prevention program that will ultimately beat a cheap vaccine." According to Dolman, the truly destructive urge is the pharmaceutical industry's desire to turn a profit at the expense of AIDS-ravaged third world nation. He concludes: "Like most of us, they try to do good where they can, but otherwise they let nature take its course" (7/6).

#4 NEEDLE EXCHANGES: NEW YORK ADS STIR CONTROVERSY

An advertising campaign using images from Michelangelo's Sistine Chapel fresco to promote needle exchanges as a way to prevent HIV infection is hitting 1,140 New York City subway cars this month. Featuring the immediately recognizable image of "God reaching forth to infuse Adam with life" -- but with God's hand holding hypodermic needles -- the ads have drawn criticism for promoting needle exchange, but "the reaction to the religious imagery remains to be seen," the New York Times reports. Officials from Positive Health Project, a Manhattan-based needle-exchange and HIV prevention center, defended the ad, which states: "Sharing needles is the number one cause of HIV in New York City. If you shoot drugs, please do not share needles." Jason Farrell, executive director of Positive Health Project, said that "education on needle exchanges was necessary in light of statistics showing that New York City has an estimated 250,000" IV drug users, as many as half of whom are HIV-positive. "[N]eedle-exchange programs are the most effective public health initiatives ... in preventing infectious diseases," he said. Positive Health Project received a majority of its funding for the ads from the Drug Policy Foundation, which is "partly financed by George Soros," the billionaire philanthropist who has backed needle exchange programs in New Jersey through the Lindesmith Center.

OPPOSITION

Dr. James Curtis, director of psychiatry at Harlem Hospital Center, criticized the ad, saying, "It's not even a disguised attempt to legalize drugs. It's a frank and forthright attempt to bless the concept" (Wren, 7/7).

#5 PRISONERS WITH HIV: CALIFORNIA PROGRAM ASSURES PROPER CARE

A new program is working to provide adequate health care to HIV-positive prison inmates in Los Angeles County. CNN's "World Today" reported that the HIV and AIDS Legal Services Alliance (HALSA) and the Los Angeles County jail system have teamed up to ensure that HIV-positive prisoners receive appropriate medical treatment. Jackie Walker of the ACLU National Prison Project said that health care for "prisoners with HIV and AIDS is just fraught with problems. Everything from taking your medications, to ... making sure you see the doctor, to getting viral load tests." Nationwide, the HIV infection rate for prisoners is 2.3% -- six times the average for the general population. One former HIV-positive prisoner recalled being denied medication when he was incarcerated, even though he made it clear that he needed to have his medication in a certain time period or else suffer "adverse reactions." Mary Sylla of HALSA said of the program, "We've seen a vast improvement. People are getting their medications because the pharmacy is stocked." She also noted that 41 patients are now on a self-medication program -- in which they receive a 14-day supply of drugs -- up from only two previously. CNN's Jennifer Auther reported that now when inmates are processed, their "medical history is confirmed," and they

"identify their HIV medications." She noted that treating HIV-positive prisoners is important because "[w]hen HIV medication is not taken properly, the virus can mutate," and "medical experts agree ... without adequate treatment, we may be faced with inmates returning to the general population who carry new drug-resistant forms of the disease" (7/3). Click here for previous articles on prisoners with HIV.

OPINIONMAKERS

#6 GLOBAL EPIDEMIC: INQUIRER POINTS TO DISPARITY BETWEEN RICH AND POOR

An editorial in today's Philadelphia Inquirer asserts that the recent 12th Annual World AIDS Conference "taught us as much about poverty as it did about AIDS." The Inquirer argues that AIDS coupled with poverty quickly ravages a society, resulting in "millions of devastated lives." The cost of prenatal AZT treatment in Africa is only $50 per month, the editorial notes. "But where is that $50? Nowhere. Not in Africa, not forthcoming from Europe, industrialized Asia or the United States." The Inquirer notes that even in the U.S., "the virus demarcates rich from poor" and "the disease has a homing sense for the excluded." It further notes that "U.S. Surgeon General David Satcher has made the shocking, shaming statement that AIDS in the United States is 'increasingly becoming an epidemic of color.'" The editorial argues, "we are failing to get AIDS information and treatment -- in fact, health care period -- to those who can't

afford it." That fact, and the AIDS epidemic itself, "challenges the U.S. to concoct a health-care system that bridges the chasms between classes." AIDS is not "just a white, middle-class American problem. ... It's a world epidemic," the Inquirer states. "To protect others is to protect ourselves. ... The solution will have to be international. It will be complicated and tremendously expensive. ... But happen it must, because ... [h]umanity must find a better answer than pale, gutless, long-distance compassion" (7/7).

==========

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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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 7-JUL-1998 01:43:05.00

SUBJECT: Fwd: Rich, Poor Far Apart in AIDS Fight

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

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

Date: Sat, 4 Jul 1998 02:33:55 EDT

From: AOLNews@aol.com

Subject: Rich, Poor Far Apart in AIDS Fight

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

Rich, Poor Far Apart in AIDS Fight

.c The Associated Press

By DANIEL Q. HANEY

AP Medical Editor

GENEVA (AP) - The hope has been to bridge the gap between rich and poor nations when it comes to curbing HIV infection and treating AIDS.

But the message by Friday's end of the 12th World AIDS Conference seemed just the opposite: The chasm between the haves and the have-nots is only

widening.

