Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From NCIH HIV/AIDS Program to Todd Summers, Daniel Montoya Re: Blood Profile (4 pages)	08/05/1998	Personal Misfile
002. email	From Eric Goosby to Todd Summers Re: Need some advice (6 pages)	08/06/1998	Personal Misfile
003. email	From MEIskowitz@aol.com to Multiple Recipients Re: No Subject (3 pages)	08/10/1998	Personal Misfile
004. email	From Jdguzman to Todd Summers Re: Hey (1 page)	08/10/1998	Personal Misfile
005. email	From Jdguzman to Todd Summers Re: Hey (1 page)	08/10/1998	Personal Misfile
006. email	From Jdguzman to Todd Summers Re: Hey (1 page)	08/10/1998	Personal Misfile
007. email	From Jdguzman to Todd Summers Re: Hey (1 page)	08/10/1998	Personal Misfile
008. email	From Sherip@bluesquirrel.com to Todd Summers Re: Product Purchase Receipt (2 pages)	08/10/1998	Personal Misfile
009. email	From Jdguzman to Todd Summers Re: Hey (1 page)	08/10/1998	Personal Misfile
010. email	From Jdguzman to Todd Summers Re: Hey (1 page)	08/10/1998	Personal Misfile
011. email	From Jdguzman to Todd Summers Re: Hey (1 page)	08/10/1998	Personal Misfile

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

FOLDER TITLE:
[08/04/1998 - 08/13/1998]

2018-0758-F
jn565

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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RR. Document will be reviewed upon request.

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

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

CREATION DATE/TIME: 4-AUG-1998 00:20:07.00

SUBJECT: Fwd: Gephardt, Pelosi Lead Call for Expansion of Medicaid to...

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

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

Date: Mon, 3 Aug 1998 13:21:40 EDT

From: AOLNews@aol.com

Subject: Gephardt, Pelosi Lead Call for Expansion of Medicaid to...

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

Gephardt, Pelosi Lead Call for Expansion of Medicaid to Include Early

Treatments for Low-Income People With HIV

WASHINGTON, Aug. 3 /PRNewswire/ -- Democratic Leader Richard Gephardt (D

MO),

Rep. Nancy Pelosi (D CA) and 66 of their colleagues today sent a letter to

Health and Human Services Secretary Donna Shalala, urging her to expand

Medicaid to low-income people who are HIV-positive but have not yet

developed

symptoms of HIV disease. "It is unconscionable to deny people living with

HIV

the drugs we know can help keep them well simply because they have no

health

insurance or are not yet sick enough to qualify for Medicaid," said

Gephardt.

"In light of what the latest research is telling us, I join my colleagues in the fervent hope that the Administration will quickly take the necessary steps to fill this unjustifiable gap in our current Medicaid policy."

Under current Medicaid regulations, people with HIV infection must become sick and disabled before they can receive benefits. Yet waiting for the disease to progress to this point runs counter to recommendations developed by the U.S. Department of Health and Human Services and a distinguished panel of medical experts. They have advised early treatment with protease inhibitors -- before symptoms develop -- for many people in the early stages of HIV disease. While this does not guarantee that fatal complications will be averted or delayed, there is evidence to suggest it can keep people with HIV healthier for a longer time. "Powerful new drugs have given people with HIV renewed hope in fighting this disease. It is imperative that our government health care programs catch up with the recommendations of government health care experts,"

Pelosi said.

New research released at the just completed 12th World AIDS Conference in Geneva provides further evidence that treatment of HIV infection early in the course of disease is both medically beneficial and cost effective. A cost effectiveness study from the University of California, San Francisco, reports that, "expansion of the US Medicaid system to provide wider access to combination antiretroviral therapy would prevent thousands of deaths and AIDS diagnoses, leading to 14,500 more years of life for persons with HIV disease over five years." The study found that cost neutrality was within reach and that "the program is affordable from a federal perspective."

"While government researchers issue hopeful statements about the benefits of early therapy and news reports herald a new age for people with AIDS, Medicaid trails the science," Pelosi said.

"We must act now to expand access to these very important drugs for low income uninsured people with HIV."

Cosigners to the letter to Sec. Shalala include Reps.:

Nancy Pelosi

Richard Gephardt

David Bonior

Maxine Waters

Henry Waxman

Xavier Becerra

Fortney Pete Stark

Patsy Mink

Constance Morella

Tom Coburn

Jim McDermott

Maurice Hinchey

Carrie Meek

Robert Matsui

Kevin Brady

Tom Lantos

Sidney Yates

Barney Frank

Donald Payne

Carlos Romero-Barcelo

Elijah Cummings

James McGovern

Steny Hoyer

Charles Schumer

Juanita Millender-McDonald

Lois Capps

Stephen Horn

Luis Gutierrez Martin Frost

Rosa DeLauro

Robert Brady

George Miller

Nick Lampson

William Delahunt

Lloyd Doggett

Earl Hilliard

Nita Lowey

Carolyn Maloney

Neil Abercrombie

Diana DeGette

Edolphus Towns

Esteban Torres

Ellen Tauscher

John Lewis

Ken Bentsen

Gary Ackerman

Lynn Woolsey

Bob Filner

Jose Serrano

Sheila Jackson Lee

Bennie Thompson

Danny Davis

Eleanor Holmes Norton

Elizabeth Furse

Thomas Barrett

Bernard Sanders

Nydia Velazquez

Zoe Lofgren

Jerrold Nadler

Barbara Lee

Loretta Sanchez

Brad Sherman

SOURCE Office of the House Democratic Leader

CO: Office of the House Democratic Leader

ST: District of Columbia

IN: HEA

SU: EXE

08/03/98 13:14 EDT http://www.prnewswire.com

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

CREATION DATE/TIME: 4-AUG-1998 13:49:50.00

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, August 4, 1998

POLITICS & POLICY

==========

#1 IMMIGRATION BAN: AIDS Patient Expected To Defy Today

#2 MEDICAID: House Lawmakers Call For Expanded HIV Coverage

MEDIA & SOCIETY

==========

#3 MEDIA COVERAGE: African Americans Cite Their Concerns

GLOBAL CHALLENGES

==========

#4 JAPAN: Officials Knew Unheated Blood Could Spread AIDS

#5 NIGERIA: Pharmaceutical Group To Offer Free AIDS Drugs

SCIENCE & MEDICINE

==========

#6 AIDS RESEARCH: AIDS Research Director Outlines New Goals

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 IMMIGRATION BAN: AIDS PATIENT EXPECTED TO DEFY TODAY

A New Zealand AIDS patient who worked in San Francisco for 28 years will return Tuesday "in dramatic defiance of U.S. immigration policy barring HIV-infected foreigners," the San Francisco Examiner reports (Winokur, 8/1). Christopher Arnesen will fly into San Francisco on Tuesday to "fight in person for retirement benefits he earned as a U.S. resident from 1966 to 1994" (McKee, The Recorder, 7/29). Although Arnesen returned to New Zealand in 1993 after he tested positive for HIV, he paid almost $200,000 in Social Security taxes during his years in the U.S., and "now wants to claim a monthly disability benefit of $726 owed to him, he says, since March 1995." The Examiner reports that "[t]here's a Catch-22, however, and only federal authorities -- or a judge -- can cut through it." The Social

Security Administration requires a foreigner to reside in this country for one month of every six to receive entitled benefits, but under its "loathsome or contagious diseases" law, INS prohibits entry of foreigners with communicable diseases, including HIV and AIDS.

THROWING DOWN THE GAUNTLET

Kristen Jensen, one of Arnesen's attorneys, said, "U.S. policy excluding foreigners with AIDS is the harshest and most restrictive of virtually any country. The other issue is that Chris completely embraced this country. He paid into the system the way every citizen and permanent resident does. ... [W]hen he became too sick to contribute any more and was entitled to get something back, this gauntlet was thrown down for him." Social Security spokesperson Linda Claramo said her agency reviewed Arnesen's case, and, while it is "very sympathetic," it "can find no exception to the law requiring residency." Arnesen's attorneys argue further that if Arneson is arrested, an INS procedure "intended to guard against the use of illegal substances," would require the confiscation of all drugs, including Arnesen's AIDS medications. They claim this measure would "further harm his health ... by exposing his compromised immune system to new infections from other detainees and prisoners." Thomas Schiltgen, district INS director, countered that "appropriate medical care is provided to everyone taken into custody," but wouldn't comment on whether "agents will meet Arneson" (Winokur, San Francisco Examiner, 8/1).

#2 MEDICAID: HOUSE LAWMAKERS CALL FOR EXPANDED HIV COVERAGE

House Minority Leader Richard Gephardt (D-MO) and Rep. Nancy Pelosi (D-CA) yesterday urged Health and Human Services Secretary Donna Shalala to "expand Medicaid to low-income people who are HIV-positive but have not yet developed symptoms of HIV disease." In a letter signed by 66 other House lawmakers, Gephardt said, "It is unconscionable to deny people living with HIV the drugs we know can help keep them well simply because they have no health insurance or are not yet sick enough to qualify for Medicaid." He said it is his "fervent hope" that the Clinton Administration will "fill this unjustifiable gap in our current Medicaid policy." Under current Medicaid regulations, people infected with HIV must become "sick and disabled" before receiving benefits. The policy "runs counter" to recommendations developed by HHS and a panel of medical experts, which advises that people with HIV receive early treatment with protease inhibitors. "It is imperative that our government health care programs catch up with the recommendations of government health care experts," Pelosi said. A study released by the University of California- San Francisco, reported that offering combination antiretroviral therapy under Medicaid would "prevent thousands of deaths and AIDS diagnoses, leading to 14,500 more years of life for persons with HIV disease over five years." Study authors called the program "affordable from a federal perspective" (Gephardt release, 8/3).

MEDIA & SOCIETY

#3 MEDIA COVERAGE: AFRICAN AMERICANS CITE THEIR CONCERNS

African Americans "think the media is doing a poor job reporting on the health issues affecting" them, the Kaiser Family Foundation reports after surveying African Americans nationwide in a collaborative effort with the National Association of Black Journalists. The survey results were prepared for a symposium at the NABJ's annual conference in Washington, DC, this week on media coverage of health issues affecting African Americans. Those surveyed indicate they are "skeptical of what they read and hear": 49% report they "only sometimes" trust the information and 7% say "hardly ever." In addition, "[m]ajorities ... say the media 'unfairly' stereotypes African Americans, by reporting on such issues as welfare dependency (70%), births to single mothers (61%), and teenage pregnancy (55%) as 'Black problems.'" NABJ President Vanessa Williams encouraged journalists to provide more sensitive and accurate coverage of the African American community, "plagued" by health problems "from a high infant mortality rate to disproportionate cancer deaths to the spread of AIDS."

MEDIA STILL INFLUENTIAL

Although those surveyed note the media could provide better coverage, they cite coverage in several areas that has influenced them: "71% say they talked with a family member or friend about a health issue reported in the media; 55% say they changed their own behavior to improve their health; 49% say they talked with a sexual partner about a sexual health issue; and 43% say they

talked with a health provider." Of those areas that need improvement, 63% said the media should do more on how to talk with children about sex and other topics, and 50% said the media could be doing more on HIV prevention. Respondents said the major problems facing black Americans include teen pregnancy (89%) and AIDS (81%) (Kaiser release, 7/31). Click here to read past Daily Report coverage of AIDS issues in the African American community.

GLOBAL CHALLENGES

#4 JAPAN: OFFICIALS KNEW UNHEATED BLOOD COULD SPREAD AIDS

Japanese government officials "knew as early as 1983 that unheated blood products used to treat Japan's 5,000 hemophiliacs may have been tainted with HIV ... but continued to use them," according to evidence aired July 31 at a public hearing in Tokyo District Court. The Asahi News Service reports that the hearing is investigating the government's decision to distribute unheated blood products to hemophiliacs. Roughly 1,800 hemophiliacs contracted HIV from the transfusion of the untreated blood, and more than 400 died from AIDS. Akihito Matsumura, former head of the Health and Welfare Ministry division overseeing blood products, is charged with "professional negligence" over the deaths.

REWIND BACK TO 1983

At the public meeting, a tape recording was played of the "first meeting of a panel set up in 1983 to examine the AIDS

risks of such blood products." While there were no recorded deaths of hemophiliacs in Japan at that time, ministry officials "showed various levels of concern" over the risk of spreading HIV. Several researchers at the 1983 meeting said the unheated blood products should be discontinued, but ministry officials disagreed and decided to continue using them. After last week's hearing, plaintiffs "expressed shock and rage over the panel members' indifferent and cold attitude toward the fate of 5,000 hemophiliacs" (Asahi News Service, 8/3).

#5 NIGERIA: PHARMACEUTICAL GROUP TO OFFER FREE AIDS DRUGS

The Pharmaceutical Society of Nigeria (PSN) will provide 500 HIV-infected Nigerians with a year's free supply of anti-retroviral drugs as part of a "multi-drug treatment intervention strategy to boost" the country's treatment efforts, the Xinhua News Agency reports. PSN National President Eme Ekaette outlined the effort as part of a "nationwide public awareness campaign" unveiled at a forum this past weekend. The campaign will include distribution of posters, handbills and car stickers, as well as media efforts and a management training program for pharmacists and other health care professionals regarding HIV/AIDS. The plan has been forwarded to the Nigerian government for approval, Ekaette said (Xinhua News Agency, 8/3).

SCIENCE & MEDICINE

#6 AIDS RESEARCH: AIDS RESEARCH DIRECTOR OUTLINES NEW GOALS

Asserting that "AIDS is the plague of the 20th Century," Neil Nathanson, the new head of the U.S. Office of AIDS Research, said "new AIDS research should focus on women, new drugs and mother-to-child transmission," Reuters/Nando Times reports. In a commentary appearing in Nature Medicine Nathanson emphasizes that "the course of the disease in the population ha[s] changed," and AIDS research should focus on these new areas. Nathanson cites the "four-fold rise in AIDS cases" in women over the past five years as evidence that researchers should focus on the causes of faster progression of HIV in women and develop more effective mechanisms to block HIV transmission in the female population. During the same five year period, there was only a two-fold increase in the number of men infected with HIV, partly because "male condom use has been established as an effective method to reduce HIV transmission." Women, however, lack "effective, inexpensive and acceptable female-controlled" options to block HIV transmission. Nathanson "bemoaned the absence of a microbicide on the market -- "a gel or cream that women could use, with or without a man's knowledge, to kill HIV." He pointed out that "STD prevention and treatment should be an integral component of the AIDS research agenda. ... Sexually transmitted diseases (STDs) other than AIDS, have been shown to significantly contribute to HIV transmission, and we have yet to control these infection on a global basis." In regard to mother-to-child HIV transmission, Nathanson also emphasized the need for increased research. While pre-natal drug treatment has been shown to reduce this risk, "little research has been done on other ways to

reduce the risk for babies of infected mothers. ... The virtual elimination of perinatal transmission in our nation is a goal that should be vigorously pursued," he said (Reuters/Nando Times, 8/3). Click here to read previous coverage of Nathanson.

==========

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

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==========

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

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 4-AUG-1998 16:03:23.00

SUBJECT: FW: Medicaid Expansion

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

TEXT:
>----------

>From: Morin, Steve[SMTP:SMorin@psg.ucsf.edu]

>Sent: Tuesday, August 04, 1998 11:54 AM

>To: Coates, Tom; Franks, Pat; Kahn, Jim; Lo, Bernie; Morin,

Steve; Shriver,

>Mike

>Cc: Chris Collins; Cogorno, Robert

>Subject: Medicaid Expansion

>

>Good work!

>

>MEDICAID: HOUSE LAWMAKERS CALL FOR EXPANDED HIV COVERAGE

> House Minority Leader Richard Gephardt (D-MO) and Rep. Nancy

>Pelosi (D-CA) yesterday urged Health and Human Services Secretary

>Donna Shalala to "expand Medicaid to low-income people who are

>HIV-positive but have not yet developed symptoms of HIV disease."

>In a letter signed by 66 other House lawmakers, Gephardt said,

>"It is unconscionable to deny people living with HIV the drugs we

>know can help keep them well simply because they have no health

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>He said it is his "fervent hope" that the Clinton Administration

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>Pelosi said. A study released by the University of
>California- San Francisco, reported that offering combination
>antiretroviral therapy under Medicaid would "prevent thousands of
>deaths and AIDS diagnoses, leading to 14,500 more years of life
>for persons with HIV disease over five years." Study authors
>called the program "affordable from a federal perspective"
>(Gephardt release, 8/3).
>
>
>
>Steve Morin, Ph.D.
>UCSF AIDS Research Institute
>74 New Montgomery Street, Suite 600
>San Francisco, California 94105
>415-597-9228 (phone)
>415-597-9202 (fax)
>smorin@psg.ucsf.edu (e-mail)
>
>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 4-AUG-1998 21:44:30.00

SUBJECT: FW: fyi, i sent this out today...

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

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

TO: Tim Westmoreland ("'Tim Westmoreland (E-mail)'" <westmort@law.georgetown.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:
>-----Original Message-----

>From: Abreu, Julio

>Sent: Tuesday, August 04, 1998 5:39 PM

>To:Seth Kilbourn (E-mail); Mikey Shriver (E-mail); Laquita Bowers

(E-mail);

>BJ Harris (E-mail)

>Cc:Abreu, Julio

>Subject: fyi, i sent this out today...

>

>

>

>

>August 4, 1998

>

>The Honorable Representative

>US House of Representatives

>Washington, DC 20515

>

>Dear Representative:

>

>Enclosed are recent articles from major newspapers throughout the country

on

>AIDS Action's unveiling of a ten-point plan to reinvigorate HIV prevention

>efforts in our nation. AIDS Action, the national voice on AIDS,

representing

>all Americans affected by HIV/AIDS and 3,200 community-based service

>organizations that serve them, recommends prevention interventions that

are

>rooted in science and empirical data to stem the rising rate of new HIV

>infections. Unfortunately, our nation's current HIV prevention efforts

are

>insufficient and inadequately linked with other public health

priorities. In

>fact, HIV prevention is level funded in the House Labor, HHS

Appropriations

>bill.

>

>As the House and Senate deliberate on appropriation bills and other bills

>with important public health implications, we urge you to consider and

>support our prevention initiatives. This request is made more urgent by

the

>fact that half of new infections occur in people under the age of 25.

While

>there is an urgent need to boost HIV prevention funding at the CDC, some

>legislators are focusing on other aspects of prevention. Here are a few

>important facts regarding prevention programs that we urge you to

consider:

>

>* Partner Notification All states, as a condition of receiving

federal

>prevention funds, have implemented a partner notification program. In

>addition, the Ryan White CARE Act requires states to notify a spouse of a

>known HIV-infected patient that such spouse may have been exposed to HIV

and

>should seek testing. However, mandatory partner notification programs

>discourage some populations from seeking testing including women who fear

>domestic violence. Furthermore, partner notification strategies require

the

>voluntary and willing cooperation of the infected individual in order for

>partner notification to work. Also, partner notification activities are

>labor intensive and consequently, are expensive and would likely divert

>resources from more effective means of HIV infection control, including

>expansion of HIV testing and counseling. As a result, AIDS Action opposes

>any efforts to mandate partner notification or to coerce participation in

>notification programs.

>

>* Newborn Testing A dramatic decline in perinatal transmission is

one of the
>success stories of the epidemic. The implementation of routine HIV
>counseling and voluntary testing of pregnant women, in addition to AZT
use,
>has resulted in a 55% decline in years 1994-97 in perinatal transmission.
>Voluntary testing of pregnant mothers is working. The CDC reported that
most
>HIV-infected women were tested for HIV before their child's birth
confirming
>the effectiveness of current Public Health Service guidelines for routine
HIV
>counseling and voluntary testing of pregnant women. Furthermore,
mandatory
>testing policies deter some pregnant women from seeking medical care. For
>all of these reasons, AIDS Action opposes any efforts to mandate newborn
>testing and discourage women at risk from seeking care.
>
>* Needle Exchange The Clinton Administration has made the
scientific
>determination that needle exchange programs prevent the spread of HIV and
do
>not encourage the use of illegal drugs but also has prohibited the use of
>federal funds for needle exchange programs. The House of Representatives
>voted for a permanent ban of federal funds for needle exchange in a way
that
>threatens state and local autonomy and prevents them from using other
monies

>for needle exchange. In the House FY 1999 Labor, Health and Human
Services
>Appropriations bill, there is language that would prohibit the use of
federal
>funds for needle exchanges for one year but would not tie the hands of
states
>and localities to implement needle exchange programs with their own funds.
>In an important step, this bill also contains more money for substance
abuse
>treatment directed at preventing drug abuse behavior that places
individuals
>at risk for HIV in the first place. Therefore, AIDS Action opposes any
>efforts that do not preserve local and state flexibility with respect to
the
>use of their own funds. We are also concerned about legislative language
>regarding needle exchange that may jeopardize the use of other federal
>dollars not related to exchanging syringes.
>
>AIDS Action's ten-point HIV prevention plan is a blueprint for
reinvigorating
>our nation's HIV prevention efforts. HIV prevention, at its best, is a
>comprehensive toolbox that gives states and localities an opportunity to
>select tools appropriate for the epidemic in their area. The success of a
>new era of prevention depends upon shared responsibility, not finger
pointing
>or blame, but commitment from all sectors of society - public and private,
>individuals and communities - to fight the spread of HIV.

>

>It is likely that if we had a medical vaccine, forces would be mobilized

to

>deploy it but our current prevention efforts are paralyzed. Prevention is

>our best hope to reverse the trend of new infections, and limit the

ravages

>of HIV/AIDS among communities of color and women. The reality is that the

>current generation of AIDS drugs do not work for everyone and are a cure

for

>no one. We urge you to oppose any efforts in the waning days of this

>Congress that would be counterproductive to the direction our nation

needs to

>take with regards to prevention. Thank you for your continued commitment

to

>people living with HIV/AIDS, and if you have any concerns, please contact

>Julio C. Abreu (202-986-1300x3021), our prevention advocate.

