Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From LBViana to Todd Summers Re: No Subject (1 page)	07/10/1998	Personal Misfile
002. 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)
003. email	From LBViana to Todd Summers Re: No Subject (1 page)	07/12/1998	Personal Misfile
004. email	From Kathleen King to Todd Summers Re: Tx Access Meeting - Clearance Information Requested - Reply [Personally Identifiable Information] [partial] (1 page)	07/13/1998	b(6)
005. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	07/14/1998	b(7)(C), b(7)(F), b(6)
006. email	From Marsha Martin to Todd Summers Re: Tx Access Meeting - Clearance Information Requested [Personally Identifiable Information] [partial] (1 page)	07/15/1998	b(6)
007. email	From David Harvey to Todd Summers Re: Fwd: US Dept of State [personal] [partial] (1 page)	07/17/1998	b(6)
008. email	From BigBob411@aol.com to Todd Summers Re: Put their mouth where their money should be [personal] [partial] (1 page)	07/17/1998	b(6)

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

FOLDER TITLE:
[07/10/1998 - 07/22/1998]

2018-0758-F
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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]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-JUL-1998 13:53:36.00

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, July 10, 1998

POLITICS & POLICY

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#1 NIH: Panel Recommends Increased Public Input

#2 CDC: New Director Has AIDS Policy Background

#3 NEEDLE EXCHANGE: GOP Balks At Coburn's Plan To Block D.C.
Program

IN THE COURTS

==========

#4 CONDOM DISTRIBUTION: Federal Court Upholds Philadelphia
School Policy

SCIENCE & MEDICINE

==========

#5 GENETIC CLUES: Cats May Provide Hope For Humans With AIDS

PUBLIC HEALTH & EDUCATION

==========

#6 NORTH CAROLINA: Study To Target Poor HIV-Positive Mothers

MEDIA & SOCIETY

==========

#7 AIDS REPORTING: Harper's Looks At Privacy Issues

OPINIONMAKERS

==========

#8 NAMES-BASED REPORTING: Sound Policy Based On Science

SPECIAL NOTICE

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

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

Phone: 703-518-8725

POLITICS & POLICY

#1 NIH: PANEL RECOMMENDS INCREASED PUBLIC INPUT

The National Institutes of Health should seek broader public input on decisions about how to spend its nearly $14 billion budget, according to a new report from the Institute of Medicine

(IOM). Leon Rosenberg, chair of the committee that authored the report, "acknowledged some diseases, such as breast cancer and AIDS, have received significant attention and funding in recent years." The report was requested by Sens. Bill Frist (R-TN) and Dan Coats (R-IN) "amid growing concern that NIH's priorities often reflected the lobbying efforts of one disease advocacy group or another" (Norton, CongressDaily, 7/8). The 119-page IOM report, "Scientific Opportunities and Public Needs," recommends that the NIH take into account the total burden -- medical, psychological, economic -- caused by diseases when allocating research funds. It states that NIH should strictly adhere to current rules, and says the present system "calls for an emphasis on diseases that have the greatest public health impact," as well as factoring in "the potential for progress in a given field, the scientific quality of the proposed research, the maintenance of a "diversified research portfolio" and the availability of quality scientists and facilities to study a given area. Rosenberg said currently the "NIH does not hew to those rules." He said, "There are some celebrated examples where very effective and forceful lobbying and political pressure have affected resource allocations. Breast cancer and AIDS are two very clear examples" (Weiss, Washington Post, 7/9).

THE AIDS EXAMPLE

The New York Times reports that the IOM panel "found big disparities in NIH spending per person, depending on the disease." In 1996, NIH "spent far more" on AIDS research than on heart disease research -- $43,000 per AIDS death compared to

$1,160 per heart disease death. These disparities, the panel said, "encourage 'the perception of some members of Congress and the public that NIH spending often follows current politics and political correctness, or responds to media attention to certain diseases." The New York Times notes that Rep. Ernest Istook (R-OK) "has raised questions" about NIH's research priorities, arguing: "Federal spending on disease research should consider how many people are affected and the costs of major diseases." But Daniel Zingale, executive director of AIDS Action, said, "Allocating dollars for deaths is an overly simplistic way to approach biomedical research. We also need to consider which diseases cause the most suffering, the years of life lost and the chances of scientific breakthroughs" (Pear, 7/9). American Foundation for AIDS Research (AmFAR) Chair and co-founder Dr. Mathilde Krim concurs: "We don't want to get into a disease vs. disease war. AIDS is targeted because a lot of money is put into research. But look what we've got. Now we can keep people alive." Krim went on to say that research money for AIDS "works beautifully because the disease has only one cause," unlike cancer which has "multiple causes." She emphasized that she switched from cancer to AIDS research because its "lethal, infectious nature needed the highest level of attention." She also noted that in terms of productive years of life lost, AIDS is worse than many other diseases because it kills people at younger ages (Daily Report interview, 7/9).

DON'T FORGET INDIVIDUALS

Rosenberg said NIH "has fallen short" in its dealings with

the general public. The New York Times reports that the IOM committee found each of the NIH institutes were appointing only doctors, lawyers and professors to their individual advisory councils -- excluding ordinary citizens who may have valuable input on the impact of a disease. The IOM report recommends that a certain percentage of seats on these advisory panels be filled by "representatives of patients and their families, and of populations with special health problems," such as minorities and the elderly (Pear, 7/9). The Washington Post reports that the committee "also calls for creation of advisory committees within each of NIH's 21 institutes and centers -- including the office of NIH Director Harold Varmus, which is cited as being especially inaccessible" (7/9). Dr. Varmus, in particular, should establish a "council of public representatives" for citizens to advise NIH on funding priorities and an Office of Public Liaison to review and evaluate public outreach and input, the IOM report suggests (Frist release, 7/8).

PERCEPTION IS EVERYTHING

However, Rosenberg defended NIH, saying there may be a misperception about how the agency prioritizes research. "Some of the public have concluded, incorrectly we believe, that NIH cares more for curiosity than cure, more about fundamental science than clinical application," he said ("All Things Considered," 7/8). AmFAR's Krim concurred, saying that the press misrepresented what the report said. She pointed out that it doesn't criticize the way NIH sets budget priorities, but does say the NIH should do a better job in communicating its work to

the public (Daily Report Interview, 7/9).

FAIR DIALOGUE

In wake of his panel's findings, Rosenberg said, "We certainly do not expect that advocates for certain diseases will cease and desist because of this report or anything that Congress or NIH does to implement it. But we think that if these recommendations are implemented, there will be a fairer and broader dialogue in which NIH will consider and respond to public input" ("All Things Considered," 7/8). Myrl Weinberg, president of the National Health Council, a coalition of more than 100 public health groups, said the committee's recommendation that laypersons sit on NIH committees is "absolutely appropriate." (New York Times, 7/9). Click here to link to the IOM report, which is available through the National Academy of Science's website -- www.nas.edu.

#2 CDC: NEW DIRECTOR HAS AIDS POLICY BACKGROUND

Health and Human Services Secretary Donna Shalala will this morning name Dr. Jeffrey Koplan as the new director of the Centers for Disease Control and Prevention, the Atlanta Journal-Constitution reports (McKenna, 7/10). Koplan spent 22 years at the CDC before moving to the Prudential Center for Health Care Research, which he currently heads. While at the CDC, he "was instrumental" in crafting the nation's first responses to the AIDS epidemic, the New York Times reports (Stolberg, 7/10). "In 1983, he convened an emergency meeting in Atlanta to plead with the nation's blood banks to screen donors for signs of the newly

discovered infection," the Journal-Constitution reports. However, the blood banks "refused" to do so, a move Koplan latter "denounced as 'burying (their) heads in the sand.'"

PRAISE ALL AROUND

Dr. James Curran, dean of the Rollins School of Public Health at Emory University and former director of the CDC's HIV/AIDS division, said of Koplan's appointment, "The thing that impresses me about Jeff is the breadth of his background. He has worked in AIDS, international health, immunizations, chronic disease, health promotion, and program planning and evaluation. He's very will liked, and very well respected for both his scientific approach and his humanistic understanding of problems" (Journal-Constitution, 7/10). One official said, "I have been impressed by the people who have called on his behalf. Unlike any other senior post, I haven't heard a bad thing from anyone who has some ax to grind." The CDC directorship has been vacant since February when Dr. David Satcher was appointed U.S. Surgeon General. Koplan will assume his new duties on October 5 (New York Times, 7/10).

#3 NEEDLE EXCHANGE: GOP BALKS AT COBURN'S PLAN TO BLOCK D.C. PROGRAM

A proposal by Rep. Tom Coburn (R-OK) to prevent the District of Columbia from spending its own money on needle-exchange programs has sparked criticism from other Capitol Hill Republicans who say the idea runs counter to party ideology. Testifying before Rep. Charles Taylor's (R-NC) appropriations

subcommittee, Rep. Connie Morella (R-MD) echoed other Republicans' concerns that blocking local spending is against the Republican principle of staying out of local government. "[D.C.] has had a local needle-exchange program in place since last year, an important tool in the city's fight against the spread of HIV and an important bridge to drug treatment service," Morella said. "Now, some members want to tell D.C. that it cannot spend its own funds to prevent HIV infections. This is simply wrong," she said. Carol Schwartz, a Republican D.C. Council member, emphasized that local decisions should be made locally. She said, "The District of Columbia does not need to be the guinea pig for 535 individual congressional agendas."

STILL GOING

Coburn's proposal highlights the ongoing battle on Capitol Hill about the success of needle exchange programs. The House already has voiced its dissent against the use of federal money for the programs. Some members, like Morella, support the programs. "Scientific evidence supports the fact that needle-exchange programs reduce HIV infection and do not contribute to illegal drug use," she said. But Coburn has "compared attempts to limit HIV transmission by free needle exchanges for drug users to limiting lung cancer by passing out free low-tar cigarettes to teen smokers," The Tulsa World reports that Coburn developed the proposal but passed it off to Taylor -- chair of the House appropriations subcommittee that oversees spending in D.C., but "Taylor reportedly has not publicly acknowledged his involvement" with the issue (Myers, Tulsa

World, 7/10).

IN THE COURTS

#4 CONDOM DISTRIBUTION: FEDERAL COURT UPHOLDS PHILADELPHIA SCHOOL POLICY

The U.S. Third Circuit Court of Appeals yesterday upheld a Philadelphia policy that allows for the distribution of condoms in high schools, rejecting arguments that the policy "supplants parental authority." The program, launched in 1991 and currently applied in nine of the city's 40 secondary schools, includes a form that allows parents to opt their children out of the program if they object. Still, Parents United for Better Schools, "a Germantown-based advocacy group with some 20,000 members citywide, had challenged the legality of the program" shortly after its inception (Smith, Philadelphia Daily News, 7/10). For five years, the group litigated in local and state courts against the school district, who had "picked up the backing of the American Civil Liberties Union's Reproductive Freedom Project," among others. The parents wanted to "strengthen the opt-out provision, asking that the policy be changed so that parent approval would be necessary before their child could obtain condoms or counseling."

DEMANDING OUR RIGHTS

The Philadelphia Inquirer reports that Parents United argued that the program went against the "fundamental 14th Amendment right to freedom from unnecessary governmental intrusion in the

raising of their children." In September, U.S. District Judge Robert Gawthrop ruled in favor of the school, holding that "it is sadly self-evident that students' education is hindered when they drop out of school because they are pregnant, sick with venereal disease, or dying of AIDS" (Slobodzian, 7/10).

MAY IT PLEASE THE COURT

Judge Anthony Scirica, writing for a unanimous Appeals Court, upheld Gawthrop's ruling. He wrote: "We recognize the strong parental interest in deciding what is proper for the preservation of their children's health. But we do not believe the board's policy intrudes on this right. Participation in the program is voluntary. The program specifically reserves to parents the option of refusing their child's participation." Dennis Abrams, attorney for Parents United, said, "Now, [the school district is] free to extend it all over the place. My clients are going to be very disappointed." He said he was unsure if the parents would appeal to the U.S. Supreme Court, as it has already refused to hear similar cases (Daily News, 7/10).

SCIENCE & MEDICINE

#5 GENETIC CLUES: CATS MAY PROVIDE HOPE FOR HUMANS WITH AIDS

Cats' genetic similarities to humans are prompting scientists to study them more closely in hopes of discovering clues as to how natural immunities evolve. "[C]at and human chromosomes are similar enough to be significant in medical research, particularly since cats and humans share two diseases

with very strong genetic implications: leukemia and AIDS," the Richmond Times-Dispatch reports. Cats possess 19 pairs of chromosomes, four fewer than humans, and only 10 genetic splices are necessary "for a feline chromosome to match the human code." The Times-Dispatch notes that "[o]ur body of knowledge on leukemia in cats has illuminated many mysteries of that disease in humans. Now, leukemia in humans is curable if diagnosed early. In cats, it's preventable." In 1990, scientists discovered that some wild cats have a genetic immunity to the feline immunodeficiency virus (FIV), which is remarkably similar to HIV, the Richmond Times-Dispatch reports. That discovery led scientists to believe that some humans may also possess genetic immunity to AIDS. In 1996, scientists "identified a mutated gene, CCR5, carried by one in five Americans of European lineage." If a child inherits that gene from both parents, it is effectively immune to HIV (Harden, 7/9).

PUBLIC HEALTH & EDUCATION

#6 NORTH CAROLINA: STUDY TO TARGET POOR HIV-POSITIVE MOTHERS

A University of North Carolina-Chapel Hill study will examine the effectiveness of counseling and education sessions in teaching low-income black mothers to cope with HIV. Program director Dr. Margaret Miles said she hopes the program will provesuccessful enough to be adapted across the country. "[W]e are helping women gain an understanding of HIV as a chronic disease which can be treated with medications and which necessitates good health promotion and disease prevention to extend life and improve health," Miles said. So far, 71 women have volunteered

for the study. The experimental group will receive in-home counseling and education from a registered nurse, and the control group will receive standard care. "Women in the intervention group appear to like what we are doing and overall feel they have learned a lot about how to manage their lives while infected with HIV," Miles said. The study is supported by the National Institute of Nursing Research (UNC release, 7/8).

MEDIA & SOCIETY

#7 AIDS REPORTING: HARPER'S LOOKS AT PRIVACY ISSUES

JoAnn Wypijewski writes in the July Harper's magazine about "sex, race and denial" in Jamestown, NY, where Nushawn Williams' well-publicized transmission of HIV to more than 100 women last fall brought the issue of confidentiality vs. public safety to the fore. "[S]mall-county politics" permitted the "legal go-ahead to breach Williams' confidentiality," attracting a swarm of national media and convicting him as a sexual predator in the "court of public opinion." One Jamestown AIDS Community Services staffer pointed out that Williams' partners had "low self-esteem" and didn't seem to "care" about their promiscuity, but Wypijewski focuses on the problem of stopping those who intentionally infect their partners. She writes that Williams aided public health advocates by providing the names of his partners for tracing. Yet, he was "vilified" for this action, which increased pressure "for names-based reporting ... national registries and more energetic prosecution." Williams' case could lead people to

avoid testing altogether, and ultimately affect the way future cases are handled, she concludes (Harper's Magazine, July issue).

OPINIONMAKERS

#8 NAMES-BASED REPORTING: SOUND POLICY BASED ON SCIENCE

An editorial in yesterday's Sacramento Bee notes, "If a single message for California came out of the 12th World AIDS Conference, it is that both research and public health strategies must focus less on AIDS and more on HIV." The editorial calls names-based reporting "the bedrock" of an HIV-focused strategy. While critics say names-based reporting carries the risk of information being leaked and fewer people getting tested, "[s]tudies of states that have switched to a name-based reporting system ... have yet to document any real evidence that these troubling scenarios actually happen." The editorial contends that "[f]ear continues to be the basis of AIDS public health policy in California." It adds that only one piece of state legislation, sponsored by Assemblywoman Carole Migden (D) AB 1663, addresses HIV reporting, but says that it "would set the policy discussion down too narrow a path." Rather than call for a recommendation based on a comparison study of the "potential advantages of names-based and anonymous systems of reporting," Migden's bill "calls on the state to study how to implement an anonymous reporting system for HIV." In conclusion, the editorial states: "Evidence-based medicine is the best approach

to AIDS. If studies continue to show that name-based reporting of HIV is the best way to thwart the spread of the disease and to improve the chances of successful treatment, that is the only sensible public health policy" (Sacramento Bee, 7/9).

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

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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

[002]

Date: 07-10-1998

Time: 10:18:32

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: U79109

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

****

DEPARLE, NANCY

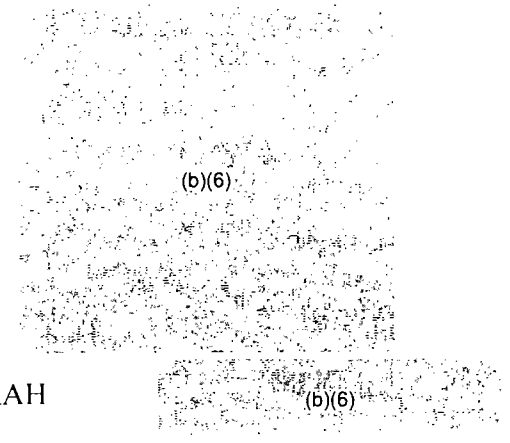
GOOSBY, ERIC

KING, KATHLEEN

MARTIN, MARSHA

ONEILL, JOSEPH

VONZINKERNAGEL, DEBORAH



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CREATION DATE/TIME:13-JUL-1998 14:06:26.00

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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, July 13, 1998

POLITICS & POLICY

==========

#1 NAMES-BASED REPORTING: New York Gov. Signs HIV Notification Bill

#2 NAACP: Moves To Fight 'Black Epidemic'

PUBLIC HEALTH & EDUCATION

==========

#3 PREVENTION: Black Church Leaders Agree To 'Break The Silence' On Teen Sexuality

IN THE COURTS

==========

#4 DISCRIMINATION: HIV-Positive Houston Man Sues School District

SCIENCE & MEDICINE

==========

ACROSS THE NATION

==========

POLITICS & POLICY

#1 NAMES-BASED REPORTING: NEW YORK GOV. SIGNS HIV NOTIFICATION BILL

Gov. George Pataki (R) signed legislation Friday that will require persons seeking treatment for HIV infections to reveal to doctors the names of their sexual partners or people with whom they have shared needles. Doctors will be required to report the names to the state Department of Health, which will attempt to contact the possibly infected persons. AP/Newsday reports that "New York is the 30th state to pass an HIV notification law." Pataki said the bill will help individuals exposed to HIV get the care they need. "We've seen innovations in the care of people suffering from this disease, especially when they receive prompt

and early diagnosis and treatment," he said (7/11). State Assemblywoman Nettie Mayersohn (D), the law's sponsor, said, "I think this is going to make a big difference. We've taken the disease and put it into the hands of public health workers, where it belongs. It's a disease, and we've got to start treating it like a disease."

'STIGMA' CONCERNS

While Mayersohn noted that the law seeks to protect the privacy and anonymity of HIV-infected persons, Ronald Johnson of the Gay Men's Health Crisis "said the stigma attached to the disease" persists and privacy must be ensured. "The law was not as vigilant on this issue as we might have liked. So we certainly will be looking to see how the state Department of Health handles this. At the very, very minimum, we would hope the registry of names of people who are HIV-positive will be handled with the same privacy and confidentiality protections with which the current AIDS registry is being handled," he said. The law is scheduled to take effect January 1999 (Bergman, AP/Albany Times Union, 7/11). Click here for previous coverage of this issue.

#2 NAACP: MOVES TO FIGHT 'BLACK EPIDEMIC'

Responding to "criticism" that the National Association for the Advancement of Colored People "has done too little to combat the growing AIDS epidemic among African Americans," NAACP leaders yesterday "promised a series of action to raise awareness of the disease even as they defended their record on the issue." NAACP

Board Chair Julian Bond noted that AIDS has become "a black epidemic," saying that although they comprise just 13% of the U.S. population, blacks account for 57% of the country's new HIV infections. He said, "We need to step up our efforts in the fight for fair distribution of AIDS services. Don't let anyone tell you AIDS is God's curse ... Don't let anyone tell you it is a gay disease ... it doesn't just happen to 'them'; it happens to your brother and, more and more, to your sister, too. Bond denied his words represent a change in NAACP policy, insisting that the NAACP has "consistently spoken out on the AIDS crisis," the Washington Post reports. He said, "We have a long history of activism against AIDS dating back to 1987, but much, much more needs to be done" (Fletcher, Washington Post, 7/13).