Around the world, nearly 34 million people are infected with HIV. Since the international meeting began Monday, about 100,000 more have contracted HIV, the virus that causes AIDS.

Perhaps 4 percent of those infected live in the United States, Western Europe and a few other affluent nations where patients routinely get powerful - and expensive - AIDS medicines that can keep the virus in check. For everyone else, the benefits of recent medical breakthroughs are an ever distant dream.

``Medical advances present us with a painful paradox,'' said Anna Luisa Liguori, who works with the MacArthur Foundation in Mexico. ``The greater the advances in clinical research, the greater the gap between those who can afford the best treatment and those who can afford no treatment at all.''

Treating just one HIV-infected person with the standard three-drug regimen costs $10,000 or more. According to one estimate at the meeting, making this protocol available worldwide would cost $36.5 billion, with two-thirds of that expense coming in Africa.

``Bridge the gap?'' asked Dodji Mathey of Togo. ``I don't think so. It is not possible for the new medicines to ever get to Africa. We are too poor.''

In the tiny West African country where Mathey lives, 9 percent of adults are infected with HIV. In some nations on the continent, the figure approaches 30 percent.

With no effective AIDS vaccine close to development, the only way to stop the epidemic in poorer nations is to make condoms cheap and abundant and persuade people to use them.

In at least one area, though, the benefits of AIDS drug research may make its way to the world's poorest.

Studies at the conference show that $50 worth of AZT cuts in half the risk that infected mothers will pass the disease to their babies during birth. During the meeting, the United Nations' AIDS program said it would start a pilot project to provide AZT to about 30,000 women in poor countries in Asia, Africa and South America.

Just more than 40 percent of the speakers at the conference were from poor countries, and they were featured prominently in the program. However, during
closing ceremonies Friday, Dr. Richard Horton, editor of the British journal
The Lancet, chastised attendees for sometimes failing to sit through their talks.

``Why is it that whenever speakers from a developing country rose to speak about these issues, the halls began to bleed delegates?" he asked. ``Why should any government bother to listen if you don't?"

The next world AIDS meeting will be in 2000.

Dr. Hoosen Coovadia, the chairman of that meeting, to be held in Durban, South
Africa, said about 40 percent of the patients at the city's largely black King
Edward VIII Hospital have HIV. None of them receive virus-fighting medicines.

AP-NY-07-04-98 0221EDT

To edit your profile, go to keyword <A HREF="aol://1722:NewsProfiles">

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For all of today's news, go to keyword <A HREF="aol://1722:News">News</A>.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Marsha Martin (Marsha Martin <mmartin@os.dhhs.gov> [UNKNOWN])

CREATION DATE/TIME: 8-JUL-1998 13:27:42.00

SUBJECT: Re: GAO Report on UNAIDS

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

TEXT:
thanks. welcome back.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 8-JUL-1998 21:52:23.00

SUBJECT: Prison Conference Call

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

TEXT:
Todd --

I wanted to give you a special "heads up" for next weeks Prison Conference

Call.

You were going to give us a progress report on; (1) Site Visit in Fall, (2)

Summit

Meeting in October, (3) Kathleen Hawk Sawyer meeting, and (4) info. follow

up.

Would you give me an update in the next few days as a prepare for the Call?

Thanks, J

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 8-JUL-1998 22:17:05.00

SUBJECT: No Subject

TO: BAustin (BAustin@samhsa.gov [UNKNOWN])
READ:UNKNOWN

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

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

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

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

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

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

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

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

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

TEXT:
Presidential Advisory Council on AIDS

Subcommittee on Prison Issues

Notice of Conference Call

Wednesday, July 15, 1998 @ 11am est

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

AGENDA

This meeting will last approximately 1 hour

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

1. Call to Order

2. ONAP Update
   - ? October Prisons Summit Meeting
   - ? November Site Visit
   - ? Kathleen Hawk Sawyer Meeting
   - ? Interagency Meeting
   - ? Assessment Update

3. Chairs' Update
   - ? Youth
   - ? Native American
   - ? Task Force

4. Other Issues

Next Conference Call

Tuesday, August 18th, @ 11am EST

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	07/09/1998	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:
[06/25/1998 - 07/10/1998]

2018-0758-F
jn562

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RR. Document will be reviewed upon request.

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 9-JUL-1998 23:54:59.00

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: 07-09-1998 [004]

Time: 19:54:07

This message serves as confirmation of an appointment for the

visitors listed below.

Please note: Appointment confirmation for visitor names you requested

and not listed below may be forthcomming.

Appointment With: SUMMERS, TODD

Appointment Date: 7/9/98

Appointment Time: 8:00:00 PM

Appointment Room: WEST WING

Appointment Building: WH

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U79004

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 : 6

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 5

****

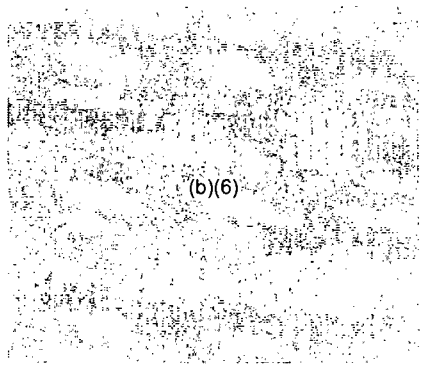
ASHFORD, RICHARD

DENNIS, BRIAN

FARINA, JENNIFER

KNOTTS, JENNIFER

KNOTTS, JONATHAN



RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: JPalenicek (JPalenicek@hrsa.dhhs.gov (John Palenicek) [UNKNOWN])

CREATION DATE/TIME: 9-JUL-1998 12:58:12.00

SUBJECT: Re:Treatment Access Workgroup Meeting - Addition

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

TEXT:
Todd,

If you have a minute, give me a call. I'd like to follow up with you re:

mtg

with you and Sandy re: HRSA's efforts for reauthorization and other

things. You

can reach me at 301-443-4274.