>

>

>

>Sincerely,

>

>

>

>Daniel Zingale

>Executive DirectorUSA Today

>

>TUESDAY, JULY 21, 1998

>

>Groups seek more funding for HIV prevention efforts

>By Steve Sternberg

>USA TODAY

>

>WASHINGTON - Alarmed at the spread of AIDS nationwide, MDS ad-vocates on

>Monday demanded mil-lions for HIV prevention and decried the nation's

>"paralyzed" prevention efforts.

>Officials estimate that as many as 900,000 people now carry HW, the vi-rus

>that causes AIDS, in the USA. Roughly 40,000 people get the lethal virus

each

>year, half of them younger than 25. New cases add $6.2 billion in lifetime

>treatment costs 'to the na-tion's AIDS-care bill each year.

>Washington-based AIDS Action re-leased a 10-point plan designed to

kick-start

>prevention efforts. It called for a 25% increase in funding for fed-eral

>prevention programs. During the last two years, funding for prevention has

>hovered at just above $600 million.

>"Imagine if we had a medical vaccine for HIV/AIDS, and the forces that

would

>be deployed to get it out there," said the group's director, Dan-iel

Zingale.

>"The closest thing we have today is a virtual vaccine - pre-vention and

>education - but those ef-forts are paralyzed.

>"We're in our second year of flat funding, in contrast to appropriate

>increases for AIDS research, care and housing."

>"Until we have a vaccine, until we have a cure, our first line of defense

is

>prevention:' said Sandra Thurman, director of the White House Office of

>National AIDS policy.

>Secret Service agents arrested 10 demonstrators who laid siege to

Thur-man's

>Washington office Monday. Several chained themselves to furni-ture to

protest

>the administration's decision in April not to fund needle-exchange

programs.

>The AIDS Action plan, called "Vir-tual Vaccine," also calls for

>- Condom ads on all major net-work programs rated "S" for sexual content.

>- Federal funding of programs al-lowing drug abusers to exchange dirty

>needles for clean ones.

>- Drug treatment on request to prevent further spread among illicit

>needle-sharing

>- Widespread HIV testing.

>

>Los Angeles Times

>

>Tuesday, July 21, 1998

>

>AIDS Activists Urge Funds for Prevention Programs

>From Associated Press

>

>WASHINGTON - Demanding millions more for HIV prevention and televised

condom

>ads, AIDS activists said Monday that 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. Every year at least 40,000 Ameri-cans

>catch HIV, the virus that causes AIDS. An estimated half of those stricken

>are under 25. They add $6.2 billion in lifetime treat-ment costs to the

>nation's health care bill, the Centers for Disease Control and Prevention

>said.

>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 unprotected sex at

>least once in the last 18 months, con-cluded 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

>advisor to protest the admin-istration's refusal to allow federal funding

of

>needle exchanges.

>Experts say 33 people every day catch HIV-or human immuno-deficiency

>virus-from dirty drug needles or sex with addicts. Scien-tific studies

show

>letting addicts swap used needles for clean ones lowers the risk of

spreading

>HIV.

>About 110 U.S. needle exchanges operate with local or private fund-ing,

but

>communities say they need federal tax dollars to reach more addicts.

>Nonetheless, Clinton side-stepped a political fight by refusing in April

to

>provide such federal aid.

>"To have the United States government play politics with people'

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 public health officials and AIDS workers together

Monday

>to call for new HIV prevention programs. The main demand was a 25%

increase

>in the 'CDC's $634 million budget for education and other programs.

>

>

>

>

>Julio C Abreu

>Legislative Representative

>Government Affairs

>202-986-1300 x3021

>

>jabreu@aidsaction.org

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 4-AUG-1998 00:19:47.00

SUBJECT: Re: Re: Fwd: HR2070 (Solomon) vote likely today

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

TEXT:
Todd --

Thanks for the article. This is an excellent example of ohw, if the DoJ linked their authority to states where they provided funding, TA, or oversight, they could ensure these horrors did not occur.

-- J

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: 2018-0997-F

Bucket: OPD

Creation Date: 1998-08-04

Subject: Re: Racial Disparities in Health Briefing

Creator: DvonZinkernagel DvonZinkernagel@osophs.dhhs.gov
Deborah Von Zinkernagel [UNKNOWN]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Jim Kohlenberger (CN=Jim Kohlenberger/O=OVP [OVP])

CREATION DATE/TIME: 5-AUG-1998 12:13:57.00

SUBJECT: BURTON, DONENFELD & GONZALES ARE HITTIN' THE ROAD!

TO: Anne E. McGuire (CN=Anne E. McGuire/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

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

TO: Beth A. Viola (CN=Beth A. Viola/OU=CEQ/O=EOP @ EOP [CEQ])
READ:UNKNOWN

TO: Bruce N. Reed (CN=Bruce N. Reed/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

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

TO: Christa Robinson (CN=Christa Robinson/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

TO: Christopher C. Jennings (CN=Christopher C. Jennings/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

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

TO: Cynthia Dailard (CN=Cynthia Dailard/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

TO: Daniel N. Mendelson (CN=Daniel N. Mendelson/OU=OMB/O=EOP @ EOP [OMB])
READ:UNKNOWN

TO: Elena Kagan (CN=Elena Kagan/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

TO: Emory L. Mayfield (CN=Emory L. Mayfield/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TO: Fred Duval (CN=Fred DuVal/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

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

TO: Jonathan Orszag (CN=Jonathan Orszag/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

TO: Joshua Gotbaum (CN=Joshua Gotbaum/OU=OMB/O=EOP @ EOP [OMB])
READ:UNKNOWN

TO: Julia M. Payne (CN=Julia M. Payne/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TO: Kris M Balderston (CN=Kris M Balderston/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TO: Lowell A. Weiss (CN=Lowell A. Weiss/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TO: Mary L. Smith (CN=Mary L. Smith/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

TO: Richard J. Turman (CN=Richard J. Turman/OU=OMB/O=EOP @ EOP [OMB])
READ:UNKNOWN

TO: Sally Katzen (CN=Sally Katzen/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

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

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

TO: Thomas L. Freedman (CN=Thomas L. Freedman/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

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

TO: Walker F. Bass (CN=Walker F. Bass/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TO: William H. White Jr. (CN=William H. White Jr./OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

Jonathan H. Schnur (CN=Jonathan H. Schnur/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

TEXT:
---------- Forwarded by Jim Kohlenberger/OVP on 08/05/98 12:10

PM ----------

To: Bill F Althoff/OVP, Eric R. Anderson/OVP, Doug Babcock/OVP,

Gayle Bauer/OVP, Debbie B Bengtson/OVP, Lisa A. Berg/OVP, Lee Ann

Brackett/OVP, Michael J. Burton/OVP, Peggy Cusack/OVP, Marc R D'Anjou/OVP, Toby Donenfeld/OVP, Philip G Dufour/OVP, Joseph D Eyer/OVP, Michael B. Feldman/OVP, Lucia F. Gilliland/OVP, Sue R. Greenberg/OVP, Bruce Harding/OVP, Elizabeth Harrington/OVP, Wendy Hartman/OVP, Gordon Heddell/OVP, Paul Hegarty/OVP, Bonnie Houchen/OVP, Phillip J. Humnicky/OVP, Ansley Jones/OVP, Vivian Jones/OVP, Elaine C. Kamarck/OVP, Joe Keohan/OVP, Ron Klain/OVP, Jim Kohlenberger/OVP, Heidi Kukis/OVP, Heather M. Marabeti/OVP, Rhonda Melton/OVP, MOTOR_1/OVP, Wendy C. New/OVP, Ellen L. Ochs/OVP, Mary M. Overbey/OVP, Eric L. Schnure/OVP, Callie Shell/OVP, Caren L. Solomon/OVP, Jonathan Spalter/OVP, Elisabeth S. Steele/OVP, John Stoner/OVP, David R Thomas/OVP, Cindy Trutanic/OVP, Kimberly H Tilley/OVP, Christopher R. Ulrich/OVP, Moe Vela/OVP, Lorraine A. Voles/OVP, Jonathan Weiss/OVP, Alberta A. Winkler/OVP, Cheryl Anderson at gore-dc @ CCMAIL, Nancy Hoit at NPR @ CCMAIL, Elizabeth Katze at gore-dc @ ccmail, David Ligon at gore-dc @ ccmail, Aimee Malnati at gore-dc @ ccmail, Bill Mason at GORE-DC @ ccmail, Clark Ogilvie at gore-dc @ CCMAIL, Rhonda Melton at gore-dc @ CCMAIL, Neil Blecher at gore-dc @ CCMAIL, Andy Dryden at gore-dc @ CCMAIL, Virginia M. Terzano/OVP, Joanne M. Hilty/OVP, Elisabeth Stock/OVP, Linda B. Paris/OVP, Jalair Y. Flynn/OVP, Trooper Sanders/OVP, Roger V. Salazar/OVP, Susan M. Liss/OVP, Charles W. Burson/OVP, Kimberly M. Harold/OVP, Donald H. Gips/OVP, Bobbie J. Bauman/OVP, Paul J. Cusack/OVP, Lisa M. Brown/OVP, Matthew I. Fraidin/OVP, Leigh A. Apple/OVP, Michael B. Waitzkin/WHO/EOP @ EOP, Steven W. Adamske/OVP, Todd H. Dennett/OVP, Mary A. Dixon/OVP, Maurice Daniel/OVP, Dan J. Taylor/OVP, Andrei H. Cherny/OVP, Nathan B. Naylor/OVP, Jonathan H. Schnur/OVP, Karen E. Skelton/WHO/EOP @ EOP, Kay Casstevens/OVP, Miguel M. Bustos/OVP, Lisa M. Brown/OVP, Matthew L.

Bennett/OVP, Lisa M. Mallory/OVP, Steve L. Kwast/OVP, Rachael E. Sullivan/OVP, Scott R. Hynes/OVP, Paul A. Tuchmann/OVP, Elizabeth V. Katze/OVP, Thurgood Marshall Jr/WHO/EOP @ EOP, Elisabeth Steele/WHO/EOP, Janet Murguia/WHO/EOP @ EOP, Jessica L. Gibson/WHO/EOP @ EOP, Mindy E. Myers/WHO/EOP, Charles M. Brain/WHO/EOP, Dario J. Gomez/WHO/EOP, Alphonse J. Maldon/WHO/EOP @ EOP, Broderick Johnson/WHO/EOP, Lisa M. Kountoupes/OMB/EOP @ EOP, Elisa Millsap/WHO/EOP @ EOP, Jade L Riley/WHO/EOP, Tracey E. Thornton/WHO/EOP @ EOP, Janelle E. Erickson/WHO/EOP, Jeffrey A. Forbes/WHO/EOP @ EOP, Peter G. Jacoby/WHO/EOP @ EOP, Roger S. Ballentine/WHO/EOP, Virginia N. Rustique/WHO/EOP @ EOP, Marty J. Hoffmann/WHO/EOP, Peter D. Greenberger/WHO/EOP, Eli P. Joseph/WHO/EOP, Martha Foley/WHO/EOP @ EOP, Lawrence J. Stein/WHO/EOP, Julie A. Fernandes/OPD/EOP, Heather M. Marabeti/WHO/EOP

cc:

From: Matthew J. Bianco/OVP

Date: 08/04/98 12:43:55 PM

Subject: BURTON, DONENFELD & GONZALES ARE HITTIN' THE ROAD!

Mike, Toby and Rick are hittin' the road to hit the books! As many of you know, our three colleagues are leaving OVP to either sit in a classroom come fall, or stand in front of one. In order to wish them well and all of the success they deserve, we will be bidding them a fond farewell this Thursday, August 6th at 5 pm on Mrs. Gore's balcony! There will be food, folks and fun and maybe even a surprise visitor. Please mark your calendars and we'll see you there!

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 5-AUG-1998 14:56:53.00

SUBJECT: Medicaid -- CDC Daily Summary

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

TEXT:
"Lawmakers Seek to Make HIV Infection a Disability"

San Francisco Examiner Online (08/04/98); Holland, Judy

A group of 68 House of Representatives members have sent a letter to Department of Health and Human Services Secretary Donna Shalala, urging her to expand Medicaid benefits so HIV-positive people can have access to expensive protease drug treatments. The drug cocktails, which include the powerful protease inhibitors, can cost up to $15,000 per year. Shalala could increase Medicaid benefits if she is able to prove that it would be cost neutral to do so. According to Minority Leader Richard Gephardt (D-Mo.) and California representative Nancy Pelosi (D-San Francisco), providing the therapy allows people to stay healthier longer, thereby reducing the amount of hospitalization time. They also pointed out that early and effective treatment would save money for the Supplemental Security Income program, which offers benefits to disabled people.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 5-AUG-1998 14:32:00.00

SUBJECT: New 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: bigbob411 ("'bigbob411@aol.com'" <bigbob411@aol.com> [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])
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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])
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TO: Scotthitt ("'Scotthitt@aol.com'" <Scotthitt@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])
READ:UNKNOWN

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

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

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

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

TEXT:
New Prevention Subcommittee Conference Call

A conference call for the Prevention Subcommittee has been scheduled for

Tuesday, August 18, at 3:30 p.m. eastern time. The number to dial at 3:30

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

CREATION DATE/TIME: 5-AUG-1998 13:54:19.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Wednesday, August 5, 1998

POLITICS & POLICY

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#1 IMMIGRATION BAN: 'Contagious & Proud' Arneson Allowed Into The U.S.

SCIENCE & MEDICINE

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#2 DRUG TREATMENT: Acyclovir Boosts Survival For HIV Patients

#3 SURVIVAL RATES: Residents Of Poor, Rich Neighborhoods Fare The Same

ACROSS THE NATION

==========

#4 VIAGRA: Alabama Lawmaker Seeks Ban For HIV-Positive Men

CALENDAR

Help keep our calendar up to date! Please let us know if your group is releasing a report or hosting a meeting, press conference or any other event featuring a reproductive health issue. From this page (web-based version), click on "contact" at top left, or call 703-518-8725.

POLITICS & POLICY

#1 IMMIGRATION BAN: 'CONTAGIOUS & PROUD' ARNESON ALLOWED INTO THE U.S.

Bearing a suitcase with the words "Loathsome, Contagious & Proud" embossed across it, Christopher Arneson "cleared a significant hurdle" yesterday when the HIV-positive New Zealand citizen "was allowed back into the United States, despite a 1993 federal law forbidding HIV-positive foreigners from entering the country," the San Francisco Chronicle reports. Arneson "greeted a passel of lawyers and reporters at the U.S. Customs office after flying from his native country, risking detention in prison by immigration authorities." He aims to remain in the country long enough to apply for and receive Social Security disability benefits to cover the cost of his medical treatments. The San Francisco Chronicle reports Arneson had a "congenial" meeting with immigration service officials, and he has "been told to visit immigration officials again August 17 to determine how long

he can stay in the country." His attorneys are "filing for an immediate hearing in federal court concerning his benefits." Attorney Kristen Jensen said that when Arneson was a legal U.S. resident, "He did everything right. He paid his taxes better than some people who were born here." HIV is considered by current law to be a "loathsome and contagious" disease "that must be kept from entering the country," the Chronicle notes (Herscher, San Francisco Chronicle, 8/5). Click here for previous coverage of the Arneson case.

SCIENCE & MEDICINE

#2 DRUG TREATMENT: ACYCLOVIR BOOSTS SURVIVAL FOR HIV PATIENTS

An analysis conducted by the National Institute of Allergy and Infectious Diseases found that the drug acyclovir "offered a modest survival benefit" to patients infected with HIV. The analysis comprised eight randomized trials involving 1,792 patients that "compared high-dose oral acyclovir, at least 3,200 mg/d, to placebo or no treatment." The study researchers, a multinational team led by Dr. John P.A. Ioannidis of NIAID, who reported their findings in the August issue of the Journal of Infectious Diseases, found that acyclovir also cut the infection rate from herpes simplex virus and varicella zoster virus. "A survival advantage was seen specifically in studies with high incidence of clinical herpes virus infections," the authors note. The drug did not reduce the infection rate from cytomegalovirus or death from lymphoma or Kaposi's sarcoma, and had "only a small

effect in low-risk patients." The authors conclude that analysis "supports the importance of pathogenetic interactions between herpes viruses and HIV" (Reuters/JAMA, 8/3).

#3 SURVIVAL RATES: RESIDENTS OF POOR, RICH NEIGHBORHOODS FARE THE SAME

Socioeconomic status does not affect the survival of AIDS patients, according to an analysis of more than 18,000 AIDS patients conducted by the San Francisco Department of Health. Appearing in the August 1 issue of the American Journal of Epidemiology, the study analyzed survival rates of people diagnosed with the disease between 1985 and 1995. The median survival rate was 22 months for patients living in neighborhoods considered to be poor or "working class," compared with 23 months for those living in "higher income" neighborhoods. When researchers categorized neighborhoods by education level, median survival was 23 months "regardless of whether patients lived in low-education or high-education neighborhoods." The researchers commented that "[t]he lack of an association between socioeconomic status and length of survival" may be explained by the high AIDS death rate prior to the introduction of antiretroviral therapy, or to "similar levels" of care available throughout the city (Reuters/JAMA, 8/3).

ACROSS THE NATION

#4 VIAGRA: ALABAMA LAWMAKER SEEKS BAN FOR HIV-POSITIVE MEN

Incensed by the rumor that "at least one Alabama doctor is prescribing Viagra" for an HIV-positive man, state Rep. Larry Sims (R) intends to introduce legislation banning doctors from prescribing the impotence drug for anyone "known to have a sexually transmitted disease," the Birmingham News reports. Sims said, "This is not only gross malpractice, but in my opinion, this act should be criminal." Sims, who is up for re-election, and wasn't sure if any doctors had actually prescribed Viagra for anyone with an STD, said, "I have some pretty strong indications it's being done. Since I don't have access to medical records, I don't have any way to prove that." However, state Sen. Larry Dixon (R), executive director of the state Board of Medical Examiners, said he had no evidence of the practice. "Neither did officials with the state medical association or state Medicaid agency," according to the Birmingham News. Dixon also noted that "many people with [STDs] are married and in monogamous relationships," but Sims said, "there would be no guarantee the person using Viagra ... would remain faithful." Nonetheless, Sims vowed to sponsor legislation making the practice a criminal offense. Although the state Legislature is out of session until the spring of 1999, "Sims said he didn't want to wait until after Nov. 3 to talk about his plan," the News reports. "I'm going to start public debate on the bill now. I think it's going to generate a lot of support," he said (White, Birmingham News, 8/5).

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

-30-

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 5-AUG-1998 16:18:30.00

SUBJECT: call in for small grant fund meeting

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

TEXT:
Dear Todd,

I know that Ron just e-mailed you about the small grant fund meeting that has been set up for Tues, August 11 at 1:00. The call in number for this is 800-351-4898 with the security code ncihaids. I sent you a folder with copies of the proposals. If you didn't receive it, let me know immediately.

Thanks,

Kim Parvez

202-833-5900 ext. 214

****

National Council for International Health

Global AIDS Program

1701 K Street, NW, Suite 600

Washington, DC 20006

tel: 202-833-5900

fax: 202-833-0075

email: <ncihaids@ncihaids.org>

Program staff:

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Helen Cornman, Co-Director

Kim Parvez, Program Assistant

Abha Mishra, Program Intern

Edna Ogada, Program Intern

****

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 5-AUG-1998 23:41:32.00

SUBJECT: Returned mail: User unknown

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

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

While talking to mail.senate.gov:

>>> RCPT To:<Ned.McCulloch@mail.senate.gov>

<<< 550 <Ned.McCulloch@mail.senate.gov>... User unknown

550 <Ned.McCulloch@mail.senate.gov>... User unknown

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

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

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

id AA07239; Wed, 5 Aug 1998 19:41:32 -0400

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

id 85256657.0082238C ; Wed, 5 Aug 1998 19:41:27 -0400

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: Ned.McCulloch@mail.senate.gov

Message-Id: <85256657.0081E909.00@lngate3.eop.gov>

Date: Wed, 5 Aug 1998 19:41:06 -0400

Subject: Ref. by Iskowitz

Mime-Version: 1.0

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

Michael Iskowitze suggested I contact you about a bill that has passed the House and is working its way to your side of the dome - the Correction Officer's Health and Safety Act. I am particularly interested in getting some contacts with the unions that represent corrections officers and staff.

Can you give me a call at 456-2444?

Thanks,

Todd Summers

Deputy Director

White House Office of National AIDS Policy

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From NCIH HIV/AIDS Program to Todd Summers, Daniel Montoya Re: Blood Profile (4 pages)	08/05/1998	Personal Misfile

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

FOLDER TITLE:
[08/04/1998 - 08/13/1998]

2018-0758-F
jn565

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: Microsoft (Microsoft <Microsoft_001333@news.newswire.microsoft.com> [UNKNOWN])

CREATION DATE/TIME: 6-AUG-1998 21:23:18.00

SUBJECT: Special Alert - E-mail security issue

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

TEXT:
This is a special alert message to registered users of Microsoft Office,

Microsoft Outlook 98, Microsoft Internet Explorer version 4.0 or later,

and Microsoft Windows 98. We want to inform you of a security issue that

affects e-mail packages including Microsoft Outlook 98 and Microsoft

Outlook Express versions 4.0 or later. Microsoft has created a fix for

this security issue, which can be downloaded from

http://www.microsoft.com/security/

This security issue involves how e-mail software handles file attachments

with extremely long file names. When users attempt to download, open or

launch a file attachment that has a name containing more than a certain

number of characters, their action can cause the program to shut down

unexpectedly. It is possible - although difficult - for a hacker to cause

malicious code to be executed on a computer as a result of this problem.

However, this cannot be caused accidentally, and to date we have received

no reports of users being affected. More information on this issue can be

found at

http://www.microsoft.com/security/bulletins/ms98-008.htm

Microsoft takes security very seriously, and we know you do as well.

