Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From Ernest Hopkins to Todd Summers Re: Sorry (2 pages)	08/14/1998	Personal Misfile
002. email	From Ernest Hopkins to Todd Summers Re: Sorry (5 pages)	08/14/1998	Personal Misfile
003. email	From Tsummers@aol.com to Todd Summers Re: Fwd: Cartalk (2 pages)	08/18/1998	Personal Misfile
004. email	From Daniel Zingale to Todd Summers Re: Are you around? [personal] [partial] (1 page)	08/20/1998	b(6)
005. email	From Jdguzman to Todd Summers Re: Hi (1 page)	08/20/1998	Personal Misfile
006. email	From Eric Goosby to Todd Summers Re: Need some advice (6 pages)	08/24/1998	Personal Misfile
007. email	From Jarret Yoshida to Todd Summers Re: Hey (2 pages)	08/26/1998	Personal Misfile
008. email	From Eric Goosby to Todd Summers Re: Title I and AIDS czars meeting [personal] [partial] (1 page)	08/26/1998	b(6)

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

FOLDER TITLE:
[08/13/1998 - 08/26/1998]

2018-0758-F
jn566

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: Julie A. Fernandes (CN=Julie A. Fernandes/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:13-AUG-1998 19:09:55.00

SUBJECT: Julie A. Fernandes/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 08/07/98 until 08/21/98.

If you need to reach me, please contact SIGNAL at 202/757-5000. Thanks.

Julie

Withdrawal/Redaction Marker
Clinton Library

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:14-AUG-1998 19:50:23.00

SUBJECT: rats

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:
Todd

Sorry I missed you and Sandy in Atlanta on Wednesday. Going downtown is

not terribly easy from where I work and to tell the truth, I have a

million other things going on. By the time I remembered, it was too

late. I hope both the talks went well and were well received.

jtw

J. Todd Weber, MD, FACP

Prevention Services Research Branch

Division of HIV/AIDS Prevention - Surveillance and Epidemiology

Centers for Disease Control and Prevention (E-46)

1600 Clifton Road, NE

Atlanta, GA 30333

Phone: (404) 639-2085

Fax: (404) 639-2029

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:14-AUG-1998 13:54:18.00

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 14, 1998

PUBLIC HEALTH & EDUCATION

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#1 TEENS: At High Risk HIV/AIDS And Other STDs, CDC Says

#2 NEEDLE-EXCHANGE PROGRAMS: On The Rise Throughout The US

POLITICS & POLICY

==========

#3 NAMES-BASED REPORTING: Texas Proposes New HIV Policy

GLOBAL CHALLENGES

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#4 RUSSIA: HIV Rate Down 20%, But Some Are Skeptical

MEDIA & SOCIETY

==========

#5 TOKYO: New TV Show Heightens AIDS Awareness

OPINIONMAKERS

==========

#6 INMATE TESTING: Charleston Post & Courier Disputes Critics

SPECIAL NOTICE

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

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

Phone: 703-518-8725

PUBLIC HEALTH & EDUCATION

#1 TEENS: AT HIGH RISK HIV/AIDS AND OTHER STDS, CDC SAYS

"Significant numbers of U.S. high school students admitted in a nationwide survey that they got drunk, had sex, smoked, carried weapons and practiced other risky behaviors," Reuters/Nando Times reports. Laura Kann, an epidemiologist with the Centers for Disease Control and Prevention, which conducted the survey, said, "This report tells us that too many youth practice behaviors that are unnecessarily placing them at risk for serious injury, sexually transmitted diseases and other preventable health problems." The survey found that "[o]ne-third of high school students had sexual intercourse in the preceding

three months, but only 56% used a condom." According to Kann, "high school students were engaging in risky sexual behaviors, even though unintended pregnancies and sexually transmitted diseases, including AIDS, were epidemic among the nation's youth" (Reuters/Nando Times, 8/13).