TAKIN' IT TO THE STREETS

NAACP President Kweisi Mfume led some 50 AIDS activists through downtown Atlanta early yesterday morning on the second day of the civil rights group's annual convention, the Baltimore Sun reports. The group carried a banner and chanted "No progress, no peace." Atlanta-based AIDS activist Denise Stokes said, "We're involved in a brand-new movement. It's not about the color of our skin and the right to live in dignity. It's about the right to live -- period" (Texeira, Sun 7/13). The Washington Post reports that "Mfume opened the convention yesterday promising 'an outright street protest' to highlight the skyrocketing rate of AIDS among blacks." He said, "It is a national emergency in many respects" (Fletcher, Washington Post, 7/12).

LEADERSHIP VACUUM

The Washington Post notes that "[i]n recent years, some AIDS activists have accused the NAACP and other major civil rights groups of shying away from the issue for fear of offending their members, many of whom are conservative church stalwarts who associate [AIDS] with the gay community." Mfume addressed the perception that black leaders as well as the government are avoiding the issue at yesterday's demonstration, saying, "We just don't understand the absolute silence of the government on this issue and, quite frankly, among too many of us." He told reporters, "It's something to be talked about, and it's something, quite frankly, that we ourselves must find a way to deal with" (Fletcher, Washington Post, 7/13). In a letter to the editor in Saturday's New York Times, Mfume wrote that many people "wrongly believe" the NAACP has "done little" about HIV/AIDS. He noted that the organization's board declared AIDS a "public health crisis in the African-American community" in 1992. Further, he wrote, the group has petitioned Congress and the administration to "give minority communities the resources to battle the epidemic" and has taken a "bold stand to support needle-exchange programs as part of comprehensive drug treatment programs" (New York Times, 7/11).

RENEWED FOCUS ON HEALTH

Writing in HealthQuest, NAACP National Health Coordinator Caya Lewis notes that African Americans "are disproportionately represented in almost every disease category," and account for "43% of new AIDS cases." She notes that the NAACP is working to

address this disparity, "assert[ing] that poor health status germinates from the seeds of injustice and inequality." Lewis concludes, "Through health education, promotion and programming, the NAACP will heighten community awareness of health risks -- and health rights. In fighting for equality, we strive to eradicate physical and mental barriers that can deny African-Americans of their inalienable rights: life, liberty and good health" (Lewis, HealthQuest, July/August 1998).

PUBLIC HEALTH & EDUCATION

#3 PREVENTION: BLACK CHURCH LEADERS AGREE TO 'BREAK THE SILENCE' ON TEEN SEXUALITY

In an attempt to prevent the spread of HIV and decrease teen pregnancies, African American church leaders, educators and other advocates at the recent National Black Religious Summit II agreed to speak frankly about sexuality to teens "by talking about sex in language that mixes street lingo with Bible values," the Washington Times reports. The summit's theme was "Breaking the Silence," and was organized by the Religious Coalition for Reproductive Choice. While participants agreed that abstinence remains the best message to send, conference organizer Leslie Watson said, "We have to deal with the reality that some of our children are sexually active and will stay that way." The Times notes that the move "is being called a new step" by congregations that have traditionally shied away from discussing sexuality. Rev. Carlton Veazey, a Baptist minister and president of the

coalition, said teen pregnancy among African Americans is "still so high, with children creating children," and "[t]here's hardly a family in the black church that is not touched by HIV" (Witham, Washington Times, 7/11).

INTERGENERATIONAL DIALOGUE

"What we have been doing is engaging in an interfaith, intergenerational dialogue" on teen sexuality, Watson said in the Baltimore Sun (Rivera, 7/11). Rev. John Alexander agreed, stating that "[i]t is better for a teen to open [up the issue] in the confines of the church than in the confines of the street." The dialogue, said the Rev. Madison Shockley, "has to be more than 'Just Say No'" (Washington Times, 7/11). The Sun reports that one Nashville teen "said he appreciated the opportunity to talk about sex in a religious context." He said, "Before, it was the elephant in the room that nobody talked about." At this year's conference, the 380 participants discussed homosexuality for the first time, "calling for tolerance," although the issue sparked a great deal of controversy (Rivera, Baltimore Sun, 7/11). Click here for previous coverage of the summit.

IN THE COURTS

#4 DISCRIMINATION: HIV-POSITIVE HOUSTON MAN SUES SCHOOL DISTRICT

Houston Independent School District officials are being sued in federal court for violating the Americans with Disabilities Act after they refused to hire a "qualified, highly regarded"

HIV-positive teacher in 1997, the Houston Chronicle reports. John Ellsworth was attempting to re-enter the workforce after battling HIV-related cancer. During his interview, he said he was "candid about his medical condition," and was asked to take an urban teaching test. Ellsworth taught in the district from 1985-1989, had since earned a master's degree and presented glowing recommendations from his previous supervisor. Nonetheless, he received a letter from the Houston school district "two months" after his interview stating he would not be hired "based on the information presented." Ellsworth said, "I've experienced quite a bit of discrimination since I was ill, but I didn't expect it after I got better and was able to go back to work. It's devastating."

EEOC DETERMINATION

Joan Erlich, director of the Equal Employment Opportunities Commission, determined that the Houston school district violated the ADA. "EEOC agency investigators said [district] officials stated they did not hire Ellsworth because he scored low on the urban teaching test," the Chronicle reports. "But Erlich said her investigation revealed that [the district] hired teachers who had scored lower than the cutoff score. She also noted that Ellsworth had proven he could be a successful urban teacher" by his previous work for the district. The Chronicle notes that Ellsworth was not hired in a year the district had 300 vacancies (Tedford, Houston Chronicle, 7/10). Click here for previous coverage of AIDS patients re-entering the workforce.

#5 HAART: SUPPRESSED HIV MAY STILL PRODUCE DEADLY PROTEIN

"Even 'dead' AIDS viruses that seem to be just quietly hanging around may actually be attacking the immune system," Reuters/Nando Times reports. Researchers at the University of California-Los Angeles School of Medicine, led by Dr. Irvin Chen, studied patients on highly active antiretroviral therapy (HAART), which prevents HIV from replicating live copies but still fails to "kill all the HIV." Researchers found that even some of the "dead" copies of HIV in HAART patients still manage to attach themselves to immune cells and release a toxic protein, called Vpr, which cripples immune cells. Chen said, "We were surprised to learn that the virus doesn't have to undergo an entire life cycle in order for Vpr to take effect. So the anti-HIV drugs may stop the virus from reproducing, but they can't stop these 'sterilized' copies from releasing Vpr and paralyzing the immune cells." To combat HIV, not only does replication have to be arrested, but the immune system must be reinvigorated. Chen said "Vpr makes this harder" by continuing to attack the immune cells. Moreover, this may explain why HIV rebounds so quickly after a patient stops taking HAART (Fox, Reuters/Nando Times, 7/10).

#6 RISK REDUCTION: PROGRAM ASSESSMENT MAY MISS KEY GROUPS

Limiting assessment of the success of HIV prevention programs to only those individuals who completed the program may be giving researchers an inaccurate picture, because the

individuals most at risk for HIV are likely to drop out in the early stages, according to a new study in the current issue of the American Journal of Public Health. The study found that HIV prevention programs for gay and bisexual men and mentally ill adults "lost significantly more younger participants," and those for gay and bisexual men lost more ethnic and racial "minorities, men with a history of injection drug use and those in stable primary relationships between the time they were recruited for the study and when the study began." The authors write that the "fact that younger participants ... bisexual men, minorities and injection drug users -- are more likely to drop out of prevention programs is problematic, because these are groups with high HIV incidence rates." Further, "[u]derrepresentation of participants with these demographic characteristics limits the generalizability of intervention outcomes to some key population segments especially vulnerable to HIV infection." They say the recruitment and retainment of "at-risk participants in HIV prevention trials can be enhanced by understanding motivations, barriers and other variables that influence participation (DiFranceisco et. al, American Journal of Public Health, July issue).

ACROSS THE NATION

#7 PEDIATRIC AIDS: DECREASED AIDS RATES THREATEN FLORIDA CENTER'S BUDGET

The Children's Place and Connor's Nursery, the only

pediatric AIDS treatment center in Palm Beach County, FL, could lose $439,541 in federal funding, and "could be forced to close half of its 20 beds" due in part to the plummeting pediatric AIDS rate. Only three HIV-positive babies were born in Palm Beach County last year. Susan Buza, chair of the committee that has recommended the cuts to the West Palm Beach City Commission, said that the increased use of AZT by pregnant mothers has decreased the number of HIV-infected babies from approximately 25 in previous years. The Ft. Lauderdale Sun-Sentinel reports that commission members feel salaries and administrative costs at the pediatric AIDS housing and treatment center "are too high compared to other agencies that house AIDS patients." Howard Olshansky, executive director for the nursery, defended its portion of the federal Housing Opportunities for Persons with AIDS grant by saying that agencies that treat children need to provide more supervision. The federal grant to the city was reduced from $3 million in 1997 to $2.4 million this year. He added that the center would "seek money from other sources if the City Commission approves the cut (Kestin, Ft. Lauderdale Sun-Sentinel, 7/12).

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. email	From Kathleen King to Todd Summers Re: Tx Access Meeting - Clearance Information Requested - Reply [Personally Identifiable Information] [partial] (1 page)	07/13/1998	b(6)

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

FOLDER TITLE:
[07/10/1998 - 07/22/1998]

2018-0758-F
jn563

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]

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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(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: Kathleen King (Kathleen King <KKing1@hcfa.gov> [UNKNOWN])

CREATION DATE/TIME:13-JUL-1998 13:28:23.00

SUBJECT: Tx Access Meeting - Clearance Information Requested -Reply

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

TEXT:
Kathleen M. King, (b)(6)

[004]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:13-JUL-1998 18:43:00.00

SUBJECT: Conference Calls

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

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

TO: Brad_L._Austin ("'Brad_L._Austin@oa.eop.gov'" <Brad_L._Austin@oa.eop.gov> [oa])
READ:UNKNOWN

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

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

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

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

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

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

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

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

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

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

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

TO: kinseyvi ("'kinseyvi@aol.com'" <kinseyvi@aol.com> [UNKNOWN])
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TO: lynnemc ("'lynnemc@aol.com'" <lynnemc@aol.com> [UNKNOWN])
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TO: miami2000 ("'miami2000@earthlink.net'" <miami2000@earthlink.net> [UNKNOWN])
READ:UNKNOWN

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CC: MURGUIA_M ("'MURGUIA_M@A1.EOP.GOV'" <MURGUIA_M@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

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

I'm back!

International Subcommittee Conference Call

A Conference Call for the International Subcommittee has been scheduled for

Tuesday,July 14 at 10:00 a.m. eastern time. The number to dial at 10 a.m.

is (888) 476-3752, and the participant code is 895494, the host code is

632944.

Services Subcommittee Conference Call

A Conference Call for the Services Subcommittee has been scheduled for

Wednesday, July 15 at 10:00 a.m. eastern time. The number to dial at 10

a.m. is (888) 232-0365, and the participant code is 217860, the host code

is

819552.

Prison Issues Subcommittee Conference Call

A Conference Call for the Prison Issues Subcommittee has been scheduled for Wednesday, July 15 at 11:00 a.m. eastern time. The number to dial at 11 a.m. is (888) 422-7101, and the participant code is 460626, the host code is
216760.

Racial and Ethnic Minority Populations Subcommittee Conference Call

A Conference Call for the Racial and Ethnic Minority Populations Subcommittee has been scheduled for Wednesday, July 15 at 3:00 p.m. eastern time. The number to dial at 3 p.m. is (888) 476-3752, and the participant code is 184426, the host code is 370689.

If you are not a member of any of these Subcommittees, but would like to be on the calls please contact me so I can add a line for you. I can be reached by phone at (301) 986- 4870, by fax at (301) 913-0351 and by e-mail at acb@s-3.com.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:13-JUL-1998 14:37:56.00

SUBJECT: NAACP and AIDS

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

TEXT:
I spoke to Liz Sumy, the Deputy CoS at HHS and David is going to call

Kevin Thurm about getting an answer for the VP for Thursday.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:13-JUL-1998 11:17:54.00

SUBJECT: RE: Prevention Cost-Efficacy Study

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

TEXT:
Todd: Hi! I just got back from a meeting in France on

Cost-effectiveness. I do not have the Geneva stuff as a paper quite

yet, but do have all the slides etc which lay out the analysis pretty

clearly -- could I fax those to you?? Also, I would LOVE to present

this stuff to OMB. Thanks!! David

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

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

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

> Sent: Monday, July 06, 1998 12:05 PM

> To: dyn6@cdc.gov

> Subject: Prevention Cost-Efficacy Study

>

> Hi David -

>

> Welcome back - do you have a published report on the cost-efficacy of

> prevention stuff you reported on in Geneva? I want to forward a copy

> to

> OMB. Also, would you be willing to present it to them if they're

> interested?

>

> Lemmie know!

>

> Todd

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:14-JUL-1998 17:42:00.00

SUBJECT: Executive Committee Conference Call

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

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

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

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

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

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

TO: hornor ("'hornor@hsc.usc.edu'" <hornor@hsc.usc.edu> [UNKNOWN])
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TO: isbell ("'isbell@hugheshubbard.com'" <isbell@hugheshubbard.com> [UNKNOWN])
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TO: lynnemc ("'lynnemc@aol.com'" <lynnemc@aol.com> [UNKNOWN])
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READ:UNKNOWN

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

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

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

TO: thenders ("'thenders@glo.state.tx.us'" <thenders@glo.state.tx.us> [UNKNOWN])
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TO: Sarah T. Holewinski (CN=Sarah T. Holewinski/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

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

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

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

CC: MURGUIA_M ("'MURGUIA_M@A1.EOP.GOV'" <MURGUIA_M@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TEXT:
Executive Committee Conference Call

Please Note: This call was listed as the last item on the Executive

Committee Minutes.

A conference call for the Executive Committee has been scheduled for

Friday,

July 17, at 10:00 a.m. eastern time. The number to dial at 10:00 a.m.

eastern time is 888-422-7132, and the participant code is 625423.

If you have any questions or concerns, I can be reached by phone at (301)

986-4870, by fax at (301) 913-0351 and by e-mail at acb@s-3.com.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:14-JUL-1998 13:43:04.00

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 14, 1998

ACROSS THE NATION

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#1 OREGON: Minorities Neglected in Anti-AIDS Efforts

#2 ALASKA: HIV/AIDS Statistics Are Misleading

#3 SAN FRANCISCO: Fundraising More Difficult As Demographics Shift

PUBLIC HEALTH & EDUCATION

==========

#4 KAISER PERMANENTE: Announces 63 AIDS Grants

MEDIA & SOCIETY

==========

#5 TEEN ISSUES: Magazine Will Offer Straight Talk

OPINIONMAKERS

==========

#6 NEEDLE SAFETY: Chronicle Backs Emergency Measure

#7 HIV INFECTION: Prevention Is Most Effective 'Treatment,' Says New York Post

ACROSS THE NATION

#1 OREGON: MINORITIES NEGLECTED IN ANTI-AIDS EFFORTS

The Multicultural HIV/AIDS Alliance of Oregon recently released the state's first study "to involve community members in an extensive exploration of barriers to HIV and AIDS prevention." The "Assessment of the Unmet HIV Prevention Needs of Communities of Color in Oregon" was designed to examine "how varying perceptions, misinformation, lack of information, slighted feelings, anxiety and fear of embarrassment can be barriers" to receiving HIV/AIDS prevention information and services. Survey respondents, who were "African-American and Hispanic/Latino men, women and youths," said that major barriers included the inaccessibility of health department services, "concerns about the way they were treated" and uncoordinated services. "This study is the voice of the people who are never at the table when decisions are made, when dollars are allocated," said Naghmeh Moshtael, executive director of the Multicultural HIV/AIDS Alliance.

THE FINDINGS

The Portland Oregonian reports that the study found most respondents "could identify sources of HIV information and knew the basics of safer sex practices." However, among the barriers to receiving services were a lack of racial diversity in HIV programs, a dearth of staff members who are themselves HIV-positive or recovering IV drug users, and an unwelcoming climate that discourages at-risk people from seeking information or testing. One study participant stated: "There is not proper training or education of employees and staff to deal with cultural diversity."

A SEAT AT THE TABLE

Recommendations from the study include: involving community members in designing programs for at-risk populations; developing an educational campaign that does not rely on reading ability; employing a more racially and linguistically diverse clinic workforce; providing HIV prevention information in more accessible, private places and publicizing a consistent message on the dangers of infection via oral sex. Several women also suggested incorporating HIV prevention efforts into prenatal and Women, Infants and Children services (Koglin, Portland Oregonian, 7/10).

#2 ALASKA: HIV/AIDS STATISTICS ARE MISLEADING

The Anchorage Daily News reports that although state Department of Epidemiology records say that annual AIDS deaths in Alaska dropped from 27 in 1991 to just four in 1996, a closer

look at the statistics reveal that 16 people actually died of AIDS in 1996. The Daily News reports that the disparity is due to "the way the state Department of Epidemiology keeps statistics." Specifically, Alaska records AIDS fatalities according to the year in which an individual was diagnosed, not the year in which he or she died. So, while 16 people actually died from AIDS in 1996, state statistics indicate that the number was four, because only four of the 16 were diagnosed that same year. Noel Rea, a state worker who tracks AIDS cases, said, "We count AIDS deaths that way to more accurately reflect the epidemiological profile of Alaska. It makes it easier to find out how many of the people that were diagnosed in 1995 are still alive."

INCOMPLETE HIV TRACKING

With regard to new HIV infections, the Daily News reports there is "no accurate data to indicate trends." Records indicate that, of the of the 15,000 individuals tested at the state lab in Fairbanks in 1997, only 32 tested positive for HIV, down from 50 in 1996. Rea said, however, "it's impossible to draw any conclusions from that data because not every doctor uses the state lab," since results take longer there than at private labs, which release results within 24 hours. Compounding the problem is the fact that private labs are not required to report HIV test results. However, the Department of Health and Social Services in January proposed changing regulations to require such labs to report HIV results. "It would give us a better picture of what's going on with the epidemic right now. ... If we have that

information, we can better target our HIV-prevention efforts." The change has not yet been approved by the state health commissioner (Anchorage Daily News, 7/14).

#3 SAN FRANCISCO: FUNDRAISING MORE DIFFICULT AS DEMOGRAPHICS SHIFT

The changing face of AIDS from white, gay and male to black, poor and female is posing problems for AIDS advocacy groups in California's East Bay area. The Contra Costa Times reports that the rising prevalence of HIV among poor and disenfranchised groups "seems to ... translate into less advocacy from community leaders, corporate donors and other bases of local power." AIDS awareness programs in the East Bay area are struggling to convey their prevention messages, while just across the bay, San Francisco political activists run well-funded information and service programs. When AIDS first emerged in San Francisco, the city's gay population was "well established" within the "corridors of power," and "political leaders and the medical community joined the effort to make AIDS a public health priority." San Francisco, which now has 25,494 cases of AIDS, "was soon regarded as an international model for how to respond to the crisis," the Contra Costa Times notes. But in nearby Alameda County, which reports 5,231 AIDS cases -- a majority of whom are minorities -- similar broad-based efforts have not emerged. Organized AIDS advocacy groups "still [don't] exist," according to Dr. Robert Scott, board president of the AIDS Project of the East Bay. "With the shift in the disease to a

poorer population, those are not people who are easily mobilized. We now have this marginalized patient base that we're serving," he said. The Contra Costa Times reports that the majority of the AIDS Project's 1,000 patients "scrape by on roughly $650 a month in AIDS-related disability payments. Ninety-five percent are black," and do not receive treatment until the disease has progressed to a critical stage. Most have a history of drug abuse. Amelia Funghi, a senior case manager at AIDS Project said, "The folks we see ... don't have friends who are going to get out and lobby or march, or even families who will take them in when they get sick. It's a cultural difference, not just about ethnicity; it's a culture of poverty."

FUNDING DISPARITY

The AIDS Project of the East Bay expects to raise around $25,000 this year from its largest fundraiser. By contrast, the AIDS Foundation of San Francisco anticipates raising "more than $3.5 million during the July 19 AIDS Walk." The San Francisco AIDS Foundation operates on a budget of $18 million per year, almost 80% of which comes from private donations, while across the bay the AIDS Project operates on one tenth of that -- only $1.8 million -- nearly all of which is subsidized by the government. The AIDS Project's fundraiser reportedly was "snubbed" by community and corporate leaders. "It's like yelling and no one's hearing you," said Robert Daniel, the group's event coordinator. He added, "The black community is being hit very, very hard. We've had clients in the hospital dying alone. In San Francisco, you're not stigmatized. (The stigma is) still

very alive and well in Oakland" (Mcmillan, Contra Costa Times, 7/12).