Microsoft is committed to ensuring that all its customers enjoy a rich,

safe and secure computing experience and developers have been working around the clock to isolate and deal with these issues. Microsoft has provided software patches for both Outlook Express and Outlook 98 at http://www.microsoft.com/security/
We strongly recommend that you download the appropriate patch immediately.

To ensure customer safety with regard to this and other security-related issues, Microsoft is investigating further to uncover variants that the current patch may not block. Microsoft will communicate additional information about this research as it becomes available. You can also visit
http://www.microsoft.com/security/.
for the latest information and updates, and to register for the Microsoft Security Notification Service.

Thank you.

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How to use this mailing list:
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Our relationship with you is very important to us. If you do not want to receive e-mail from Microsoft.com's e-mail service, please visit our Web site at:

http://www.microsoft.com/misc/unsubscribe.htm

This is the place you can subscribe or unsubscribe to our free e-mail newsletters and/or choose not to receive e-mail from Microsoft.com's e-mail service.

Alternatively, please send a reply to this e-mail with the word "unsubscribe" as the first line in the body of the message.

~~~~~~~~~~~~~~~~~~~~~~~~~~

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 6-AUG-1998 15:44:08.00

SUBJECT: Re: Re: HR 2070

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

TEXT:
Todd --

Your thoughts about the senate version are right on the mark. Can you

send

me details of the house report so I can consider some follow-up? The

mandate

for care and support, is excellent. Maybe we could ask Maxine (or aide)

to

speak to the Prison Committee which let's her know we're interested, as

well.

-- J

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 6-AUG-1998 13:58:49.00

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, August 6, 1998

GLOBAL CHALLENGES

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#1 AFRICA: Doctors 'Powerless' To Stop 'Iyoyo'

#2 AUSTRALIA: HIV-Positive Women Wait To Tell Children, Expect Less From Drug Treatment

ACROSS THE NATION

==========

#3 KENTUCKY: Black Leadership Conference To Focus On HIV/AIDS

SCIENCE & MEDICINE

==========

#4 ZIDOVUDINE: Has Reduced Perinatal Transmission Rate In Europe

#5 PERINATAL TRANSMISSION: Linked With Slowed Intrauterine

Growth

SPECIAL NOTICE

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

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

Phone: 703-518-8725

GLOBAL CHALLENGES

#1 AFRICA: DOCTORS 'POWERLESS' TO STOP 'IYOYO'

In Zimbabwe, overworked doctors without proper medicine or equipment regard AIDS as "just another disease," one that is so common people call it "iyoyo -- that thing," today's New York Times reports. The country "may have the highest AIDS infection rate on earth." The country's HIV rate approaches 40% in some areas, and "AIDS is just another word for dying." Life expectancy has plummeted from 61 years in 1993 to a projected 49 years by 2000. The Times notes that "[t]wo years ago, 500 people died each week in Zimbabwe. Last year the figure was 650. Now it is close to 750." Dr. Bart Vander Plaetse, who practices in an area with two doctors to serve 140,000 people, said, "There are just so many sick people. We want to control it all, and we try. But it's getting harder. There are times when it seems like it's getting out from under us." Zimbabwe annually spends

less than $10 per capita on health care, leaving doctors without even the most basic medical supplies, let alone the expensive "drug cocktails" that can keep the disease in check. Vander Plaetse said, "It may sound callous, but there may be better ways to spend our time and money than treating a complicated disease we will never have the money or the drugs or the ability to cure" (Specter, New York Times, 8/6). Click here for previous coverage of Zimbabwe and the AIDS epidemic.

#2 AUSTRALIA: HIV-POSITIVE WOMEN WAIT TO TELL CHILDREN, EXPECT LESS FROM DRUG TREATMENT

"Children of HIV-positive women were often not told of their mother's status until late in primary school," according to one of Australia's largest surveys of HIV patients, conducted by the National Centre for HIV Social Research. AAP NEWSFEED reports the survey of 925 HIV-positive patients, including 84 women, found that two-thirds of mothers informed their children of "their status when they were an average age of nine years old." Researcher Michael Bartos said the women "did not want to burden their children" and that many feared their sons and daughters would suffer from the stigma of HIV and face discrimination. Bartos said the women "tended to wait until the child was old enough to be able to manage the information sensitively."

WOMEN LESS HOPEFUL

The survey also found that 37% of the women "believed the new [drug] treatments meant hope for people with HIV compared to 59% of men." Fewer women than men also reported using the drug

treatments (61% vs. 76%), and two-thirds of women said they have used "complementary therapies." According to Positive Women Victoria spokesperson Bev Greet, "HIV-positive women wanted better representation on government advisory boards and believed more research should be done into treatment specifically for women, given evidence that side-effects of protease inhibitors were worse in females (Rouse, AAP NEWSFEED, 8/5).

ACROSS THE NATION

#3 KENTUCKY: BLACK LEADERSHIP CONFERENCE TO FOCUS ON HIV/AIDS

The 1998 African American Leadership Conference, taking place Friday and Saturday at Kentucky State University in Frankfort, will focus on HIV prevention and aim to "mobilize" African American leaders to stop the spread of HIV/AIDS in their communities. According to the state's Cabinet for Health Services, African Americans comprise only 7% of the population in Kentucky, but make up 27% of AIDS cases and 33% of HIV cases. Moreover, the incidence of AIDS cases among African Americans has steadily increased from 37 cases in 1990 to 105 in 1996. Sponsored by the Kentucky Department for Public Health and the Kentucky Conference of the NAACP, the conference will center around the following five workshops:

- o "Working With Inner City African American Youth": Dr. Loretta Sweet Jemmott, associate professor, University of Pennsylvania
- o "Harm Reduction Strategies": Paula Santiago, national

community organizer, Harm Reduction Coalition

- o "Effective Street Outreach Strategies": Maestro Evans, ATD Atlanta
- o "Providing Effective HIV Prevention To Substance Abusers": Sandra McDonald, Outreach, Inc.
- o "African American Women: Cultural and Structural Prevention Barriers": Dr. Ednita Wright, Syracuse University School of Social Work

For more information, contact Jim Titus in the Department for Public Health's HIV/AIDS Branch office at 502/564-6539. (Cabinet for Health Services release, 8/4).

SCIENCE & MEDICINE

#4 ZIDOVUDINE: HAS REDUCED PERINATAL TRANSMISSION RATE IN EUROPE

According to the Institute of Child Health in London, over 90% of the HIV-infected pregnant women who enrolled in The European Collaborative Study received zidovudine during pregnancy, which resulted in a decreased mother-to-child HIV transmission rate. Reuters/JAMA reports that the authors of the study, who published their findings in the July issue of the British Journal of Obstetrics and Gynecology, "surveyed obstetricians from 54 centers to obtain information about management practices in place' ... to reduce the risk of vertical transmission of HIV.'" They found that in addition to providing zidovudine, the surveyed centers all routinely advise HIV-

positive women to "avoid breastfeeding." They state that the combination has "had a major impact" with "the rate of transmission having dropped from 15% to 9%." It remains unclear, however, "how early in pregnancy therapy should be initiated and how long it needs to be continued in the neonate." To fix this, researchers say "there is a need for a standard approach and pooling of experience." Dr. M.L. Newell of the institute noted "that an ongoing obstacle to further reduction of vertical HIV transmission is the lack of awareness of HIV status among pregnant women." He reported that "80% of infected women are unaware of their HIV status at the time of delivery" (Reuters/JAMA, 8/4).

#5 PERINATAL TRANSMISSION: LINKED WITH SLOWED INTRAUTERINE GROWTH

Researchers from the University of New Mexico School of Medicine report major health differences between infants born infected with HIV and infants born uninfected, Reuters/JAMA reports. Dr. Ssu Weng and colleagues followed 627 pregnant women in Butare, Rwanda, -- including 318 HIV-positive pregnant women -- over 4.5 years. In comparing the two groups of infants, they found "significant differences in ... birth weight, gestational age, ponderal index, head circumference and weight/head ratio." They report that "mean birth weight was lower among HIV-infected infants," and they "suspect ... intrauterine infection was a more influential factor affecting birth weight than" socioeconomic conditions or chronic poor health of the mother. They report

that they "consider the greater prevalence of prematurity found among the HIV-infected infants to be due to either intrauterine infection or' ... increased susceptibility to HIV infection during labor and delivery.'" According to the full study appearing in the August issue of Pediatrics, the virus' effect on fetal growth appears to be "most severe toward the end of pregnancy, resulting in a lean infant with a relatively large head." The researchers conclude that since fetuses gain most of their weight after the 30th week of pregnancy, HIV transmission occurs "either late in the third trimester or '... during passage through the birth canal,' which provides a target window for intervention" (Reuters/JAMA, 8/4).

==========

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

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

E-mail: report@kff.org

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

-30-

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 6-AUG-1998 13:15:50.00

SUBJECT: FW: DC Approps (needles) -- I promise this message is timely (sorry about today's error)...

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])
READ:UNKNOWN

TO: Michael Iskowitz ("'Michael Iskowitz (E-mail)'" <MEIskowitz@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

TEXT:
i sent this out last night....

>Subject: DC Approps (needles) -- I promise this message is timely

(sorry

>about today's error)...

>

>

>

>

>

>

>August 5, 1998

>

>VOTE NO ON THE TIAHRT AMENDMENT

>

>AIDS Action strongly urges you to oppose Rep. Tiahrt's (R-KS) amendment
>regarding needle exchange during consideration of the District of Columbia
>Appropriations bill. This bill is expected to be considered on the House
>floor scheduled on Thursday, August 6. The Tiahrt amendment would not
allow
>local funds to be used for needle exchange programs, and will jeopardize
>federal funding for community based organizations or other entities that
>operate needle exchange programs even if those programs are operated with
>private dollars. There is precedent in many states like Washington and
>Connecticut where needle exchange programs operate using local/state
funds.
>Congress should not encroach on the ability of a state or locality to
>implement programs to prevent the transmission of HIV. There are no
federal
>dollars being spent on needle exchange programs at present.
>

>In the House FY 1999 District of Columbia Appropriations bill, as passed
by
>the Appropriations Committee last week, there is language that would
prohibit
>the use of federal funds for needle exchanges for one year but would not
tie
>the hands of states and localities to implement needle exchange programs
with
>their own funds. This language should address the concerns of those
members

>opposed to these scientifically proven, cost effective programs. In an
>important step, the House FY 1999 Labor, Health and Human Services
>Appropriations bill contains more money for substance abuse treatment
that is
>directed at preventing drug abuse behavior that places individuals at risk
>for HIV. Therefore, AIDS Action opposes the Tiahrt amendment and is
>concerned that it does not preserve local and state flexibility. It also
may
>jeopardize other federal dollars not related to the actual exchange of
>syringes.
>
>Thank you for your support for local and state flexibility. If you have
any
>questions, do not hesitate to call on us @ 986-1300.
>
>Julio C Abreu
>Legislative Representative
>Government Affairs
>202-986-1300 x3021
>
>jabreu@aidsaction.org
>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 6-AUG-1998 15:10:05.00

SUBJECT: Re: HR 2070

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

TEXT:
Todd --

Thank you very much for the heads up. I must say, I am not surprised,

but it

still annoys me -- I have always been rabidly anti-testing. However, I

agree

with you, it moves it up front and may advance some, the need for accurate

information. The key issue, now, as with any such testing issues is --

treatment on demand. We are going to have to re-double our efforts to

assure

that the Bureau is complying well with the NIH Treatment Guidelines.

-- Jeremy

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	From Eric Goosby to Todd Summers Re: Need some advice (6 pages)	08/06/1998	Personal Misfile

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

FOLDER TITLE:
[08/04/1998 - 08/13/1998]

2018-0758-F
jn565

RESTRICTION CODES

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

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

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

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

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 7-AUG-1998 19:31:00.00

SUBJECT: International 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: bigbob411 ("'bigbob411@aol.com'" <bigbob411@aol.com> [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: rapanuijer ("'rapanuijer@aol.com'" <rapanuijer@aol.com> [UNKNOWN])
READ:UNKNOWN

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TEXT:
International Subcommittee Conference Call

A conference call for the International Subcommittee has been scheduled for

Tuesday, August 11, at 12:30 p.m. eastern time. The number to dial at

12:30

p.m. eastern time is 888-476-3752, and the participant code is 895494.

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

CREATION DATE/TIME: 7-AUG-1998 13:21:48.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Friday, August 7, 1998

SCIENCE & MEDICINE

==========

#1 ANAL SEX: Facilitates HIV-Infection In Women

PUBLIC HEALTH & EDUCATION

==========

#2 PREVENTION: Community-Level Intervention Programs 'Highly Cost-Effective'

#3 NORTH CAROLINA: Lay Health Workers Push STD Prevention

GLOBAL CHALLENGES

==========

#4 CANADA: Alberta Adds HIV Test To Prenatal Screening

CALENDAR

Help keep our calendar up to date! Please let us know if your group is releasing a report or hosting a meeting, press conference or any other event on HIV/AIDS. From this page (web-based version), click on "contact" at top left, or call 703-518-8725.

SCIENCE & MEDICINE

#1 ANAL SEX: FACILITATES HIV-INFECTION IN WOMEN

Although researchers have long known that receptive anal sex among homosexual men is a "substantial independent risk factor" for contracting HIV, until recently a parallel study had never been conducted on women. Researchers from the Centre for Epidemiological Research in Southern Africa conducted interviews with "145 sex workers recruited between August 1996 and March 1997 from truck stops along South Africa's main national road" between Durban and Johannesburg. According to a research letter published in this month's issue of the American Journal of Public Health, the South African study found that 61.3% of the women who had anal sex with their clients contracted HIV. On the other hand, only 42.7% of the women who did not have anal sex with their clients contracted the virus. After "controlling for age, condom use, number of clients per week and duration of sex work," the researchers determined that anal sex was "consistently associated with a higher risk" -- ranging from a 1.4-fold to

5.1-fold increased risk for the women contracting HIV. The researchers theorize that "abrasions in and bruising of the rectum and anus," in conjunction with "the collagenase and spermine in semen" may be responsible for the increased risk of infection.

CONDOMS A MUST

The authors write, "The potential of anal application of microbicidal gels to protect against HIV infection associated with anal sex needs further exploration." They say their findings have "important implications for interventions aimed at sex workers; discouraging anal sex and insisting on condom use during anal sex need to be entrenched in health promotion programs targeted at this group" (Karim et al., AJPH, 8/98).

PUBLIC HEALTH & EDUCATION

#2 PREVENTION: COMMUNITY-LEVEL INTERVENTION PROGRAMS 'HIGHLY COST-EFFECTIVE'

Community-level HIV risk reduction interventions "have the potential to be highly cost-effective," even using conservative estimates, a study in this month's American Journal of Public Health reports. Researchers from the Center for AIDS Intervention Research at the Medical College of Wisconsin-Milwaukee estimated intervention efforts cost an average of $17,150. Based on estimates that lifetime medical care for HIV/AIDS patients ranges from $71,000 to $119,000,

researchers concluded that intervention efforts can save approximately $65,000 for every HIV infection averted. "[T]he overall cost of the intervention (about $40 per affected individual) is likely to fall within the budgetary constraints of many community-based AIDS prevention organizations," the researchers concluded.

IT'S GOOD TO HAVE AN OPINION

A team of researchers in 1989 trained 22 "popular opinion leaders" at two Biloxi, MS, gay bars on safe-sex techniques and "peer-level" intervention. The men "were encouraged to engage their peers in conversations about behavioral risk reduction and to visibly endorse safer sex norms over a period of at least two weeks." As a result, researchers found an increased use of condoms and a simultaneous reduction in unprotected sex. Condom use and effectiveness increased to 95% while the "per act probability of transmission" was .009%. Researchers also found the "quality-adjusted life-years saved per prevented infection" was 11.26 years. The authors note "several limitations" in the study, however, most notably that it relies on study participants' "self-reports of their sexual behaviors," and "modeling to derive outcome data." However, researchers note "these concerns are mitigated by" the fact that "the intervention remains cost-effective over a range of reasonable parameter values. It is unlikely that uncertainty in the cost and epidemiological estimate or bias in the self-reporting of sexual behavior data would be sufficient to reverse the overall finding of cost-effectiveness" (Pinkerton et al., AJPH, 8/98 issue).

#3 NORTH CAROLINA: LAY HEALTH WORKERS PUSH STD PREVENTION

Lay health advisors are working to lower rates of sexually transmitted diseases in a rural town in eastern North Carolina, informs two state Department of Epidemiology employees and three University of North Carolina-Chapel Hill employees in the "Notes From the Field" section of the August issue of the American Journal of Public Health. The lay health advisor program -- organized by local agencies and university faculty -- trained members of the community "who have a reputation as a 'natural helper'" to "share information during naturally occurring interactions with people they know." The authors write that the approach "may be particularly appropriate for STD prevention because it can reach populations not easily accessed by health professionals, including people with asymptomatic infections and people who encounter barriers to, or avoid, care for STDs." The advisors are neither peers, nor are they paid; their "primary incentive" is the "opportunity to promote the values and concerns of their communities." The one salaried person in the program is a community outreach specialist, "who serves as a liaison between the lay health advisors and local agencies."

TARGET POPULATION

Research leading to the intervention program found that "STD rates in North Carolina have risen fastest among rural African-American women; that African-American women 18 to 34 years old in the intervention town often turn to certain women several years older than themselves before or instead of seeking

help from professionals about sexual matters; and that there is a strong social network among low-income African-American women in the town." The lay health advisors were instructed to "interact daily with African American women aged 18 to 34 living in the neighborhoods with the highest incidences of STDs." In talking to the women, the advisors addressed three issues: seeking care for STD symptoms; seeking screening for asymptomatic infections; and condom use.

OUTCOME MEASUREMENTS

The authors report that to evaluate the program, changes in the three specified behaviors will be assessed through household interviews" with the targeted women "before ... and after 20 months of the intervention." In addition, interviews will be conducted in a nearby town with no such program. Another evaluation process, which is ongoing, "already suggests success," the researchers report. For the first five months of the program, the community outreach specialist interviewed the lay health advisors and other project staff. "Of 85 possible interviews, 71 were completed; in 45 of these interviews, the advisor reported activity in the past week." The authors continue, "For these 45 past-week recalls, a total of 139 helping encounters were described: 82 contacts with friends, 33 with relatives, 2 with coworkers, and 22 with strangers." They further report, "In 35 of the interviews, advisors reported having had at least 1 conversation in the past week about STD prevention, 24 about STD screening, 25 about STD treatment, 28 about who needs to use condoms, and 20 about how to get a partner