Thanks.

John

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 9-JUL-1998 13:51:44.00

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, July 9, 1998

PUBLIC HEALTH & EDUCATION

==========

#1 NATIONAL BLACK RELIGIOUS SUMMIT: AIDS, Teen Pregnancy Central To Agenda

GLOBAL CHALLENGES

==========

#2 INDIA: Steep Rise In HIV Infection Rates

SCIENCE & MEDICINE

==========

#3 AIDS WASTING SYNDROME: Testosterone Therapy Proves Promising

#4 HEPATITIS B: AIDS Drug Could Combat Liver Damage

OPINIONMAKERS

==========

#5 AFRICAN AMERICANS: A Call To Arms

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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PUBLIC HEALTH & EDUCATION

#1 NATIONAL BLACK RELIGIOUS SUMMIT: AIDS, TEEN PREGNANCY CENTRAL TO AGENDA

Sexuality has long been a taboo subject in the black church, National Public Radio's Bob Edwards reported. But "many black leaders say a frank discussion of sexuality is imperative given the increasing array of sex-related problems in their communities," he continued. However, many black church leaders are beginning to see that a discussion needs to take place. So, "for the second year in a row, black leaders have gathered for a national summit on sexuality. They're tackling a variety of sensitive and difficult issues -- teenage pregnancy, sexual orientation, AIDS, sexual and domestic violence and abortion," reported NPR's Lynn Neary. Leslie Watson of the Religious

Coalition for Reproductive Choice, which is sponsoring the National Black Religious Summit on Sexuality taking place this week in Washington, DC, said, "We have to assume real responsibility for what is happening in our community. The numbers are reducing in terms of teen pregnancy, but they're still too high. You know, everyone has been reading the reports that have been coming out around HIV and AIDS, and how that is impacting the African American heterosexual community. And so our clergy are finding themselves as leaders in our community in a new place dealing with new issues that they hadn't been prepared to deal with before."

LET'S TALK ABOUT SEX

The Religious Coalition is a pro-choice group, which could be a problem for many leaders in the religious community, said Dr. Clarence Newson, dean of Howard University Divinity School which is hosting the summit. "I would not dare say that the idea of abortion is universally accepted in the African American church community. Probably the contrary. But there is a need for the African American church community to be in conversation about this so that we will know better the heart and the mind of the African American church," he said ("Morning Edition," 7/9). On yesterday's "Public Interest" on NPR, Rev. Carlton Veasey, executive director of the coalition, said that although the mission of his organization is to ensure women's right to choose abortion, the black community needs to talk about issues such as "teen pregnancy prevention, HIV, domestic violence [and] how we incorporate sexuality education into our religious education

programs in our churches." He said, "We need to talk about how young people can be channelled and directed in other directions to reduce the terrible rate of teen pregnancy" ("Public Interest," 7/8). Rev. Emory Andrews of Oxen Hill High School agreed. "We got to let them know that sex is not a bad word and they are free to talk about it and free to ask questions. There are a lot of decisions, so many things that are coming up for us today, that our young people has to make a choice and they need to be free to talk about it," he said ("Morning Edition," 7/9). The Religious Coalition for Reproductive Choice website may be viewed at www.rcrc.org.

GLOBAL CHALLENGES

#2 INDIA: STEEP RISE IN HIV INFECTION RATES

India's HIV infection rate has more than tripled among people with sexually transmitted diseases, from 4.48% in 1993 to 14.67% in 1998, the Hindu reports. The nation's most recent survey, conducted by the Tamil Nadu State AIDS Control Society, also found that HIV infection among truckers, "identified as one of the most vulnerable groups, has also increased steeply": from 2.65% in 1994 to 9.36% in 1997. The HIV infection rate among tuberculosis patients has also increased more than threefold, from 2.5% in 1995 to 7.8% in March 1998. The Hindu reports, however, "one positive signal is that the rise of [HIV] infection among ante-natal mothers, a major indicator of HIV/AIDS

epidemiology worldwide, is not very steep," rising from .63% to .95% over the last four years.

STATE POLICY CHANGES

The sharp rise in infection rates "will influence the strategy of HIV/AIDS prevention and control of the second phase of the World Bank-funded project being implemented in the state," slated to begin in 1999, the Hindu reports. A "major component" of the program will be the "care and support of infected people." Implementation of the program will be decentralized, with AIDS Control Societies being formed in several problem districts "to concentrate on micro-level planning and implementation." In the meantime, "the government has instructed all district hospitals not to refuse admission to people infected with HIV. Medical and paramedical staff [are] being trained to remove the myths associated with the illness and also to equip them to implement universal precautions in the hospitals." The government also will provide AZT prophylaxis to all hospitals, to be made available to medical staff who suspect "needle pricks or bruises with surgical tools" (The Hindu, 7/1).