PUBLIC HEALTH & EDUCATION

#4 KAISER PERMANENTE: ANNOUNCES 63 AIDS GRANTS

HMO-giant Kaiser Permanente recently announced it will provide $200,000 in grants to 63 Southern California organizations that serve people with HIV/AIDS, primarily minorities and HIV-positive children, the Los Angeles Times reports. The recipient organizations will use the grant money to fund case management, public education, legal assistance, and food and transportation for seriously ill patients -- services that health insurance frequently does not cover. The grants range in size from $500 to more than $13,000. Six San Fernando Valley-focused groups and one Ventura county organization will accept the grants at a luncheon at Kaiser Permanente's Panorama City Medical Center on July 21 (Schultz, Los Angeles Times, 7/11).

MEDIA & SOCIETY

#5 TEEN ISSUES: MAGAZINE WILL OFFER STRAIGHT TALK

The first issue of Teen Talk, a magazine that addresses teens' concerns about HIV/AIDS, pregnancy, rape, drugs and sexual orientation, was distributed to high schools, middle schools,

churches and other organizations throughout the Washington, DC metro-area this spring by the Healthy Choices Program Youth Corps in Prince George's County, MD. One of the Healthy Choice Program's primary goals is to prevent the spread of HIV/AIDS among young people, the Washington Blade reports. The quarterly magazine "strives to be about neither defeating stereotypes nor promoting homophobia. Instead, it aims to reflect the real world." Teen Talk will feature articles "written primarily by young people for young people, and about issues important to young people," the Blade reports. Healthy Choices Program Director Kevin Bellamy said, "There is no topic that we will not address. We try to reach every population ... and our magazine is open to any youth who would like to write any article." The next issue will cover HIV and needle-exchange programs (Taylor, Washington Blade, 7/12).

OPINIONMAKERS

#6 NEEDLE SAFETY: CHRONICLE BACKS EMERGENCY MEASURE

An editorial in Sunday's San Francisco Chronicle says California lawmakers and Gov. Pete Wilson (R) "have a wonderful opportunity" to save health care workers' lives by passing a safe-needle bill. Sponsored by state Assemblywomen Carole Migden (D), AB 1208 would require the California Occupational Safety and Health Administration to "define safe needle devices and require employers to use them to help prevent accidental needle jabs that transmit contagious, deadly diseases like the AIDS virus and

hepatitis." And yet, the Chronicle notes, "those who should be leading the charge for safe needles" -- such as the California Healthcare Association --are contesting the bill, saying the issue needs to be studied further. The editorial argues that testing has already been done on the devices, and that it is not "difficult to test a few of the safety needles and choose one that works well."

CAL-OSHA BUREAUCRACY

Cal-OSHA has proposed regulations similar to those in Migden's bill, but the editorial contends that the "interminable Cal OSHA process and the uncertainty about whether its recommendations would be implemented argue for the assemblywoman's 'emergency' legislation." The editorial concludes: "A grindingly slow bureaucracy, a knee-jerk reaction by employers against anything that costs more money and greedy manufacturers have so far prevented" safety needles from being available, but "[s]peedy approval in the Senate and Assembly and Governor Wilson's signature on Migden's bill would put California on the map as a state that cares about the health and safety" of its health care workers (San Francisco Chronicle, 7/12).

#7 HIV INFECTION: PREVENTION IS MOST EFFECTIVE 'TREATMENT,' SAYS NEW YORK POST

An editorial in yesterday's New York Post assails AIDS activists for focusing disproportionately on pharmaceutical development in order to combat AIDS, at the expense of tempering risky behavior. The editors criticize gay activists for laying

the "burden of eliminating AIDS ... at the feet [of] scientists and drug companies," as well as the government, ignoring "the one prevention that really works: behavior." The editorial states that the AIDS lobby has engaged in propagating two major fallacies: that the U.S. government does not spend enough on the disease, which the editorial says statistics disprove; and that medical researchers are not diligent enough in searching for a cure, when the lobby "know[s] full well that AIDS has been the 'hot disease' in the 'ethical drug community' for a decade." The Post goes on to debunk the claim that AIDS is an "equal opportunity killer," stating that "it is patently not true that anyone can simply wake up one morning and discover he has AIDS." The spread of the disease to the heterosexual community by bisexual males "has been used as an excuse not to modify behavior -- as if a heterosexual couple is somehow equally at risk of contracting AIDS as a gay man in a bath house." The Post notes that the "constantly mutating" nature of HIV "suggests there may never be such a thing as a 'cure' for AIDS as long as people keep indulging in behaviors that cause it" (7/13).

==========

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

Kaiser Family Foundation by National Journal Group Inc.

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E-mail: report@kff.org

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-30-

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:14-JUL-1998 15:25:33.00

SUBJECT: Prisons

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

TEXT:
I WOULD LOVE TO KNOW WHAT IS GOING ON WITH TOMORROWS CALL!?!

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Kathleen King (Kathleen King <KKing1@hcfa.gov> [UNKNOWN])

CREATION DATE/TIME:14-JUL-1998 23:44:50.00

SUBJECT: Need report from HCFA tomorrow -Reply

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

TEXT:
I'm not sure we have much to report in the waiver dept, but I'll check.

On the

actuarial estimates, I'll ask for those as well, but I'm not sure the

actuaries

will have anything on that. I'll give you a status report on that

tomorrow.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:14-JUL-1998 20:45:00.00

SUBJECT: Services Subcommittee Conference Call

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TO: miami2000 ("'miami2000@earthlink.net'" <miami2000@earthlink.net> [UNKNOWN])
READ:UNKNOWN

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CC: MURGUIA_M ("'MURGUIA_M@A1.EOP.GOV'" <MURGUIA_M@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TEXT:
The Services Subcommittee Conference Call for tomorrow is CANCELLED...

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	07/14/1998	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:
[07/10/1998 - 07/22/1998]

2018-0758-F
jn563

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:14-JUL-1998 22:14:50.00

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

[005]

Date: 07-14-1998

Time: 18:13:15

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: OEOB472

Appointment Building: OEOB

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U80676

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

****

FUNSTON, ROBIN (b)(6)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. email	From Marsha Martin to Todd Summers Re: Tx Access Meeting - Clearance Information Requested [Personally Identifiable Information] [partial] (1 page)	07/15/1998	b(6)

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

FOLDER TITLE:
[07/10/1998 - 07/22/1998]

2018-0758-F
jn563

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)

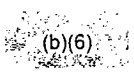
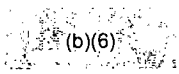
CREATOR: Marsha Martin (Marsha Martin <mmartin@os.dhhs.gov> [UNKNOWN])

CREATION DATE/TIME:15-JUL-1998 18:02:13.00

SUBJECT: re: Tx Access Meeting - Clearance Information Requested

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

TEXT:
Todd -- did I get cleared in to the meeting. Here's my info

DOB  SS#  Please clear me in.

[006]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:15-JUL-1998 15:47:41.00

SUBJECT: Re: S. 2266

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

TEXT:
Thanks for the bill -- and thanks for a goo presentation to the committee,

this morning.

-- Jeremy

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:15-JUL-1998 19:17:00.00

SUBJECT: Services Subcommittee Call

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TO: miami2000 ("'miami2000@earthlink.net'" <miami2000@earthlink.net> [UNKNOWN])
READ:UNKNOWN

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CC: MURGUIA_M ("'MURGUIA_M@A1.EOP.GOV'" <MURGUIA_M@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

CC: Robert_Soliz ("'Robert_Soliz@oa.eop.gov'" <Robert_Soliz@oa.eop.gov> [oa])
READ:UNKNOWN

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

Services Subcommittee Conference Call

A conference call for the Services Subcommittee has been scheduled for

Tuesday, July 21, at 10:00 a.m. eastern time. The number to dial at 10:00

a.m. eastern time is 888- 232-0365, and the participant code is 217860.

A reminder will be sent two days prior to the call.

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

call, please let me know so a line can be added for you, I can be reached

by

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

acb@s-3.com.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:15-JUL-1998 17:37:55.00

SUBJECT: Re: Today's Treatment Access Meeting - Agenda and Particip

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

TEXT:
Todd,

I have been pre-empted for a 3:00 meeting with Dr. Satcher to go over his recommendations to the SEcretary on CBC response. I am very sorry, it is crazy here today.

Deb

_____ Reply Separator

Subject: Today's Treatment Access Meeting - Agenda and Participant Li

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

Date: 7/15/98 9:45 AM

Here is a draft agenda for this afternoon's meeting, along with a list of participants. If there are others attending who require clearance, please call me ASAP at 456-2437.

Thanks, Todd

Treatment Access Workgroup

Agenda

July 15, 1998

Introductions

Purpose of Workgroup ? Sandra Thurman

Review of Information Provided ? Todd Summers

Perspective of the Secretary of HHS ? Marsha Martin

Work to Date

Health Care Financing Administration ? Nancy-Ann Minn Deparle

Health Care Resources Services Administration ? Joseph O?Neill

Analysis of Options ? Sandra Thurman and Dan Mendelson

Next Steps

List of Participants

Principals	Senior Staff
David Beier (Office of the Vice President)	Gordon Agress (OMB)
	Sarah Bianchi (White House)
Nancy-Ann Minn Deparle (HCFA)	Toby Donenfeld (Office of the Vice President)
Earl Fox (cannot attend) (HRSA)	
Eric Goosby (cannot attend) (HHS/OS)	Robin Funston (HHS/ASMB)
Chris Jennings (White House)	Kathy King (HRSA)
Marsha Martin (HHS/OS)	John Palenicek (HRSA)
Dan Mendelson (OMB)	Todd Summers (ONAP)
Joseph O?Neill (HRSA)	Richard Turman (OMB)
Sandra Thurman (ONAP)	Deborah vonZinkernagel (HHS/OS)

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:15-JUL-1998 15:46:48.00

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

First Notice of Conference Call

Tuesday, August 18, 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
   - ? Additions to the Agenda

2. ONAP Update
   - ? October National Prison Meeting

     [Note: PACHA will assist in follow-up on funding and concept issues.]
   - ? Kathleen Hawk Sawyer Meeting
   - ? November Site Visit
   - ? Interagency Meeting Follow Up
   - ? Youth Issues - World AIDS Day

3. Assessment Update
   - ? DoJ Activity
   - ? Council Activity

4. Committee Update
   - ? Youth
   - ? Native American
   - ? Task Force
   - ? State/Local Issues: St. Louis Program
   - ? S. 2266

5. Adjournment

Set Time/Date of Next Conference Call

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Steven Tierney (Steven Tierney <stierney@HiFy.com> [UNKNOWN])

CREATION DATE/TIME:15-JUL-1998 01:19:01.00

SUBJECT: Re: Health Conference

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

TEXT:
Hi Todd

have been trying to call you. I think your office number has

changed.

I think we can put together some interesting people to hold a good

and sensitive conversation with, a pre-meeting to a fuller discussion

DC. Let me know how I can help, if you are still coming to SF.

It will be good to see you.

Steven

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:15-JUL-1998 13:53:41.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Wednesday, July 15, 1998

ACROSS THE NATION

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#1 RURAL AMERICA: HIV-Infection Rate Rises In The Heartland

#2 FAMILIES AND AIDS: Minnesota Camp Offers 'Peace,

Acceptance'

CAMPAIGN '98

==========

#3 GEORGIA: Republican Gubernatorial Candidate Pushes

Abstinence

GLOBAL CHALLENGES

==========

#4 VACCINE: Baltimore Calls For North America To Continue

Quest

MEDIA & SOCIETY

==========

SCIENCE & MEDICINE

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OPINIONMAKERS

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ACROSS THE NATION

#1 RURAL AMERICA: HIV-INFECTION RATE RISES IN THE HEARTLAND

HIV and AIDS cases more than doubled in rural areas between 1991 and 1996, from 4.9 to 10.1 cases per 100,000 people, while HIV and AIDS cases have fallen steadily across the nation and in urban areas, the Centers for Disease Control and Prevention reports. Although HIV rates in cities are still much greater than in the country, "health officials say it's time to pay more

attention to rural residents," the Cincinnati Post reports. Randy Hertzer of the Ohio Department of Health said, "It began as an urban-centered disease and has filtered across the country ... it has slowly worked its way into the heartland." The increase in the HIV infection rate in rural America can be partially attributed to "[r]ural women trust[ing] their sex partners too much," according to a recent Indiana University study. The university's Rural Center for AIDS/STD Prevention study found that "rural, low-income women are far less likely than their city sisters to require condom use by male sexual partners and are more willing to believe their partners are HIV-negative." Indiana University researcher Richard Crosby said there is "an urgent need for HIV prevention programs for these women." The Post reports that "[f]or rural women, the relationship is frequently one of greater economic dependence than for city women." Crosby notes that "may account for rural women trusting their partner's sexual health without requiring proof of it, or the use of a condom" (Van Sant, Cincinnati Post, 7/14).

#2 FAMILIES AND AIDS: MINNESOTA CAMP OFFERS 'PEACE, ACCEPTANCE'

Sunday's AP/Minneapolis Star Tribune profiled Camp Benedict, a retreat on Minnesota's Trout Lake for families affected by HIV/AIDS. The camp, now in its third year, is so successful that organizers have extended the schedule by a week in August, and hope to hold additional sessions next year. A number of families "had to be turned away this summer." Approximately "twenty-four

adults and an equal number of children attended Camp Benedict in June," the Star Tribune reports. Topics explored in adult group sessions range "from health and legal issues to coping with grief and depression." Children's sessions "start with a frank discussion of what HIV/AIDS is." Camp activities also include more typical activities, such as water sports and games.

THE LITTLE THINGS

One homeless mother of five boys who learned she was HIV-positive last August said Camp Benedict's most important offering is "peace and solace." As her sons played basketball with other camp children, she said, "That is what is so important about this camp. For the kids to understand what HIV is and to be in a positive place. HIV/AIDS is a devastating thing, but life goes on. I've met a lot of people who are in the same predicament who have had it for 10 to 12 years. It gives me hope." Another HIV-positive mother, attending camp with her oldest daughter and six grandchildren, lost a son to AIDS in 1995 one year after she herself tested positive for HIV. She said, "This has taught me to recognize the small things. Up here, I can see the stars" (AP/Minneapolis Star Tribune, 7/12).

CAMPAIGN '98

#3 GEORGIA: REPUBLICAN GUBERNATORIAL CANDIDATE PUSHES ABSTINENCE

In a news conference last week, family activist and Georgia gubernatorial candidate Nancy Schaefer (R) promised an active

role in AIDS prevention, but emphasized that the "most effective" means to cope with the disease is "to teach abstinence until marriage." The Atlanta Journal reports that Schaefer appeared at the conference with the Genesis Network and Counseling Center as a means to "reach out to African-American voters." She also used the event to campaign against the state's controversial Teen Plus Clinics, which she says offer contraceptives and testing to children without parental permission -- at taxpayers' expense. Schaefer said, "The only hope for avoiding the risk of HIV/AIDS plus the many sexually transmitted diseases is for the single person to avoid sexual contact until they are involved with a lifelong, mutually monogamous, uninfected partner" (Walston/Helton, Atlanta Journal, 7/10).

GLOBAL CHALLENGES

#4 VACCINE: BALTIMORE CALLS FOR NORTH AMERICA TO CONTINUE QUEST

North America must continue the search for a vaccine to control AIDS, Dr. David Baltimore said on Saturday at an international meeting of 1,000 virologists in Vancouver, Canada. "The world has a responsibility to deal with this problem," said the Nobel prize winner, who is president of the California Institute of Technology and head of the National Institutes of Health's AIDS Vaccine Research Committee. "We can't leave it and say it's not a North American problem," he said told the American Society for Virology. Baltimore called the quest for an AIDS

vaccine the "greatest challenge" before virologists. No other programs for "will do anywhere near what vaccination would do," he added. Immunization against HIV "may not be possible," he said, but added that even a vaccine that "slowed the development of the disease" would be valuable (Moore, CP/ Cnews, 7/13).

MEDIA & SOCIETY

#5 EXODUS: CONSERVATIVE RELIGIOUS COALITION LAUNCHES MEDIA BLITZ

"A broad coalition of conservative religious groups is launching a new high-profile campaign against homosexuality," including its link to AIDS education in today's Washington Post reports. Exodus' campaign marks a continuation of the religious right's "long-standing crusade" against homosexuality, this time characterized by "an unprecedented degree of unity and coordination," the Post notes. The group is accompanying its "intensive Capitol Hill lobbying and new fund-raising appeals" with a series of full-page ads in national newspapers (Rosin/Edsall, 7/15). One ad, appearing in today's USA Today, features minister and professional football player Reggie White, who has been harshly criticized for recent public remarks critical of homosexuality. The ad's headline reads, "In defense of free speech," and the ad text quotes White: "I've been called homophobic. I've been called stupid. I've been called unintelligent, and I've been called a nigger by so-called gay

activists." The text of the ad reads, "Without a free and open debate on homosexuality, we might never have learned ... how activists have misused AIDS funding to promote homosexuality in elementary-age school kids" (7/15). The Post reports that members of the coalition say the campaign was "inspired by Senate Majority Leader Trent Lott's recent remarks comparing homosexuals to alcoholics, kleptomaniacs and sex addicts." The comments brought swift criticism from "both the White House and gay rights groups, and prompted jitters in a Republican party anxious about taking on the issue" (Washington Post, 7/15).

SCIENCE & MEDICINE

#6 SCHIZOPHRENIA: PATIENTS AT HIGH RISK OF HIV INFECTION

Schizophrenics are at "higher risk than most people" of contracting HIV and require "special protection," two researchers write in the current edition of the National Institute of Mental Health's Schizophrenia Bulletin. University of Charlottesville psychologist Irving Gottesman and graduate student Carol Groome said their review of dozens of studies provides "strong evidence" that persons with schizophrenia are at higher risk for HIV infection. The "high incidence" of homosexuality, substance abuse, prostitution and homelessness among schizophrenics often places them in risky situations, the researchers wrote, and their frequently disadvantaged socioeconomic status puts them in "contact with known high-risk populations." Schizophrenics' "naivete" and "negligence toward personal safety and health"

further increase their chance of infection, the researchers said (Reuters/Nando Times, 7/13).

OPINIONMAKERS

#7 NEEDLE EXCHANGE: COLUMNIST TAKES CLINTON'S SIDE

President Clinton has been "clunky and uncomfortable on all matters relating to AIDS and drugs and gays" throughout his presidency, writes Laurence Cohen, a senior fellow at the Yankee Institute for Public Policy Studies. Writing in Sunday's Hartford Courant, Cohen admits, however, that he shares Clinton's ambivalence on one policy that encompasses all three of the issues: federal funding for needle-exchange programs. The final word on the issue from the White House is that needle exchanges are "a very good idea, but ... the administration [won't] support federal funding." That stance, which Cohen calls "a chicken-hearted tap dance," drew criticism from all sides -- "anti-drug types, who don't want to coddle addicts ... libertarian types, who don't think it's the government's business what you stick in your arm ... Republicans, who can't stand it when Clinton successfully dodges tough questions and ... left-wing Democrats, who believe that druggies and gays ... are a core constituency."

YOU GET WHAT YOU PAY FOR

Cohen says public health research on the issue is unconvincing because the data is "based in large part on self-reporting by addicts who barely know their own names, let alone precise details of their personal hygiene and patterns of

abuse." And, Cohen notes, the government gets what it pays for. As federal spending ballooned" to serve various groups, "a growing army of afflicted emerged to soak up the benefits." Cohen concludes: "It kills me to say it, but I'm sort of sympathetic to the Clinton waffle on all this. Should it be national policy to coddle and congratulate drug addicts for their stellar public service in advancing the cause of clean needles? That's sort of revolting. Should public health professionals continue their local experiments as an AIDS-reduction strategy? I wouldn't march in the streets to oppose it" (Hartford Courant, 7/12).

#8 MEDI-CAL: MERCURY NEWS SAYS PROGRAM SHOULD COVER HIV PATIENTS

Now that there are good treatments for HIV-infected people, "it makes sense to shift focus to helping prevent HIV from advancing to AIDS for as long as possible," argues an editorial in yesterday's San Jose Mercury News. A few years ago when there was no treatment for HIV, it made sense for only people in the late stages of AIDS to be covered by Medi-Cal, California's health program for the poor and disabled. However, "[i]n the long run," extending Medi-Cal coverage to HIV-positive people "would save money" by keeping "these people among the tax-paying population while a cure is sought." Medi-Cal coverage would also guarantee these people have access to protease inhibitors, thus helping to "reduce transmission of the virus" -- a boon for the uninfected population also, the editorial notes.