to use condoms." The authors conclude that the program "is likely to be applicable to urban as well as rural communities where social networks can be used to disseminate information for behavior change." They write, "By building on a community's strengths rather than its weaknesses, the program will be more likely to sustain meaningful behavioral and social changes" (Thomas et al., AJPH, 8/98 issue).

GLOBAL CHALLENGES

#4 CANADA: ALBERTA ADDS HIV TEST TO PRENATAL SCREENING

Pregnant women in the province of Alberta, Canada, will soon see "prenatal HIV screening" added "to their battery of routine medical exams," the Edmonton Sun reports. Alberta Health will begin widespread promotion September 1 of the new policy in doctors' offices frequented by pregnant women. Dr. Bryce Larke, Alberta Health's HIV/AIDS medical consultant, emphasized that "the woman has the right to decline testing. Under no circumstances is this mandatory." Although Alberta Health officials strongly encourage pregnant women to be screened for HIV, they won't mandate the testing for fear of scaring women or exposing them to "the horror of learning their partner has cheated on them and is infected." Larke said the "social stigma" associated with HIV infection influences women's decision to not be tested. "We'll try to stress to them that (learning about an HIV infection) is much, much better sooner than later," he said. Alberta Health's effort to reduce the vertical transmission of

HIV follows studies conducted in the United States and France in the early 1990s showing that "early HIV detection and treatment cut transmission rates to 8.3% from 25.8%." Larke said the nearly two-thirds reduction "caught everyone's attention, to be sure. This was clearly a major advance" (Pilon, Edmonton Sun, 8/6). Click here to read previous coverage of vertical HIV transmission.

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-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-AUG-1998 00:54:22.00

SUBJECT: Fwd: Half of HIV-Positive Drug Users Not Receiving HIV Treatment

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

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

Date: Thu, 6 Aug 1998 14:49:52 EDT

From: AOLNews@aol.com

Subject: Half of HIV-Positive Drug Users Not Receiving HIV Treatment

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

Half of HIV-Positive Drug Users Not Receiving HIV Treatment

CAUTION -- ADVANCE FOR RELEASE AT 4:00 P.M. EDT, TUESDAY, AUG. 11/

ADVANCE/ BALTIMORE, Aug. 11 /PRNewswire/ -- Two studies by researchers at

the

Johns Hopkins School of Public Health and the University of British

Columbia

in Canada have shown that roughly half the HIV-infected injection drug

users

studied who were eligible for lifesaving antiretroviral therapy were not

receiving it. Both reports appeared in the August 12 issue of JAMA.

One of the studies, conducted by researchers at the Johns Hopkins School of

Public Health, has shown that only half of HIV-positive injection drug users in Baltimore were receiving proven HIV therapies, even though many were no longer using illicit drugs.

A companion study by researchers at the University of British Columbia and Centre for Excellence in HIV/AIDS found that 60 percent of HIV-positive injection drug users were not receiving any antiretroviral therapy, despite universal health care and the availability of free HIV therapies in Canada. On average, the HIV-positive drug users in Vancouver had been eligible to receive free HIV therapies for over a year.

Correct use of double or triple combinations of proven antiretroviral therapies can prolong life and reduce levels of HIV in the bloodstream. However, some doctors believe that these costly medications should not be prescribed to HIV-infected persons who may not be able to adhere to their complex treatment regimens.

"What this shows is that universal health care does not necessarily mean universal access to HIV antiretroviral therapy," said lead author of the Vancouver study, Steffanie Strathdee, PhD, who has since joined the Johns Hopkins School of Public Health as associate professor, Epidemiology. "Ninety percent of all HIV-infected persons live in developing countries, where there

is often no access to these therapies. Our studies show that even in North America, the best HIV treatments are not reaching those who need them the most."

Lead author of the Baltimore study, David D. Celentano, ScD, professor, Epidemiology, Johns Hopkins School of Public Health said, "The trouble is, former addicts in stable living situations are also being denied this therapy.
Clinicians may be thinking, 'Once an IDU, always an IDU,' and therefore they
withhold proper therapy to these patients."

According to the authors of the Baltimore study, investigations have shown that prior drug users, once they are in recovery and have stopped injecting illicit drugs, can comply with complex medication regimens just as faithfully
as those who have never touched illicit drugs.

The Baltimore study involved a total of 404 HIV-infected active and former injection drug users. Half reported no recent antiretroviral therapy, with most former addicts reporting no use of triple combination therapies that include a potent protease inhibitor. In contrast, the majority of drug users
studied in Vancouver who were receiving HIV therapy were receiving double or
triple combination therapies that are in agreement with current international

guidelines.

In the Vancouver study, female drug users were half as likely to receive HIV therapy as males, while drug users not enrolled in drug or alcohol treatment programs were three times less likely to receive HIV treatment. Most striking was the fact that drug users who had physicians with the least experience treating HIV infection were five times less likely to receive therapy.

The authors recommended that delivery of HIV therapies be expanded to all HIV-infected persons who meet recognized international guidelines. They called for increased supports from drug abuse treatment programs, economic assistance programs and prisons to help HIV-infected persons access and adhere to complex HIV regimens. Since continued injection drug use complicates access to HIV treatments and adherence, the investigators believed it crucial that HIV infection and substance abuse are treated simultaneously. They also urged for enhanced education oriented towards physicians and drug users to improve utilization of these lifesaving treatments.

The Baltimore study was supported in part by a grant from the National Institute on Drug Abuse; the Vancouver study received funding from the

British

Columbia Ministry of Health and Health Canada; the National Health Research

Development Programme of the Department of Health Canada; and the St.

Paul's

Hospital Foundation.

SOURCE John Hopkins School of Public Health

CO: Johns Hopkins School of Public Health; University of British Columbia

ST: Maryland, British Columbia

IN: HEA MTC

SU:

08/06/98 14:44 EDT http://www.prnewswire.com

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Nosanchuk Mathew (Nosanchuk Mathew <Mathew.Nosanchuk@usdoj.gov> [UNKNOWN])

CREATION DATE/TIME:10-AUG-1998 15:01:40.00

SUBJECT: RE: Nat'l Meetings on Prisons

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

TEXT:
Todd - I got the e-mail. Communication between us is now a whole lot

easier. Matt.

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

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

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

Sent: Monday, August 10, 1998 10:32 AM

To: Nosanchuk Mathew

Subject: Nat'l Meetings on Prisons

Here's the latest on the meeting, as we discussed this morning.

Todd

---------- Forwarded by Todd A. Summers/OPD/EOP on 08/10/98

10:31 AM ----------

(Embedded

image moved RAPANUIJER <RAPANUIJER @ aol.com>

to file: 05/08/98 03:04:54 PM

PIC14931.PCX)

Record Type: Record

To: Todd A. Summers/OPD/EOP

cc: See the distribution list at the bottom of this message

Subject: Nat'l Meetings on Prisons

Todd --

It seems like everything is coming together, today, so here is an update on the National Meeting on Prisons, re theme and participation.

I think the Mission of the meeting should surround the ongoing issues before the Council, with a focus on the dialogue between the feds, states, and community. There is also a small report of issues covered in the Fall, 1995 meeting Patsy Flemming held in the ONAP office.

The significant issues before us, include:

1. Standards of Care (c) HIV Prevention Education,
2. Substance Abuse Treatment Programs
3. Prevention Education
4. Pilot program in the availability of Protective Barriers
5. Linkeages between State & Federal Correctional Systems

I think a national leader with links to this White House should be the lead presentor and/or Honorary Chair.

There are currently about 75-key individuals currently on my list of potential attendees.

Give me some feedback, so we can move this forward a bit on the May 19th, Conference Call.

-- Jeremy

Message Copied

To:_____

Brad L. Austin/OPD/EOP

jerryc @ wizard.com

Judtaral @ aol.com

katgerus @ mail.oeonline.com

LYNNEMC @ aol.com

Montoya_dc @ a1.eop.gov

NavDocSF @ aol.com

ScottHitt @ aol.com

SNABEL @ mem.po.com

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-AUG-1998 15:22:44.00

SUBJECT: RE: DC Approps Statement by POTUS

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

TEXT:
thanks for the clarification...if you have a minute, can you fax me the

SAP or the section that contains the reference to NXC? I'm the only one

in the office now, so no cover page is necessary.

When do you leave for vacation? I leave on Saturday for two weeks and I

CAN'T WAIT!

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

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

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

> Sent: Monday, August 10, 1998 8:00 AM

> To: Aragon, Regina

> Subject: RE: DC Approps Statement by POTUS

>

> The statement is a strong attempt to dissuade the Senate from passing

> similar provisions. The SAP to House contained veto language.

>

> Todd

>

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	From MElskowitz@aol.com to Multiple Recipients Re: No Subject (3 pages)	08/10/1998	Personal Misfile

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

FOLDER TITLE:
[08/04/1998 - 08/13/1998]

2018-0758-F
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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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]

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004. email	From Jdguzman to Todd Summers Re: Hey (1 page)	08/10/1998	Personal Misfile

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OA/Box Number: 250000

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-AUG-1998 20:18:56.00

SUBJECT: Fwd: New Prisons Report

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

TO: snabel (snabel@pol.net [UNKNOWN])
READ:UNKNOWN

TEXT:
Return-path: <Todd_A._Summers@oa.eop.gov>

Received: from rly-ya05.mx.aol.com (rly-ya05.mail.aol.com

[172.18.144.197]) by air-ya04.mx.aol.com (v47.2) with SMTP; Mon, 10 Aug

1998 14:57:21 -0400

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

rly-ya05.mx.aol.com (8.8.8/8.8.5/AOL-4.0.0) with SMTP id OAA24709 for

<RAPANUIJER@aol.com>; Mon, 10 Aug 1998 14:57:21 -0400 (EDT)

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

(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA30583; Mon, 10 Aug 1998 14:57:20

-0400

Received: from mr.eop.gov by PMDF.EOP.GOV (PMDF V5.1-9 #29131) id

<01J0FXVRBPYO00EEJF@PMDF.EOP.GOV> for RAPANUIJER@aol.com; Mon, 10 Aug 1998

14:57:18 EDT

Received: with PMDF-MR; Mon, 10 Aug 1998 14:57:14 -0400 (EDT)

MR-Received: by mta EOPMRX; Relayed; Mon, 10 Aug 1998 14:57:14 -0400

Alternate-recipient: prohibited

Disclose-recipients: prohibited

Date: Mon, 10 Aug 1998 14:56:00 -0400 (EDT)

From: Todd_A._Summers@oa.eop.gov

Subject: New Prisons Report

To: RAPANUIJER@aol.com

Message-id: <01J0FXVRO1MU00EEJF@mr.eop.gov>

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

UA-content-id: MBLINKAA

X400-MTS-identifier: [;41754101808991/2205145@EOPMRX]

Hop-count: 1

Message Creation Date was at 10-AUG-1998 14:56:00

The text of the new report from DoJ and CDC is available at:

http://www.ncjrs.org/txtfiles/169590.txt

This report discusses the extent and nature of public health/corrections collaborations in the prevention and treatment of HIV/AIDS, STDs, and TB in several jurisdictions. Please forward this to other committee members.

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-AUG-1998 20:57:49.00

SUBJECT: No Subject

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

TEXT:
Todd --

Please do me the courtesy of letting me know if this is getting done or not

-- J

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006. email	From Jdguzman to Todd Summers Re: Hey (1 page)	08/10/1998	Personal Misfile

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

FOLDER TITLE:
[08/04/1998 - 08/13/1998]

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RR. Document will be reviewed upon request.

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. email	From Sherip@bluesquirrel.com to Todd Summers Re: Product Purchase Receipt (2 pages)	08/10/1998	Personal Misfile

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

FOLDER TITLE:
[08/04/1998 - 08/13/1998]

2018-0758-F
jn565

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

CREATION DATE/TIME:10-AUG-1998 13:55:15.00

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, August 10, 1998

POLITICS & POLICY

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#1 NAME-BASED REPORTING: Congressmen Introduce Federal Legislation

#2 NEEDLE EXCHANGE: House Lawmakers Ban Funds For D.C. Program

#3 HIV IN PRISONS: Bill Provides For Mandatory Testing Of Prisoners

#4 AIDS FUNDING: HHS Announces $17.5 Million In Grants

PUBLIC HEALTH & EDUCATION

==========

#5 INMATE CARE: HIV/STD Programs Benefit Public

GLOBAL CHALLENGES

==========

#6 CAMBODIA: Disaster Looms As HIV Rate Skyrockets

MEDIA & SOCIETY

==========

#7 PREVENTION: NBA Players Participate in 'Slam Dunk' Against AIDS

SCIENCE & MEDICINE

==========

#8 AIDS VACCINE: Tulsa Selected To Participate In Phase III Trial

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 NAME-BASED REPORTING: CONGRESSMEN INTRODUCE FEDERAL LEGISLATION

U.S. Reps. Gary Ackerman (D-NY) and Tom Coburn (R-OK) Thursday introduced the "HIV Partner Protection Act of 1998," which may see committee action as early as September, HIV Update

reports (8/13). The legislation mirrors a recently enacted New York notification law, and "requir[es] states to track the names of those who test positive for HIV" and to "notify individuals whose past or current partners tested positive for the HIV virus." Sponsors of the bill, H.R. 4431, say it is intended "to help medical epidemiologists track the spread of the virus," CongressDaily reports (8/7). In a statement, Coburn said, "While every state is required to have a procedure to notify those who may have been exposed, only 30 states have enacted HIV notification laws, and most do not mandate a duty to notify." The legislation "essentially requires two steps," he said. "The first is to counsel all infected individuals about the importance of notifying their partner or partners that they may have been exposed. The second is for their doctor to forward the names of any partners named by the infected person to the Department of Health where specially trained public health professionals complete the notification." Coburn noted that partner notification programs have proven "highly effective" and did not lead to less voluntary testing.

SHROUD OF SECRECY

Coburn noted that partner notification programs have been in place "for over fifty years" for other contagious diseases, and the shroud of secrecy surrounding HIV/AIDS has contributed to the unnecessary deaths of "nearly 400,000 Americans." Coburn said, "We do, however, know enough about the virus to prevent its spread, but the response of the federal government and the public health community has contributed to the growth of the epidemic.

... Due to the unfair stigmas associated with the populations most at risk, it was decided that HIV would be treated as a civil rights issue instead of a public health crisis. As a result, our response has been based almost exclusively on the rights of those infected to the detriment of the uninfected." The legislation has already received the support from groups such as Beyond AIDS, Women Against Violence, the Medical Institute of Sexual Health, the Independent Women's Forum and the Children's AIDS Fund (Coburn release, 8/6).

#2 NEEDLE EXCHANGE: HOUSE LAWMAKERS BAN FUNDS FOR D.C. PROGRAM

Language banning federal and local funds for needle exchange programs was included in the final House version of the FY 1999 District of Columbia Appropriations bill (HR 4380), the Associated Press reports. Rep. Todd Tiahrt (R-KS), the amendment's sponsor, "said taxpayer dollars should not be used to allow addicts to continue their illegal drug use." The AP reports that "[h]e cited studies showing that needle exchange programs do not succeed in stopping the spread of AIDS." Tiahrt's measure, among other "policy riders" attached to the funding bill, drew fire from the district's non-voting congressional delegate, Eleanor Holmes Norton (D), who said, "The D.C. appropriations bill is not the place to take your stand on social legislation." The Clinton Administration vetoed the D.C. spending bill last year over the issue of policy riders and said this year's bill "will ensure a presidential veto." Other critics of the needle ban "argued that laws already prohibit

federal money from being used in needle-exchange programs around the country, and it was unfair to single out the district as the only city where local funds are also banned." Rep. Jim Moran (D-VA) noted that the measure was "particularly unfair to the District, where AIDS has become 'the greatest public health crisis that has ever faced this city.'" The bill passed the House 250-169, and will next go to the Senate for approval (Abrams, AP, 8/7).

#3 HIV IN PRISONS: BILL PROVIDES FOR MANDATORY TESTING OF PRISONERS

The House approved the "Correction Officers Health and Safety Act of 1998" by voice vote early last week, which requires mandatory HIV testing of all federal prison inmates incarcerated for six months. The bill, HR 2070, also allows federal prison workers to request that an inmate be tested for HIV if there was an incident where the prisoner could have spread the virus to a worker. If a prisoner tests positive, the government is required to provide "appropriate access for counselling, health care, and support services to the affected" parties. Speaking on the House floor in support of the bill, Judiciary Committee Chair Henry Hyde (R-IL) said the bill would "give an added measure of protection to those federal employees who work with or near prison inmates." Hyde said, "The need for this legislation is simple: Drugs have now been developed which can prevent the transmission of the HIV virus after exposure to someone who carries the virus. The drugs are effective in preventing

transmission approximately 80% of the time" if they are "administered within 2 to 24 hours after exposure." Sponsored by Rep. Gerald Solomon (R-NY), the legislation requires the attorney general to "develop model guidelines for states to follow to prevent, detect, and treat all types of infectious diseases that are commonly found in prison populations." Hyde pointed to the need for the legislation: "[T]he job of a law enforcement officer or corrections officer is a dangerous one. We owe it to these citizens to make the government take whatever steps it can to minimize the risks they encounter on the job. This bill will help identify the risk of HIV infection to those who serve in these jobs so that appropriate precautions can be taken to prevent its transmission." The bill has the support of the American Federation of State, County, and Municipal Employees, the Federal Law Enforcement Officers Association, the Corrections and Criminal Justice Coalition and the Fraternal Order of Police, Hyde noted (Congressional Record, 8/3).

#4 AIDS FUNDING: HHS ANNOUNCES $17.5 MILLION IN GRANTS

U.S. Secretary of Health and Human Services Donna Shalala announced Friday $17.5 million in health care and dental care grants targeted to women, children, youth and families and others living with HIV/AIDS. The grants, which directly address HIV/AIDS in underserved areas and minority communities, are funded under Title IV of the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act, specifically the Coordinated Care and Access to Research for Children, Women, Youth and Families

program ($10.2 million) and the HIV/AIDS Dental Reimbursement Program ($7.3 million). "These funds help ensure that low-income uninsured individuals living with HIV/AIDS have access to high quality care," Shalala said. The largest grants under the act for FY 1998 are to the Albert Einstein College of Medicine in the Bronx ($1,647,692), the Research Foundation of State University of New York-Brooklyn ($1,447,000), Public Health Foundation Enterprises Inc. of Los Angeles ($950,000) and the University of South Florida in Tampa ($880,000).

RESPONDING TO A TREND

The focus of the funding on minority health comes in response to recent surges in the percentage of new AIDS cases among people of color, according to HHS. Racial and ethnic minorities now account for more than 54% of total AIDS cases reported since the beginning of the disease, and minority women comprise the fastest-growing segment of new female AIDS cases. "The AIDS epidemic is increasingly becoming a disease of people of color, of the young, of minorities -- people who often do not have access to quality care and treatment," said Surgeon General Dr. David Satcher. HHS reports that it has been working within its HIV/AIDS programs to develop a strategy to combat the changing demographics of the disease. In addition, it has been working with the Congressional Black Caucus to expand its dialogue with minority community leaders, community representatives and AIDS activists. To this end, HHS also announced a $375,000 investment in undeserved communities, including grants to the National Minority AIDS Council and the

Congress of National Black Churches (HHS release, 6/7).

PUBLIC HEALTH & EDUCATION

#5 INMATE CARE: HIV/STD PROGRAMS BENEFIT PUBLIC