BY THE NUMBERS

The survey, "Youth Risk Behavior Surveillance Survey," published in today's Morbidity and Mortality Weekly Report, was based on "national, state, territorial and local school-based surveys of high school students" collected from February to May of 1997 by education and health agencies. The report breaks down high-risk youth behavior into categories of gender and race. Among the other findings:

- With regard to sexual activity, the survey indicated that "nearly half (48.4%) of all students had had sexual intercourse during their lifetime; black students (72.7%) were significantly more likely than Hispanic (52.2%) and white students (43.6%) to have had sexual intercourse."
- Males (9.4%) were nearly twice as likely to have had initial sexual intercourse before age 13 than females (4.5%).
- The percentage of students who had multiple sex partners was 16.0%, and black students (38.5%) had a higher incidence than Hispanic (15.5%) or white (11.6%) students.
- Condom use "during last sexual intercourse" was 56.8%. Males used condoms 62.5% of the time, while 50.8% of females reported use. "[B]lack students (64.0%) were significantly more likely than white (55.8%) and Hispanic (48.3%) students

to report condom use."

- "6.5% of students reported they had been pregnant or had gotten someone else pregnant" (MMWR, 8/14).

'BOLDER STEPS' NEEDED

David Harvey, executive director of the AIDS Policy Center for Children, Youth & Families, said, "The youth-risk behavior data released today by the CDC should be a wake-up call to policymakers, educators and families across the country that we must take bolder steps to prevent HIV and STD infections among young people." He notes that the report comes at a time when federal funding for HIV prevention is stagnant, and Congress has allocated $50 million per year for "ineffective abstinence only" sexuality education programs. He said, "We must assure that all young people have access to comprehensive youth appropriate HIV/STD prevention and family planning programs that include information about disease and pregnancy prevention methods other than abstinence. We must also increase federal support for programs that target youth at highest risk for HIV infection, including youth of color, young women and young men who have sex with men" (AIDS Policy Center release, 8/13).

#2 NEEDLE-EXCHANGE PROGRAMS: ON THE RISE THROUGHOUT THE US

The number of clean needles exchanged for dirty ones used by illicit drug users increased 119% between 1994 and 1997, due in large part to the growing number of needle-exchange programs. In the most recent Morbidity and Mortality Weekly Report, the Centers for Disease Control and Prevention published a survey of

the growth and activities of U.S. needle-exchange programs. The survey questioned the 113 needle-exchange programs that were members of the North American Syringe Exchange Network (NASEN), asking program directors about the activities of their programs throughout 1997. These findings were compared with previous studies conducted in 1994-95 and 1996. One hundred, or 89%, of the NASEN exchanges participated in the survey, which accounted for operations in 80 cities and 30 states. The number of programs increased 67% from 1994 to 1997, with 74% more participating cities. On average, approximately 57,000 syringes were exchanged at each program in 1997. But the 10 largest programs in the country accounted for 59% of all syringes exchanged; the largest program, based in San Francisco, reported exchanging 1.9 million in 1997.

MULTIPURPOSE PROGRAMS

While the programs reported exchanging a total of 17.5 million syringes in 1997, the CDC reports that an illicit drug user makes about 1,000 injections per year. As a result, drug users who participate in the exchanges "increase the proportion of drug injections in which a syringe is used only once, thereby reducing the reuse of potentially contaminated syringes." Further, the CDC reports that the drug users in these programs "have lower rates of HIV incidence" compared to nonparticipatory users. Most of the programs surveyed (99%) provided other services: 99% had STD prevention instruction on condom- and dental dam-use, 96% educated users on needle-cleaning and safer injection techniques, 94% directed users to substance abuse

programs, 64% had HIV testing, 20% had tuberculosis testing, 20% had STD screening and 19% offered primary health care. Fifty-two of the programs were legal, 16 were illegal but tolerated by law enforcement officials in the area, and 32 were illegal and had to operate underground. The programs reported receiving funding from a variety of sources, including private donors, foundations and state and local governments. Most of the programs operated in storefront locations (35%) and at designated pick-up/drop-off sites (37%) while others operated out of vans, sidewalk tables, health care clinics and even "shooting galleries."

HOLISTIC APPROACH

In an "editorial note," the CDC recommends pharmacies making syringes available for over-the-counter sale, and advocates the addition of other efforts -- such as community outreach programs, substance abuse treatment programs, HIV-prevention in jails and prisons, prevention of initial drug injections, health care for HIV-infected drug users and HIV risk-reduction counseling and testing of these users and their sexual partners. The CDC concludes that needle-exchange programs can be "one component of a community's comprehensive approach ... to prevent HIV infection among [illicit drug users], their sexual partners and their children" (Morbidity and Mortality Weekly Report, August 14 issue).