SCIENCE & MEDICINE

#3 AIDS WASTING SYNDROME: TESTOSTERONE THERAPY PROVES PROMISING

Testosterone administration significantly increases lean body mass and improves the quality of life in men with AIDS wasting syndrome, a Massachusetts General Hospital research team

reports in the July 1 issue of Annals of Internal Medicine. AIDS wasting syndrome is a devastating complication of late-stage HIV infection characterized by an extreme loss of lean muscle mass leading to significant fatigue and frailty. According to study leader Dr. Steven Grinspoon of the MGH Neuroendocrine Unit, "Physicians now will have an important tool to help build critically needed muscle mass." Fifty-one HIV-positive men aged 34 to 50 with significant weight loss and low testosterone levels were chosen to participate in the study. The men were randomly assigned to receive injections of either testosterone or a placebo every three weeks for six months. The injections were "designed to produce normal testosterone levels in those receiving the hormone." Grinspoon said that "those who received testosterone had significant term benefit. ... We believe all male patients with AIDS wasting syndrome should be screened for hormone deficiency and given testosterone if their levels are low, unless there is a medical reason not to do so" (Science Daily, 7/8).

#4 HEPATITIS B: AIDS DRUG COULD COMBAT LIVER DAMAGE

Lamivudine, a standard AIDS drug, appears to curb liver damage in patients with hepatitis B, according to a study in today's New England Journal of Medicine. University of Hong Kong researchers found that the drug, also known as 3TC or Epivir, reduced signs of inflammatory injury in a little more than half of the patients who took the drug, compared to 25% of those given a placebo. The AP/Washington Post reports that lamivudine is one

of several AIDS drugs that block the production of reverse transcriptase, an "essential viral protein" used by HIV and the hepatitis B virus to replicate (7/9). So far, only interferon alpha is approved for treatment of hepatitis B, the AP/San Jose Mercury News reports (7/9). But the researchers, led by Dr. Ching-Lung Lai, said the lamivudine treatment of daily 100 mg doses was "well tolerated" by patients in the study, while interferon therapy can cause flu-like symptoms. "The safety profile of lamivudine contrasts with that of interferon, which is associated with influenza-like symptoms, neutropenia, headache, alopecia, prolonged fatigue and depression in some patients," the researchers wrote (Lai et al, JAMA, 7/9 issue).

GOOD NEWS FOR ASIA

In an editorial accompanying the study, University of Tokyo's Dr. Masao Omata writes that the researcher's findings "may have a particularly strong impact in Asia, where 75% of the approximately 300 million [hepatitis B] carriers in the world live" (Omata, JAMA, 7/9 issue).

OPINIONMAKERS

#5 AFRICAN AMERICANS: A CALL TO ARMS

An opinion piece appearing in today's Baltimore Sun calls attention to the AIDS epidemic among African Americans and urges black leaders to take immediate action. Clarence Lusane, assistant professor at American University and author of Race in the Global Era: African Americans at the Millennium, writes:

"We don't need a 'war on AIDS' similar to the ruinous 'war on drugs.' ... Nor will a 'dialogue' on AIDS be sufficient. What is required is a sense of urgency within the black community and in the nation as a whole." Lusane applauds the Congressional Black Caucus for recently asking the Clinton administration to declare AIDS among African Americans a "public health emergency," and for hosting 20 national AIDS experts who together "identified a number of problems associated with the current outreach and prevention efforts of the AIDS health care community." He notes that among the obstacles health officials and black leaders face are entrenched misconceptions and assumptions about the disease. "Media reports and conservative commentators stigmatize certain groups -- gays, drug addicts -- with supposedly low morals -- as HIV transmitters. White AIDS activists are sometimes leery of working with African Americans," he writes. Lusane notes that "[m]yths about AIDS run deep among some African Americans. Studies show that perhaps a quarter of African Americans believe that AIDS was specifically created to eliminate blacks. Many African Americans also hold that only male homosexuals are at risk, and that black women are safe from the disease."

STATISTIC SHOCK

Lusane warns that "denial has its consequences ... AIDS -- not cancer or homicide or car accidents -- is the leading killer" of blacks aged 25-44, according to recent Centers for Disease Control and Prevention statistics. While the HIV infection rate has fallen for whites, it continues to climb among blacks, who comprise 57% of all new cases. Despite the fact that blacks

comprise only 13% of the U.S. population, blacks between the ages of 13 and 24 account for 63% of all new HIV infections in that age group, and black women comprise 56% of all women with AIDS (Lusane, Baltimore Sun, 7/9).

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"unsubscribe" (without quotes) in the subject line.