According to a U.S. government report issued Thursday, more effort is needed to prevent and treat HIV/AIDS and other sexually transmitted diseases in the prison population. Such an effort "helps not just the inmates but protects the public," Reuters reports (7/6). The report, developed jointly by the Department of Justice and the Centers for Disease Control and Prevention, revealed that AIDS is almost six times more prevalent among inmates than in the total U.S. population. "Because there is a strong likelihood that inmates will return to the community, collaborations between public health and correctional agencies may help fill gaps in programs for the prevention and treatment of these diseases," the report states. While finding that in 1997, almost all correctional systems had some degree of collaboration with public health agencies, these joint efforts by and large did not extend to discharge planning and transitional services for those being released. The study's key recommendations for improvement in this area are:

- o Public health agency collection and dissemination of data on the burden of infectious disease in inmate populations;
- o Correctional representation on all HIV prevention planning groups;
- o Public health agency initiation or expansion of funding for

services and staff in correctional facilities and other criminal justice settings;

- o Public health and correctional agency recognition of the importance and potential benefits of interventions in correctional settings of the health for the larger community (National Institute of Justice release, 8/6).

GLOBAL CHALLENGES

#6 CAMBODIA: DISASTER LOOMS AS HIV RATE SKYROCKETS

Cambodia is experiencing "an emerging AIDS catastrophe unlike any seen outside of sub-Saharan Africa," health care professionals warn, and the country "has already surpassed Thailand as Asia's most infected country," the Washington Post reports. The virus "now infects between 1.6% and 2% of the adult population and could reach 2.3% by 2000." The numbers are much worse for certain groups: 2.6% of pregnant women, 10% of university students, almost 25% of soldiers and "between 40% and 45% of all prostitutes ... are believed to be infected." Yves Marchady, mission chief at a hospital run by the group Doctors Without Borders, said, "The increasing rate [of HIV infection] in Cambodia makes it the fastest in the world. In two years, we'll have 40,000 people with AIDS -- and there are only 10 million people in this country."

BARRIERS TO CHANGE

In neighboring Thailand, "an aggressive $100 million campaign has stemmed the HIV tide," but in Cambodia, "health care

... is abysmal; the national health budget is just $18 million," the Post reports. According to Kul Gautam, East Asia regional director of the United Nations Children's Fund in Bangkok, "[T]he problem is of African proportions. [T]he government is not doing anything -- they are too busy fighting each other. There is also a decay in social values taking place." The Post reports that "in a country still feeling the effects of land mines, still treating the victims of civil war and Khmer Rouge genocide, and where malaria, tuberculosis and cholera are seen as more immediate threats, AIDS awareness is often lacking." Health officials say the origins of the epidemic -- from a mobile population to omnipresent sexually transmitted diseases other than HIV -- "essentially boil down to ... ignorance and poverty." Marchady said, "Ignorance, because they think it comes from mosquitoes. And poverty because of all the problems with prostitutes." The Post notes that the country's booming sex trade (see Daily Report, 7/21) has been traced to the United Nations' peacekeeping efforts in the early 1990s. When asked what the U.N.'s legacy in Cambodia would be, Cambodian Prime Minister Hun Sen replied, "AIDS" (Richburg, Washington Post, 8/9).

MEDIA & SOCIETY

#7 PREVENTION: NBA PLAYERS PARTICIPATE IN 'SLAM DUNK' AGAINST AIDS

NBA players Jermaine O'Neal, Kevin Garnett, John Wallace and

Ray Allen were expected to appear in last weekend's "Slam Dunk Against AIDS," a youth basketball tournament sponsored by the South Carolina African-American HIV/AIDS Council, the Columbia State reports. "We want to use sports recreation and positive leisure time as a vehicle to bring attention to an important public health issue," Bambi Sumpter-Gaddist, the council's executive director, said. The event will provide more than information on HIV/AIDS. "But because African-Americans make up 75% of the population that has HIV/AIDS, education on this is key," Sumpter-Gaddist said. The event was open to everyone. "Our target audience is anybody in the community that loves basketball and loves kids," Sumpter-Gaddist said. The State reports the event was comprised of "youth basketball teams from around the state and some NBA players, with health exhibitors, food vendors and entertainment" (Odom, Columbia State, 8/7).

SCIENCE & MEDICINE

#8 AIDS VACCINE: TULSA SELECTED TO PARTICIPATE IN PHASE III TRIAL

"Tulsa will join a few cities chosen to participate in the nation's first large-scale test of a vaccine that may help prevent infection from" HIV, the Tulsa World reports. The AIDSVAX vaccine, developed by California-based VaxGen Inc., has been in Phase III trials since being approved by the Food and Drug Administration in July. The vaccine was shown to be 99% effective in Phase I and II trials dating from March 1992. PhaseIII "will include 5,000 U.S. volunteers" in 40 cities "at high

risk of contracting the AIDS virus and 2,500 high-risk people in Thailand."

TULSA TRIALS

The Tulsa segment of the trials, which could begin "as early as October," will recruit 125 to 150 high-risk people, specifically gay men and women in relationships with HIV-positive men. Dr. Ralph Richter of St. John Medical Center, who is acquainted with VaxGen's co-founders, "persuaded the company to select Tulsa as one of its trial sites." He said, "One of the advantages of a community like this is that we are going to have a real stable population. Our data will be very reliable." The volunteers will participate in the study for three years, receiving three injections to be followed by periodic boosters, with one-third receiving a placebo. Richter also said volunteers "will receive HIV counseling about the dangers of unsafe sex." He said, "We don't want to encourage people to go and become more reckless" (Tulsa World, 8/9).

Click here for more information on AIDSVAX and the Phase III trials.

==========

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-

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-AUG-1998 20:20:09.00

SUBJECT: Re: Re: New Prisons Report

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

TEXT:
In a message dated 8/10/98 2:19:05pm, you wrote:

<<I don't do ordering for the PACHA, sorry.

>>

WELL NEITHER DO I -- IN FACT I HAVE BEEN TOLD TO WORK THROUGH ONAP

-- SO CAN YOU SEE TO IT???

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-AUG-1998 14:57:17.00

SUBJECT: RE: DC Approps Statement by POTUS

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

TEXT:
thanks for the 411...I'm glad to see NXC mentioned so

prominently...since the actual word veto is not used in this statement,

what exactly will the President do when the bill arrives on his desk?

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

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

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

> Sent: Monday, August 10, 1998 7:12 AM

> To: Jane_Silver%12123318606%fax@oa.eop.gov; raragon@sfaf.org

> Subject: DC Approps Statement by POTUS

>

> THE WHITE HOUSE

>

> Office of the Press Secretary

> _____

> For Immediate Release August 7, 1998

>

>

> STATEMENT BY THE PRESIDENT

>

>

> I am deeply disappointed that the District of Columbia
> Appropriations
> bill passed by the House imposes unacceptable restrictions on our
> nation?s
> capital city.
>
> Early this morning, the House adopted a series of objectionable
> amendments. They include provisions to establish a school voucher
> program
> that would drain resources and attention from the hard work of
> reforming
> the District?s public schools, to prohibit adoptions in the District
> by
> unmarried or unrelated couples, and to prohibit the use of Federal and
> local funds for needle exchange programs or to deny any funding in the
> bill
> to private agencies that operate such programs. These measures all
> undermine local control, are unacceptable and should be dropped before
> Congress completes action on the bill.
>
> I am concerned that other shortcomings in this bill undermine
> the
> District of Columbia?s autonomy by imposing severe restrictions on
> local
> operations. For example, this bill would also bar the use of local
> District funds for abortions and strip local funds from the Advisory
> Neighborhood Commissions, which are a foundation of local government.

>

> I am also disappointed that the House fails to fund the

> much-needed

> economic revitalization plan for the District of Columbia. I urge

> Congress

> to provide appropriate resources for the economic development plan in

> order

> to capitalize the locally-chartered National Capital Revitalization

> Corporation, which is key to the future economic growth of the

> nation?s

> capital.

>

> At a time when the District of Columbia has made enormous strides

> toward financial responsibility and the eventual return of

> self-government,

> it is wrong for Congress to turn the clock backward by imposing

> unwarranted

> restrictions on broad policy making and on day-to-day decision making

> at

> the local level.

>

>

> -30-30-30-

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-AUG-1998 20:17:02.00

SUBJECT: Re: New Prisons Report

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

TEXT:
Todd -

Thanks for the link, regarding:

Public Health/Corrections Collaborations: Prevention and Treatment

of HIV/AIDS, STDs, and TB.

Series: Research in Brief

Author: Theodore M. Hammett, Ph.D.

Published: July 1998

Subject: Inmate health care, HIV/AIDS in correctional facilities

29 pages

67,000 bytes

Would you please order about 12-copies for the Prison committee & staff:

NCJRS at 800-851-3420.

Thanks, J

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-AUG-1998 19:08:00.00

SUBJECT: Appropriations Conference Call/Updated S

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: bigbob411 ("'bigbob411@aol.com'" <bigbob411@aol.com> [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: 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: smtp ("'smtp:ngutierrez@hcfa.gov'" <ngutierrez@hcfa.gov> [UNKNOWN])
READ:UNKNOWN

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

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

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

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

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

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

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

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

TEXT:
New Appropriations Subcommittee Conference Call

A conference call for the Appropriations Subcommittee has been scheduled

for

Wednesday, August 12, at 5:30 p.m. eastern time. The number to dial at

5:30

p.m. eastern time is 888-232-0361, and the participant code is 956532.

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.

,Presidential Advisory Council on HIV/AIDS

Conference Call Schedule

August 10, 1998

Appropriations Subcommittee

888-232-0361 Participant Code: 956532

Host Code: 587431

* Wednesday, August 12 5:30 p.m. EDT

Executive Subcommittee

888-422-7132 Participant Code: 625423 Access Number for Scott: (334)

264-8326

Host Code: 620849

* Friday, August 14 10 a.m. EDT

* Wednesday, August 19 10 a.m. EDT

International Subcommittee

888-476-3752 Participant Code: 895494

Host Code: 632944

* Tuesday, August 11 12:30 p.m. EDT

Prevention Subcommittee

888-232-0365 Participant Code: 429903

Host Code: 954508

* Tuesday, August 18 3:30 p.m. EDT

Prison Issues Subcommittee

888-422-7101 Participant Code: 460626

Host Code: 216760

* Tuesday, August 18 11 a.m. EDT

Racial Ethnic Populations Subcommittee

888-476-3752 Participant Code: 184426

Host Code: 370689

* Wednesday, August 19 3 p.m. EDT
* Wednesday, September 16 3 p.m. EDT
* Wednesday, October 21 3 p.m. EDT

Research Subcommittee

888-232-0365 Participant Code: 893143

Host Code: 984679

* Wednesday, August 26 10 a.m. EDT
* Wednesday, October 7 10 a.m. EDT

Services Subcommittee

888-232-0365 Participant Code: 217860

Host Code: 819552

* Thursday, August 13 10 a.m. EDT
* Thursday, September 17 10 a.m. EDT
* Thursday, October 22 10 a.m. EST

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-AUG-1998 22:04:52.00

SUBJECT: 3 page fax sent by Lotus Fax Server

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

TEXT:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-AUG-1998 20:38:24.00

SUBJECT: Re: Re: Re: New Prisons Report

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

TEXT:
In a message dated 8/10/98 2:21:53pm, you wrote:

<<hey Jeremy, you don't want to talk with me like that.>>

TODD --

WHAT IS GOING ON HERE!?!?!?!?!

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-AUG-1998 13:44:23.00

SUBJECT: Re[2]: NMA

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

TEXT:
yes, david did address the NMA. they changed a resolution after

hearing him to reflect HIV/AIDS as a key issue.

_____ Reply Separator

_____

Subject: Re: NMA

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

Date: 8/10/98 9:31 AM

Do you know if Dr. Satcher attended this NMA conference?

Todd

---------- Forwarded by Todd A. Summers/OPD/EOP on 08/10/98

09:30 AM ----------

Robert B. Johnson

08/07/98 03:05:11 PM

Record Type: Record

To: Todd A. Summers/OPD/EOP

cc:

Subject: Re: NMA (Document link not converted)

I'm sure Dr. Satcher attended the conference,.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. email	From Jdguzman to Todd Summers Re: Hey (1 page)	08/10/1998	Personal Misfile

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

FOLDER TITLE:
[08/04/1998 - 08/13/1998]

2018-0758-F
jn565

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:11-AUG-1998 13:51:16.00

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, August 11, 1998

IN THE COURTS

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#1 MICHIGAN: State Supreme Court Addresses AIDS In The Workplace

SCIENCE & MEDICINE

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#2 NIH: Conduct Tests To Restore HIV-Specific Immune Responses

ACROSS THE NATION

==========

#3 HIV COUNSELORS: Bearers Of The Most 'Devastating' News

MEDIA & SOCIETY

==========

OPINIONMAKERS

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CALENDAR

Help keep our calendar up to date! Please let us know if your group is releasing a report or hosting a meeting, press conference or any other event on HIV/AIDS. From this page (web-based version), click on "contact" at top left, or call 703-518-8725.

IN THE COURTS

#1 MICHIGAN: STATE SUPREME COURT ADDRESSES AIDS IN THE WORKPLACE

In a 6-1 decision handed down July 31, the Michigan Supreme Court ruled that a restaurant owner "who required a waitress rumored to have AIDS to be tested did not violate the Michigan Handicappers' Civil Rights Act," the Detroit Free Press reports. The court found that since restaurant owner Kostas Lagoudakis'

"suspicion" that waitress Dorene Sanchez was infected with HIV was not "unreasonable," and "[s]ince some of the 'opportunistic infections' to which AIDS patients are prone can be food- or airborne ... it was not a violation of her rights to require testing." In a statement of the majority opinion, Justice Patricia Boyle "went to great lengths to stress that the decision addressed narrow circumstances and does not authorize discrimination against those 'affected or suspected of being affected by AIDS.'" In a dissenting opinion, Justice Marilyn Kelly wrote that "the majority's decision 'permits discrimination against those who have or are suspected to have AIDS,' and sanctions forced medical testing of employees 'because of a suspicion, based alone on rumor and innuendo'" (Bell, Detroit Free Press, 8/4).

REQUIRES CAREFUL INTERPRETATION

According to the HIV/AIDS Advocacy Program of the Michigan Protection & Advocacy Service, the "decision does not mean that restaurant managers can send their employees to be tested for HIV or AIDS." According to attorney Kendra Kleber, "Restaurant owners have long been required to monitor communicable diseases, and all this decision does is allow a restaurant employer to have an employee tested for communicable diseases if the employer reasonably believes the employee has AIDS." The only "change [in the law] is that now, if the employer has a reasonable belief that the employee has either a listed illness or AIDS, the employee can be tested for a listed illness. The employer may not test the employee for AIDS, and the employee is not required

to reveal his or her HIV status" (Michigan Protection & Advocacy Service releases, 8/7).

SCIENCE & MEDICINE

#2 NIH: CONDUCT TESTS TO RESTORE HIV-SPECIFIC IMMUNE RESPONSES

The National Institutes of Health is conducting a "small" trial to test whether a "new kind of HIV vaccine" can return HIV-specific immune responses to people with "relatively early HIV disease." AIDS Treatment News reports that HIV-specific immune responses are "usually lost very early in the infection." NIH researchers will specifically investigate if T-helper, cytotoxic T lymphocyte (CTL), and neutralizing antibody responses can be restored, while HIV is "suppressed" by antiretroviral treatment. Volunteers must have a CD4 count of over 500 and either be on antiretroviral drug therapy or be willing to start. Volunteers will receive antiretroviral treatment and six injections of the vaccine over one year. The vaccine contains two HIV peptides, each of which has been tested separately "in a few people" with no adverse effects. "This is the first trial in which these peptides together will be given to humans." Researchers using a similar study but different vaccine reported "strikingly successful results" at the 12th World AIDS Conference in Geneva (James, AIDS Treatment News, 8/7).

ACROSS THE NATION

#3 HIV COUNSELORS: BEARERS OF THE MOST 'DEVASTATING' NEWS

"There's an intensity to the work that exists between life and death," said Stephen Kiosk of his position as associate director of HIV counseling at the Whitman-Walker Clinic in Washington, DC. In an article in Monday's Washington Post, Kiosk and other HIV counseling volunteers cited the "emotional toll" they are saddled with as they bear potentially devastating news. "You never know what the emotional reaction is going to be (when someone receives an HIV-positive result), and you wonder if they have someone to talk to when they leave," said volunteer Paul Cormier. Although improved HIV drugs can prolong life, and although "more" people are now aware of this, it's still difficult to deliver HIV-positive test results. The Post reports that "[m]any counselors say the constant confrontation with death tosses them into a web of headaches and depression." Some find refuge in meditation or exercise, but most find comfort in weekly discussions where counselors share the weeks' experiences. While maintaining client confidentiality, counselors share ways to deal with unique situations, and new counselors learn from their more experienced colleagues. Through the process, counselors release "the grief they've absorbed throughout the week." Kiosk noted that the discussions allow him "to use that energy rather than allowing it to become a fixed pattern of stress."

NEGATIVE IS NOT ALWAYS GOOD

The Post reports that a negative test result is not always the most desirable. For example, counselors note that the HIV-negative partner in a long-term relationship with an infected

individual often feels "guilt[y]" receiving a negative result.

In addition, Kiosk said, "Over the years, people who have been diagnosed with HIV have developed a strong community of support. When others who know people with HIV learn they don't have that community, they feel like something is missing from their lives" (Gray, Washington Post, 8/10).

MEDIA & SOCIETY

#4 CONDOMS: LIFESTYLES LAUNCHES AD CAMPAIGN DURING HOWARD STERN SHOW

Lifestyles condom manufacturer Ansell Personal Products recently purchased television airtime for its "Condoms Shaped for 2" ad campaign, to begin airing during the Saturday late-night broadcast of the "Howard Stern Radio Show," Advertising Age reports. Commercials will begin airing on "CBS-owned stations in New York and Los Angeles" on Aug. 22, and are "expected to run through May 1999. Advertising Age reports MTV and Comedy Central will also run the ads. CBS-owned stations in Boston and Chicago will begin airing the ad starting in October, and negotiations are continuing "with other CBS network affiliates and local stations." Costing less than $1 million, the campaign "breaks away from standard messages about protection and responsibility in favor of showing couples on a motorcycle, in bed and dancing," Advertising Age reports. Niles Wolfson, chief creative officer at SSD&W, the ad agency that created the spot, said, "Preaching doesn't work with college kids, so what we wanted to do was make

it lighthearted and just bring some romance back into (condom advertising)." A "racy" print version of the ad will appear in the October issue of Glamour. "The skin we left for the print ad," Wolfson said. Traditionally, broadcast networks have been "unwilling to run condom ads," and "this new campaign won't run on broadcast TV networks." Carol Carozza, Ansell's director of marketing, said, "[T]here are commercials on TV that are more explicit," but "the networks won't even put our ads into the VCR to look at." Carozza said that recently, "more cable TV networks are willing to run condom ads, as are a growing number of network affiliates. "I've only seen success in the last two years, coupled with CBS drastically changing its programming philosophy to be more cutting edge," Carozza said (Wilke, Advertising Age, Aug. issue)

OPINIONMAKERS

#5 PREVENTION: BERKLEY URGES DEVELOPMENT OF AIDS VACCINE