LONG-TERM PROBLEM, LONG-TERM SOLUTION

While the editorial concedes that extending Medi-Cal coverage to HIV-infected Californians would cost $118 million annually -- "$59 million from the state and the rest from Washington" -- the piece contends "a purely money-saving rationale is short-sighted as well as inhumane." They assert: "We're not taking about building a new freeway. We're talking about people's lives." They write that extending Medi-Cal would save money in the long-term because "aggressive treatment now of HIV ... means individuals working and being productive for many more years." The piece advocates passage of state Assemblywoman Dion Aroner's (D) bill that would extend Medi-Cal to cover HIV (AB 2762). "We recognize the administration's cost concerns, but we also recognize what's at stake for the many people who are and will be HIV-positive and whose only hope is a drug regimen. .. We urge the Legislature, Gov. Wilson and his administration and Washington to work together, rather than against each other, to find a way to ensure these people a chance to live" the editorial concludes (San Jose Mercury News7/14).

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-30-

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Creation Date: 1998-07-15

Subject: Returned mail: Cannot send message for 4 hours

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-JUL-1998 08:39:35.00

SUBJECT:

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

TEXT:
To: ANSLEY (Pager) #JONES

cc:

From: Todd A. Summers

Date: 7/16/1998

Time: 08:33:53

Subject:

Body:

Please have Sandy Thurman page Todd Summers with her fax number on AF2

Priority:

Message history for recipient ANSLEY JONES [Pager]

Thursday 16 Jul 1998 08:38:39 Eastern Standard Time - Message received

by Pager Gateway

Thursday 16 Jul 1998 08:39:14 Eastern Standard Time - Message received

by Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-JUL-1998 16:34:30.00

SUBJECT: AIDS Action's State of AIDS breakfast on July 21st...

TO: Adam Chrisney ("Adam Chrisney (E-mail)" <adam_chrisney@d'amato.senate.gov> [UNKNOWN])
READ:UNKNOWN

TO: Angela Vincent ("Angela Vincent (E-mail)" <Angela.Vincent@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Anne M Murphy ("Anne M Murphy (E-mail)" <anne_marie_murphy@durbin.senate.gov> [UNKNOWN])
READ:UNKNOWN

TO: Catriona MacDonald ("Catriona MacDonald (E-mail)" <cat.macdonald@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Chai Feldblum ("Chai Feldblum (E-mail)" <feldblum@law.georgetown.edu> [UNKNOWN])
READ:UNKNOWN

TO: Christina Hamilton ("Christina Hamilton (E-mail)" <christina.hamilton@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Clifton Cortez ("Clifton Cortez (E-mail)" <ccortez@usaid.gov> [UNKNOWN])
READ:UNKNOWN

TO: David Bartel ("David Bartel (E-mail)" <david.bartel@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: David Flanders ("David Flanders (E-mail)" <david.flanders@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

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

TO: Eric Goosby ("Eric Goosby (E-mail)" <Egoosby@osophs.dhhs.gov> [UNKNOWN])
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TO: Erin Prangley ("Erin Prangley (E-mail)" <USHouse^ErinPrangley@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Jennice Fuentes ("Jennice Fuentes (E-mail)" <jennice.fuentes@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Jenny Luray ("Jenny Luray (E-mail)" <jenny.luray@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Jon Traub ("Jon Traub (E-mail)" <jon.traub@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Kimberly Miller ("Kimberly Miller (E-mail)" <kimberly.miller@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Larry Gostin ("Larry Gostin (E-mail)" <gostin@law.georgetown.edu> [UNKNOWN])
READ:UNKNOWN

TO: Leo Coco ("Leo Coco (E-mail)" <leo.coco@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

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

TO: Maggie Whitney ("Maggie Whitney (E-mail)" <Margaret_Whitney@leahy.senate.gov> [UNKNOWN])
READ:UNKNOWN

TO: Mara Guarducci ("Mara Guarducci (E-mail)" <mara.guarducci@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Marcia Martin ("Marcia Martin (E-mail)" <mmartin@os.dhhs.gov> [UNKNOWN])
READ:UNKNOWN

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

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

TO: Selena Walsh ("Selena Walsh (E-mail)" <selena.walsh@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

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

TO: Steve Steele ("Steve Steele (E-mail)" <steven.steele@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Suanna Bruinooge ("Suanna Bruinooge (E-mail)" <suanna.bruinooge@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Terri Schroeder ("Terri Schroeder (E-mail)" <terri.schroeder@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Todd Atkinson ("Todd Atkinson (E-mail)" <todd_atkinson@moseley-braun.senate.gov> [UNKNOWN])
READ:UNKNOWN

TO: Todd Tuten ("Todd Tuten (E-mail)" <todd.tuten@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Tom Keaney ("Tom Keaney (E-mail)" <tom.keaney@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Tony McCann ("Tony McCann (E-mail)" <tony.mccann@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Victor Castillo ("Victor Castillo (E-mail)" <victor.castillo@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Vince Willmore ("Vince Willmore (E-mail)" <vince.willmore@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

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

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

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

CC: Dickerson, Sara ("Dickerson, Sara" <SDickerson@AIDSAction.org> [UNKNOWN])
READ:UNKNOWN

TEXT:
I would like to invite you to our State of AIDS interactive breakfast on

Tuesday, July 21st. The theme of this year's program is prevention.

The breakfast will highlight findings from recent focus groups and

polling regarding voter's attitudes on HIV/AIDS commissioned by AIDS

Action, new data and priorities from the Centers for Disease Control and

Prevention (CDC), and a new prevention initiative developed by AIDS

Action. Please arrive as close to 8 a.m. as possible. The venue of

the event is the George Hotel at 15 "E" St. NW.

Let me know if you plan to attend. gracias jca

Julio C Abreu

Legislative Representative

Government Affairs

202-986-1300 x3021

jabreu@aidsaction.org

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-JUL-1998 14:28:54.00

SUBJECT: Fwd: US Dept of State

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

TO: Carolyn.Bartholomew (Carolyn.Bartholomew@mail.house.gov [UNKNOWN])
READ:UNKNOWN

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

TO: clubinski (clubinski@aidsaction.org [UNKNOWN])
READ:UNKNOWN

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

TO: cowals (cowals@who.ch [UNKNOWN])
READ:UNKNOWN

TO: danielt (danielt@hsph.harvard.edu [UNKNOWN])
READ:UNKNOWN

TO: dharvey (dharvey@aidspolicycenter.org [UNKNOWN])
READ:UNKNOWN

TO: dzingale (dzingale@aidsaction.org [UNKNOWN])
READ:UNKNOWN

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

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

TO: michael.merson (michael.merson@yale.edu [UNKNOWN])
READ:UNKNOWN

TO: mmaldona (mmaldona@nmac.org [UNKNOWN])
READ:UNKNOWN

TO: ncihaids (ncihaids@ncihaids.org [UNKNOWN])
READ:UNKNOWN

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

TO: pfleming (pfleming@erols.com [UNKNOWN])
READ:UNKNOWN

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

TO: pnorick (pnorick@icrw.org [UNKNOWN])
READ:UNKNOWN

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

TO: Senator (senator@feinstein.senate.gov [UNKNOWN])
READ:UNKNOWN

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

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

TEXT:
fyi

Return-path: <BigBob411@aol.com>

Date: Wed, 15 Jul 1998 01:08:40 EDT

From: BigBob411@aol.com

Subject: US Dept of State

To: GlobalAIDS@aol.com, ncihaids@ncihaids.org, Cowals@UNAIDS.org,

pdelay@usaid.gov, heymannd@who.ch, ABarrer@aol.com

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

Friends:

Background: The State Department had an "International Strategy on

HIV/AIDS"

issued in July 1995. The Strategy was an interagency effort led by the

Dept

of State, but with input from HHS, Defense, Commerce, Education, Labor, Justice, as well as USAID, Peace Corps, the intelligence community, and the National AIDS Policy Director. Apparently, over twenty NGO representatives and others from the AIDS activist community, health service providers, business community, and PWAs also participated. To say the least, it was a very comprehensive and ambitious effort.

Issue: The Strategy was developed based upon 1994 information and data. The Strategy stated: "HIV/AIDS is a long-term problem requiring a long-term commitment. The present Strategy should therefore be considered a long-term foreign policy framework supported by a near-term set of action items. As the present pandemic changes, and as we learn more about successful approaches to combat HIV/AIDS, our overall strategy and action plan should change accordingly. The Strategy should be viewed as a dynamic and flexible document, to be reviewed and revised as appropriate and at least biennially. The State Department will monitor progress toward reaching the goals outlined in the present Strategy."

Past Action: I had read the Strategy, but knew, even with my limited knowledge, that the Strategy had failed and that the US was not providing the

necessary global leadership. As Chair of the International Committee, in February of 1997, I wrote to Tim Wirth, then the Undersecretary for Global Affairs, and requested a progress report on the 1995 two year plan, and a status report on the development of the 1997 plan. Mr. Wirth responded on March 21, 1997, and stated that an "in- depth analysis" would be undertaken "later this summer" regarding progress on the strategies and goals. He also stated that "[F]ollowing that assessment, we will convene the relevant agencies and interested communities which assisted in the development of the original strategy to make course corrections..."

In November of 1997 Scott Hitt followed-up with another letter of inquiry, and learned that the assessment had not begun due to the lack of staff to undertake it. Without an analysis of the successes or failures of the 1995 Strategy, no new strategy was being developed.

In December 1997, the entire Advisory Council issued its Annual Report and expressed its disapointment at the failure of the State Department to conduct the evaluation of the successes and failures of the 1995 International Strategy on HIV/AIDS.

Recent Action: Nancy Carter Foster, Director of the Office of Emerging Infectious Diseases and HIV/AIDS and David Wagner, Presidential Management Intern of her office appeared at the recent International Committee

meeting.

{Due to weather in D.C. and the flight curfew, my plane was cancelled and I was unable to attend the meeting.} I am advised that a tentative schedule to complete the analysis and develop a new Strategy was presented. I am told that the Committee/PACHA and NGOs were to be invited to meet and give input this July. I haven't heard about any meetings being scheduled or held. It also ppears that the only person responsible for such a critical process is Mr. Wagner.

Needed Action: I am advised that there is not presently an Undersecretary for Global Affairs. Given the description of everyone involved in the development of the 1995 Strategy, I find it hard to believe that all of this responsibility has been placed at the feet of an "intern". While I don't mean to be critical of Mr. Wagner, whom I don't know and haven't met, I would have expected some sort of "task force" would have been created to conduct the review and analysis of the Strategy's failures and successes; and some Blue Ribbon Commission to help develop a new strategy taking into account the current state of the pandemic and in light of the current science of HIV/AIDS.

The International Committee and the PACHA has decided, as one of its

efforts over the next 12 months, to ensure that the analysis is properly completed and a new strategy developed. WE NEED YOUR HELP.

While we push from our position, we believe it is essential that all of you take appropriate and effective actions to encourage the analysis to occur immediately, and ensure that it is thorough and well-founded. We need to work to get the process in place and rolling for the development of a new Strategy.

We are not guaranteed that the next Administration is going to be any more sensitive to the global pandemic, so a new plan must be in place before the next election. Given recent scientific and medical developments, the new Strategy could lead to some rather effective actions by the United States. Secretary Albright must become engaged in the issues of global AIDS.

This means communicating with the State Department, the White House, other NGOs and international organizations, and members of Congress. We need to pursue these actions in a coordinated manner by keeping each other informed of actions taken and responses received. If any of you have any information on these issues, please let me know. I would appreciate any ideas or input on what can be done to accomplish these goals. A CURRENT STRATEGY, BASED ON THE APPARENT FAILURES OF THE LAST STRATEGY, WOULD LIKELY INCLUDE INCREASED

FUNDING

FOR USAID, a common goal of all of us.

The International Committee will have a Conference call on July 29th at 10:30 am Eastern time to discuss the subject, what we all know, and come to a

consensus as to how we will get this done. I will be in touch, or the ONAP office will, to let you know about the call-in codes.

Please let me know your thoughts and ideas in advance of the conference call

, as well as yout availability to participate in the conference call.

I look forward to hearing from you soon. Thanks for your help. Bob Fogel

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-JUL-1998 08:19:38.00

SUBJECT:

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

TEXT:
To: PHILLIP (Pager) #DUFOUR

cc:

From: Todd A. Summers

Date: 7/16/1998

Time: 08:13:58

Subject:

Body:

Please call Todd Summers at 6-2444.

Priority:

Message history for recipient PHILLIP DUFOUR [Pager]

Thursday 16 Jul 1998 08:18:42 Eastern Standard Time - Message received

by Pager Gateway

Thursday 16 Jul 1998 08:19:19 Eastern Standard Time - Message received

by Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: BigBob411 (BigBob411@aol.com [UNKNOWN])

CREATION DATE/TIME:16-JUL-1998 04:25:33.00

SUBJECT: Re: Put their mouth where their money should be

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

TEXT:
Todd: I grew up in Northampton, 10 minutes from Springfield, and I assure

you

that given the decision by the WH that NEPs are good and should be pursued

on

a local level, there is a place and a need for a Dr. Satcher or Sandy

Thurman

or Todd Summers to weigh in and support those who are trying to establish

the

program, notwithstanding what the Republican State AIDS director thinks or

says. The Administration is on record in support of NEPs and I would be

most

interested to hear what the Springfield NEP supporters think of some

support

from HHS, CDC, and ONAP. Please advise. Bob

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-JUL-1998 07:23:13.00

SUBJECT:

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

TEXT:
To: 4249 @ WHCA

cc:

From: Todd A. Summers

Date: 7/16/1998

Time: 07:17:42

Subject:

Body:

Call Todd at 6-2444

Priority:

Message history for recipient SANDY THURMAN [Pager]

Thursday 16 Jul 1998 07:22:26 Eastern Standard Time - Message received

by Pager Gateway

Thursday 16 Jul 1998 07:22:59 Eastern Standard Time - Message received

by Paging Service

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

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

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

Collection: 2007-0143-F Seg 2

Bucket: OPD

Creation Date: 1998-07-16

Subject: Patients' Bill of Rights Act

Creator: Andersen, Amy Andersen, Amy <AAndersen@AIDSAction.org> [UNKNOWN]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-JUL-1998 12:28:33.00

SUBJECT: RE: Patient Bill of Rights

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

CC: Andersen, Amy ("Andersen, Amy" <AAndersen@AIDSAction.org> [UNKNOWN])
READ:UNKNOWN

TEXT:
yep. amy andersen on our staff is very much involved.

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

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

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

>Sent: Thursday, July 16, 1998 7:11 AM

>To:Zingale, Daniel

>Subject: Patient Bill of Rights

>

>Are you all working on this??

>

>(See attached file: TPJULY15.WPD)

> << File: TPJULY15.WPD >>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-JUL-1998 13:51:59.00

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 16, 1998

POLITICS & POLICY

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#1 NEEDLE EXCHANGE: Cincinnati AIDS Consortium Recommends Program

PUBLIC HEALTH & EDUCATION

==========

#2 AIDS CLEARINGHOUSE: Center Opens With Expanded Mission

ACROSS THE NATION

==========

#3 PHILADELPHIA: Community Housing Project For AIDS Patients Opens

IN THE COURTS

==========

#4 CALIFORNIA: Judge Orders DMV To Issue 'HIV POS' License Plate

SCIENCE & MEDICINE

==========

#5 CONDOMS: CDC Study Finds Usage Problems

#6 PHARMACOTHERAPY: Training Program Aimed At Pharmacists

POLITICS & POLICY

#1 NEEDLE EXCHANGE: CINCINNATI AIDS CONSORTIUM RECOMMENDS PROGRAM

A group of Cincinnati AIDS service providers Tuesday unanimously recommended that the city adopt a needle-exchange program. The Cincinnati Enquirer reports that the Greater Cincinnati AIDS Consortium, the area's "leading group of AIDS experts," released a statement saying it "supports the availability of needle-exchange programs which include adherence to public health and infection control guidelines, access for referral to treatment and rehabilitation services and education about the transmission of HIV disease." The Enquirer reports that "[c]onsortium members said the next step is to increase advocacy efforts for a needle-exchange program, including pushing for changes in drug paraphernalia laws in the interest of public

health." The group cited statistics from the National Commission on AIDS that 32% of adult and 71% of female HIV transmissions in the U.S. are related to intravenous drug use. The Enquirer notes there is "heavy political opposition" to a needle-exchange program, and the Cincinnati Health Department "has been reluctant to launch" one, "citing a lack of community support, lack of urgent need and conflicts with state law banning the distribution of drug paraphernalia." City Councilman Charlie Winburn has vowed "to block use of any city money or outside funds" for a needle-exchange program (Bonfield, Cincinnati Enquirer, 7/15).

PUBLIC HEALTH & EDUCATION

#2 AIDS CLEARINGHOUSE: CENTER OPENS WITH EXPANDED MISSION

The National Prevention Information Network (NPIN) opens a new clearinghouse today for information on HIV/AIDS, sexually transmitted diseases and tuberculosis. The NPIN center replaces the Centers for Disease Control and Prevention's National AIDS Clearinghouse (Reuters/JAMA HIV/AIDS, 7/15). In February, the CDC awarded Durham, NC-based Analytical Sciences Inc. a 5-year, $33 million contract to expand and operate the clearinghouse. The center will provide "comprehensive" searchable databases on HIV/AIDS, STDs and TB, and will offer information on community resources and funding. The clearinghouse also will offer more than 800 free publications. Services are available in person, by mail, fax, e-mail, telephone and on the Internet.

GRAND OPENING

Sandra Thurman, director of the White House Office on National AIDS Policy, and Dr. Warner Greene, director of the Gladstone Institute of Virology and Immunology in California, will speak today at an open house at NPIN's offices in Silver Spring, MD. NPIN Project Director Jesse Milan said, "We are providing a point of access that has never been available before." She added that the new service is significant because AIDS experts have "recently emphasized the need to coordinate education and treatment efforts for all three diseases" (Analytical Sciences Inc. release, 7/14).

ACROSS THE NATION

#3 PHILADELPHIA: COMMUNITY HOUSING PROJECT FOR AIDS PATIENTS OPENS

AIDS patients and their families will be able to live together in Philadelphia's newly opened 20-unit House of Hope, the Philadelphia Inquirer reports. Residents with AIDS "from poor backgrounds who can no longer live independently" will receive housing subsidies and have access to doctors and nurses from the "Albert Einstein Medical Center and social workers from the Asociacion De Puertorriquenos En Marcha (APM)," according to APM Deputy Executive Director Marta Sierra. House of Hope is the city's "only bilingual permanent housing project for lower-income people with AIDS and their families." The federal government awarded APM approximately $1.4 million to develop the housing project and private foundations also provided funding, the

Inquirer notes. The project's goal is to provide appropriate medical support services onsite, so that "residents will be less likely to enter hospitals, nursing homes, or other, more expensive medical settings." Project manager Marcos Vidak "said family members would stay with their relatives and care for them, while medical staff and a social worker would be available throughout the day." House of Hope is one of 21 similar Housing and Urban Development projects nationwide. HUD reports that it has disbursed $17.67 million in grants for similar projects since 1995. Tenants will begin moving into the House of Hope in mid-August (Shimoli, Philadelphia Inquirer, 7/15).

IN THE COURTS

#4 CALIFORNIA: JUDGE ORDERS DMV TO ISSUE 'HIV POS' LICENSE PLATE

A U.S. District judge ruled Tuesday that the California Department of Motor Vehicles discriminated in refusing to issue a license plate reading "HIV POS" to 40-year-old Kevin Dimmick, who is HIV positive, the AP/Contra Costa Times reports. The department rejected Dimmick's 1996 application, contending that disclosing confidential medical information was not "a proper state function" and that the plate would be "contrary to good taste in the same way that racial, ethnic and religious slurs are offensive." But federal Judge Susan Illston noted that the state has allowed plates saying "CANCER," "ALZHIMR" and "ADDICTD," as well as "END HIV." She said, "Unlike racial, ethnic and

religious slurs, there is nothing inherently offensive about declaring that one is infected with HIV." Dimmick, who founded a support group for HIV-positive heterosexuals, said he had hoped the plate would ease the stigma associated with the disease. The judge, however, rejected Dimmick's request for $5 million in damages based on his discrimination claim that the department "intentionally inflicted emotional distress" on him (Egelko, AP/Contra Costa Times, 7/15).