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Weniger, Bruce ("Weniger, Bruce" <bgw2@cdc.gov> [UNKNOWN])

CREATION DATE/TIME: 9-JUL-1998 22:16:37.00

SUBJECT: FW: FYI re: AIDS vaccine trial ethics

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TO: Weniger, Bruce G. ("Weniger, Bruce G. (PACHA)" <bgw2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

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

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

TEXT:
FYI,

Bruce

-----Original Message-----

From: esparzaj@who.ch [mailto:esparzaj@who.ch]

Sent: 7-Jul-98 04:55

To: Beloqui Jorge

Subject: FYI

FYI

Jose

>>> No Consensus on Rules for AIDS Vaccine Trials

>>> Jon Cohen

>>>

>>> GENEVA, SWITZERLAND--A meeting

>>> held here last week to try to set ethical ground rules for AIDS

>>> vaccine trials in poor countries almost reached boiling point when

the

>>> participants grappled with a key question: If a vaccine is tested

in a

>>> country that cannot afford anti-HIV drugs and volunteers become

>>> infected during the trial, should they be given state-of-the-art

>>> treatment? The answer could determine the ethical, financial, and

>>> scientific viability of AIDS vaccine tests. But for the 85 AIDS

>>> vaccine developers, ethicists, public health officials, lawyers,

and

>>> activists from more than two dozen countries who tried to answer

it,

>>> consensus proved elusive.

>>>

>>> The meeting--an ad hoc advisory group to the United Nations' AIDS

>>> program, which will go on to recommend changes to international

>>> guidelines for all clinical trials--did reach agreement on some
>>> points. For example, the participants recommended ending the
current
>>> requirement that a vaccine be tested first in the country where it
is
>>> made, and they said trials should be more closely monitored to make

>>> sure that participants truly give their consent. These
>>> recommendations
>>> could lead to "major changes in the way trials are done," said
Barry
>>> Bloom, a researcher at Harvard University who heads the UNAIDS
>>> Vaccine
>>> Advisory Committee. But the central controversy over how to treat
>>> those who become infected--the question that led to the meeting
being
>>> called in the first place--remains unresolved.
>>>
>>> The problem it poses for researchers was highlighted at the meeting

>>> by
>>> Mary Lou Clements-Mann of Johns Hopkins University in Baltimore.
She
>>> pointed out that vaccines rarely prevent infection; rather, they
>>> prevent or modify disease. Hence a critical measure of the success
of
>>> an AIDS vaccine trial would be whether the vaccine lowers the

"viral

>>> load"--the amount of HIV in the blood--in people who get infected.

>>> But

>>> if many of those who become infected soon begin taking potent

>>> anti-HIV

>>> drugs, says David Ho of the Aaron Diamond AIDS Research Center in

New

>>> York City, "you're not going to be able to see anything." Thus the

>>> widespread use of anti-HIV drugs could make it "impossible to

design

>>> a

>>> scientifically valid [vaccine] trial," warned Clements-Mann.

>>>

>>> But Don Francis, head of the San Francisco-based biotech company

>>> VaxGen, which just last week launched in the United States the

first

>>> efficacy trials of an AIDS vaccine, argued that not everyone would

>>> start treatment immediately, and because researchers will take

blood

>>> from participants every 24 weeks or so, they should be able to make

>>> at

>>> least one viral-load measurement in many untreated people who

become

>>> infected. If the vaccine had an effect, said Francis, it should be

>>> relatively easy to determine. Ho remained skeptical. "I think it's

>>> tough in a country like the United States," he said. "Patients are

>>> going to be treated very quickly."
>>>
>>> This problem could, potentially, be avoided by carrying out trials
in
>>> poor countries where the expensive cocktails of anti-HIV drugs are
>>> unavailable and unaffordable, but is that ethical? According to the

>>> two most influential guidelines today for clinical research--the
>>> Declaration of Helsinki and a subsequent document written by the
>>> Council for International Organizations of Medical Sciences--the
>>> answer appears to be no. Both state that "every patient--including
>>> those of a control group, if any--should be assured of the best
>>> proven
>>> diagnostic and therapeutic method."
>>>
>>> This principle was put to the test last year, when the Public
>>> Citizen's Health Research Group, an influential consumer-advocate
>>> organization based in Washington, D.C., slammed drug trials in
>>> developing countries that aimed to prevent mother-to-infant
>>> transmission of HIV. Public Citizen complained that the trials used

>>> placebos even though a U.S.-French study had already proved that an

>>> intensive regimen of the anti-HIV drug AZT would prevent
transmission
>>> (Science, 16 May 1997, p. 1022). The researchers countered that
they

>>> needed placebos in order to determine quickly whether a cheaper,
>>> simpler course of AZT--which would be more applicable in poor
>>> countries--might decrease transmission, too. (The dispute became
moot
>>> when an interim analysis of one trial found that the shortened
>>> treatment worked.)
>>>
>>> Public Citizen's attack set alarm bells ringing for AIDS vaccine
>>> researchers, because the same considerations should apply to people
>>> who become infected during vaccine trials. "I knew if we didn't
deal
>>> with it in vaccines, we were going to get into the same mired
mess,"
>>> said Bloom.
>>>
>>> The majority of the participants at the Geneva meeting agreed with
>>> the
>>> practical argument that people who become infected during an AIDS
>>> vaccine trial should be offered the "highest attainable" treatment
in
>>> their locale that can be sustained after the trial ends. To offer
>>> more, said Dwip Kitayoporn of Thailand's Mahidol University, would
be
>>> "like leaving a Cadillac or Rolls Royce in our country, but no one
>>> can
>>> afford to drive it or even repair it." Major Rubaramira Ruranga, an

>>> HIV-infected Ugandan who works at a research center in Kampala,
>>> warned
>>> that people may also sign up for vaccine trials just to get access
to
>>> drugs. "We're going to create a safe haven for people who are going