"The time has come to unite to develop the ultimate AIDS prevention tool, a vaccine," Dr. Seth Berkley, president of International AIDS Vaccine Initiative writes in a letter to the New York Times. Responding to last week's Times article entitled, "Doctors Powerless as AIDS Rakes Africa," in which doctors in Africa indicated their frustration at the explosive HIV-infection rates, Berkley emphasizes the need to "accelerate the development of a preventive AIDS vaccine and, once developed, to make it accessible in the world's poorest countries." He

notes that the world's annual budget for AIDS research, prevention and care is $20 billion, but only 1% of AIDS funding is allocated to critical vaccine research. Berkley asserts that at one time, doctors in Africa "were equally powerless against the scourge of smallpox," but the development of an effective vaccine with worldwide accessibility virtually eliminated the disease. He calls for a similar effort to end AIDS and states, "While industrialized countries have responded to the short-term needs of their infected citizens, they have neglected the only long-term solution to this epidemic" (Berkley, New York Times, 8/11). Click here to read previous coverage of the New York Times article. Click here for coverage of Dr. Berkley.

#6 AIDS SCAMS: FLORIDA HEALTH DEPARTMENT CONFERENCE TO EDUCATE COMMUNITY MUCH NEEDED

In an effort to protect AIDS patients and caregivers from the late 20th century "confidence man" promising a cure for AIDS and shady AIDS charities, the Florida Department of Health "will alert health professionals and lay caregivers as to the perils" of such scams at a conference slated for Aug. 26-27, a Miami Herald editorial notes. The editorial points out that since alternative AIDS "cures" remain unregulated by the Food and Drug Administration, the department's effort "is good and necessary," and is "hindered only by the lack of reliable statistics on the breadth of AIDS health fraud here." Promises of an AIDS cure "have a price," the editorial says, "often paid by poor or misinformed people. South Florida sees its share of AIDS health

fraud as crooks play on people's fears, cultural beliefs, inability to speak English, or charitable urges." The editorial states that while "[s]ome operations are outright scams, [o]thers skate just beyond the law's reach," and still others "cause irreparable physical harm." The Herald cites recent scams charging AIDS patients $15,000 for a trip to a Cayman Islands "AIDS Treating Machine," which does nothing but sound impressive, and $400 for a so-called "copper-dome treatment," which serves no medical function. The editorial points out that other scams, such as "ozone treatments" can "severely damage the colon," and other treatments "contain perilously high amounts of silver." Americans spend more than $27 billion a year on fraudulent health care remedies, according to a recent Johns Hopkins University study. This clearly demonstrates the need for research funds to track this type of fraud, according to the Herald. "The perils are clear," the editorial states, praising the Health Department's efforts to "protect the most vulnerable" (Miami Herald, 8/11).

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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

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:11-AUG-1998 19:41:54.00

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

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

TEXT:
I will be out of the office from 08/11/98 until 08/12/98.

I am in Atlanta for meetings and am available through WH signal.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:12-AUG-1998 13:48:48.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Wednesday, August 12, 1998

SCIENCE & MEDICINE

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#1 AIDS THERAPY: Researchers Encourage Consistent Prescription

Of Potent Drugs

IN THE COURTS

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#2 DISCRIMINATION: AIDS Patients Covered By ADA Title III

PUBLIC HEALTH & EDUCATION

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#3 HIV SCREENING: Survey Effectively IDs At-Risk Patients

#4 NEEDLE STICKS: Infect Many Medical Workers Each Year

GLOBAL CHALLENGES

==========

#5 CANADA: Debates Heroin Distribution

#6 ADOLESCENT REPRODUCTIVE HEALTH: Topic At Ministerial Conference

SPECIAL NOTICE

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

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

Phone: 703-518-8725

SCIENCE & MEDICINE

#1 AIDS THERAPY: RESEARCHERS ENCOURAGE CONSISTENT PRESCRIPTION OF POTENT DRUGS

Researchers at Johns Hopkins University in Baltimore have found that many HIV-infected injection drug users "may not be receiving optimal care" according to recommendations outlined by the U.S. Public Health Service and the International AIDS Society-USA. The results of the Baltimore study, as well as a similar study conducted in British Columbia and an editorial commenting on the two studies, are covered in this month's Journal of the American Medical Association. The Baltimore researchers found that of the 404 HIV-positive intravenous drug users (IDUs) studied between July 1996 and June 1997, only 14%

reported receiving antiretroviral therapy (ART), the recommended potent anti-HIV drug regime. The Baltimore research team, headed by Dr. David Celentano, wrote, "Those IDUs infected with HIV who were not receiving ART tended to be active drug users without clinical disease who have less contact with health care providers." They indicate that physicians might exclude these candidates because of past drug abuse or a fear "about the development of resistance due to nonadherence." The researchers encourage the establishment of better services to simultaneously treat patients' HIV infection and substance abuse. "If some of the identified barriers to care can be resolved," they write, "appropriate use of combination therapy could be expanded in collaboration with other institutions (prisons, and drug abuse treatment, housing and economic assistance programs)" (Celentano et al., JAMA, 8/12 issue).

ARCHILLES' HEEL

In British Colombia, antiretroviral treatment is provided to candidates without cost, but researchers from the British Columbia Centre for Excellence in HIV/AIDS found that "many HIV infected injection drug users are not receiving it." Research team leader Dr. Steffanie Strathdee found that only 40% of the 177 HIV infected IDUs received any anti-retroviral drugs. In addition, they found that inexperienced physicians are five times less likely than their more experienced colleagues to prescribe these drugs for IDUs. These less experienced doctors and "subgroups such as female and young IDUs may require targeted interventions to increase access to effective HIV treatment"

(Strathdee et al., JAMA, 8/12 issue). An accompanying JAMA editorial notes that adherence to a strict antiretroviral drug treatment schedule is the "Achilles' heel" of effective potent therapy, and that physicians must convey the message that "adherence leading to viral suppression over three years or more is possible; however, rather than demanding perfect adherence, clinicians should encourage the best possible effort not to miss doses." The editorial notes that patients will need ongoing support and secondary prevention strategies as well (Sherer, JAMA, 8/12 issue).

IN THE COURTS

#2 DISCRIMINATION: AIDS PATIENTS COVERED BY ADA TITLE III

"A federal district judge in Illinois refused to dismiss an ADA claim against an insurer whose health insurance policies provide significantly lower lifetime benefits caps for the treatment of AIDS and its related conditions," the Disability Compliance Bulletin reports. At issue was whether Title III of the Americans with Disabilities Act, which prohibits discrimination, "reaches the contents of insurance policies." The Disability Compliance Bulletin reports that the court "looked at the statute's plain language, its applications in other cases, and the legislative history and determined that a broader interpretation of its scope was intended by Congress." In its ruling, the court found "that the content of insurance policies issued by insurers constitutes 'goods or services' to which all

persons are entitled 'full and equal enjoyment.'"

ADA = EQUAL OPPORTUNITY

The two HIV-positive plaintiffs in the case, Doe v. Mutual of Omaha Ins. Co., claim they were denied "equal opportunity" coverage by being assigned lower "lifetime maximum benefits" than "policyholders with non-AIDS related medical conditions." Mutual of Omaha's policies set "significantly lower" coverage limits for AIDS and AIDS-related conditions than it does for other illnesses. In response, Mutual of Omaha presented a tertiary defense. First, it claimed it was protected under ADA's "safe harbor" provision. Second, it claimed that ADA interfered with a state's 10th Amendment right to "regulate the insurance industry." Third, it contended that different types of disabilities warrant different levels of lifetime coverage. The court rejected all three claims (Disability Compliance Bulletin, 8/13 issue).

PUBLIC HEALTH & EDUCATION

#3 HIV SCREENING: SURVEY EFFECTIVELY IDS AT-RISK PATIENTS

University of California-San Francisco researchers say they have designed a 10-item questionnaire that effectively identifies patients at risk for contracting HIV. Researchers called the survey an important step in making the prevention and treatment of HIV a more common topic of discussion. Health care providers already receive training on how to talk to patients about HIV, but numerous barriers often prevent these discussions. "Doctors

don't ask patients the relevant questions and patients don't volunteer the information. Having this instrument will help physicians bring up the topic," said UCSF psychologist Dr. Barbara Gerbert, who led the study team. Results are published in the August edition of the American Journal of Preventive Medicine.

PATIENTS REVEAL RISKY BEHAVIOR

Patients answer the questions on paper as part of their standard health history, which helps to prevent the awkwardness of face-to-face questioning. The questions focus on a range of behavior known to increase risk of contracting HIV. Health care providers can also assess risk based on patients' answers as they relate to other factors, such as the overall risk of the population where patients live. In developing the survey, the researchers set out to learn if people would answer the questions reliably. To test this, they asked 459 primary care patients to complete the survey and told half that their physician would see the results and half that their answers would be kept confidential. Comparison of answers from the two groups showed "little difference" (University of California-San Francisco release, 8/7).

#4 NEEDLE STICKS: INFECT MANY MEDICAL WORKERS EACH YEAR

The Washington Post reports that "[n]eedle stick injuries are not uncommon" among health care workers in a profile of the problem that ran yesterday. About "800,000 U.S. health care workers will be injured by patient needles this year," according

to Centers for Disease Control and Prevention estimates. "[M]ore than 2,000 of those workers will test positive for new infections of hepatitis C, another 400 will get hepatitis B and 35 will contract the AIDS virus" (Phalen, Washington Post, 8/11).

GLOBAL CHALLENGES

#5 CANADA: DEBATES HEROIN DISTRIBUTION

The Canadian health agency, Health Canada, is considering a plan to supply heroin to addicts, the AP/St. Paul Pioneer Press reports. The program would be implemented in Vancouver, British Columbia, where "[r]ampant intravenous drug use has saddled the neighborhood with one of the highest rates of HIV infection in the developed world." Two-hundred twenty-four people have already died this year from heroin overdoses. "Vancouver's chief coroner has endorsed the plan," and the police chief has "expressed cautious interest," AP/St. Paul Pioneer Press reports. Authorities believe the program would not only stem the tide of HIV infection, but "restore some stability" to addicts' lives. Officials also hope to reduce drug-related crime by providing addicts with regular injections of heroin. The program is similar to one in Switzerland, conducted from 1994 to 1996, in which crime was lowered significantly. Dr. David Lewis of the Center for Alcohol and Addiction Studies at Brown University, said such a program is not likely to ever be tried in the United States. "The ideological barriers to doing a pilot program are less in Canada.

... It's a little less edgy in terms of the moral crusade aspect," he said (Crary, AP/St. Paul Pioneer Press, 8/12).

#6 ADOLESCENT REPRODUCTIVE HEALTH: TOPIC AT MINISTERIAL CONFERENCE

Young people are "bombarded" with conflicting information about sex, "while adolescent reproductive health, the spread of sexually transmitted diseases among young people and sexual violence" has been largely ignored by the international community, said Dr. Nafis Sadik, executive director of the United Nations Population Fund, yesterday. Sadik reminded attendees at the World Conference of Ministers Responsible for Youth in Lisbon, Portugal, that an international "framework" exists to combat all of these problems. Sadik said the 1994 International Conference on Population and Development outlined a "Programme of Action" that "clearly stressed the importance of providing youth access to information and services on reproductive and sexual health, such as the prevention of early pregnancies and HIV/AIDS." M2 Presswire reports that participants at the Lisbon conference "universally accepted" reproductive health "as a human right," and "[were] making excellent progress in extending that right to adolescents."

NOT YOUTH FRIENDLY

Sally Cowal, director for external relations of the Joint United Nations Program on HIV/AIDS spoke on the need for worldwide prevention programs. She cited a recent World Health Organization survey which found that sex education programs

successfully delay initial sexual activity. However, Cowal noted that "youth-friendly information [on healthy sexual behavior] was lacking" -- and "young people [are] often denied services and information altogether." The "approximately 100 million people" who "become sexually active each year," require "appropriate information, through initiatives that combined the strength of young people and adults, from planning through implementation," Cowal said. She pointed out that "[o]ver 85% of the world's youth liv[e] in developing countries, where 90%" of new HIV cases occur. Young people account for nearly 10 million of worldwide HIV cases, Cowal said, which illustrates the need for global HIV prevention efforts. M2 Presswire reports that representatives from 160 countries will discuss "ways of responding more effectively to the needs of young people"; implement the World Programme of Action on the national level; and "adopt a declaration" committed to "strengthening national policies to benefit youth" (M2 Presswire, 8/11).

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ASSOCIATE EDITOR: Amy Paulson

CONTRIBUTING EDITOR: Russ Walker

CONTRIBUTING WRITERS: Jeff Dufour, Rachel Kennedy, Allison Morgan, Becky Neilson, Adam Pasick

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-30-

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:13-AUG-1998 20:19:04.00

SUBJECT: ackerman switcheroo on names...

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

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

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

TO: Tim Westmoreland ("Tim Westmoreland (E-mail)" <westmort@law.georgetown.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

CC: Jacobs, Jeff ("Jacobs, Jeff" <JJacobs@AIDSAction.org> [UNKNOWN])
READ:UNKNOWN

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

TEXT:
>

>in 1990 (6/13/90) rep. ackerman voted against an amendment that would have

>required states to report names of people who tested positive for hiv.

why

>the switch?? we should be ready to ask why the congressman is not being

>consistent in his collaboration w/ mr coburn...

>

>jca

>

>Julio C Abreu

>Legislative Representative

>Government Affairs

>202-986-1300 x3021

>

>jabreu@aidsaction.org

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Thomas L. Freedman (CN=Thomas L. Freedman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:13-AUG-1998 19:04:52.00

SUBJECT: Thomas L. Freedman/OPD/EOP is out of the office.

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

TEXT:
I will be out of the office from 08/13/98 until 08/25/98.

I will respond to your message when I return.

You can contact Mary Smith at 456-5571 should you need assistance in the

interim.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:13-AUG-1998 13:58:06.00

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/

Thursday, August 13, 1998

IN THE COURTS

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#1 MAINE: State Sues Mother Who Refuses To Treat Son For AIDS

POLITICS & POLICY

==========

#2 NAME-BASED REPORTING: Washington State Health District

Recommends HIV Reporting Policy

ACROSS THE NATION

==========

#3 FAMILIES AND AIDS: PA Camp A Haven

MEDIA & SOCIETY

==========

GLOBAL CHALLENGES

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CALENDAR

Help keep our calendar up to date! Please let us know if your group is releasing a report or hosting a meeting, press conference or any other event on HIV/AIDS. From this page (web-based version), click on "contact" at top left, or call 703-518-8725.

IN THE COURTS

#1 MAINE: STATE SUES MOTHER WHO REFUSES TO TREAT SON FOR AIDS

Maine's Human Services Department is suing a woman who has refused to allow treatment for her 4 year-old son with AIDS, the Boston Globe reports. After watching her young daughter suffer through AIDS treatments and ultimately succumb to the disease, Valerie Emerson has refused to allow her son to receive either the AZT or the antiretroviral therapy regimes recommended by his

specialists. "[T]he state, contending that she is jeopardizing her son's well-being, is taking her to court over it," the Globe reports. Emerson's attorney claims the case "may turn into a custody battle." Kevin Concannon, the department's commissioner, stated, "While we want to work with the parent, we believe that this child ought to be afforded medical treatment extending his life and giving him a good quality of life." Emerson says that while on AZT previously, Nikolas had severe side effects that did not abate over time and she thinks the triple-combination therapy will cause other long-term illnesses and questions the treatment's success rate. In addition, having seen her daughter become resistant to one drug after another, she wants her son "to be as receptive as possible" to an AIDS cure should one be found.

'TIL THERE'S A CURE

However, Dr. Ellen Cooper, director of the Pediatric HIV Program at Boston Medical Center notes, "We've seen fewer deaths, fewer kids hospitalized. We've seen some children really turn around from being extremely compromised and ill to being relatively healthy. But the regime is not easy ... Most people would think that it was worth it." The case was referred to the Human Services Department by Dr. Jeffrey Millikin, a Bangor AIDS specialist who claimed Emerson "clearly is making decisions in a state of confusion and/or depression" resulting from the death of her daughter. He said, "She appears to be ... making decisions which lead inevitably to the demise of the child, as opposed to making decisions which may allow this boy greater longevity" (Gold, Boston Globe, 8/13). Click here for previous coverage of

pediatric AIDS issues.

POLITICS & POLICY

#2 NAME-BASED REPORTING: WASHINGTON STATE HEALTH DISTRICT RECOMMENDS HIV REPORTING POLICY

"With little fanfare," the Snohomish Health District Board "Tuesday recommended that the Washington State Board of Health require" names-based reporting for individuals with HIV, the Everett Herald reports. Washington state has tracked cases of full-blown AIDS since 1983, and Dr. M. Ward Hinds, who heads the local health board, said, "The state has an 'excellent record' of maintaining the confidentiality of AIDS patients." In January of this year, the Governor's Advisory Council of HIV/AIDS recommended that the State Board of Health begin tracking HIV cases in order to "stay ahead of [the disease's] spread through intervention." The state is expected to make a decision by the end of the year. The Herald notes "31 states currently have some sort of HIV-patient reporting, the majority name-based (Wodnik, Everett Herald, 8/12). Click here for previous coverage on name-based reporting.

ACROSS THE NATION

#3 FAMILIES AND AIDS: PA CAMP A HAVEN

Since 1995, Camp Dreamcatcher in Chester County, PA, has provided a week-long haven for children with HIV or with

HIV-infected family members. Funded entirely by charitable donations and staffed mostly by volunteers, traditional camp experiences such as swimming and arts and crafts are expanded to include complicated drug regimens and strict HIV safety protocols. The Philadelphia Inquirer reports that "a third of the 5- to 13-year-old campers are infected with HIV," and "the rest have family members who are infected or who have died" from the disease. However, "[m]ost counselors are not told which campers have AIDS and which do not." Camp director Patty Hillkirk said that "the concerns of children with HIV tend to center on taking medication, missing play, being tired." At camp, children with HIV-positive relatives "deal with loss and the grieving process," Hillkirk said, adding that "the staff uses games and books to encourage the children to share their feelings." Most campers hail from New Jersey or Pennsylvania, where "965 cases of pediatric AIDS were diagnosed between 1980 and Jan. 31, 1998," the Inquirer reports (Soper, Philadelphia Inquirer 8/13). Click here for a Minnesota AIDS camp story.

MEDIA & SOCIETY

#4 CHRISTIAN RIGHT: RUNS ADS ASSOCIATING HOMOSEXUALITY WITH AIDS, BLASTED BY AIDS ACTION

In Monday's Wall Street Journal, a group of pro-family conservative groups, including the Christian Coalition, the Family Research Council and the Christian Family Network, ran an advertisement which associated homosexuality with AIDS, and calls

on families to intervene with their gay members, in the hopes of saving them from the disease. Headlined "From Innocence to AIDS. One mother's plea to the parents of homosexuals," the ad takes the example of former homosexual Michael Johnston, who converted to Christianity and renounced his homosexuality upon contracting HIV. It features testimonial from his mother. The text reads in part: "One unguarded moment can mean a lifetime of suffering with a sexually transmitted disease, or, with AIDS, no lifetime at all. Spiritual consequences are eternal ... what loving parent wouldn't want to protect their child by warning them of the dangers? ... [T]oday, thousands of former homosexuals are proof that change is possible ... and many work in outreach ministries to help parents and friends with their loved ones who are struggling with homosexuality" (8/10).