SCIENCE & MEDICINE

#5 CONDOMS: CDC STUDY FINDS USAGE PROBLEMS

Using condoms incorrectly or having problems while using them appears to be common, "even among men who are experienced with condoms, according to a survey of students at two Georgia universities." Headed by Dr. John Williamson, a team from the Centers for Disease Control and Prevention interviewed 47 male students on condom use. The students, aged 18 to 29, had been using condoms for an average of 5.8 years and all had used a condom in the preceding month. Problems -- such as breakage, slippage or failure to keep the condom on throughout intercourse -- were reported by the men surveyed in at least 13% of condom uses. The most commonly cited error, which occurred in 13% of the 270 reported uses, was putting on a condom inside out then flipping it over and using it. "In the last month, 33% of consistent users were potentially exposed to risks of infection," the researchers wrote in the journal Sexually Transmitted

Diseases. "Moreover, one of every 10 condoms used by these men resulted in a potential transmission risk." The researchers advocate education campaigns and more explicit package inserts, "acknowledging that problems with condoms may occur" (Reuters/Pathfinder, 7/14).

#6 PHARMACOTHERAPY: TRAINING PROGRAM AIMED AT PHARMACISTS

In an effort to provide better pharmaceutical care, improve patient outcomes and overall quality of life for HIV/AIDS patients, a "pharmacotherapy traineeship" is being developed by the American Society of Consultant Pharmacists. The objective of the 5-day program is to provide pharmacists with extensive information on the diagnosis, symptoms, evaluation, treatment and management of HIV/AIDS and its many complications. The symposium also offers exposure to a large number of persons suffering from HIV/AIDS, and experiential training in evaluating and monitoring the symptoms and the progression of the disease and the effects of drug therapy. The program is important because pharmacists are in a unique position to positively impact the natural course of HIV/AIDS as new and more complex treatments become available, ASCP said. Aimed at all pharmacists regardless of practice setting, the program will combine teaching with experiential training. ASCP received unrestricted educational funding for the training program from DuPont Pharma (ASCP release, 7/2)

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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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-30-

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Andersen, Amy ("Andersen, Amy" <AAndersen@AIDSAction.org> [UNKNOWN])

CREATION DATE/TIME:17-JUL-1998 15:14:48.00

SUBJECT: RE: Patients' Bill of Rights Act

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

TEXT:
No need to clarify, Todd. I hope I wasn't too snippy in my email! I

know we're all working toward the same goals. I just wanted to provide

you with a little more detail on our activities in case you get asked

any questions.

Hope to see you at the State of AIDS Forum next week!

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

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

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

>Sent: Friday, July 17, 1998 9:56 AM

>To:Andersen, Amy

>Subject: RE: Patients' Bill of Rights Act

>

>just to be clear, I'm not criticizing here - I'm just passing along a

>comment/question to which I didn't know how to respond. I know all of the

>groups have been supportive - I just wanted to make sure that they're

>active - and it seems as if they are!

>

>Todd

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Andersen, Amy ("Andersen, Amy" <AAndersen@AIDSAction.org> [UNKNOWN])

CREATION DATE/TIME:17-JUL-1998 12:57:09.00

SUBJECT: RE: Patients' Bill of Rights Act

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

TEXT:
All I can tell you is that we are making a lot of noise on this issue --

even through grassroots. AIDS Action, NAPWA, HRC, and NORA

organizations are fully engaged. In my mind, most of the challenges

that people living with HIV/AIDS face under managed care are simply the

same challenges faced by other chronically ill and disabled populations.

If you were queried about the AIDS communities input by folks in the

Administration, please note that we have been on board from the start --

providing input to the Quality Commission, Dem. Leadership, etc.

Frankly, many of the Hill targets identified by the Patients' Bill of

Rights coalition are conservative to moderate R's with whom we don't

carry much influence.

If you have any specific thoughts about how the AIDS community in

particular could help move this forward, please share them. We are

committed to moving this agenda forward.

Thanks for keeping me in the loop, Todd.

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

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

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

>Sent: Thursday, July 16, 1998 7:09 PM

>To:Andersen, Amy

>Subject: Re: Patients' Bill of Rights Act

>

>I was asked why the "AIDS groups" weren't making a lot of noise about

this,

>so I was trying to find out what's happening. Seems like we're at a

>critical juncture here and volume is helpful!

>

>Todd

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: MAILER-DAEMON (MAILER-DAEMON@usaid.gov [UNKNOWN])

CREATION DATE/TIME:17-JUL-1998 16:32:33.00

SUBJECT: Undeliverable Message

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

TEXT:
To: <GlobalAIDS@aol.com>,<BigBob411@aol.com>

Cc: <vcb3@cdc.gov>,<Carolyn.Bartholomew@mail.house.gov>

<sburden@macfdn.org>,<chris.collins@mail.house.gov>

<cowals@who.ch>,<edaniels@osophs.dhhs.gov>

<pdelay@usaid.gov>,<pfleming@erols.com>

<EGoosby@osophs.dhhs.gov>,<dharvey@aidspolicycenter.org>

<clubinski@aidsaction.org>,<mmaldona@nmac.org>

<michael.merson@yale.edu>,<ncihaids@ncihaids.org>

<pnorick@icrw.org>,<BabaluAye@aol.com>

<senator@feinstein.senate.gov>,<danielt@hsph.harvard.edu>

<thurman_s@a1.eop.gov>,<PhillTracy@aol.com>

<dzingale@aidsaction.org>,<Daniel_C._Montoya@opd.eop.gov>

Subject: Re: Fwd: US Dept of State

Message not delivered to recipients below. Press F1 for help with VNM

error codes.

VNM3043: Paul Delay@G.PHN.HN@AIDW

VNM3043 -- MAILBOX IS FULL

The message cannot be delivered because the recipient's mailbox contains the maximum number of messages, as set by the system administrator. The recipient must delete some messages before any other messages can be delivered.

The maximum message limit for a user's mailbox is 10,000. The default message limit is 1000 messages. Administrators can set message limits using the Mailbox Settings function available in the Manage User menu (MUSER).

When a user's mailbox reaches the limit, the user must delete some of the messages before the mailbox can accept any more incoming messages.

---------- Original Message Follows ----------

Thank you for sharing the note from Bob. I am not sure if he is speaking on his own behalf, of the International Committee, or of the Council as a whole. His interest in the issue, and the completion of a revised strategy by the State Department, is appreciated. There have been a series of meetings sponsored by Nancy Carter-Foster to review the current plan and offer suggestions for its revision. Constructive suggestions are welcome. Nancy can be reached through (202) 647-4824. Copies of any written recommendations can be sent to me (736 Jackson Place, WDC 20503).

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Merson, Michael H. ("Merson, Michael H." <MersonMH@MASPO1.MAS.YALE.EDU> [UNKNOWN])

CREATION DATE/TIME:17-JUL-1998 14:18:00.00

SUBJECT: RE: Re: Fwd: US Dept of State

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

TEXT:
*** Email Auto-Notification ***

My computer is in receipt of your recent email. However, I will be away from my office from July 17-29, and thus unable to personally reply until then. While I am away, Marjorie Scorey will periodically check my emails and reply where appropriate.

Please bring urgent matters to the attention of Birgit Kieft by calling 203-785-2867, or emailing to birgit.kieft@yale.edu

Thank you.

Michael H. Merson, M.D.

Dean of Public Health

Yale University School of Medicine

60 College Street, Room 210

New Haven, CT 06520

tel: 203-785-2867

fax: 203-785-6103

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Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. email	From David Harvey to Todd Summers Re: Fwd: US Dept of State [personal] [partial] (1 page)	07/17/1998	b(6)

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

FOLDER TITLE:
[07/10/1998 - 07/22/1998]

2018-0758-F
jn563

RESTRICTION CODES

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P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: David Harvey (David Harvey <dharvey@aidspolicycenter.org> [UNKNOWN])

CREATION DATE/TIME:17-JUL-1998 21:14:04.00

SUBJECT: Re: Fwd: US Dept of State

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

TEXT:
I am very embarrased about your reimbursement check, Todd. If have to cut

the check myself, you will have it on Monday. I will courier it over to

you.

Got your phone call. (b)(6)

(b)(6)

[007]

Let's talk on Monday.

David

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

> To: GlobalAIDS@aol.com; BigBob411@aol.com

> Cc: vcb3@cdc.gov; Carolyn.Bartholomew@mail.house.gov; sburden@macfdn.org;

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michael.merson@yale.edu; ncihaids@ncihaids.org; pnorick@icrw.org;

BabaluAye@aol.com; senator@feinstein.senate.gov; danielt@hsph.harvard.edu;

thurman_s@a1.eop.gov; PhillTracy@aol.com; dzingale@aidsaction.org;

Daniel_C._Montoya@opd.eop.gov

> Subject: Re: Fwd: US Dept of State

> Date: Friday, July 17, 1998 10:07 AM

>

> Thank you for sharing the note from Bob. I am not sure if he is speaking

> on his own behalf, of the International Committee, or of the Council as a

> whole. His interest in the issue, and the completion of a revised

strategy

> by the State Department, is appreciated. There have been a series of

> meetings sponsored by Nancy Carter-Foster to review the current plan and

> offer suggestions for its revision. Constructive suggestions are

welcome.

> Nancy can be reached through (202) 647-4824. Copies of any written

> recommendations can be sent to me (736 Jackson Place, WDC 20503).

>

> Todd

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:17-JUL-1998 13:42:34.00

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/

Friday, July 17, 1998

POLITICS & POLICY

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#1 NEEDLE-EXCHANGE: New Study Shows Most Americans Disapprove

SCIENCE & MEDICINE

==========

#2 SYPHILIS: Researchers Map Bacterium Genome

#3 TRANSPLANTS: Pig Thymus Could Boost HIV Patients' Immune System

#4 CERVICAL CANCER: HIV, Non-HIV Patients Have Same Risk Factors

PUBLIC HEALTH & EDUCATION

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#5 PHILADELPHIA: Wistar Program Pairs Research And Treatment

GLOBAL CHALLENGES

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#6 SOUTH AFRICA: Group Objects To Sale Of Home-Test Kits

OPINIONMAKERS

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#7 NAACP: Strong Reactions To 'Call For Action'

#8 HIV REPORTING: Courant Op-Ed Calls For Change In CT Policy

POLITICS & POLICY

#1 NEEDLE-EXCHANGE: NEW STUDY SHOWS MOST AMERICANS DISAPPROVE

The results are out for a Family Research Council survey of public views concerning needle-exchange programs. The council commissioned the poll of 1,000 registered voters last summer following the endorsement of needle-exchange programs by the American Medical Association, the National Urban League and the American Public Health Association. Results:

o Sixty-two percent of those polled said they oppose needle-exchange programs, and almost half "strongly opposed" them.

o Almost 60% of respondents do not approve of the government giving needles to addicts, and believe that there are "better ways to slow the spread of AIDS."

- Fifty-six percent said they "believe that government-funded needle-exchange programs represent official government endorsement of drug use.
- Ninety-four percent of black voters indicated "concern" about the impact of needle-exchange programs in their neighborhoods.
- One hundred percent of black male voters polled were concerned about the "public health hazard due to discarded needles and the increased crime and drug use that could result from a needle exchange."
- When offered several choices of "advice" they might offer to their Member of Congress concerning drug policy -- "fund needle-exchange programs because they might help some addicts, fund needle-exchange programs but give condoms away with every free needle, or stop free needle programs and focus on abstinence and drug rehabilitation instead -- 55% chose the latter.

Click here for more.

MCCAFFREY IN THE NETHERLANDS

In related news, "outspoken" drug czar General Barry McCaffrey stopped in the Netherlands yesterday during his eight-day tour of European cities' drug programs, the New York Times reports. He visited a pilot program in Rotterdam where addicts are given free heroin (and sterile needles) in an effort to reduce their exposure to HIV. The Times reports that "the general clearly disapproved of such projects," also underway in some German and Swiss cities, among others. "Supplying heroin

may reduce crimes and AIDS rates, he said, but the users remain addicts, marginalized from society and, perhaps, discouraged from joining methadone programs" (Simons, New York Times, 7/17).

SCIENCE & MEDICINE

#2 SYPHILIS: RESEARCHERS MAP BACTERIUM GENOME

Scientists have cracked the genetic code of the syphilis bacterium, known as Treponema pallidum, bringing new hope to efforts to create better treatments, diagnostics and perhaps even a vaccine, according to a report in Science. In addition to causing "widespread epidemics" that are "a major case of illness and death around the world," the bacterium produces syphilitic lesions that put people at much "higher risk for HIV infection" (BBC News, 7/16). USA Today reports that although syphilis cases in the U.S. are at an all-time low of 11,000 per year, it is still considered "one of the most fearsome germs known," capable of attacking the brain and the heart over the course of its "prolonged and shifting onslaught" (USA Today, Sternberg, 7/17). According to Dr. George Weinstock, leader of the gene mapping study, "The genome sequence represents an encyclopedia of information on this elusive bacterium," which, the BBC News reports, is difficult to keep "alive in the laboratory long enough to work on a vaccine or better treatments" (7/16).

VACCINE IN SIGHT

Dr. Claire Fraser of the Institute for Genomic Research in Rockville, MD, said that although the bacterium is "a small

organism, it's got a very sophisticated set of instructions" that drive the "baffling" course of the disease which "can lie low in a latent form ... reactivate, and infect organs ranging from the genitals to the brain" (Reuters/Boston Globe, 7/17). Fraser said that if the knowledge gained from the syphilis genome could produce a vaccine, it "would be a boon to the goal, which I don't think is at all unreal, of eradicating syphilis in the U.S." (Carpenter, Richmond Times-Dispatch, 7/17).

#3 TRANSPLANTS: PIG THYMUS COULD BOOST HIV PATIENTS' IMMUNE SYSTEM

Pig tissue surgically grafted into the bodies of HIV-infected people could boost their immune systems, Canadian scientist Dr. Megan Sykes said at a recent medical transplant conference in Montreal. Sykes has developed a way to make pigs' thymus glands "generate human immune-boosting cells," restoring some of the disease-fighting mechanisms that are wiped out when human thymus gland function is damaged by HIV infection. Because the thymus gland in HIV-positive people does not properly produce new infection-battling T-cells, "the old ones that are destroyed are not properly replaced," the Toronto Star reports. Sykes said "the human T-cells generated by the pig's gland could, theoretically at least, restore a highly functioning immune system to AIDS patients." And, in "a double dose of good news," a pig's thymus gland is resistant to the AIDS virus, unlike a human thymus. Sykes would not say when "pig-to-human thymus transplants" would be attempted, but she "confirmed that she had

been successful in inducing pig-human thymus grafts to generate human T-cells in mice." Initial experiments on mice showed no rejection response when the pig thymus was surgically grafted, so "[i]f the theory holds for humans, transplant recipients of the future wouldn't need any immuno-suppressive drugs, which often have highly toxic side effects," Sykes said (Bragg, Toronto Star, 7/14).

#4 CERVICAL CANCER: HIV, NON-HIV PATIENTS HAVE SAME RISK FACTORS

The "major predictors" of cervical cancer for HIV-positive women are the same as for women who are not infected with the virus, but the HIV-positive patients are "more likely to have advanced disease," according to a new study. Dr. Rachael Fruchter and colleagues at the State University of New York Science Center at Brooklyn reviewed cases of 28 HIV-positive and 132 HIV-negative women with invasive cervical cancer. They found that 78% of the women in the HIV group had a disease progression ranging from stage II to stage IV, compared to 55% of HIV-negative women. However, the "significant predictors" of advanced disease -- "lack of a recent Pap smear and symptom duration" -- were the same regardless of their HIV status. The findings appear in the July 1 issue of the Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology.

DISEASE PROGRESSION

The researchers believe that the women with HIV became infected after their cancer began spreading. They point out that

advances in antiviral therapies may extend the survival of many HIV-positive women, thus increasing the need to control cervical cancer in this population (Reuters/JAMA HIV/AIDS, 7/15).

PUBLIC HEALTH & EDUCATION

#5 PHILADELPHIA: WISTAR PROGRAM PAIRS RESEARCH AND TREATMENT

The Wistar Institute is heading a unique local Philadelphia-area program that "simultaneously advances scientific discovery and promotes public health." Under the Wistar-Philadelphia FIGHT HIV-1 Partnership Program for Basic Research, low-income AIDS patients participate in scientific research in return for clinical care, counseling and contact with support groups. Since the program's inception, about 490 AIDS patients have helped scientists investigate the mechanisms of HIV infection and explore new treatments. Program participants, predominately black and homeless, have met with Wistar scientists and discussed AIDS policy with guest speakers. Patients receive care at the Jonathan Lax Immune Disorders Center, opened by Philadelphia FIGHT in 1997. The program is funded primarily through private donations. Wistar is a National Cancer Institute center (Wistar Institute release, 7/16).

GLOBAL CHALLENGES

#6 SOUTH AFRICA: GROUP OBJECTS TO SALE OF HOME-TEST KITS

The AIDS Law Project (ALP) on Wednesday asked South African

Health Minister Nkosazana Zuma to intervene in the sale of" a new home HIV testing kit. "Uncontrolled" distribution of the test would be "potentially disastrous," the group said in a statement. "The South African Law Commission has recently recommended that HIV testing be done only after proper pre-test counseling," the statement said. If the government does not step in, "tens of thousands of people" would learn their HIV status "without having any idea how to live with the diagnosis." Some people reportedly have committed suicide after being told they are HIV positive, the group said.

FOR SALE

EGI, the marketer of the tests, intends to sell the kit "within the next year," according to press reports. The test is thought to be 97% accurate. "Such kits would be of use in a controlled environment," ALP said, "particularly in health care facilities in under-resourced areas that do not have access to standard HIV testing" (African National Congress, 7/16).

OPINIONMAKERS

#7 NAACP: STRONG REACTIONS TO 'CALL FOR ACTION'

Newsday editorial board member Joseph Dolman yesterday penned some "friendly advice" to National Association for the Advancement of Colored People CEO Kweisi Mfume, who earlier this week advocated "an outright street protest" to draw attention to the HIV/AIDS crisis among black Americans. Dolman's advice? "Forget about it fellow. It's an old tactic and here's what we

now know: The virus is immune to all manner of speeches, chants, marches and threats." Speaking at the annual NAACP conference in Atlanta, Mfume criticized what he called the "absolute silence of the government" and many activists on the topic. Dolman writes, "Absolute silence? [Helen] Gayle and her compatriots at the [Centers for Disease Control and Prevention] have just about preached themselves hoarse on this subject over the years." At the 12th World AIDS Conference two weeks ago in Geneva, Gayle called reporters' attention to the fact that African Americans and Hispanics account for 66% of reported AIDS cases, and blacks alone comprise 40% -- "more than any other racial or ethnic group." Dolman writes, "Here is the really frustrating part: Street action will not force scientists to develop a vaccine any faster -- nor will it scare them into discovering a cure." He notes that "[g]ay activists took the civil-disobedience tactic about as far as it could go a few years ago," obtaining increases in funding and media attention. As for "the 'silence' of the public sector," Dolman writes, "how do you explain the recent announcement by Glaxo Wellcome and other pharmaceutical giants that they will knock off prices -- by as much as 75% -- on expensive new AIDS-stopping drugs that developing nations can't afford?"

IT'S ALL ABOUT BEHAVIOR

Dolman writes, "As America's gay community has shown, the rate of HIV infections can be reduced. But the disease won't recede until the people most vulnerable to it give up the kind of behavior that puts them at risk. This means drug injection as

well as unprotected sex -- especially unprotected sex with numerous partners." He notes that "women -- who are far more vulnerable to heterosexual HIV transmission than men -- must have the right to insist that their partners use condoms."

MAKE A DIFFERENCE

Dolman concludes, "If the NAACP wants to make a real difference, it should monitor state health departments to make sure they are offering strong HIV testing and treatment programs. It should make sure that all Americans -- regardless of income -- have access to" costly new therapies (Newsday, 7/16).

NAACP APPROACH IS WARRANTED

Under the header "NAACP takes appropriate aim at killer," Trevor Coleman of the Detroit Free Press uses a string of shocking statistics to defend the NAACP's stepped-up rhetoric. He notes that African Americans comprise just 13% of the U.S. population, they account for 57% of the nation's AIDS cases. AIDS is the leading cause of death among black Americans ages 25-44. By the year 2000, 125,000 American children will be orphaned by AIDS, more than 80% of which will be black and Latino, according to a recent study by the United Hospital Fund of New York.