>>> to
>>> be put on the trial," Ruranga said. This, others noted, would
violate
>>> the ethical principle that researchers must not "unduly influence"
>>> people to join trials.
>>>
>>> But an impassioned, ardent minority rejected the idea that trial
>>> volunteers should be treated any differently from those in
developed
>>> countries. Dirceu Gerco, coordinator of an AIDS vaccine center in
>>> Brazil, worried that setting a lower standard for poor countries
was
>>> a
>>> slippery slope. "When you put the level of ethics below the
maximum,
>>> it's very easy to lower it more," said Gerco, whose sentiments were

>>> shared by several other Brazilians at the meeting.
>>>
>>> Francis and several Thai scientists underscored how this debate is
>>> far

>>> from theoretical: They are now gearing up for a large trial of the

>>> company's vaccine in Thailand before the end of the year. Neither

the

>>> company nor the cash-strapped Thai government plans to give

>>> cutting-edge treatments to people who become infected. When Public

>>> Citizen's Peter Lurie was asked at the meeting if the group would

>>> campaign against this trial, he said no comment--which is one more

>>> critical question that the meeting left unanswered.

>>>

>>> Volume 281, Number 5373 Issue of 3 Jul 1998, pp. 22 - 23

>>>

>>

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	From Nicole Hernandez to Todd Summers Re: Treatment Access Workgroup Meeting - Addition [Personally Identifiable Information] [partial] (1 page)	07/09/1998	b(6)

COLLECTION:
Clinton Presidential Records
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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]
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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: NHernandez (NHernandez@hrsa.dhhs.gov (Nicole Hernandez) [UNKNOWN])

CREATION DATE/TIME: 9-JUL-1998 19:08:34.00

SUBJECT: Re: Treatment Access Workgroup Meeting - Addition

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

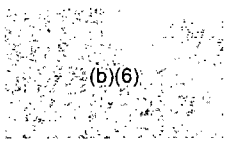
TEXT:
Todd,

Do you need social security numbers and the date of birth of the

attendees for this meeting?

If so, here is Dr. O'Neill's info....

Joseph O'Neill



[005]

I am unsure if Dr. Fox will attend, however, I will request the info

and forward it to you as soon as I have it.

Thanks,

Nicole

_____ Reply Separator

_____

Subject: Treatment Access Workgroup Meeting - Addition

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

Date: 7/8/98 4:29 PM

Please note that Chris Jennings, Health Policy advisor to the President, was inadvertently left off the list of principals attending the treatment access workgroup meeting next week.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Weniger, Bruce ("Weniger, Bruce" <bgw2@cdc.gov> [UNKNOWN])

CREATION DATE/TIME: 9-JUL-1998 22:16:37.00

SUBJECT: FW: FYI re: AIDS vaccine trial ethics

TO: Montoya, Daniel ('"Montoya, Daniel (WhiteHouse ONAP)'" <Montoya_DC@a1.eop.gov> [UNKNOWN])
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TO: Aragon, Regina ("Aragon, Regina (PACHA home)" <105050.264@compuserve.com> [UNKNOWN])
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TO: Cade, Jerry ("Cade, Jerry (PACHA)" <jerryc@wizard.com> [UNKNOWN])
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TO: Cooper, Lynne ("Cooper, Lynne (PACHA)" <lynnemc@aol.com> [UNKNOWN])
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TO: Fraser-Howze, Debra ("Fraser-Howze, Debra (PACHA mra1019)" <mra1019@aol.com> [UNKNOWN])
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TO: Gutierrez, Nilsa ("Gutierrez, Nilsa (PACHA)" <nsg999@msn.com> [UNKNOWN])
READ:UNKNOWN

TO: Hattoy, Bob ("Hattoy, Bob (PACHA)" <bob_hattoy@ios.doi.gov> [UNKNOWN])
READ:UNKNOWN

TO: Henderson, B. Thomas ("Henderson, B. Thomas (PACHA)" <smcadoo@glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TO: Heyward, William ("Heyward, William" <wlh1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Hitt, R. Scott ("Hitt, R. Scott (PACHA)" <scotthitt@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Isbell, Michael ("Isbell, Michael (PACHA)" <isbell@hugheshubbard.com> [UNKNOWN])
READ:UNKNOWN

TO: Johnson, Ronald ("Johnson, Ronald (PACHA)" <ronaldj@gmhc.org> [UNKNOWN])
READ:UNKNOWN

TO: Landau, Jeremy ("Landau, Jeremy (PACHA)" <RAPANUIJER@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Levine, Alexandra ("Levine, Alexandra (PACHA)" <hornor@hsc.usc.edu> [UNKNOWN])
READ:UNKNOWN

TO: Lew, Steve ("Lew, Steve (PACHA)" <SteveLew2@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Livengood, John ("Livengood, John" <jrl1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Milanes, Miguel ("Milanes, Miguel (PACHA)" <miami2000@earthlink.net> [UNKNOWN])
READ:UNKNOWN

TO: Miramontes, Helen ("Miramontes, Helen (PACHA)" <helenmm@itsa.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: Orenstein, Walt ("Orenstein, Walt" <wao1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Perez, Altragracia ("Perez, Altragracia (PACHA)Juno" <rev_alta@juno.com> [UNKNOWN])
READ:UNKNOWN