TAKING EXCEPTION

In a letter dated yesterday, AIDS Action president Daniel Zingale wrote to Christian Coalition executive director Randy Tate, taking issue with the ad for "misrepresenting the state of the AIDS epidemic, furthering complacency in communities at risk for HIV and resurrecting a long ago abandoned concept that those living with HIV are somehow 'guilty' for their infection." Zingale criticizes the portrayal of AIDS as a "disease prominently affecting gay men in urban areas. The reality," he writes, "is that new HIV infection rates are in fact increasing predominately among women and minorities, communities that are receiving inadequate public health messages about the epidemic." He says the ad "hardens a stereotype of AIDS as a disease

predominantly affecting gay men and diminishes efforts to halt a public health emergency among heterosexuals in minority communities." The letter concludes: "Your ad not only attempts to make AIDS a battle against people but it feeds a dire public health emergency in minority communities. We hope that you will reconsider the messages in your ad and take steps to correct the misperceptions your organization has furthered" (release, 8/12).

#5 AIDS WALK: MAN WALKS ACROSS NATION FOR CHILDREN

A 32-year-old former security guard is walking across the country to raise awareness and money for pediatric AIDS, the Topeka Capital-Journal reports. Jaden Starbuck left Connecticut on June 1 and hopes to arrive in Los Angeles to attend film school by October 1. Explaining why he undertook such a challenge, Starbuck said, "When people think of AIDS, they still think of it as a white, gay, male disease. We need to get information to pregnant women about available treatments. It's important that people know how children get infected." He has "already ... weathered a heat wave and a flood," but considers this week's walk through Kansas to be the most trying due to the great distances between towns. Starbuck said "he chose a more difficult, central route across the country because he thought it might bring more attention to the cause." He said the idea of a walk for charity "came to him after watching Oprah Winfrey's Angel Network, and wondering if he could accomplish similar charitable goals," the Topkea Capitoal-Journal reports. Donations to his effort will go to several agencies, including

Stamford C.A.R.E.S. and the Houston-based Forgotten Children Organization. According to the Elizabeth Glaser Pediatric AIDS Foundation, between 20,000 and 30,000 children in the U.S. are estimated to be infected with HIV, and AIDS is the seventh leading cause of death for children ages 1 to 4. By 2000, roughly 80,000 children in the U.S. are projected to be "orphaned by the disease" (Albright, Topeka Capital-Journal, 8/12).

#6 'PHILADELPHIA': MOVIE CAPTURES HIGH RATINGS FOR CBS

CBS television executives may have had qualms about showing the Oscar-winning AIDS movie "Philadelphia," but when it aired on Aug. 9 the movie "ranked fifth" in weekly Nielsen ratings, the AP/Washington Post reports. The network "had kept the 1993 film in the shelf for several years, reportedly nervous about its distressing subject matter." CBS spokesperson Chris Ender "denied any reluctance to air the movie, saying the network simply had waited to find the right spot for it" (Elber, AP/Washington Post, 8/12). Click here for previous coverage of the network's decision.

GLOBAL CHALLENGES

#7 AFRICA: GATES FOUNDATION TO FUND WOMEN'S HEALTH PROGRAMS

Columbia University's Joseph Mailman School of Public Health has received a $1.36 million grant from the William H. Gates Foundation to fund three international women's health programs in Africa. The programs will be run by the Columbia's Center for

Population and Family Health (CPFH) and will work to prevent maternal mortality, provide health services to refugees, and integrate family planning with HIV prevention services for rural Ugandan women. School of Public Health Dean Dr. Alan Rosenfield said, "The populations in greatest need of family planning services are often those that are most difficult to reach. Important reproductive health issues, such as high levels of maternal mortality and of sexually transmitted diseases, constitute major assaults to the health of women around the world." CPFH Director Dr. James McCarthy said that "among the populations in the world in greatest need of family planning and reproductive health services are people who have been forced, either by conflict or natural disaster, to flee their homes." He said, "Last year the United Nations estimated that 38 million people were in this situation with severely limited access to health care, and particularly reproductive health care. Our new refugee program will work with international relief agencies in developing much-needed model programs" (Columbia University release, 8/11).

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Jennifer L. Klein (CN=Jennifer L. Klein/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:13-AUG-1998 18:42:20.00

SUBJECT: Jennifer L. Klein/OPD/EOP is out of the office.

I will be out of the office from August 7 through August 24. If you need to reach me before the 25th, I can be contacted through the signal operator. Thanks.

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

TEXT:
I will be out of the office from 08/07/98 until 08/25/98.

I will respond to your message when I return.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Weber, J. Todd ("Weber, J. Todd" <jtw5@cdc.gov> [UNKNOWN])

CREATION DATE/TIME:13-AUG-1998 20:27:05.00

SUBJECT: FW: MMWR Article

TO: Murguia, Matthew ("'Murguia, Matthew (ONAP)'" <murguia_m@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: Summers, Todd ("'Summers, Todd'" <summers_t@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

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

TEXT:
http://www.cdc.gov/epo/mmwr/mmwr_wk.html

<<mm4731.pdf>>

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

> From: Nunnally, Tammy

> Sent: Thursday, August 13, 1998 4:16 PM

> To: All - NCHSTP (E)

> Subject: MMWR Article

>

> FYI -- This week's MMWR includes an article which provides an update

> on syringe exchange programs in the U.S. Below is a summary of the

> article.

>

>

>

> "Update: Syringe Exchange Programs--United States, 1997"

>

> A national survey conducted by New York's Beth Israel Medical Center

> finds continued growth in the number, geographic coverage, and public
> health activities of Syringe Exchange Programs (SEPs) in the United
> States. The survey summarizes the activities of 100 SEPs operating in
> 80 cities in 30 states, Washington D.C. and Puerto Rico. In 1997,
> these programs exchanged 17.5 million syringes. In addition to
> providing new sterile syringes in exchange for used, often
> contaminated ones, nearly all of the SEPs offer other important public
> health services, including referrals to substance-abuse treatment,
> counseling on safer sex and drug-using practices, HIV counseling and
> testing, and screening for other STDs and tuberculosis. Comprehensive
> HIV prevention efforts for injection drug users (IDUs) and their
> families should also include prevention of the initiation of drug
> injection, substance abuse treatment, HIV risk reduction counseling
> and testing for IDUs and their sexual partners, HIV prevention
> programs in jails and prisons, street outreach programs, and health
> care for HIV-infected IDUs. As part of these efforts, SEPS can
> provide a positive pathway to prevention, treatment, and care for
> individuals at high risk for HIV and other public health problems.
>
>

- mm4731.pdf========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D61]ARMSZZ000PQTZ.000 to ASCII,
The following is a HEX DUMP:

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

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

August 14, 1998 / Vol. 47 / No. 31

MMWR™

MORBIDITY AND MORTALITY WEEKLY REPORT

Diabetes-Related Amputations of Lower Extremities in the Medicare Population — Minnesota, 1993–1995

Diabetes mellitus is the leading cause of nontraumatic lower-extremity amputations (LEAs) in the United States and accounts for 45%–70% of all nontraumatic LEAs (*1,2*). Approximately half of diabetes-related LEAs occur among persons aged ≥65 years (*1–3*). To assess LEA hospitalization rates and costs for Medicare enrollees aged ≥65 years with and without diabetes, the Minnesota Diabetes Control Program (DCP) and Stratis Health (Minnesota Medicare Quality Improvement Organization) analyzed data for federal fiscal years 1993–1995 (October 1992–September 1995). This report summarizes the findings, which indicate that the LEA Medicare hospitalization rate for persons with diabetes was nearly 13 times the rate for persons without diabetes.

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), procedural codes 84.10–84.19 were used to identify LEAs in inpatient claims data. Trauma-related LEAs (codes 895–897) were excluded from the analyses. Medicare enrollees who participated in capitated risk health-maintenance organization (HMO) plans (approximately 10%) were excluded because no claims were available describing their care. Persons with diabetes were identified by a discharge code of 250.0–250.9 listed at the time of the LEA or during any hospitalization within the preceding 365 days. Diabetes prevalence estimates and confidence intervals (CIs) were the average annual state prevalence estimates and CIs of diabetes derived from the Behavioral Risk Factor Surveillance System for 1993–1995. These prevalence estimates were applied to the Minnesota Medicare population (derived from the Medicare enrollment history files) to estimate the number of persons with and without diabetes in this population. LEA hospitalization rates were calculated per 10,000 Medicare enrollees with or without diabetes by age and sex. Relative risk was defined as the hospitalization rate for LEA among persons with diabetes divided by the rate among persons without diabetes. The population attributable risk (PAR) was calculated by subtracting the LEA hospitalization rate for persons without diabetes from the rate for the total population, and dividing by the total population rate (*4*).

The average annual number of LEA hospitalizations was 931 (Table 1); of these, 552 (59%) occurred among persons with diabetes. The average annual cost to Medicare for LEA hospitalizations in Minnesota was $10.2 million, $6 million of which was for persons with diabetes.

Diabetes-Related Amputations — Continued

TABLE 1. Prevalence* of and average reimbursement for lower extremity amputations (LEAs)† among persons with and without diabetes — Minnesota Medicare population, October 1993–September 1995

Characteristics	No. hospitalizations	Rate§	(95% CI)	Average reimbursement¶
Persons with diabetes				
Sex				
Men	324	144.4	(117.3–187.9)	$10,631
Women	228	75.4	(64.6– 90.7)	$11,112
Age group (yrs)				
65–74	258	98.6	(82.8–122.1)	$11,184
≥75	294	110.5	(92.1–138.1)	$10,511
Total	**552**	**105.6**	**(93.0–122.2)**	**$10,829**
Persons without diabetes				
Sex				
Men	190	10.2	(9.9– 10.5)	$11,215
Women	189	7.0	(6.9– 7.2)	$10,859
Age group (yrs)				
65–74	101	4.2	(4.2– 4.2)	$12,860
≥75	278	12.9	(12.6– 13.2)	$10,372
Total	**379**	**8.3**	**(8.2– 8.5)**	**$11,037**
Total	**931**	**18.3**		**$10,914**

*Annual averages for fiscal year 1993 through fiscal year 1995.
†For inpatient procedures only.
§Per 10,000 Medicare enrollees with or without diabetes.
¶Average Medicare reimbursements for LEA hospitalizations.

Regardless of diabetes status, the LEA hospitalization rates (per 10,000 Medicare enrollees) were higher for men than for women and for persons aged ≥75 years than for persons aged 65–74 years. The relative risk for LEA hospitalization among persons with diabetes compared with persons without diabetes was 12.7 per 10,000 Medicare enrollees (95% CI=10.9–14.9). For persons with diabetes compared with persons without diabetes, the relative risk was higher for men (14.2; 95% CI=11.2–19.0) than women (10.8; 95% CI=9.0–13.1) and higher for persons aged 65–74 years (23.5; 95% CI=19.3–29.1) than persons aged ≥75 years (8.6; 95% CI=7.0–11.0). On the basis of PAR calculations, 55% of all hospitalizations for LEA were directly attributable to diabetes.

The Minnesota DCP and Stratis Health are collaborating to define the burden of diabetes in the elderly population. These data will be incorporated into continuous quality-improvement programs conducted by Stratis Health for the Medicare population in Minnesota. The Minnesota Department of Health will analyze these data by county to help identify areas in which interventions are needed.

Reported by: D Gilbertson, PhD, T Arneson, MD, Stratis Health, Minneapolis; J Desai, J Roesler, MPH, J Bluhm, MPH, C Clark, MA, D Bishop, PhD, Minnesota Dept of Health. Epidemiology and Statistics Br, Div of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Diabetes-Related Amputations — Continued

Editorial Note: The diabetes-related lower extremity conditions that increase the risk for amputation among persons with diabetes include peripheral neuropathy, peripheral vascular disease, and infection (*5*). Peripheral neuropathy may cause loss of sensation in feet, resulting in a patient's failure to perceive foot problems and may cause development of foot deformities that increase pressure points susceptible to ulceration. Osteomyelitis and gangrene may develop from inadequate blood supply and infection. Risk factors for amputation include being older, male, a member of certain racial/ethnic groups, having poor glycemic control, having diabetes for a longer period, and practicing or receiving poor preventive health care (*1*).

The findings in this report indicate that, in Minnesota, approximately half of all hospitalizations for LEA were attributable directly to diabetes. Many of these amputations may have been preventable. Preventive foot-care programs for persons with diabetes can decrease the incidence of LEAs or serious foot conditions leading to LEA by 44%–85% (*3*). Such programs emphasize foot-care education for persons with diabetes, their families, and their physicians; preventive foot-care practices (e.g., proper footwear and foot hygiene); early detection of foot conditions through frequent foot examinations by patients and physicians; teamwork among health-care providers in different disciplines; and appropriate treatment and follow up (*6–8*). Recent clinical trials found that good control of blood sugar levels among persons with type 1 or type 2 diabetes can reduce or delay development of peripheral neuropathy, a major precursor of amputation (*7,8*).

The findings in this report are subject to at least four limitations. First, data were not available for the Medicare enrollees who participated in capitated risk HMO plans. Second, this analysis only included Medicare claims for hospital inpatient care and did not include claims for hospital outpatient care (part A) or claims for physicians (part B), which would enable determination of diabetic status or LEAs performed in an ambulatory setting. Third, numerator data that relied on ICD-9 coding may have contained some inaccuracies. Finally, denominator data relied on estimates of self-reported diabetes status. However, these LEA surveillance data from Minnesota are consistent with those from other studies and are comparable with national data (*1–3,9*). For example, the average LEA hospitalization rates per 1000 persons with diabetes in the Minnesota Medicare population for 1993–1995 were 9.9 for persons aged 65–74 years and 11.0 for persons aged ≥75 years, compared with hospitalization rates for the U.S. population in 1994 of 10.2 for persons aged 65–74 years and 11.9 for persons aged ≥75 years.

A national health objective for 2000 is to decrease diabetes-related amputation rates by 40% (from 8.2 to 4.9 per 1000 persons with diabetes) (*10*). CDC is providing assistance to state DCPs for surveillance of diabetes, identification of areas for intervention, and implementation and evaluation of those interventions. Continued collaboration among health-care providers, public health officials, members of community-based organizations, and patients will be necessary to reduce LEAs among patients with diabetes.

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Diabetes-Related Amputations — Continued

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Update: Syringe Exchange Programs — United States, 1997

As of December 1997, more than one third (36%) of the 641,086 cases of acquired immunodeficiency syndrome (AIDS) reported to CDC were directly or indirectly associated with injecting-drug use (*1*). Syringe exchange programs (SEPs) are one of the strategies employed to prevent infection with human immunodeficiency virus (HIV) among injecting-drug users (IDUs). The goal of SEPs is to reduce the transmission of HIV and other bloodborne infections associated with reuse of blood-contaminated syringes* for drug injection by providing sterile syringes in exchange for used, potentially contaminated syringes. This report summarizes a survey of U.S. SEP activities during January–December 1997 and compares the findings with those of two previous surveys during 1994–1995 and 1996 (*2,3*). The findings indicate continued expansion in the number, geographic coverage, and activity of SEPs in the United States.†

In November 1997, the Beth Israel Medical Center (BIMC) in New York City, in collaboration with the North American Syringe Exchange Network (NASEN), mailed questionnaires to the directors of 113 SEPs in the United States that were members of NASEN. From December 1997 through March 1998, BIMC contacted SEP directors to conduct structured telephone interviews based on the mailed questionnaires. SEP directors were asked about their program's legal status, number of syringes exchanged during 1997, program operations, services provided, budgets, and community and law enforcement relations.

*For this report, the term "syringes" refers to both syringes and needles.
†Single copies of this report will be available until August 14, 1998, from the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone (800) 458-5231 or (301) 519-0459.

Syringe Exchange Programs — Continued

Of the 113 SEPs, 100 (89%) participated in the survey. Of these, 54 began operating before 1995; 20, in 1995; 18, in 1996; and eight, in 1997. One SEP closed in 1997. These 100 SEPs reported operating in 80 cities in 30 states, the District of Columbia, and Puerto Rico[§]; 52 (52%) of the SEPs were located in four states (California [19], New York [14], Washington [11], and Connecticut [eight]). Nine cities had at least two SEPs[¶] (31 SEPs in the nine cities). In the 1996 survey, 87 SEPs reported operating in 71 cities in 26 states, the District of Columbia, and Puerto Rico and during 1994–1995, a total of 60 SEPs reported operating in 46 cities and in 21 states (*2,3*).

In 1997, a total of 96 of the 100 SEPs provided information about the number of syringes and reported exchanging approximately 17.5 million syringes (median: 57,343 syringes per SEP) (Table 1). The 10 largest volume SEPs (i.e., those that exchanged ≥500,000 syringes) exchanged approximately 10.3 million (59%) of all syringes exchanged.** The SEP in San Francisco reported exchanging the largest number of syringes (1.9 million) in 1997. During 1996, a total of 84 SEPs reported exchanging approximately 14 million syringes (median: 36,017) and in 1994, a total of 55 SEPs exchanged 8 million syringes (median: 39,014).

Most of the 100 SEPs provided other public health and social services: 99% offered instruction in the use of condoms and dental dams to prevent sexual transmission of HIV and other sexually transmitted diseases (STDs); 96% provided IDUs with information about safer injection techniques and/or use of bleach to disinfect injection equip-

[§]California (19 SEPs); New York (14); Washington (11); Connecticut (eight); Massachusetts (five); New Jersey, Oregon, and Puerto Rico (three each); Arizona, Colorado, Illinois, Michigan, Minnesota, Ohio, Pennsylvania, Texas, and Wisconsin (two each); and one each in Alaska, District of Columbia, Florida, Georgia, Hawaii, Indiana, Kansas, Louisiana, Maryland, Missouri, Montana, New Hampshire, North Carolina, Rhode Island, and Tennessee. Staff of one SEP asked its location not be reported.

[¶]The following cities have multiple SEPs: New York (12); Los Angeles, Portland, and Seattle (three each); and Boston, Cleveland, Minneapolis, New Haven, and Sacramento (two each).

**States with the 10 largest volume SEPs were: California (three SEPs); New York and Washington (two each); and one each in Illinois, Maryland, and Pennsylvania. The largest volume SEPs were San Francisco AIDS Foundation, California (1.9 million syringes exchanged); Chicago Recovery Alliance, Illinois (1.6 million); Clean Needles Now, Los Angeles, California (1.0 million); Point Defiance AIDS Project, Tacoma, Washington (1.0 million); Seattle-King County Department of Public Health Needle Exchange Program (NEP), Seattle, Washington (0.9 million); Alameda County SEP, Oakland, California (0.8 million); Prevention Point, Philadelphia, Pennsylvania (0.8 million); Baltimore City NEP, Maryland (0.8 million); Lower East Side NEP, Manhattan, New York (0.8 million); and New York Harm Reduction Educators, Bronx, New York (0.7 million).

TABLE 1. Number and percentage of syringe exchange programs (SEPs) and sterile syringes provided by SEPs, by size of program — United States, 1997

	SEPs		Total syringes exchanged	
Size of SEP*	No.	(%)	No.	(%)
<10,000	24	(25)	82,356	(0.5)
10,000– 55,000	24	(25)	700,274	(4.0)
55,001–499,999	38	(40)	6,334,375	(36.3)
≥500,000	10	(10)	10,330,103	(59.2)
Total	**96**	**(100)**	**17,447,108**	**(100.0)**

*Based on the number of syringes exchanged in 1997.

Syringe Exchange Programs — Continued

ment; and 94% referred clients for substance abuse treatment programs. Health-care services offered on site included HIV counseling and testing (64%), tuberculosis skin testing (20%), STD screening (20%), and primary health care (19%).