ACTIVISTS IN AGREEMENT

Coleman writes that NAACP Board Chairman Julian Bond said "the disease has become so devastating ... in black communities, that we thought it was time to step up the pressure." Rev. Calvin Butts, the "cerebral, soft-spoken pastor of the world famous Abyssinian Baptist Church in Harlem" at a break in the

Atlanta conference called AIDS "a continuation of a conspiracy to destroy black folks, and some of the main architects are some of the most vociferous about limiting the resources to fight AIDS and deliver health care while increasing the resources to lock people up." Grayling Brannon, a Jacksonville, FL-based attorney and NAACP official, said the group's priorities are on target: "this particular disease is having a dreaded and enormous impact on our community, and if we are to progress and go forward, then we must educate our community. Besides, civil rights is of very little value when you are not here" (Coleman, Detroit Free Press, 7/16).

#8 HIV REPORTING: COURANT OP-ED CALLS FOR CHANGE IN CT POLICY

An op-ed piece in yesterday's Hartford Courant demands that Connecticut begin mandatory names reporting of new HIV cases to "get a better handle on who and how many people are infected with the HIV virus." Columnist Vivian Martin says state officials began instituting such a policy before it was held up by "[k]nee-jerk cries about breaches of confidentiality," which "drowned out the bigger issue of saving lives." Since then, she says, there has been "a lot of unnecessary back-and-forth" between AIDS activists and health officials "for a decision that would be obvious to anyone who can read between the numbers." The Centers for Disease Control and Prevention estimates that the number of HIV-positive people in Connecticut is between 12,000 and 15,000, but an exact count is impossible, as the state currently onlycollects data from public testing and counseling sites. Martin suggests that Connecticut look to the example of New Jersey,

which has a similarly high share of its AIDS cases coming from intravenous drug use by heterosexuals. "New Jersey has a better handle on the transmission of the virus than Connecticut because it has made the reporting of HIV cases mandatory since 1991," allowing it to "identify about 25,000 of the 40,000 to 50,000 residents estimated to be infected." Martin notes that this policy has not led to less testing, as AIDS activists assert, but rather gave the CDC an important heads up on the changing nature of the epidemic. She concludes: "To get full accounting of the identity of those diagnosed HIV-positive, the state must begin requiring all physicians and other health care workers to report diagnoses. ... There isn't much left for Connecticut to debate" (Martin, Hartford Courant, 7/16).

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-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: BigBob411 (BigBob411@aol.com [UNKNOWN])

CREATION DATE/TIME:17-JUL-1998 03:08:51.00

SUBJECT: Re: Put their mouth where their money should be

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

TEXT:
Also, ya gotta remember, that I was anti NEP when I first heard about it,

and

so I can relate to the kneejerk anti NEP people. But with a little thought

and insight, even my most conservative friends buy into NEPs with substance

abuse treatment connections. So, if you/ONAP/DC are perceived as liberal

supporters of drug addicts, then YES, you won't help. But a moderate like

me

could be of assistance, and I bet you have a few like me in HHS or CDC, who

can come off as moderates, but wisely recognizing the ultimate life and

cost

saving aspects of NEPs while moving some IDUs into treatment programs. I

sell

that spin all the time. Bob

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. email	From BigBob411@aol.com to Todd Summers Re: Put their mouth where their money should be [personal] [partial] (1 page)	07/17/1998	b(6)

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

FOLDER TITLE:
[07/10/1998 - 07/22/1998]

2018-0758-F
jn563

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
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RR. Document will be reviewed upon request.

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

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: BigBob411 (BigBob411@aol.com [UNKNOWN])

CREATION DATE/TIME:17-JUL-1998 03:01:07.00

SUBJECT: Re: Put their mouth where their money should be

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

TEXT:

[008]

But, please explain why it would be more hurt than help to intervene?

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:20-JUL-1998 20:53:47.00

SUBJECT: Message status - undeliverable

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

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

rsorian (user not found)

Information about your message:

Subject: Revised and Expanded Q & A on AIDS Issues

Message-Id: <85256647.007016EB.00@lngate3.eop.gov>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:20-JUL-1998 13:49:06.00

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, July 20, 1998

POLITICS & POLICY

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#1 NAMES-BASED REPORTING: CDC Pushing For Controversial System

#2 FAUCI: Discusses 'The Changing Face of AIDS' In On-Line
Forum

PUBLIC HEALTH & EDUCATION

==========

#3 NEW YORK CITY: Many Addicts Avoid Protease Inhibitors

GLOBAL CHALLENGES

==========

#4 FRANCE: Top Officials To Be Tried For Infected Blood

#5 CANADA: AIDS Patients Want Better Treatments

OPINIONMAKERS

==========

#6 MEDICAID COVERAGE: 'Too Simple For Its Time'?

POLITICS & POLICY

#1 NAMES-BASED REPORTING: CDC PUSHING FOR CONTROVERSIAL SYSTEM

"High-ranking officials" from the Centers for Disease Control and Prevention are "crisscrossing the country lobbying state health officials to report the names of people who test positive for the AIDS virus," the Boston Globe reports. The federal policy on whether to use names or codes for tracking the spread of HIV remains "in limbo," despite pressure on the Clinton administration from various factions in the last year. But AIDS advocates and state health officials, who characterize the CDC visits as "proselytizing," say the federal agency has "made clear its preference" for a national database using names. Roughly 30 states require names-based reporting. About half a dozen -- including Massachusetts -- are creating coded systems. Some states remain undecided and still others with policies are "reconsidering" them. An "implicit endorsement" from the CDC could "tip the scales" toward using names, the Globe reports.

CDC SAYS IT'S GIVING ONLY TECHNICAL POINTERS

Kevin De Cock, director of the CDC's HIV/AIDS prevention division, said the agency has "restrained" its discussion to the

"technical aspects of how we gather quality data." He said, "I hope we haven't given the impression of inflexibility." De Cock added that there may be alternatives to names-based reporting, but the agency has found "scant evidence" that coded systems work. CDC studies of coded systems in Maryland and Texas found them "flawed," a conclusion that Maryland health officials dispute. AIDS health care providers are deeply concerned that some people will delay or avoid HIV testing if "they believe their name would end up on a government list." Daniel Zingale, executive director of AIDS Action, a network of 2,400 AIDS service providers, said "some of the people" who need testing most urgently "have little faith in government" (Palmer, Boston Globe, 7/19).

#2 FAUCI: DISCUSSES 'THE CHANGING FACE OF AIDS' IN ON-LINE FORUM

On Friday, PBS hosted Dr. Anthony Fauci, director of the National Institute of Allergy and Infections Diseases, in an online question-and-answer session to address emerging concerns about AIDS research funding and shifting perceptions about the disease. Dr. Fauci directed his responses to five questions:

- o Complacency: A participant asked whether the fact that "the disease is relatively under control" in the U.S. is affecting public interest and funding for AIDS. Fauci confirmed that Americans "are, I fear, becoming a 'bit too comfortable.'" He noted, however, that the complacency is largely unjustified, as the nation still sees an

"unacceptably high" rate of 40,000 new HIV infections each year and as current treatments "are plagued by substantial toxicities and the inevitable development of drug resistance."

- o Vaccine research: Fauci addressed one participant's concern that an experimental vaccine using a live-attenuated, weakened, HIV-like virus has been found to cause AIDS-like symptoms in monkeys. Fauci noted that while the findings do "suggest that live-attenuated HIV vaccines as currently designed would not be safe for humans," the findings do not affect other vaccine approaches currently being pursued.
- o Third World vaccine research: A participant asked whether testing HIV vaccines in the Third World "uses" people in those countries as "guinea pigs." Fauci responded that the UNAIDS program has developed ethical guidelines that "reinforce the importance of obtaining individual informed consent from all trial participants." The guidelines also offer standards for counseling and prevention for all participants, as well as treatment and care for participants who become infected while enrolled in the trial. Fauci noted that the intent is that "countries taking part in the trials should be among the first to benefit from the availability of a vaccine."
- o Vaccine research at the expense of drug therapies?: Fauci notes that NIH has placed "strong emphasis on developing an AIDS vaccine" and that the Clinton administration increased FY '99 funding for such research to $179.9 million -- almost

18% over FY '98 levels. However, Fauci states that "these efforts will not come at the expense of any other category of AIDS spending." FY '99 funding for research into drug therapies will increase 5.2% over FY '98, to almost $482 million.

- o Are drug therapies becoming obsolete?: On the recent emergence of drug-resistent HIV strains, Fauci contended that antiretroviral drugs' success in slowing HIV replication provides "more, not less, incentive" for drug development. He notes that scientists are working on several approaches to overcoming drug resistance, including increased drug potency, better adherence to regimens (omitting doses "is a recipe for inducing drug resistance"), and new drugs that target phases other than replication during the viral life cycle.

For information on vaccine development efforts currently underway, click www.niaid.nih.gov.research/jordan.pdf (PBS Online NewsHour, 7/17).

PUBLIC HEALTH & EDUCATION

#3 NEW YORK CITY: MANY ADDICTS AVOID PROTEASE INHIBITORS

Many HIV-positive drug addicts in New York City are avoiding protease inhibitors because of the widespread belief that the powerful drugs dilute the effects of methadone. It is estimated that half of the 200,000 intravenous drug users in New York City are HIV-positive, and with some 10% to 15% enrolled in methadone

treatment, the impact could be widespread, the New York Times reports. There is no scientific evidence on the impact of protease inhibitors on methadone, and doctors, AIDS experts and patient advocates disagree over how much the addicts' fears may be based on fact. "Some treatment specialists suggest that addicts' multiple health problems play a more dominant role than" do protease inhibitors, but the fact that many in this hard-to-reach population -- which in recent years has been fueling the growth of the AIDS epidemic -- are avoiding treatment is troubling. Experts warn that "[i]f the epidemic is ever to be stemmed ... it is critical to collect more scientific information on the interaction between protease inhibitors and other drugs, including methadone, heroin and other street drugs." A study is currently underway to examine the methadone-protease inhibitor combination more closely (Richardson, New York Times, 7/19).

GLOBAL CHALLENGES

#4 FRANCE: TOP OFFICIALS TO BE TRIED FOR INFECTED BLOOD

Former French Prime Minister and current speaker of the French Parliament Laurent Fabius and two former cabinet members were ordered Friday to stand trial on charges of manslaughter for the deaths of hundreds of patients who in 1985 received blood tainted with the AIDS virus (Whitney, New York Times, 7/18). Some 1,250 people, mostly hemophiliacs, were infected with HIV from government blood supplies while Fabius, former Social Affairs Minister Georgina Dufoix and former Health Minister

Edmond Herve were in office. More than 400 of the victims have since died, in what has been called France's "worst public health scandal" (Chonghaile, Reuters/Washington Times, 7/18). Families of the patients charge that the government delayed introduction of an American blood test to enable France's Pasteur Institute to develop a competing test. Approximately 30 health and blood bank officials have been convicted in connection with the incident (BBC News, 7/17). Victims' groups "welcomed" the news but were unhappy that the charges were reduced to manslaughter from complicity to poisoning. Fabius said he is confident that "truth will prevail" (Reuters/Washington Times, 7/18).

#5 CANADA: AIDS PATIENTS WANT BETTER TREATMENTS

The Canadian AIDS Society yesterday called for the Canadian government to speed up approval for new HIV/AIDS drugs that are widely available in the United States, the AP/Minneapolis Star-Tribune reports. The group "said the government should "concentrat[e] on reducing the spread of infection through dirty needles rather than on criminal prosecution" in its approach to heroin and other illegal drugs. "How many Canadians will have to die before the Health Protection Branch will begin to do its job?" AIDS activist Janet Conners asked. Acknowledging concerns, a spokesman for Health Minister Allan Rock said that a "meeting of federal drug regulators, drug companies and AIDS victims will be convened to discuss the issue next month" (AP/Minneapolis Star-Tribune, 7/16).

#6 MEDICAID COVERAGE: 'TOO SIMPLE FOR ITS TIME'?

Writing in support of extending full Medicaid coverage to HIV-infected individuals, POZ columnist Dave Gilden satirically remarks that it "is an idea too simple for its time." He points out that HIV combination therapy "promises to stabilize the disease for many," while "[a]t the same time, these drugs are expensive, and exacerbate the crisis in our nation's patchwork system of health care." He asks: "We want people to stay healthy, yet who will pay for years of antivirals?" Medicaid would provide better "overall medical management" for HIV patients than state-run AIDS Drug Assistance Programs (ADAPs), he states. Yet, the federal government continuously underfunds these programs, thereby "encourag[ing] improper use of antivirals and increas[ing] the likelihood of drug failure." Gilden derisively notes that "in Washington, you can only save a life if you save a dollar," He writes that U.S. health department actuaries concluded that in the short term, Medicaid coverage for HIV "would be too costly." Of course, he says. The implication, Gilden points out, is that if left untreated over the long term, HIV positive individuals simply die. "More valid assumptions -- for example, using a 10-year time frame -- might drastically alter the financial outlook," he avers.

ALTERNATE ROUTE, SAME DEAD END

When Vice President Al Gore's proposal to extend Medicaid was shot down in 1997, states were allowed to "apply for waivers

to add extra Medicaid coverage for HIV, so long as they promise to foot any extra bills." Gilden writes: "At best," those states would constitute "demonstration projects showing how a comprehensive approach to early HIV care would work." So far, only Massachusetts has applied and Florida, Mississippi and Maine are likely to follow suit, he says. The demonstration projects would "provide solid data on the demand for such programs and the required initial layout." Their "comprehensive nature" would allow a physician to gauge needed treatment, thereby "accelerat[ing] medical research by tracking the outcome of various therapeutic strategies." Gilden concludes that lawmakers can "quibble forever" about benefits of funding early treatment, but for now, we are faced with "such imponderables as the rate of disease progression despite the drugs and future costs of caring for those who get AIDS" (Gilman, Poz, 6/18).

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

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-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-JUL-1998 02:03:38.00

SUBJECT: Fwd: Activists Urge More AIDS Prevention

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

TEXT:
In a message dated 7/20/98 5:01:53 PM Eastern Daylight Time, AOL News

writes:

<< Secret Service agents arrested 10 other AIDS activists who briefly

chained

themselves to desks in the office of President Clinton's top AIDS adviser

to

protest the administration's refusal to allow federal funding of needle

exchange programs. >>

Return-path: <AOLNews@aol.com>

Date: Mon, 20 Jul 1998 17:01:53 EDT

From: AOLNews@aol.com

Subject: Activists Urge More AIDS Prevention

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

Activists Urge More AIDS Prevention

.c The Associated Press

By LAURAN NEERGAARD

WASHINGTON (AP) - Demanding millions more for HIV prevention and televised condom ads, AIDS activists said Monday the nation has slacked off vital efforts to keep Americans - especially young people - from catching the AIDS virus.

Saving lives isn't the only issue. At least 40,000 Americans every year catch the deadly virus, half of whom the government estimates are under age 25. They add $6.2 billion in lifetime treatment costs to the nation's health care bill, the Centers for Disease Control and Prevention announced Monday.

The CDC hasn't won a budget increase to fight new infections in three years, and research suggests some people most at risk of HIV have become complacent, activists said. Two-thirds of gay men say they've had unsafe sex at least once in the last 18 months, concluded one study presented at last month's World AIDS Conference.

``AIDS drugs cost $40 a day'' and do not cure the disease, said Daniel Zingale

of AIDS Action. ``This condom costs 40 cents. Our plan today will not only save lives, it would save dollars."

Secret Service agents arrested 10 other AIDS activists who briefly chained themselves to desks in the office of President Clinton's top AIDS adviser to protest the administration's refusal to allow federal funding of needle exchange programs.

Experts say 33 people every day catch HIV from dirty drug needles or sex with addicts. Scientific studies show letting addicts swap used needles for clean ones lowers the risk of HIV's spread. Some 110 U.S. needle exchanges operate with local or private funding, but communities say they need federal tax dollars to reach more addicts. But Clinton sidestepped a political fight by refusing in April to provide such federal aid.

``To have the United States government play politics with people's lives - it's just not OK anymore," said Kenneth Vail, who runs a needle exchange program in Cleveland and was among those arrested. ``I see on a daily basis people being turned away, and they go out and use dirty needles and contract the virus."

AIDS Action brought together public health officials and AIDS workers

Monday

to call for new HIV prevention programs that could act as a ``virtual AIDS vaccine.'' The main demand was a 25 percent increase in the CDC's $634 million

budget for AIDS education and other HIV prevention programs.

Congress has added millions to government programs that pay for drugs for AIDS

patients, but increasing AIDS education and prevention money significantly is

considered a tougher fight. AIDS activists particularly worry that a new conservative campaign against homosexuality will hurt their efforts.

HIV infects across-the-board, Dr. Helene Gayle, CDC's AIDS chief, said Monday.

Some 26 percent of HIV-infected young people caught the virus through heterosexual intercourse, Gayle said. ``If people in leadership positions care

about the future of this nation, you've got to care about HIV prevention,'' she said.

Activists also called for:

TV networks that air programs rated ``S'' for sexual content to also allow condom ads to air during those programs.

Doctors, clinics and hospitals to begin using a new 10-minute HIV test

immediately. An older test takes about a week to get results, and thousands of Americans who get tested each year never return to learn if they're infected.

People who don't know they are infected can unknowingly spread HIV to others.

AIDS education to reach more teen-agers by creating an AIDS prevention web site that links to popular teen Internet sites.

CDC to launch a new campaign to persuade more people at risk to get tested. An estimated 50,000 people in New York State have HIV and don't know it, says a computer model by Gay Men's Health Crisis.

AP-NY-07-20-98 1656EDT

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

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-JUL-1998 18:00:21.00

SUBJECT: Re: NY Times article on protest

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

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

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

TEXT:
better piece in usa today w/ cool photo of our Girl!

Whatever happened with letter to Times?

Love from IVG land.

-Jeff

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-JUL-1998 14:07:29.00

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 21, 1998

POLITICS & POLICY

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#1 PATIENT IDENTIFIERS: AIDS Group Sees Pros And Cons

#2 NEEDLE EXCHANGE: Protestors Hold Sit-In At Thurman's Office

PUBLIC HEALTH & EDUCATION

==========

#3 'VIRTUAL VACCINE': AIDS Groups Push For Prevention Initiatives

#4 FLORIDA: Treatment Program Reaches Out To HIV-Positive Hispanic Women

ACROSS THE NATION

==========

#5 FUNDRAISING: Waning Public Interest Hurts AIDS Groups

GLOBAL CHALLENGES

==========

SCIENCE & MEDICINE

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POLITICS & POLICY

#1 PATIENT IDENTIFIERS: AIDS GROUP SEES PROS AND CONS

AIDS advocates were among those who voiced cautious support for a new federal plan to assign medical ID numbers to Americans at a public hearing on the issue in Chicago yesterday. Critics of the plan, which would create a national database that would allow patient records to be tracked from cradle to grave, say it smells of a big government, "Big Brother" invasion of privacy. But backers say it would allow doctors and researchers to track disease trends and make patient records more accessible. Shelly

Ebbert, of the AIDS Foundation of Chicago, said the "unique health identifier" could be a boon to AIDS patients, but she voiced concern that the data could fall into the wrong hands, the Chicago Tribune reports. "People living with AIDS have a lot to gain and a lot to lose," she said. "[T]he AFC and its constituents would not support any system for unique identifiers without the implementation of safeguards against the misuse of confidential medical information," she added (Pallasch/Grumman/James, Chicago Tribune, 7/21). Ebbert worried that patients' health information could be used against them. "[I]f that identifier has an uncontrolled linkage to other fields, not just health care but unlimited access to insurance or unlimited in other areas, then it's a threat to confidentiality," Ebbert said (Gillis, Chicago Sun-Times, 7/21). Information gleaned from a national patient databank could jeopardize insurance coverage, employment, housing, child custody and education, Ebbert noted ("Morning Edition," NPR, 7/21). The medical ID plan was mandated by the 1996 health insurance portability law, but federal officials say the sensitivity of the issue and criticism of the plan have been obstacles to the program's implementation (Scully, Washington Times, 7/21).

#2 NEEDLE EXCHANGE: PROTESTORS HOLD SIT-IN AT THURMAN'S OFFICE

"About a dozen AIDS activists" overran the White House Office on AIDS Policy yesterday, "chaining themselves to furniture" and putting up banners and posters to protest President Clinton's decision to continue the ban on federal

funding for needle exchange programs. The New York Daily News reports that most of the protesters -- who chanted "Free needles save lives. Lift the ban now!" -- were from New York. Although they said they would remain until the ban was lifted, protesters were removed from the building by Secret Service agents within 20 minutes, whereupon they were "booked for disorderly conduct and freed on bail of $50 each." Protester Chris Lanier said, "We wanted to make the point that the Clinton administration's AIDS policy is a total failure." He called the president's decision not to lift the ban on needle-exchange funding "heinous and immoral." As the protesters were removed, White House AIDS Policy Director Sandy Thurman said, "I've been very clear. I do support needle-exchange programs. This will not go away" (Kiely, New York Daily News, 7/21).