TO: Rankin, R. Michael ("Rankin, R. Michael (PACHA)" <navdocsf@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Robinson, Alexander ("Robinson, Alexander (PACHA dpf)" <dpf@dpf.org> [UNKNOWN])
READ:UNKNOWN

TO: Robinson, Alexander ("Robinson, Alexander (PACHA home)" <harndc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Runions, Debbie ("Runions, Debbie (PACHA)" <debaids@isdn.net> [UNKNOWN])
READ:UNKNOWN

TO: Sasser, Sean ("Sasser, Sean (PACHA)" <mojo1025@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Schatz, Benjamin ("Schatz, Benjamin (PACHA)" <kinseyvi@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Schwartz, Benjamin ("Schwartz, Benjamin" <bxs1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Stafford, Rick ("Stafford, Rick (PACHA)" <rwstaff@uswest.net> [UNKNOWN])
READ:UNKNOWN

TO: Stokes, Denise ("Stokes, Denise (PACHA)" <shenovice@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Troupe, Charles ("Troupe, Charles (PACHA)" <ctroupe@services.state.mo.us> [UNKNOWN])
READ:UNKNOWN

TO: Weniger, Bruce G. ("Weniger, Bruce G. (PACHA)" <bgw2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

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

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

TEXT:
FYI,

Bruce

-----Original Message-----

From: esparzaj@who.ch [mailto:esparzaj@who.ch]

Sent: 7-Jul-98 04:55

To: Beloqui Jorge

Subject: FYI

FYI

Jose

>>> No Consensus on Rules for AIDS Vaccine Trials

>>> Jon Cohen

>>>

>>> GENEVA, SWITZERLAND--A meeting

>>> held here last week to try to set ethical ground rules for AIDS

>>> vaccine trials in poor countries almost reached boiling point when

the

>>> participants grappled with a key question: If a vaccine is tested

in a

>>> country that cannot afford anti-HIV drugs and volunteers become

>>> infected during the trial, should they be given state-of-the-art

>>> treatment? The answer could determine the ethical, financial, and

>>> scientific viability of AIDS vaccine tests. But for the 85 AIDS

>>> vaccine developers, ethicists, public health officials, lawyers,

and

>>> activists from more than two dozen countries who tried to answer

it,

>>> consensus proved elusive.

>>>

>>> The meeting--an ad hoc advisory group to the United Nations' AIDS

>>> program, which will go on to recommend changes to international

>>> guidelines for all clinical trials--did reach agreement on some
>>> points. For example, the participants recommended ending the
current
>>> requirement that a vaccine be tested first in the country where it
is
>>> made, and they said trials should be more closely monitored to make

>>> sure that participants truly give their consent. These
>>> recommendations
>>> could lead to "major changes in the way trials are done," said
Barry
>>> Bloom, a researcher at Harvard University who heads the UNAIDS
>>> Vaccine
>>> Advisory Committee. But the central controversy over how to treat
>>> those who become infected--the question that led to the meeting
being
>>> called in the first place--remains unresolved.
>>>
>>> The problem it poses for researchers was highlighted at the meeting

>>> by
>>> Mary Lou Clements-Mann of Johns Hopkins University in Baltimore.
She
>>> pointed out that vaccines rarely prevent infection; rather, they
>>> prevent or modify disease. Hence a critical measure of the success
of
>>> an AIDS vaccine trial would be whether the vaccine lowers the

"viral

>>> load"--the amount of HIV in the blood--in people who get infected.

>>> But

>>> if many of those who become infected soon begin taking potent

>>> anti-HIV

>>> drugs, says David Ho of the Aaron Diamond AIDS Research Center in

New

>>> York City, "you're not going to be able to see anything." Thus the

>>> widespread use of anti-HIV drugs could make it "impossible to

design

>>> a

>>> scientifically valid [vaccine] trial," warned Clements-Mann.

>>>

>>> But Don Francis, head of the San Francisco-based biotech company

>>> VaxGen, which just last week launched in the United States the

first

>>> efficacy trials of an AIDS vaccine, argued that not everyone would

>>> start treatment immediately, and because researchers will take

blood

>>> from participants every 24 weeks or so, they should be able to make

>>> at

>>> least one viral-load measurement in many untreated people who

become

>>> infected. If the vaccine had an effect, said Francis, it should be

>>> relatively easy to determine. Ho remained skeptical. "I think it's

>>> tough in a country like the United States," he said. "Patients are

>>> going to be treated very quickly."

>>>

>>> This problem could, potentially, be avoided by carrying out trials

in

>>> poor countries where the expensive cocktails of anti-HIV drugs are

>>> unavailable and unaffordable, but is that ethical? According to the

>>> two most influential guidelines today for clinical research--the

>>> Declaration of Helsinki and a subsequent document written by the

>>> Council for International Organizations of Medical Sciences--the

>>> answer appears to be no. Both state that "every patient--including

>>> those of a control group, if any--should be assured of the best

>>> proven

>>> diagnostic and therapeutic method."