In this survey, SEPs were defined as legal if they operated in a state that had no law requiring a prescription to purchase a hypodermic syringe (i.e., a prescription law) or had an exemption to the state prescription law allowing the SEP to operate; illegal-tolerated if they operated in a state with a prescription law but had received a formal vote of support or approval from a local elected body (e.g., city council); and illegal-underground if the SEP operated in a state with a prescription law but had not received formal support from local elected officials. In 1997, a total of 52 SEPs were legal, 16 were illegal-tolerated, and 32 were illegal-underground.

SEPs reported receiving financial support from various sources including foundations, individuals, and state and local governments. Current federal law prohibits the use of federal funds to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

The 100 SEPs operated in various settings, including home visits (37%) (syringe pick-up/drop-off sites), storefront locations (35%), vans (35%), sidewalk tables (23%), on-foot outreach (23%), cars (19%), locations where IDUs gather to inject drugs (i.e., shooting galleries) (17%), and health clinics (11%). Sixty-nine (69%) SEPs operated in multiple settings. Ninety-five SEPs reported data on the hours of program operation each week; they reported providing 2078.5 hours (median: 18 hours; range: 1–112 hours) of SEP services each week.

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Editorial Note: The findings in this survey indicate continued growth in the number, geographic coverage, and activity of SEPs in the United States. From 1994–1995 to 1997, there were increases in the number of SEPs participating in these surveys (67% [from 60 to 100]), the number of cities with SEPs (74% [from 46 to 80]), and the number of syringes exchanged (119% [from 8 million to 17.5 million]). However, the scope of SEP activity may be underestimated because some of the known SEPs in the United States did not participate in this survey and some may not be members of NASEN.

The 10 largest volume SEPs are responsible for approximately half of all syringes exchanged in 1997, and the 24 smallest volume SEPs (i.e., those that exchanged <10,000 syringes) reported exchanging only <1% of total syringes (mean: 3431.5 syringes per program). An IDU makes approximately 1000 illicit drug injections per year (*4*). Larger volume SEPs could have greater community impact in allowing IDUs to use a sterile syringe for every injection.

Many IDUs who participate in SEPs are high-risk drug users, suggesting that SEPs can reach persons at risk for bloodborne infections (including HIV and hepatitis C) and other public health problems (*5,6*). IDUs who participate in SEPs increase the proportion of drug injections in which a syringe is used only once, thereby reducing the reuse of potentially contaminated syringes (*7*). In addition, IDUs using syringes obtained from SEPs have lower rates of HIV incidence (compared to IDUs using syringes obtained from the illicit market) (*8*). Compared with clients referred to substance abuse

Syringe Exchange Programs — Continued

treatment programs from other sources, IDUs referred by SEPs have comparably good short-term treatment outcomes (*9*).

SEPs are one component of a community's comprehensive approach currently used to prevent HIV infection among IDUs, their sexual partners, and their children. Access to sterile syringes for drug users who continue to inject also can be provided through the sale of syringes in pharmacies. In addition to SEPs, comprehensive programs for reducing the spread of HIV and other bloodborne infections should include community outreach programs, substance abuse treatment programs, HIV-prevention programs in jails and prisons, prevention of initiation of drug injection, health care for HIV-infected IDUs, and HIV risk-reduction counseling and testing for IDUs and their sexual partners (*10*).

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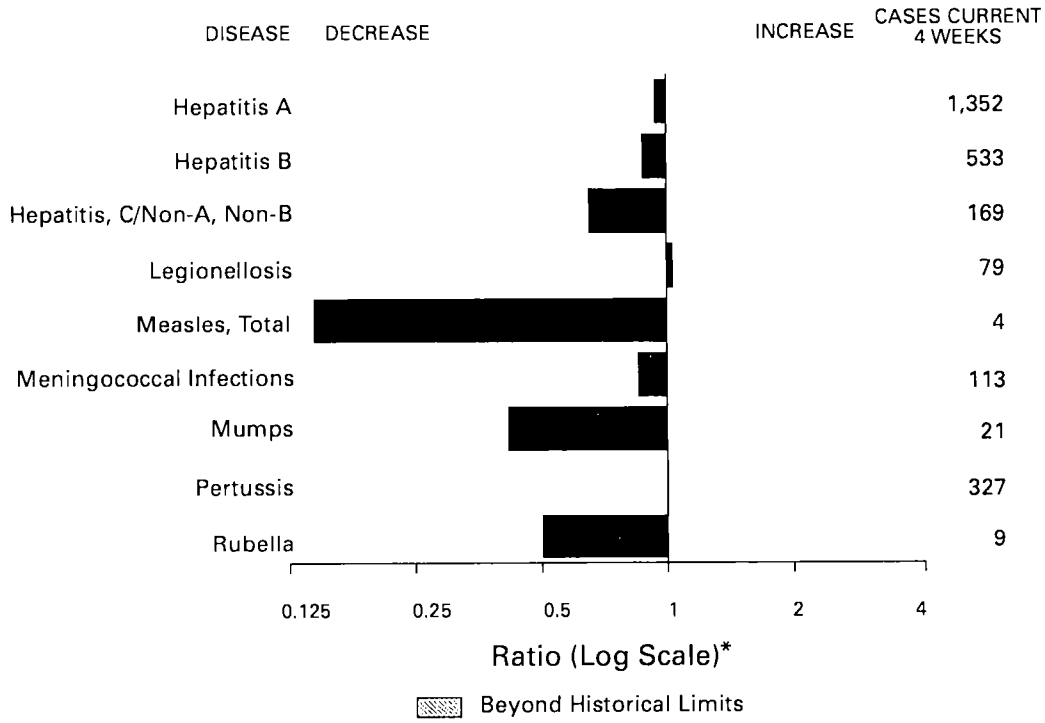
Tape Restoration Project
Hex-Dump Conversion

FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending August 8, 1998, with historical data — United States



*Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary — provisional cases of selected notifiable diseases, United States, cumulative, week ending August 8, 1998 (31st Week)

	Cum. 1998		Cum. 1998
Anthrax	-	Plague	5
Brucellosis	44	Poliomyelitis, paralytic	1
Cholera	6	Psittacosis	30
Congenital rubella syndrome	3	Rabies, human	-
Cryptosporidiosis*	1,172	Rocky Mountain spotted fever (RMSF)	150
Diphtheria	2	Streptococcal disease, invasive Group A	1,438
Encephalitis: California*	17	Streptococcal toxic-shock syndrome*	37
eastern equine*	2	Syphilis, congenital[¶]	185
St. Louis*	1	Tetanus	20
western equine*	-	Toxic-shock syndrome	78
Hansen Disease	68	Trichinosis	7
Hantavirus pulmonary syndrome*[†]	9	Typhoid fever	182
Hemolytic uremic syndrome, post-diarrheal*	31	Yellow fever	-
HIV infection, pediatric*[§]	145		

-:no reported cases
*Not notifiable in all states.
[†] Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
[§] Updated monthly to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), last update July 26, 1998.
[¶] Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 8, 1998, and August 2, 1997 (31st Week)

Reporting Area	AIDS		Chlamydia		*Escherichia coli* O157:H7		Gonorrhea		Hepatitis C/NA,NB	
					NETSS†	PHLIS§				
	Cum. 1998*	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1998	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997
UNITED STATES	27,399	35,436	314,383	265,430	1,344	762	185,476	166,882	2,264	2,037
NEW ENGLAND	1,025	1,470	11,844	10,149	173	127	3,326	3,451	31	41
Maine	21	36	618	582	22	-	40	34	-	-
N.H.	26	19	558	460	23	25	52	64	-	-
Vt.	14	24	244	228	8	6	22	32	-	2
Mass.	522	528	5,002	4,199	90	80	1,228	1,306	28	32
R.I.	78	97	1,417	1,140	5	1	212	266	3	7
Conn.	364	766	4,005	3,540	25	15	1,772	1,749	-	-
MID. ATLANTIC	7,578	11,061	38,080	32,658	129	35	21,334	21,247	233	196
Upstate N.Y.	961	1,728	N	N	96	-	3,508	3,750	181	144
N.Y. City	4,074	5,735	20,945	15,801	4	6	8,916	7,844	-	-
N.J.	1,475	2,273	6,271	5,701	29	28	3,798	4,316	-	-
Pa.	1,068	1,325	10,864	11,156	N	1	5,112	5,337	52	52
E.N. CENTRAL	2,078	2,556	52,149	35,568	214	130	35,857	22,501	318	358
Ohio	430	561	15,106	13,027	54	22	9,496	8,318	7	11
Ind.	355	394	3,507	5,300	57	28	2,225	3,532	4	10
Ill.	825	892	15,093	U	47	-	12,259	U	16	63
Mich.	353	545	12,486	10,841	56	35	9,423	7,976	291	253
Wis.	115	164	5,957	6,400	N	45	2,454	2,675	-	21
W.N. CENTRAL	532	696	18,528	18,495	210	158	9,176	8,323	120	40
Minn.	104	128	3,649	3,863	78	78	1,300	1,354	7	3
Iowa	49	74	2,063	2,650	65	25	660	720	12	20
Mo.	244	331	7,161	6,922	15	29	5,233	4,506	96	5
N. Dak.	4	7	290	497	6	11	29	32	-	2
S. Dak.	11	3	961	737	12	10	152	80	-	-
Nebr.	48	65	1,361	1,140	19	-	494	438	2	2
Kans.	72	88	3,043	2,686	15	5	1,308	1,193	3	8
S. ATLANTIC	6,869	8,699	65,423	55,731	109	79	53,067	54,236	115	138
Del.	91	159	1,473	-	-	1	815	699	-	-
Md.	826	1,078	4,970	4,153	16	9	5,813	6,840	5	4
D.C.	567	658	N	N	1	-	1,997	2,600	-	-
Va.	502	719	6,988	6,925	N	25	3,942	4,691	7	18
W. Va.	59	60	1,631	1,722	6	3	469	546	4	13
N.C.	456	503	12,939	10,095	20	31	11,167	9,813	14	34
S.C.	452	475	11,206	7,462	5	2	7,255	6,655	3	27
Ga.	725	1,071	14,049	10,307	40	-	11,827	11,820	9	-
Fla.	3,191	3,976	12,167	15,067	21	8	9,782	10,572	73	42
E.S. CENTRAL	1,084	1,188	23,338	20,244	69	25	22,566	20,216	105	223
Ky.	156	211	3,645	3,884	18	-	2,087	2,453	16	10
Tenn.	378	495	7,789	7,582	32	22	6,684	6,314	85	151
Ala.	330	287	5,982	4,743	19	2	7,649	6,849	4	6
Miss.	220	195	5,922	4,035	U	1	6,146	4,600	U	56
W.S. CENTRAL	3,328	3,601	43,886	35,214	77	12	25,528	22,921	549	278
Ark.	123	131	2,087	1,766	6	6	1,214	2,874	5	9
La.	586	640	8,671	5,260	3	2	7,570	4,936	19	124
Okla.	183	188	5,753	4,414	10	4	3,148	2,777	7	6
Tex.	2,436	2,642	27,375	23,774	58	-	13,596	12,334	518	139
MOUNTAIN	967	1,032	12,797	16,943	180	84	4,774	4,649	256	181
Mont.	18	26	731	644	8	-	26	27	7	13
Idaho	19	34	1,003	853	18	7	97	64	86	36
Wyo.	1	13	388	315	49	-	18	29	45	42
Colo.	186	264	10	3,750	37	32	1,339	1,256	18	20
N. Mex.	153	105	2,172	2,277	16	11	526	518	63	32
Ariz.	377	247	6,615	6,340	13	13	2,390	2,064	3	23
Utah	70	86	1,378	990	33	15	150	145	21	3
Nev.	143	257	500	1,774	6	6	228	546	13	12
PACIFIC	3,938	5,133	48,338	40,428	183	112	9,848	9,338	537	582
Wash.	270	417	6,582	5,419	31	22	1,132	1,135	12	18
Oreg.	116	188	3,382	2,887	54	48	470	444	2	2
Calif.	3,439	4,449	35,971	30,258	96	35	7,801	7,235	468	463
Alaska	17	42	1,128	848	2	-	187	233	1	-
Hawaii	96	37	1,275	1,016	N	7	258	291	54	99
Guam	-	2	8	193	N	-	2	27	-	-
P.R.	1,141	1,198	U	U	1	U	242	378	-	-
V.I.	18	70	N	N	N	U	U	U	U	U
Amer. Samoa	-	-	U	U	N	U	U	U	U	U
C.N.M.I.	-	1	N	N	N	U	14	17	-	2

N: Not notifiable U: Unavailable -: no reported cases C.N.M.I.: Commonwealth of Northern Mariana Islands

*Updated monthly to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update July 26, 1998.

†National Electronic Telecommunications System for Surveillance.

§Public Health Laboratory Information System.

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending August 8, 1998, and August 2, 1997 (31st Week)

Reporting Area	Legionellosis		Lyme Disease		Malaria		Syphilis (Primary & Secondary)		Tuberculosis		Rabies, Animal
	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998*	Cum. 1997	Cum. 1998
UNITED STATES	665	512	5,543	4,975	700	998	4,263	4,958	8,212	10,335	4,138
NEW ENGLAND	39	38	1,833	1,276	41	45	42	99	252	258	797
Maine	1	1	6	7	4	1	1	-	5	16	122
N.H.	3	4	27	9	3	2	1	-	6	10	37
Vt.	4	6	6	6	-	2	4	-	1	3	33
Mass.	15	11	412	209	14	21	25	47	135	143	270
R.I.	8	5	217	169	2	5	1	2	34	18	47
Conn.	8	11	1,165	876	18	14	10	50	71	68	288
MID. ATLANTIC	157	92	3,032	2,642	170	312	150	245	1,655	1,827	953
Upstate N.Y.	46	26	1,745	1,043	49	46	22	24	185	236	670
N.Y. City	22	7	12	122	80	194	32	53	879	939	U
N.J.	7	14	629	818	22	53	53	101	350	376	116
Pa.	82	45	646	659	19	19	43	67	241	276	167
E.N. CENTRAL	201	175	51	418	61	98	562	371	609	1,083	81
Ohio	83	74	41	18	4	12	80	130	U	174	41
Ind.	38	29	8	15	6	9	130	94	76	88	5
Ill.	14	13	1	8	18	41	212	U	361	583	8
Mich.	44	38	1	17	31	24	104	72	172	168	19
Wis.	22	21	U	360	2	12	36	75	-	70	8
W.N. CENTRAL	44	35	69	52	50	31	87	107	238	323	461
Minn.	3	1	47	27	26	10	6	14	87	84	82
Iowa	6	9	16	4	5	8	-	6	20	38	108
Mo.	14	5	1	15	10	7	68	61	86	127	19
N. Dak.	-	2	-	-	2	2	-	-	3	8	89
S. Dak.	2	2	-	1	-	-	1	-	14	7	90
Nebr.	15	12	3	2	1	1	4	2	10	12	5
Kans.	4	4	2	3	6	3	8	24	18	47	68
S. ATLANTIC	78	66	394	403	157	159	1,813	1,989	1,195	1,897	1,229
Del.	8	7	12	82	1	2	16	16	U	19	17
Md.	19	14	267	258	50	51	410	547	179	178	308
D.C.	5	3	4	7	12	10	46	77	64	59	-
Va.	8	14	35	18	29	43	97	150	144	194	371
W. Va.	N	N	7	3	1	-	2	3	26	33	54
N.C.	6	9	35	20	12	9	445	442	244	230	136
S.C.	7	3	3	1	4	10	179	237	185	207	98
Ga.	3	-	3	1	17	20	483	334	283	355	120
Fla.	21	16	28	13	31	14	135	183	70	622	125
E.S. CENTRAL	33	34	47	52	16	20	720	1,098	614	766	174
Ky.	16	7	11	11	3	6	70	88	108	111	25
Tenn.	12	20	25	23	9	4	339	467	208	284	93
Ala.	5	2	11	4	4	7	162	277	162	232	56
Miss.	U	5	U	14	U	3	149	266	136	139	U
W.S. CENTRAL	20	12	18	43	20	10	561	740	246	1,527	112
Ark.	-	1	6	14	1	2	71	111	72	118	21
La.	2	2	2	2	6	5	237	225	U	119	-
Okla.	8	1	2	9	2	3	32	69	101	131	91
Tex.	10	8	8	18	11	-	221	335	-	1,159	-
MOUNTAIN	43	30	8	6	35	49	129	99	246	336	98
Mont.	2	1	-	-	-	2	-	-	12	6	34
Idaho	2	2	2	2	7	-	-	-	8	7	-
Wyo.	1	1	-	1	-	2	1	-	3	2	45
Colo.	8	9	3	-	11	24	8	5	U	57	1
N. Mex.	2	1	2	-	11	6	12	4	34	31	3
Ariz.	10	7	-	1	5	7	102	78	124	155	9
Utah	16	6	-	-	1	3	3	4	36	14	6
Nev.	2	3	1	2	-	5	3	8	29	64	-
PACIFIC	50	30	91	83	150	274	199	210	3,157	2,318	233
Wash.	8	6	5	4	14	10	23	7	144	182	-
Oreg.	-	-	9	12	13	14	3	5	71	97	1
Calif.	41	23	76	67	120	242	173	196	2,818	1,871	211
Alaska	-	-	1	-	1	3	-	1	31	51	21
Hawaii	1	1	-	-	2	5	-	1	93	117	-
Guam	-	-	-	-	-	-	-	3	-	13	-
P.R.	-	-	-	-	-	4	121	148	46	129	32
V.I.	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	-	-	-	-	98	9	54	2	-

N: Not notifiable U: Unavailable -: no reported cases

*Additional information about areas displaying "U" for cumulative 1998 Tuberculosis cases can be found in Notice to Readers, *MMWR* Vol. 47, No. 2, p. 39.

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 8, 1998, and August 2, 1997 (31st Week)

Reporting Area	*H. influenzae*, invasive		Hepatitis (Viral), by type				Measles (Rubeola)					
			A		B		Indigenous		Imported†		Total	
	Cum. 1998*	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	1998	Cum. 1998	1998	Cum. 1998	Cum. 1998	Cum. 1997
UNITED STATES	663	699	12,988	16,419	4,807	5,549	-	28	-	19	47	100
NEW ENGLAND	37	39	151	420	76	101	-	1	-	2	3	18
Maine	2	3	13	45	2	6	-	-	-	-	-	1
N.H.	7	6	8	21	10	7	-	-	-	-	-	1
Vt.	3	3	13	8	3	5	-	-	-	1	1	-
Mass.	22	23	47	176	18	43	-	1	-	1	2	15
R.I.	2	2	10	92	43	11	-	-	-	-	-	-
Conn.	1	2	60	78	-	29	-	-	-	-	-	1
MID. ATLANTIC	94	101	856	1,312	671	805	-	9	-	4	13	21
Upstate N.Y.	39	27	203	196	184	168	-	2	-	-	2	5
N.Y. City	18	27	213	587	176	303	-	-	-	-	-	7
N.J.	32	33	197	194	105	157	-	7	-	1	8	3
Pa.	5	14	243	335	206	177	-	-	-	3	3	6
E.N. CENTRAL	102	117	1,755	1,680	493	914	-	11	-	3	14	8
Ohio	38	65	202	213	45	54	-	-	-	1	1	-
Ind.	27	11	99	185	61	69	-	2	-	1	3	-
Ill.	30	27	273	441	90	175	-	-	-	-	-	6
Mich.	3	14	1,068	716	275	260	-	9	-	1	10	2
Wis.	4	-	113	125	22	356	-	-	-	-	-	-
W.N. CENTRAL	64	36	971	1,241	254	303	-	-	-	-	-	12
Minn.	49	27	83	111	24	23	-	-	-	-	-	3
Iowa	2	3	384	215	45	23	-	-	-	-	-	-
Mo.	8	3	391	651	151	222	U	-	U	-	-	1
N. Dak.	-	-	3	10	4	3	U	-	U	-	-	-
S. Dak.	-	2	18	15	1	-	-	-	-	-	-	8
Nebr.	-	1	24	50	9	9	-	-	-	-	-	-
Kans.	5	-	68	189	20	23	U	-	U	-	-	-
S. ATLANTIC	137	108	1,109	956	690	698	-	3	-	5	8	9
Del.	-	-	3	20	-	4	-	-	-	1	1	-
Md.	41	44	193	131	96	102	-	-	-	1	1	2
D.C.	-	-	34	16	8	24	-	-	-	-	-	1
Va.	13	7	144	126	60	77	-	-	-	2	2	1
W. Va.	4	3	1	6	4	9	-	-	-	-	-	-
N.C.	20	17	66	118	127	151	-	-	-	-	-	1
S.C.	3	3	18	69	22	62	-	-	-	-	-	1
Ga.	28	21	323	199	117	71	-	1	-	1	2	1
Fla.	28	13	327	271	256	198	-	2	-	-	2	2
E.S. CENTRAL	40	39	217	393	240	409	-	-	-	2	2	1
Ky.	6	6	14	49	25	26	-	-	-	-	-	-
Tenn.	24	23	153	243	170	277	-	-	-	-	-	-
Ala.	10	8	50	58	45	43	-	-	-	2	2	1
Miss.	U	2	U	43	U	63	U	U	U	U	U	-
W.S. CENTRAL	38	33	2,501	3,395	811	703	-	-	-	-	-	7
Ark.	-	2	62	142	54	53	-	-	-	-	-	-
La.	18	7	51	127	62	82	-	-	-	-	-	-
Okla.	18	22	351	975	52	25	-	-	-	-	-	-
Tex.	2	2	2,037	2,151	643	543	-	-	-	-	-	7
MOUNTAIN	73	65	2,035	2,489	519	523	-	-	-	-	-	7
Mont.	-	-	67	53	4	6	-	-	-	-	-	-
Idaho	-	1	169	87	20	17	-	-	-	-	-	-
Wyo.	1	2	25	21	2	16	-	-	-	-	-	-
Colo.	15	11	163	262	71	100	-	-	-	-	-	-
N. Mex.	5	7	97	196	215	170	-	-	-	-	-	-
Ariz.	41	27	1,309	1,228	133	118	-	-	-	-	-	5
Utah	4	3	131	383	45	60	-	-	-	-	-	-
Nev.	7	14	74	259	29	36	U	-	U	-	-	2
PACIFIC	78	161	3,393	4,533	1,053	1,093	-	4	-	3	7	17
Wash.	7	3	696	314	71	48	-	-	-	1	1	1
Oreg.	32	25	231	230	69	66	-	-	-	-	-	-
Calif.	31	124	2,429	3,875	900	960	-	4	-	2	6	12
Alaska	1	2	14	24	8	11	-	-	-	-	-	-
Hawaii	7	7	23	90	5	8	-	-	-	-	-	4
Guam	-	-	-	-	-	3	U	-	U	-	-	-
P.R.	2	-	37	198	263	461	-	-	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	6	1	1	28	34	U	-	U	-	-	1

N: Not notifiable U: Unavailable -: no reported cases

*Of 150 cases among children aged <5 years, serotype was reported for 82 and of those, 33 were type b.

†For imported measles, cases include only those resulting from importation from other countries.

TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 8, 1998, and August 2, 1997 (31st Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997
UNITED STATES	1,723	2,210	7	292	391	82	2,835	3,137	-	295	125
NEW ENGLAND	74	138	-	2	8	4	498	609	-	36	1
Maine	5	15	-	-	-	-	5	7	-	-	-
N.H.	4	12	-	-	-	-	40	70	-	-	-
Vt.	1	3	-	-	-	3	52	181	-	-	-
Mass.	36	71	-	1	2	-	369	327	-	6	1
R.I.	3	11	-	-	5	-	5	12	-	1	-
Conn.	25	26	-	1	1	1	27	12	-	29	-
MID. ATLANTIC	159	233	1	18	45	5	311	235	-	124	28
Upstate N.Y.	42	64	-	3	10	2	159	88	-	110	4
N.Y. City	18	41	-	4	3	-	9	54	-	9	24
N.J.	41	44	-	2	7	-	5	11	-	4	-
Pa.	58	84	1	9	25	3	138	82	-	1	-
E.N. CENTRAL	261	324	2	53	49	14	249	314	-	-	5
Ohio	94	119	1	21	18	11	90	92	-	-	-
Ind.	48	35	-	5	6	-	69	35	-	-	-
Ill.	64	94	-	7	8	3	35	45	-	-	1
Mich.	31	47	1	20	14	-	38	32	-	-	-
Wis.	24	29	-	-	3	-	17	110	-	-	4
W.N. CENTRAL	144	164	-	21	12	23	244	187	-	27	-
Minn.	25	29	-	10	5	17	149	120	-	-	-
Iowa	26	38	-	7	6	6	53	10	-	-	-
Mo.	53	71	U	3	-	U	16	33	U	2	-
N. Dak.	2	1	U	1	-	U	2	1	U	-	-
S. Dak.	6	4	-	-	-	-	6	3	-	-	-
Nebr.	7	6	-	-	1	-	8	4	-	-	-
Kans.	25	15	U	-	-	U	10	16	U	25	-
S. ATLANTIC	305	376	-	37	46	6	176	281	-	9	58
Del.	1	5	-	-	-	-	2	1	-	-	-
Md.	24	36	-	-	1	-	31	87	-	-	-
D.C.	-	6	-	-	-	-	1	3	-	-	-
Va.	24	38	-	5	8	1	8	34	-	-	1
W. Va.	12	14	-	-	-	-	1	5	-	-	-
N.C.	45	72	-	9	7	-	65	80	-	6	50
S.C.	44	40	-	4	10	2	22	11	-	-	6
Ga.	65	75	-	1	6	-	10	8	-	-	-
Fla.	90	90	-	18	14	3	36	52	-	3	1
E.S. CENTRAL	129	165	1	7	21	1	65	74	-	1	1
Ky.	19	38	-	-	3	-	22	26	-	-	-
Tenn.	46	58	-	1	3	1	23	25	-	-	-
Ala.	64	52	1	6	6	-	20	16	-	1	1
Miss.	U	17	U	U	9	U	U	7	U	U	-
W.S. CENTRAL	195	201	-	40	44	4	200	126	-	80	3
Ark.	25	25	-	-	1	-	26	10	-	-	-
La.	42	43	-	8	11	-	2	13	-	-	-
Okla.	29	24	-	-	-	-	18	17	-	-	-
Tex.	99	109	-	32	32	4	154	86	-	80	3
MOUNTAIN	97	130	2	26	48	9	587	795	-	5	6
Mont.	3	7	-	-	-	-	3	14	-	-	-
Idaho	6	8	-	3	2	1	194	467	-	-	2
Wyo.	4	1	-	1	1	1	8	6	-	-	-
Colo.	19	35	2	8	3	1	129	214	-	-	-
N. Mex.	17	22	N	N	N	5	75	48	-	1	-
Ariz.	33	33	-	5	31	-	129	23	-	1	4
Utah	11	11	-	3	6	1	36	12	-	2	-
Nev.	4	13	U	6	5	U	13	11	U	1	-
PACIFIC	359	479	1	88	118	16	505	516	-	13	23
Wash.	50	56	1	7	13	8	193	216	-	9	5
Oreg.	58	94	N	N	N	6	36	23	-	-	-
Calif.	245	324	-	63	86	2	268	259	-	2	10
Alaska	2	1	-	2	5	-	3	4	-	-	-
Hawaii	4	4	-	16	14	-	5	14	-	2	8
Guam	-	1	U	-	1	U	-	-	U	-	-
P.R.	6	8	-	1	5	-	2	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	U	2	4	U	1	-	U	-	-

N: Not notifiable U: Unavailable -: no reported cases

TABLE IV. Deaths in 122 U.S. cities,* week ending August 8, 1998 (31st Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	>65	45-64	25-44	1-24	<1	
NEW ENGLAND	577	411	104	34	13	15	31
Boston, Mass.	147	104	25	10	4	4	15
Bridgeport, Conn.	40	26	9	3	1	1	2
Cambridge, Mass.	14	13	1	-	-	-	-
Fall River, Mass.	23	22	1	-	-	-	-
Hartford, Conn.	67	40	18	4	3	2	2
Lowell, Mass.	20	17	2	1	-	-	1
Lynn, Mass.	14	11	2	1	-	-	1
New Bedford, Mass.	26	23	2	1	-	-	-
New Haven, Conn.	41	25	8	4	2	2	1
Providence, R.I.	60	39	13	3	1	4	-
Somerville, Mass.	5	3	1	1	-	-	-
Springfield, Mass.	41	28	9	2	1	1	1
Waterbury, Conn.	28	24	3	1	-	-	-
Worcester, Mass.	51	36	10	3	1	1	8
MID. ATLANTIC	2,143	1,507	428	143	41	24	108
Albany, N.Y.	41	33	4	3	-	1	2
Allentown, Pa.	10	10	-	-	-	-	-
Buffalo, N.Y.	71	50	13	4	3	1	2
Camden, N.J.	33	20	7	3	1	2	6
Elizabeth, N.J.	28	19	5	4	-	-	-
Erie, Pa.	31	22	5	1	2	1	1
Jersey City, N.J.	57	33	19	4	1	-	-
New York City, N.Y.	1,095	769	236	65	18	7	50
Newark, N.J.	71	33	17	17	1	3	4
Paterson, N.J.	11	8	2	1	-	-	-
Philadelphia, Pa.	300	201	60	25	10	4	12
Pittsburgh, Pa.§	37	31	4	2	-	-	2
Reading, Pa.	34	28	3	1	1	1	3
Rochester, N.Y.	114	85	23	3	1	2	9
Schenectady, N.Y.	27	22	4	-	1	-	1
Scranton, Pa.	29	26	2	1	-	-	2
Syracuse, N.Y.	105	81	15	7	1	1	11
Trenton, N.J.	28	21	4	1	1	1	3
Utica, N.Y.	21	15	5	1	-	-	-
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,479	1,025	273	115	33	33	76
Akron, Ohio	45	34	7	2	1	1	-
Canton, Ohio	27	23	3	1	-	-	2
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	83	59	11	9	3	1	13
Cleveland, Ohio	138	93	31	11	1	2	-
Columbus, Ohio	162	109	31	16	2	4	13
Dayton, Ohio	117	91	18	4	3	1	12
Detroit, Mich.	182	102	40	24	8	8	3
Evansville, Ind.	51	37	10	2	-	2	1
Fort Wayne, Ind.	45	33	9	2	-	1	2
Gary, Ind.	6	3	2	-	1	-	-
Grand Rapids, Mich.	47	34	7	3	2	1	4
Indianapolis, Ind.	173	110	40	13	5	5	9
Lansing, Mich.	44	38	2	3	1	-	3
Milwaukee, Wis.	103	77	14	10	1	1	8
Peoria, Ill.	23	13	6	2	2	-	-
Rockford, Ill.	39	25	9	3	1	1	1
South Bend, Ind.	39	26	6	5	-	2	3
Toledo, Ohio	97	70	20	4	1	2	2
Youngstown, Ohio	58	48	7	1	1	1	-
W.N. CENTRAL	873	601	155	64	19	27	35
Des Moines, Iowa	140	103	23	8	4	2	15
Duluth, Minn.	46	30	11	3	-	2	1
Kansas City, Kans.	45	30	10	5	-	-	-
Kansas City, Mo.	104	61	21	9	2	4	2
Lincoln, Nebr.	31	24	4	3	-	-	3
Minneapolis, Minn.	136	109	15	5	2	5	7
Omaha, Nebr.	73	45	18	5	2	3	3
St. Louis, Mo.	119	71	29	9	-	10	2
St. Paul, Minn.	81	64	10	4	2	1	2
Wichita, Kans.	98	64	14	13	7	-	-

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	>65	45-64	25-44	1-24	<1	
S. ATLANTIC	995	650	205	91	23	24	69
Atlanta, Ga.	U	U	U	U	U	U	U
Baltimore, Md.	173	113	38	17	1	4	19
Charlotte, N.C.	101	57	29	5	5	5	12
Jacksonville, Fla.	195	158	23	5	7	2	7
Miami, Fla.	94	42	26	18	2	6	-
Norfolk, Va.	28	20	4	3	-	1	2
Richmond, Va.	60	31	21	6	2	-	1
Savannah, Ga.	61	38	12	9	2	-	4
St. Petersburg, Fla.	62	44	7	6	3	2	8
Tampa, Fla.	198	135	42	14	1	4	16
Washington, D.C.	U	U	U	U	U	U	U
Wilmington, Del.	23	12	3	8	-	-	-
E.S. CENTRAL	825	557	160	67	26	15	33
Birmingham, Ala.	166	116	33	8	6	3	14
Chattanooga, Tenn.	90	69	10	8	3	-	1
Knoxville, Tenn.	80	61	10	5	3	1	-
Lexington, Ky.	69	45	14	6	2	2	4
Memphis, Tenn.	190	113	45	20	7	5	7
Mobile, Ala.	68	52	7	5	3	1	1
Montgomery, Ala.	61	45	12	3	-	1	6
Nashville, Tenn.	101	56	29	12	2	2	-
W.S. CENTRAL	1,400	853	302	128	76	41	65
Austin, Tex.	58	31	14	7	4	2	2
Baton Rouge, La.	36	19	7	7	3	-	-
Corpus Christi, Tex.	55	35	11	6	3	-	4
Dallas, Tex.	180	103	39	20	10	8	1
El Paso, Tex.	79	55	18	2	3	1	4
Ft. Worth, Tex.	103	70	20	5	5	3	8
Houston, Tex.	385	203	103	42	26	11	28
Little Rock, Ark.	82	50	19	3	4	6	1
New Orleans, La.	68	35	15	12	2	4	-
San Antonio, Tex.	222	158	33	16	10	5	9
Shreveport, La.	22	17	3	2	-	-	1
Tulsa, Okla.	110	77	20	6	6	1	7
MOUNTAIN	896	572	179	90	30	25	50
Albuquerque, N.M.	100	67	21	11	1	-	1
Boise, Idaho	35	24	7	2	2	-	2
Colo. Springs, Colo.	50	33	12	3	1	1	1
Denver, Colo.	102	64	20	8	3	7	9
Las Vegas, Nev.	195	111	45	24	10	5	10
Ogden, Utah	25	18	2	4	-	1	4
Phoenix, Ariz.	157	103	22	18	6	8	7
Pueblo, Colo.	26	18	6	2	-	-	-
Salt Lake City, Utah	91	60	16	10	3	2	11
Tucson, Ariz.	115	74	28	8	4	1	5
PACIFIC	1,556	1,075	273	108	39	61	110
Berkeley, Calif.	14	12	1	-	-	1	2
Fresno, Calif.	80	55	12	8	3	2	3
Glendale, Calif.	24	16	6	2	-	-	1
Honolulu, Hawaii	66	49	14	3	-	-	6
Long Beach, Calif.	69	53	9	2	2	3	9
Los Angeles, Calif.	339	235	61	24	6	13	19
Pasadena, Calif.	30	18	9	1	-	2	2
Portland, Oreg.	121	81	25	9	5	1	7
Sacramento, Calif.	143	99	26	7	7	4	13
San Diego, Calif.	138	98	25	14	1	-	12
San Francisco, Calif.	127	89	22	12	2	2	13
San Jose, Calif.	105	75	17	9	3	1	10
Santa Cruz, Calif.	22	19	1	1	1	-	4
Seattle, Wash.	132	85	30	9	6	2	4
Spokane, Wash.	47	37	6	2	1	1	1
Tacoma, Wash.	99	54	9	5	2	29	4
TOTAL	10,744¶	7,251	2,079	840	300	265	577

U: Unavailable -: no reported cases

*Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†Pneumonia and influenza.

§Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶Total includes unknown ages.

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