PUBLIC HEALTH & EDUCATION

#3 'VIRTUAL VACCINE': AIDS GROUPS PUSH FOR PREVENTION INITIATIVES

AIDS advocacy groups urged federal officials to pour more government funding into HIV education and prevention efforts, initiatives they say have been overlooked. At a news conference yesterday, AIDS Action unveiled a 10-point plan to jumpstart prevention projects in the face of rising infection rates and flat federal funding. The plan, which hails prevention as a "virtual vaccine," calls for a 25% increase in government funding of HIV prevention programs, which now get about $600 million

annually, USA Today reports. "Imagine if we had a medical vaccine for HIV/AIDS, and the forces that would be deployed to get it out there," said AIDS Action Executive Director Daniel Zingale. He added, "The closest thing we have today is a virtual vaccine -- prevention and education -- but those efforts are paralyzed." White House AIDS policy adviser Sandra Thurman agreed: "Until we have a vaccine, until we have a cure, our first line of defense is prevention" (Sternberg, USA Today, 7/21).

DOING MORE

Among the other initiatives AIDS Action recommended were televised condom ads during shows rated "S" for sexual content, increased use of a new, 10-minute HIV test at hospitals and clinics and the creation of an HIV prevention website that would be linked to sites popular with teens (AP/Baltimore Sun, 7/21). More than 40,000 Americans become infected with HIV each year -- half of them under age 25 -- at a cost of about $6.2 billion in lifetime treatment, the Centers for Disease Control and Prevention announced at yesterday's meeting. And with the price of AIDS drugs at $40 a day, Zingale said the AIDS Action plan "will not only save lives, it would save dollars" (AP/Austin American-Statesman, 7/21). The leaps in AIDS treatment have jeopardized prevention efforts, leaving "a false impression that a cure is at hand," Zingale said. "In 1996, we got hope. In 1997, we got complacent. In 1998, we get reality," he said. The AIDS Action plan specifically targets African Americans in several of its recommendations, in an attempt to quell the spread

of the AIDS virus among blacks, who now account for 57% of those with HIV (Kane, State News/Philadelphia Daily News, 7/21).

TESTING 1-2-3

The more than 30 AIDS advocacy groups assembled for yesterday's meeting stressed "anonymous, confidential and private" HIV testing as central to the battle against the disease. The call for testing was a reversal of their stance at the beginning of the epidemic -- that people should avoid AIDS testing because the results might be misused. "Today, in 1998, there has never been a better time to get tested for HIV," said Ronald Johnson, of the New York-based Gay Men's Health Crisis. "The HIV testing gap is the engine that drives this epidemic," he added. However, the Washington Times reports that the groups continue to oppose mandatory HIV testing as well as names-based HIV reporting (Larson, Washington Times, 7/21). Click here to see AIDS Action's 10-point plan, "The Virtual Vaccine."

#4 FLORIDA: TREATMENT PROGRAM REACHES OUT TO HIV-POSITIVE HISPANIC WOMEN

A Hollywood, FL-based agency serving Hispanic immigrants has launched a program that targets Hispanic women with HIV and AIDS, urging them to seek medical treatment. Graviotas, which means "sea gulls" in Spanish, "assists women with their strict medication schedules and offers them health advice." Hispanic women infected with HIV often do not seek treatment because they fear they will be shunned by their families, the Ft. Lauderdale Sun-Sentinel reports. And, while they often are experts at

caring for others, they "have no concept of what it means to take care of themselves." Operated by Hispanic Unity of Florida, the program is the only one in Broward County, FL, to "offer a cultural immersion" for its Hispanic clientele. It is funded with a $20,000 grant from the Broward Community Foundation. Medical assistant Lillian Colon, who operates Graviotas and is Hispanic, says she can persuade women to seek medical attention because she understands "cultural nuances" that non-Hispanic social workers might miss. Sandra Sanchez, the founder of Graviotas, said, "We needed to find a way to form a bond with these women and let them know how important it was for them to get treatment." The program is critical, the Sun-Sentinel reports, because Hispanic women have one of the fastest rising rates of HIV infection (Khashan, Ft. Lauderdale Sun-Sentinel, 7/18).

ACROSS THE NATION

#5 FUNDRAISING: WANING PUBLIC INTEREST HURTS AIDS GROUPS NATIONWIDE

"Popular perceptions that AIDS no longer is a serious threat" is hurting fundraising for AIDS organizations. The income of 12 major national AIDS organizations has fallen from $50.67 million in 1996 to $46.77 million this year, according to a biennial survey by the Washington Blade. Fundraising challenges are growing, advocates say, at a time when money is "desperately needed" for education and prevention campaigns to

assist black and Latino populations.

MEDICAL SUCCESSES HURT DONATIONS

The recent ability to manage the disease medically is "making it more difficult to inspire people to support AIDS research," said Jerome Radwin, CEO of the American Foundation for AIDS Research (AmFAR). AmFAR's income is flat this year, said Radwin. Income for Project Inform Inc. has risen annually, but sources of revenue for the 13-year-old organization have shifted from 70% private donations to just 55%. Detecting a drop in direct mail donations a few years ago, the group "developed relationships" with corporations and foundations, said Executive Director Annette Brands. She now anticipates a 15% to 20% drop in corporate donations in the near future.

COMPETITION HEATS UP

One "obvious reason" for the hardship is that "there are simply more AIDS service organizations today, and they are competing for fewer dollars," the Blade reports. The Centers for Disease Control and Prevention "maintains information on more than 19,000 organizations that provide HIV- and AIDS-related services nationwide" (Smith, Washington Blade, 7/17 issue).

NORTH CAROLINA GROUP CLOSES ITS DOORS

In North Carolina, Lexington-based Positive Wellness Alliance closed its doors on July 17 due to financial difficulties. In 1997, another local group, the AIDS Task Force of Winston-Salem also closed for budgetary reasons. Lynn Cochran, operator of Positive Wellness Alliance, said the "stigma of homosexuality and drug use" continues to hamper fundraising

efforts in smaller towns. "I still don't think the public has an idea of what it is all about," said Cochran, adding that, "Gay men make up less than half of new HIV cases." Matt Dyson, executive director of the Northwest HIV Care Consortium, said: "Fund raising for HIV and AIDS is a real pressure cooker in this state" (Kady, Winston-Salem Journal, 7/18).

#6 AIDS RESEARCH: PROMINENT MILWAUKEE AIDS DOCTOR TO MOVE TO ABBOTT LABS

Saying that "there are not enough treatment options for AIDS patients," the Milwaukee doctor with "the largest caseload of AIDS patients in the state" will leave the Medical College of Wisconsin's HIV clinic and join Abbott Laboratories in Gurnee, Illinois, the AP/Milwaukee Journal Sentinel reports. Dr. Barry Bernstein explained his decision, saying "private industry has been the source of many of the advancements we've had. We need to see more advances, better drugs and more of them. In this field, time means a lot. Patients are waiting for these drugs." Bernstein currently treats between 400 and 500 patients (AP/Milwaukee Journal Sentinel, 7/19).

NOT EASILY REPLACED

Doug Nelson, executive director of Wisconsin's AIDS Resource Center said that Bernstein "has given his heart and soul to patient care, and I don't think anyone could ask any more of a physician than what Barry has given since the beginning of the epidemic. It's a huge loss to [Wisconsin's] AIDS community." Bernstein persuaded the Medical College of Wisconsin to

participate in clinical trials to provide patients with cutting-edge treatments, the Journal Sentinel reports, and in order to "make the clinic a place where they'd get compassionate and competent care," Bernstein encouraged Wisconsin's AIDS Resource Center case workers to come "into the clinic to help meet clients' social and emotional needs." However, he said, "I don't want there to be a sense of loss. It's a change," noting that the staff are the "backbone of the clinic" (Marchione, Milwaukee Journal Sentinel, 7/19).

GLOBAL CHALLENGES

#7 PETER PIOT: NEW YORK TIMES PROFILES UNAIDS CHIEF

Today's New York Times profiles Dr. Peter Piot, executive director of the United Nations AIDS program and "chief coordinator on the global war on AIDS." A 49-year-old Belgian whose early research in infectious disease led him to Zaire to study deadly Ebola outbreaks, Piot's career includes a stint at the Centers for Research in Disease Control and Prevention in Atlanta, medical training at the University of Ghent Medical School in Belgium and advanced research at the University of Seattle in Washington. The Times reports that in his duties as UNAIDS chief and as assistant secretary-general of the United Nations, "the bearded, Flemish doctor tackles diplomacy with the directness of a scientist," bringing to the job "an avid interest in history" and a strong "political will."

OBSCURE DISEASE

Piot's work with AIDS began in 1983 when he secured National Institutes of Health funding to study a mysterious "new disease" in Zaire. Piot says his first glimpse of women and men lying emaciated in a hospital in Kinshasa, Zaire, is "branded" in his brain. Piot and his team soon submitted a paper on heterosexual AIDS transmission to the New England Journal of Medicine, which rejected it based on experts' determination that "it is a well known fact that AIDS cannot be transmitted from women to men." The Lancet published the paper in 1984. The Times quotes Piot as saying he never dreamed that AIDS would become a "runaway epidemic." Today, one in four adults in Zimbabwe and Botswana are infected with HIV. Piot says he is "angry that the international community and all countries have not done their jobs. I am angry that we heavily underestimated what was possible and how the epidemic would evolve."

AGAINST THE ODDS

The Times notes that the UNAIDS program's $60 million budget and staff of 150 "limit the options of the United Nations for defeating a virus that has infected 34 million people." But Piot continues to make progress with "influence, moral suasion and the leverage of expertise." Among his recent accomplishments are helping to "arrange a $300 million World Bank loan to India to combat AIDS," and negotiating with the biotech industry to develop new vaginal microbicides against STDs. Piot left the1996 World AIDS Conference in Vancouver "determined to find ways to get the new, expensive combination drug therapies to underdeveloped nations." His staff, over his initial skepticism, went straight to the source. They negotiated with pharmaceutical

giants make certain drugs available in developing countries at one-half to one-third their cost in the U.S. Currently, the Times reports, Piot is using his considerable political abilities to urge "government, industry, researchers and developing countries to expedite testing of experimental HIV vaccines, particularly in areas where they are needed most" (Altman, 7/21).

#8 CAMBODIA: "BEER GIRLS" POSE HIV RISK

Cambodian "beer girls," dressed to promote specific brands of beer and to "make sure the guys ... have a good time," are raising government fears that "foreign beer companies may be inadvertently encouraging the spread of AIDS." The AP/USA Today reports that "beer workers said sex with customers is common" at one Phnom Penh restaurant. The Ministry of Health reports that only 10% of some 4,000 to 5,000 beer girls said they always used condoms, compared to 42% of the country's prostitutes. The ministry "wants beer companies to give the beer girls safe-sex training and perhaps free condoms." Foster's Brewing Group Ltd. "take[s] no responsibility for what the girls may do outside working hours," said the company's regional director in Hong Kong, Malcolm Paul. The Cambodian Brewery Ltd., partially owned by Heineken, sent its 600 beer girls to Ministry of Health AIDS/HIV education classes two years ago (Schriffin, AP/Nando Times, 7/20).

SCIENCE & MEDICINE

#9 SAFE SEX: RESEARCH FOCUSES ON HIGH-TECH STD PREVENTION METHODS

A host of high-tech methods to prevent STDs are currently under development, all geared for use by women "without having to involve" men. Several barrier methods are in the works to replace or supplement the male and female condoms, and the spermicide nonoxynol-9, which "offer[s] partial protection" from disease, the Wall Street Journal reports. Many of the new methods are lotions or creams, or "sexual lubricants" that consumers "already like and use." Some products like PRO 2000 and BufferGel create a hostile environment in the vagina for invading diseases. Several new inventions include:

- o The "invisible condom," a liquid that "jellifies" at body temperature "to form a protective barrier inside a woman's reproductive tract."
- o The "vaginal vitamin" which contains a healthy bacteria to "protect against bad bacterial invaders."
- o Protegrins that "mimic the body's own defenses" to attack pathogens like gonorrhea, chlamydia, herpes and HIV.
- o Cosmecides that contain liposomes, "microspheres of oil that kill invaders on contact by disrupting surface membranes" (Chase, Wall Street Journal, 7/20).

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-JUL-1998 14:39:26.00

SUBJECT: FW: prevention plan released today

TO: Christina Hamilton ("'Christina Hamilton (E-mail)'" <christina.hamilton@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

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

TO: Jenny Collier ("'Jenny Collier (E-mail)'" <jennycm@lac-dc.org> [UNKNOWN])
READ:UNKNOWN

TO: Laquita Bowers ("'Laquita Bowers (E-mail)'" <lbowers@aidspolicycenter.org> [UNKNOWN])
READ:UNKNOWN

TO: Michael Iskowitz ("'Michael Iskowitz (E-mail)'" <MEIskowitz@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Steve Morin ("'Steve Morin (E-mail)'" <smorin@psg.ucsf.edu> [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:
thought you might be interested in this...

>

>

>

>The Virtual Vaccine

>A Ten-Point Plan to Reinvigorate Our National Commitment to HIV Prevention

>

>

>1. INCREASE FEDERAL HIV PREVENTION FUNDING BY TWENTY-FIVE PERCENT

TO STEM THE

>RATE OF NEW INFECTIONS

>

>* Federal prevention funding at the CDC including education has
been flat
>during the past three years ($617 million in FY97, $634 in FY98 and $634
>proposed in FY99).

>

>* Infection rates since 1996 have increased, especially among
young people
>and communities of color. Women accounted for over one quarter (28%) of
the
>HIV diagnoses compared to 17% of AIDS diagnoses from a recent analysis by
the
>CDC of 25 states from 1994-97. The trends also indicate that
>African-Americans accounted for the majority (57%) of HIV diagnoses,
compared
>to 45% of AIDS diagnoses.

>

>* There are approximately 40,000 new infections every year, half
of which are
>estimated to be among young people (under the age of 25). Despite a drop
in
>death rates in other categories, AIDS remains the number one killer of
>African-Americans and Latinos age 25-44.

>

>* The Congressional Black Caucus recently declared a "State of
Emergency"

>because of the alarming rates of HIV/AIDS in the black community. Blacks

and

>latinos make up 66% of AIDS cases, and blacks account for more AIDS cases

>than any other racial/ethnic group.

>

>* Only 3,995 infections must be prevented annually to actually

result in

>cost-savings.

>

>* Increased funding should support a reinvigorated and renewed

national HIV

>prevention effort that targets highest risk communities.

>

>2. PROVIDE "TREATMENT ON REQUEST" TO HELP STEM THE TWIN EPIDEMICS

OF DRUG

>ABUSE AND AIDS

>

>* Providing treatment on request for those using drugs would help

fight both

>the wars on AIDS and illegal drug use.

>

>* Nearly a third of all AIDS cases and approximately half of all

HIV

>infections are attributed directly or indirectly to substance abuse.

>

>* A Massachusetts study of young people revealed that teens were

less likely

>to use condoms if sex followed drinking or drug use.

>

>* The Clinton Administration should lift the federal ban on needle exchange

>funding and veto any bills that would jeopardize states from implementing

>needle exchange programs. Also, states and local communities should

>implement needle exchange programs, fully fund them, and facilitate access to

>clean syringes.

>* As the first step toward treatment on request, Congress should pass and the

>President should sign into law $275 million in funding increases for

>substance abuse programs.

>

>* Engage the U.S. Drug Czar, General McCaffrey, to strike a more equitable

>balance between treatment and interdiction in the fight against illegal drug

>use.

>

>3. LAUNCH NATIONAL ROLL-OUT OF PROVEN HIV PREVENTION COUNSELING

>

>* A June study released by the NIH's National Institute of Mental Health

>revealed the extraordinary effectiveness of small-group counseling sessions.

>The 37-city study of 3,705 men and women of color demonstrated that

targeted

>prevention including multiple group counseling sessions cut high-risk

>behavior in half and doubled regular condom use.

>

>* The CDC should provide grants to community-based organizations

to implement

>a nationwide roll-out of small-group educational and counseling sessions

>targeted to at-risk populations.

>

>* Research illustrates vital need for comprehensive HIV prevention

programs

>for adolescents. Effective programs will inform adolescents that making

>right decisions often takes more than knowledge, it also includes support

>from peers, parents, and the public health and at-large community.

>

>4. MAKE HIV TESTING SAFE, SWIFT AND SIMPLE

>

>* The CDC should launch a new testing campaign by improving the

accessibility

>of HIV testing and ensuring that it is anonymous, confidential and

private.

>

>* As a part of this new testing campaign states and territories

would be

>required, as a condition of receipt of federal funds, to have in place

easily

>accessible HIV anonymous testing sites. In an AIDS Patient Survey,

anonymous

>testers showed up for testing and medical care earlier in their HIV

disease

>course than did confidential testers, demonstrating that anonymous testing

>contributes to enhancing early access to HIV testing and medical care.

>

>* Studies indicate that ensuring the availability of anonymous

testing

>increases the likelihood that people at risk would seek testing. An

Oregon

>study demonstrates that there was on overall increase in testing by 50%:

125%

>for homosexual/bisexual men; 56% for female prostitutes; 17% for injection

>drug users; and 32% for other clients.

>

>* The CDC should encourage testing vans and testing-mobiles that

can help

>reach those who might otherwise not get tested at a clinic or doctor's

>office.

>

>* The American Hospital Association should encourage hospitals to

offer

>better HIV testing, including rapid and non-invasive procedures.

>

>

>* Testing centers should implement rapid testing (results in 10

minutes vs.

>current week). Rapid testing would eliminate the high rate of patient
return
>failure for results appointments. Under current tests, results are not
>available for at least a week. According to the CDC, 700,000 people who
are
>tested each year do not return for their results.
>
>5. USE STATE OF THE ART MARKETING TO SELL PREVENTION
>
>* The CDC should oversee the implementation of an independent and
vigorous
>new HIV prevention ad campaign.
>
>* The marketing of these ads should follow the epidemic and should
appeal to
>the communities most at-risk, giving fresh, accurate information.
>
>* Enlist the help of adolescents to design and test ads intended
for their
>generation. The Illinois Department of Public Health recently launched a
>prevention campaign using teens as messengers about the consequences of
bad
>decisions.
>
>* Instead of sensationalizing sex on TV, networks should portray
sexual
>reality, not just fantasy. In addition, networks should allow condom ads

on

>programs rated "S" for sexual content under the new TV rating system.

>

>* Build comprehensive sexuality education curricula that include,

but are not

>limited to, abstinence only.

>

>6. PUT THE AIDS HOTLINE ON-LINE TO REACH YOUNG PEOPLE

>

>* Create an enhanced HIV/AIDS Prevention Web Page with links from

popular web

>sites used by at-risk populations that would ensure widespread

accessibility

>among young people.

>

>* Deploy new technologies to allow individuals to access anonymous

e-mail for

>prevention information as well as a national testing referral database.

>

>* Urge states to gather accurate data including questions about

same-sex

>behavior in a 1999 national youth risk behavior survey.

>

>* In the anonymity of cyberspace, young people are 14 times more

likely to

>reveal personal information, according to recent study from the Program in

>Health and Behavior Measurement at the Research Triangle Institute. The

study

>demonstrates that respondents may be uncomfortable divulging potentially

>embarrassing information about themselves to a live interviewer, so

>researchers developed a computerized, self-administered survey designed to

>work around these problems.

>

>

>

>

>

>

>7. "DO ASK, DO TELL" - LAUNCH ANTI-STIGMA AND HEALTHY LIVING

>

>

>

>

>

>

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>

>

CAMPA

>IGN FOR PEOPLE LIVING WITH HIV

>

>* As part of HIV social marketing, the CDC should include a

campaign to

>reduce HIV stigma and promote HIV-positive people working to protect their

>health and the health of others.

>

>* Modify prevention programs to alter peer norms and reach young men at

>highest risk in social settings. At the World AIDS Conference, a study

>showed that nearly two-thirds of gay men reported engaging in unprotected

>anal sex at least once during the previous 18 months. Additionally, 56% of

>gay men under the age of 25 reported having unprotected receptive anal

>intercourse, a behavior that poses substantial risk for HIV infection,

>compared to 46% of older men.

>

>* The CDC should to develop ways to ensure that people living with HIV and

>receiving treatment adhere to drug regimens and work prevent new infections

>among HIV-negative populations as well as their own re-infection.

>

>* Public health departments should implement innovative programs to help

>eradicate STD's (e.g. syphilis) because of their role in facilitating

>transmission of the HIV virus.