>>>

>>> This principle was put to the test last year, when the Public

>>> Citizen's Health Research Group, an influential consumer-advocate

>>> organization based in Washington, D.C., slammed drug trials in

>>> developing countries that aimed to prevent mother-to-infant

>>> transmission of HIV. Public Citizen complained that the trials used

>>> placebos even though a U.S.-French study had already proved that an

>>> intensive regimen of the anti-HIV drug AZT would prevent

transmission

>>> (Science, 16 May 1997, p. 1022). The researchers countered that

they

>>> needed placebos in order to determine quickly whether a cheaper,
>>> simpler course of AZT--which would be more applicable in poor
>>> countries--might decrease transmission, too. (The dispute became
moot
>>> when an interim analysis of one trial found that the shortened
>>> treatment worked.)
>>>
>>> Public Citizen's attack set alarm bells ringing for AIDS vaccine
>>> researchers, because the same considerations should apply to people
>>> who become infected during vaccine trials. "I knew if we didn't
deal
>>> with it in vaccines, we were going to get into the same mired
mess,"
>>> said Bloom.
>>>
>>> The majority of the participants at the Geneva meeting agreed with
>>> the
>>> practical argument that people who become infected during an AIDS
>>> vaccine trial should be offered the "highest attainable" treatment
in
>>> their locale that can be sustained after the trial ends. To offer
>>> more, said Dwip Kitayoporn of Thailand's Mahidol University, would
be
>>> "like leaving a Cadillac or Rolls Royce in our country, but no one
>>> can
>>> afford to drive it or even repair it." Major Rubaramira Ruranga, an

>>> HIV-infected Ugandan who works at a research center in Kampala,
>>> warned
>>> that people may also sign up for vaccine trials just to get access
to
>>> drugs. "We're going to create a safe haven for people who are going

>>> to
>>> be put on the trial," Ruranga said. This, others noted, would
violate
>>> the ethical principle that researchers must not "unduly influence"
>>> people to join trials.
>>>
>>> But an impassioned, ardent minority rejected the idea that trial
>>> volunteers should be treated any differently from those in
developed
>>> countries. Dirceu Gerco, coordinator of an AIDS vaccine center in
>>> Brazil, worried that setting a lower standard for poor countries
was
>>> a
>>> slippery slope. "When you put the level of ethics below the
maximum,
>>> it's very easy to lower it more," said Gerco, whose sentiments were

>>> shared by several other Brazilians at the meeting.
>>>
>>> Francis and several Thai scientists underscored how this debate is
>>> far

>>> from theoretical: They are now gearing up for a large trial of the
>>> company's vaccine in Thailand before the end of the year. Neither
the
>>> company nor the cash-strapped Thai government plans to give
>>> cutting-edge treatments to people who become infected. When Public
>>> Citizen's Peter Lurie was asked at the meeting if the group would
>>> campaign against this trial, he said no comment--which is one more
>>> critical question that the meeting left unanswered.
>>>
>>> Volume 281, Number 5373 Issue of 3 Jul 1998, pp. 22 - 23

>>>
>>
>>

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	07/10/1998	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:
[06/25/1998 - 07/10/1998]

2018-0758-F
jn562

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:10-JUL-1998 00:00:29.00

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: 07-09-1998

[006]

Time: 19:57:54

This message serves as confirmation of an appointment for the

visitors listed below.

Appointment With: SUMMERS, TODD

Appointment Date: 7/9/98

Appointment Time: 8:00:00 PM

Appointment Room: WEST WING

Appointment Building: WH

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U79004

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 : 6

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 6

****

ASHFORD, RICHARD

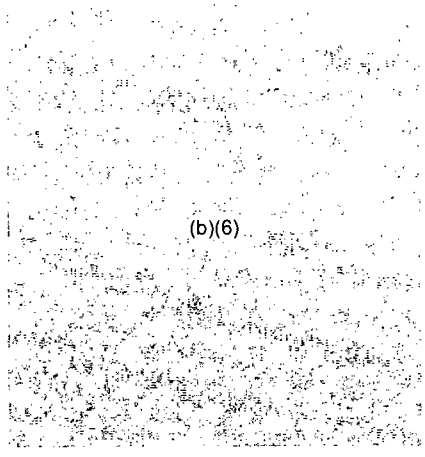
DENNIS, BRIAN

FARINA, JENNIFER

KNOTTS, JENNIFER

KNOTTS, JONATHAN

WIDENER, JOHNNY



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)	07/10/1998	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:
[06/25/1998 - 07/10/1998]

2018-0758-F
jn562

RESTRICTION CODES

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

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

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

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) 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: WAVES_CONF (WAVES_CONF@PMDF.EOP.GOV [UNKNOWN])

CREATION DATE/TIME:10-JUL-1998 14:38:59.00

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: 07-10-1998

Time: 10:32:21

This message serves as confirmation of an appointment for the

visitors listed below.

Appointment With: SUMMERS, TODD

Appointment Date: 7/15/98

Appointment Time: 2:50:00 PM

Appointment Room: OEOB 472

Appointment Building: OEOB

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U79121

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

****

PALENICEK, JOHN (b)(6)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	07/10/1998	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:
[06/25/1998 - 07/10/1998]

2018-0758-F
jn562

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:10-JUL-1998 00:11:01.00

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: 07-09-1998

[008]

Time: 20:05:56

This message serves as confirmation of an appointment for the

visitors listed below.

Appointment With: SUMMERS, TODD

Appointment Date: 7/9/98

Appointment Time: 8:10:00 PM

Appointment Room: WW

Appointment Building: WH

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U79008

If you have any questions regarding this appointment,

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

appointment number listed above available to the

Access Control Officer answering your call.

****

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 3

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 3

****

CHOAT, DARREL

DARNELL, CHAD

DARNELL, NICOLE