>

>8. THE SURGEON GENERAL SHOULD LAUNCH NATIONWIDE CAMPAIGN FOR HIV PREVENTION

>FOR WOMEN AND PEOPLE OF COLOR

>

>* The Surgeon General should launch a mailing to all
African-American and
>Latino households with information about HIV infection risks, stigma,
>sexually transmitted diseases and testing.
>
>* African-Americans comprise 57 percent of new HIV infections in
25 states,
>despite accounting for only 13 percent of the total U.S. population.
>
>* Young African-Americans have an even higher rate; those aged 13
to 24 years
>accounted for 63 percent of new HIV cases between January 1994 and June
1997.
>
>* HIV has also increasingly affected women of all races. Of those
aged 13 to
>24 years, women now make up 44 percent of infections.
>* Women of color are often the hardest to reach since many perceive
>themselves at low or no risk, yet are unaware of their sex partner's
>homosexual behavior or drug use.
>
>* A majority of African Americans (52%) and one in two Latinos
(50%) believe
>AIDS is the nation's leading health crisis, according to a survey by the
>Kaiser Family Foundation. Most African Americans (56%) say AIDS is a very
>serious problem.
>9. PROMOTE PHYSICIAN PATIENT DIALOGUE ABOUT HIV RISKS

>

>* Physicians could do more to determine a patient's risk of

contracting HIV,

>a recent report suggests. In 73% of doctor-patient encounters, "physicians

>did not elicit enough information to characterize patients' HIV risk

status,"

>according to the study conducted by Dr. Ronald Epstein of the University

of

>Rochester School of Medicine and Dentistry and colleagues.

>

>* Grants should be made available to AIDS Education and Training

Centers to

>promote better HIV/AIDS knowledge in the medical community.

>

>* A recent National Health Council survey found that a greater

percentage of

>people named television as a primary source of their medical and health

news

>(40%) than named doctors (36%).

>

>* The AMA, ANA and other health provider organizations should work

with the

>NIH to develop guidelines for better physician training so that HIV risks

are

>better identified.

>

>10. ADVANCE FROM THE VIRTUAL VACCINE TO THE MEDICAL VACCINE

>

>* HIV Vaccine development should be a top priority of the federal

government.

> Increased commitment to the development of a vaccine should be

accompanied

>by increased funding.

>

>* In May 1997, President Clinton issued a challenge to the nation

to develop

>an HIV vaccine within a decade.

>

>* One year later, the President hasn't even named a director for

the project.

> The President should act immediately to name a director and ensure a

genuine

>commitment to the project.

>

>

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

>From: Fisher, Steven

>Sent: Monday, July 20, 1998 5:15 PM

>To: AIDS Action ALLSTAFF

>Subject:

>

>Monday July 20 4:56 PM EDT

>Activists Urge More AIDS Prevention

>LAURAN NEERGAARD AP Medical Writer

>WASHINGTON (AP) - Demanding millions more for HIV prevention and televised
>condom ads, AIDS activists said Monday the nation has slacked off vital
>efforts to keep Americans - especially young people - from catching the
AIDS
>virus.
>Saving lives isn't the only issue. At least 40,000 Americans every year
catch
>the deadly virus, half of whom the government estimates are under age 25.
>They add $6.2 billion in lifetime treatment costs to the nation's health
care
>bill, the Centers for Disease Control and Prevention announced Monday.
>The CDC hasn't won a budget increase to fight new infections in three
years,
>and research suggests some people most at risk of HIV have become
complacent,
>activists said. Two-thirds of gay men say they've had unsafe sex at least
>once in the last 18 months, concluded one study presented at last month's
>World AIDS Conference.
>``AIDS drugs cost $40 a day'' and do not cure the disease, said Daniel
>Zingale of AIDS Action. ``This condom costs 40 cents. Our plan today will
not
>only save lives, it would save dollars.''
>Secret Service agents arrested 10 other AIDS activists who briefly chained
>themselves to desks in the office of President Clinton's top AIDS adviser
to
>protest the administration's refusal to allow federal funding of needle
>exchange programs.

>Experts say 33 people every day catch HIV from dirty drug needles or sex
with
>addicts. Scientific studies show letting addicts swap used needles for
clean
>ones lowers the risk of HIV's spread. Some 110 U.S. needle exchanges
operate
>with local or private funding, but communities say they need federal tax
>dollars to reach more addicts. But Clinton sidestepped a political fight
by
>refusing in April to provide such federal aid.
>``To have the United States government play politics with people's lives -
>it's just not OK anymore," said Kenneth Vail, who runs a needle exchange
>program in Cleveland and was among those arrested. ``I see on a daily
basis
>people being turned away, and they go out and use dirty needles and
contract
>the virus."
>AIDS Action brought together public health officials and AIDS workers
Monday
>to call for new HIV prevention programs that could act as a ``virtual AIDS
>vaccine." The main demand was a 25 percent increase in the CDC's $634
>million budget for AIDS education and other HIV prevention programs.
>Congress has added millions to government programs that pay for drugs for
>AIDS patients, but increasing AIDS education and prevention money
>significantly is considered a tougher fight. AIDS activists particularly
>worry that a new conservative campaign against homosexuality will hurt
their

>efforts.

>HIV infects across-the-board, Dr. Helene Gayle, CDC's AIDS chief, said

>Monday. Some 26 percent of HIV-infected young people caught the virus

through

>heterosexual intercourse, Gayle said. ``If people in leadership positions

>care about the future of this nation, you've got to care about HIV

>prevention," she said.

>Activists also called for: >-TV networks that air programs rated ``S" for sexual content to also

allow

>condom ads to air during those programs.

>-Doctors, clinics and hospitals to begin using a new 10-minute HIV test

>immediately. An older test takes about a week to get results, and

thousands

>of Americans who get tested each year never return to learn if they're

>infected. People who don't know they are infected can unknowingly spread

HIV

>to others.

>-AIDS education to reach more teen-agers by creating an AIDS prevention

web

>site that links to popular teen Internet sites.

>-CDC to launch a new campaign to persuade more people at risk to get

tested.

>An estimated 50,000 people in New York State have HIV and don't know it,

says

>a computer model by Gay Men's Health Crisis.

>

>

>Steven Fisher

>Director of Communications

>AIDS Action

>202-986-1300 x3065

>202-986-1345 (fax)

>sfisher@aidsaction.org

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-JUL-1998 15:13:21.00

SUBJECT: FW: more prevention...

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

TO: Chris Collins ("'Chris Collins (E-mail)'" <chris.collins@mail.house.gov> [UNKNOWN])
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TO: David Holtgrave ("'David Holtgrave (E-mail)'" <dyn6@cdc.gov> [UNKNOWN])
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TO: Deborah VonZinkernagel ("'Deborah VonZinkernagel (E-mail)'" <dvonzinkernagel@osophs.dhhs.gov> [UNKNOWN])
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TO: Eric Goosby ("'Eric Goosby (E-mail)'" <Egoosby@osophs.dhhs.gov> [UNKNOWN])
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TO: Gus Birkhead ("'Gus Birkhead (E-mail)'" <gsb02@health.state.ny.us> [UNKNOWN])
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TO: Jenny Collier ("'Jenny Collier (E-mail)'" <jennycm@lac-dc.org> [UNKNOWN])
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TO: John Ward ("'John Ward (E-mail)'" <jww4@cdc.gov> [UNKNOWN])
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TO: Judith Wasserheit ("'Judith Wasserheit (E-mail)'" <jzw6@cdc.gov> [UNKNOWN])
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TO: Kevin DeCock ("'Kevin DeCock (E-mail)'" <kmd2@cdc.gov> [UNKNOWN])
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TO: Kirk Fordham ("'Kirk Fordham (E-mail)'" <Kirk.Fordham@mail.house.gov> [UNKNOWN])
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TO: Laquita Bowers ("'Laquita Bowers (E-mail)'" <lbowers@aidspolicycenter.org> [UNKNOWN])
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TO: Lisa White ("'Lisa White (E-mail)'" <LWHITE@mslpr.com> [UNKNOWN])
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TO: Marcia Mabee ("'Marcia Mabee (E-mail)'" <mmabee@ix.netcom.com> [UNKNOWN])
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TO: Marcia Martin ("'Marcia Martin (E-mail)'" <mmartin@os.dhhs.gov> [UNKNOWN])
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TO: Michael Iskowitz ("'Michael Iskowitz (E-mail)'" <MEIskowitz@aol.com> [UNKNOWN])
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TO: Mikey Shriver ("'Mikey Shriver (E-mail)'" <MDSHRIVER@aol.com> [UNKNOWN])
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TO: Paul Kim ("'Paul Kim (E-mail)'" <paul.kim@mail.house.gov> [UNKNOWN])
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TO: Rita Patel ("'Rita Patel (E-mail)'" <rita.patel@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

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

TO: Ron Valdeseri ("'Ron Valdeseri (E-mail)'" <rov1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Rose Gonzalez ("'Rose Gonzalez (E-mail)'" <rgonzale@ana.org> [UNKNOWN])
READ:UNKNOWN

TO: Sean Sasser ("'Sean Sasser (E-mail)'" <Mojo1025@aol.com> [UNKNOWN])
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TO: Seth Kilbourn ("'Seth Kilbourn (E-mail)'" <Seth.Kilbourn@mail.hrcusa.org> [UNKNOWN])
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TO: Sharon Winn ("'Sharon Winn (E-mail)'" <sharon_winn@labor.senate.gov> [UNKNOWN])
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TO: Stephanie Robinson ("'Stephanie Robinson (E-mail)'" <Stephanie_Robinson@labor.senate.gov> [UNKNOWN])
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TO: Tom Coates ("'Tom Coates (E-mail)'" <tcoates@psg.ucsf.edu> [UNKNOWN])
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TO: Tony McCann ("'Tony McCann (E-mail)'" <tony.mccann@mail.house.gov> [UNKNOWN])
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TO: Wayne Sauseda ("'Wayne Sauseda (E-mail)'" <SAUSEDA@ns.net> [UNKNOWN])
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TO: Wayne Smith ("'Wayne Smith (E-mail)'" <Gsmith3967@aol.com> [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

TO: Mike Gifford (Mike Gifford <MDGIFF1@aol.com> [UNKNOWN])
READ:UNKNOWN

TEXT:
some good clips from our plan:

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

>From: Fisher, Steven

>Sent: Tuesday, July 21, 1998 10:37 AM

>To:AIDS Action ALLSTAFF

>Subject:

>

> 'VIRTUAL VACCINE': AIDS Groups Push For Prevention Initiatives

>AIDS advocacy groups urged federal officials to pour more government

funding

>into HIV education and prevention efforts, initiatives they say have been

>overlooked. At a news conference yesterday, AIDS Action unveiled a

10-point

>plan to jumpstart prevention projects in the face of rising infection

rates

>and flat federal funding. The plan, which hails prevention as a "virtual
>vaccine," calls for a 25% increase in government funding of HIV prevention
>programs, which now get about $600 million annually, USA Today reports.
>"Imagine if we had a medical vaccine for HIV/AIDS, and the forces that
would
>be deployed to get it out there," said AIDS Action Executive Director
Daniel
>Zingale. He added, "The closest thing we have today is a virtual vaccine
--
>prevention and education -- but those efforts are paralyzed." White House
>AIDS policy adviser Sandra Thurman agreed: "Until we have a vaccine,
until we
>have a cure, our first line of defense is prevention" (Sternberg, USA
Today,
>7/21).
>
>Monday July 20 4:56 PM EDT
Activists Urge More AIDS Prevention
LAURAN NEERGAARD AP Medical Writer
WASHINGTON (AP) - Demanding millions more for HIV prevention and
televised condom ads, AIDS activists said Monday the nation has slacked
off vital efforts to keep Americans - especially young people - from
catching the AIDS virus.
Saving lives isn't the only issue. At least 40,000 Americans every year
catch the deadly virus, half of whom the government estimates are under
age 25. They add $6.2 billion in lifetime treatment costs to the
nation's health care bill, the Centers for Disease Control and

Prevention announced Monday.

The CDC hasn't won a budget increase to fight new infections in three years, and research suggests some people most at risk of HIV have become complacent, activists said. Two-thirds of gay men say they've had unsafe sex at least once in the last 18 months, concluded one study presented at last month's World AIDS Conference.

``AIDS drugs cost $40 a day" and do not cure the disease, said Daniel Zingale of AIDS Action. ``This condom costs 40 cents. Our plan today will not only save lives, it would save dollars."

Secret Service agents arrested 10 other AIDS activists who briefly chained themselves to desks in the office of President Clinton's top AIDS adviser to protest the administration's refusal to allow federal funding of needle exchange programs.

Experts say 33 people every day catch HIV from dirty drug needles or sex with addicts. Scientific studies show letting addicts swap used needles for clean ones lowers the risk of HIV's spread. Some 110 U.S. needle exchanges operate with local or private funding, but communities say they need federal tax dollars to reach more addicts. But Clinton sidestepped a political fight by refusing in April to provide such federal aid.

``To have the United States government play politics with people's lives - it's just not OK anymore," said Kenneth Vail, who runs a needle exchange program in Cleveland and was among those arrested. ``I see on a daily basis people being turned away, and they go out and use dirty needles and contract the virus."

AIDS Action brought together public health officials and AIDS workers Monday to call for new HIV prevention programs that could act as a

``virtual AIDS vaccine.'' The main demand was a 25 percent increase in the CDC's $634 million budget for AIDS education and other HIV prevention programs.

Congress has added millions to government programs that pay for drugs for AIDS patients, but increasing AIDS education and prevention money significantly is considered a tougher fight. AIDS activists particularly worry that a new conservative campaign against homosexuality will hurt their efforts.

HIV infects across-the-board, Dr. Helene Gayle, CDC's AIDS chief, said Monday. Some 26 percent of HIV-infected young people caught the virus through heterosexual intercourse, Gayle said. ``If people in leadership positions care about the future of this nation, you've got to care about HIV prevention,'' she said.

Activists also called for:

-TV networks that air programs rated ``S'' for sexual content to also allow condom ads to air during those programs.

-Doctors, clinics and hospitals to begin using a new 10-minute HIV test immediately. An older test takes about a week to get results, and thousands of Americans who get tested each year never return to learn if they're infected. People who don't know they are infected can unknowingly spread HIV to others.

-AIDS education to reach more teen-agers by creating an AIDS prevention web site that links to popular teen Internet sites.

-CDC to launch a new campaign to persuade more people at risk to get tested. An estimated 50,000 people in New York State have HIV and don't know it, says a computer model by Gay Men's Health Crisis.

> Doing More Among the other initiatives AIDS Action recommended were

>televised condom ads during shows rated "S" for sexual content, increased
use
>of a new, 10-minute HIV test at hospitals and clinics and the creation of
an
>HIV prevention website that would be linked to sites popular with teens
>(AP/Baltimore Sun
><http://www.sunspot.net/cgi-bin/editorial/story.cgi?storyid=900000159079>,
>7/21). More than 40,000 Americans become infected with HIV each year --
half
>of them under age 25 -- at a cost of about $6.2 billion in lifetime
>treatment, the Centers for Disease Control and Prevention announced at
>yesterday's meeting. And with the price of AIDS drugs at $40 a day,
Zingale
>said the AIDS Action plan "will not only save lives, it would save
dollars"
>(AP/Austin American-Statesman
><http://www.Austin360.com/news/003world/07july/21/21short.htm>, 7/21). The
>leaps in AIDS treatment have jeopardized prevention efforts, leaving "a
false
>impression that a cure is at hand," Zingale said. "In 1996, we got hope.
In
>1997, we got complacent. In 1998, we get reality," he said. The AIDS
Action
>plan specifically targets African Americans in several of its
>recommendations, in an attempt to quell the spread of the AIDS virus among
>blacks, who now account for 57% of those with HIV (Kane, State
>News/Philadelphia Daily News

><http://www.phillynews.com/daily_news/98/Jul/21/local/AIDS21.htm>, 7/21).

>Testing 1-2-3 The more than 30 AIDS advocacy groups assembled for

yesterday's

>meeting stressed "anonymous, confidential and private" HIV testing as

central

>to the battle against the disease. The call for testing was a reversal of

>their stance at the beginning of the epidemic -- that people should avoid

>AIDS testing because the results might be misused. "Today, in 1998, there

has

>never been a better time to get tested for HIV," said Ronald Johnson, of

the

>New York-based Gay Men's Health Crisis. "The HIV testing gap is the engine

>that drives this epidemic," he added. However, the Washington Times

reports

>that the groups continue to oppose mandatory HIV testing as well as

>names-based HIV reporting (Larson, Washington Times, 7/21). Click here

><http://www.aidsaction.org/virtual.html> to see AIDS Action's 10-point

plan,

>"The Virtual Vaccine." (Back to Contents)

>

>

>Steven Fisher

>Director of Communications

>AIDS Action

>202-986-1300 x3065

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>sfisher@aidsaction.org

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-JUL-1998 21:57:00.00

SUBJECT: Prevention Subcommittee Call

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

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

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

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

TO: fatema ("'fatema@womens-health.org'" <fatema@womens-health.org> [UNKNOWN])
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TO: harndc ("'harndc@aol.com'" <harndc@aol.com> [UNKNOWN])
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TO: helenmm ("'helenmm@itsa.ucsf.edu'" <helenmm@itsa.ucsf.edu> [UNKNOWN])
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TO: kinseyvi ("'kinseyvi@aol.com'" <kinseyvi@aol.com> [UNKNOWN])
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TO: lynnemc ("'lynnemc@aol.com'" <lynnemc@aol.com> [UNKNOWN])
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TO: miami2000 ("'miami2000@earthlink.net'" <miami2000@earthlink.net> [UNKNOWN])
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TO: Mojo1025 ("'mojo1025@aol.com'" <mojo1025@aol.com> [UNKNOWN])
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TO: montoya_dc ("'montoya_dc@a1.eop.gov'" <montoya_dc@a1.eop.gov> [UNKNOWN])
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TO: mra1019 ("'mra1019@aol.com'" <mra1019@aol.com> [UNKNOWN])
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TO: NBOLLMAN ("'NBOLLMAN@irvine.org'" <NBOLLMAN@irvine.org> [UNKNOWN])
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TO: nsg999 ("'nsg999@msn.com'" <nsg999@msn.com> [UNKNOWN])
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TO: rapanuijer ("'rapanuijer@aol.com'" <rapanuijer@aol.com> [UNKNOWN])
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TO: raragon ("'raragon@sfaf.org'" <raragon@sfaf.org> [UNKNOWN])
READ:UNKNOWN

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

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

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

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

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

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

TO: SteveLew2 ("'stevelew2@aol.com'" <stevelew2@aol.com> [UNKNOWN])
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TO: terje ("'terje@worldnet.att.net'" <terje@worldnet.att.net> [UNKNOWN])
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TO: thenders ("'thenders@glo.state.tx.us'" <thenders@glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

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

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

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

TEXT:
Prevention Subcommittee Conference Call

A conference call for the Prevention Subcommittee has been scheduled for

Wednesday, July 22, at 12:30 p.m. eastern time. The number to dial at

12:30

p.m. eastern time is 888-232-0365, and the participant code is 429903.

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

call, please let me know so a line can be added for you, I can be reached

by

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

acb@s-3.com.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Weber, J. Todd ("Weber, J. Todd" <jtw5@cdc.gov> [UNKNOWN])

CREATION DATE/TIME:22-JUL-1998 14:55:26.00

SUBJECT: ribbon value

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

TEXT:
Todd

Purple heart? Did I look that wounded upon departure?

Thanks, to you and Sandy, for Sandy's warmly worded letter of thanks.

My best to everyone there.

By the way, there was a major problem with at least one of the packages sent via White House mail room to me with my files, books, etc. At a minimum, it appears tampered with, and really looks as though it was emptied, left on the street for several days, and then repackaged. Everything is filthy, papers are shredded (not by machine), things are worn down (as if sandpapered, I can't explain this), bent, ... you get the picture. I think I should alert the mail room that this occurred, although I don't think I'm going to find out what happened. Can you have receptionist or Sarah call me with telephone number to call?

Thanks.

jtw

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

> From: Todd_A._Summers@oa.eop.gov [SMTP:Todd_A._Summers@oa.eop.gov]

> Sent: Wednesday, July 22, 1998 9:56 AM

> To: jtw5@cdc.gov

> Subject: Re: Ribbon for Commissioned Corps officers who are

> assigned to

>

> Message Creation Date was at 22-JUL-1998 09:56:00

>

> thanks - I'll pass it along to any future commissioned corps folks

> that come

> through here - is it like a purple heart??