POLITICS & POLICY

#3 NAMES-BASED REPORTING: TEXAS PROPOSES NEW HIV POLICY

The Texas Department of Health has recommended that health care providers be required to report the names of HIV-infected individuals, the Houston Chronicle reports. Although the department stresses that the names would remain confidential -- much like the system used for reporting the names of individuals with AIDS -- "AIDS advocates fear the proposed rule would discourage people from being tested and seeking treatment for the virus." Since 1994, Texas policy requires HIV-infected individuals be identified by a 12-digit code to the Department of Health. However, the Chronicle reports, only 26% of positive HIV tests are tracked under this system. Under the proposed policy change, the department says it hopes to boost the percentage of reported cases to allow "health care providers to help more people earlier." Dr. Sharilyn Stanley, chief of the Health Department's bureau of HIV and STD prevention, said, "We can now do many things to help a person with HIV stay healthy longer, if we find out about their illness early enough." Stanley insists that the department's reporting strategy is secure. She noted, "More than 45,000 cases of AIDS have been reported in Texas with no breaches of confidentiality."

BREACH OF PRIVACY?

A number of groups, including the American Civil Liberties Union and the AIDS Foundation in Houston oppose names-based reporting, and instead suggested the agency should "refine its current system of assigning numbers to people who test positive for HIV" so that the department's figures would more accurately reflect the incidence of HIV in the community. John Paul

Barnich, former chair of the AIDS Foundation in Houston, called the proposal a "bad idea," and will "discourage people from getting tested." Dianne Hardy-Garcia, executive director of the Lesbian-Gay Rights Lobby of Texas, encouraged the department to exhaust other methods for increasing reporting or "ensure confidentiality by enacting a fine form disclosing names" (Robison, Houston Chronicle, 8/14). The agency "is accepting public comment on the proposal" before the final proposal is submitted to the Texas State Board of Health in November (AP/The Dallas Morning News, 8/14). Click here for past coverage of HIV/AIDS names-based reporting in Texas.

GLOBAL CHALLENGES

#4 RUSSIA: HIV RATE DOWN 20%, BUT SOME ARE SKEPTICAL

Although Russian officials report that the HIV infection rate has decreased 20% in the first six months of 1998, "some medics are skeptical" that the figure is "a beginning containment of the disease." The ITAR-TASS News Agency reports that while an anti-AIDS campaign "implemented in the areas most gravely affected by HIV" might account for an increase in drug addicts "steriliz[ing] ready-to-use drugs," the incidence of HIV infection transmitted through sexual intercourse has increased. According to Vadim Pokrovsky, head of the Republican AIDS Center, the HIV infection rate "is likely to climb" in Moscow and the surrounding areas by the end of this year.

NEW DRUG

Pokrovsky noted that his center will initiate tests on a new drug, phosphazide, a "less toxic" treatment option for people with HIV. He said the drug can be taken in larger doses than "the domestically produced azidotimidine," although doctors have not yet determined "the combination of drugs with which phosphazide is most effective," nor have they received much-needed government money to fund the project (Bakina, ITAR-TASS News Agency, 8/13). Click here to read past Daily Report coverage of HIV in Russia.

MEDIA & SOCIETY

#5 TOKYO: NEW TV SHOW HEIGHTENS AIDS AWARENESS

A new television drama featuring a high-school girl who became infected with HIV after having sex with a stranger for money has motivated a number of people in Tokyo to undergo AIDS testing and counseling, the Asahi News Service reports. Metropolitan Health officials said that 842 people were tested for AIDS in July at a clinic that "handles about half of the AIDS tests conducted" in the city. The figure "is about 1.8 times higher than the number who were tested in June" and was attributed to awareness generated by the program that premiered in early July on Fuji Television Network. An official at the Japanese Foundation for AIDS Prevention said the drama has especially influenced young women; more than half of those tested were women in their early 20s, compared with earlier monthly averages of around 30%. Officials at the JFAP report they have

received a "flood" of telephone calls from individuals inquiring where they can obtain AIDS tests and "describ[ing] symptoms and ask[ing] whether they are infected." The foundation's phone number is listed at the end of the program. Officials at the metropolitan government's public health bureau "welcome the influence of the TV program, saying it has renewed attention on the AIDS problem." Although the number of HIV carriers in Japan has risen in recent years, fewer people have undergone AIDS testing. The number of people receiving tests in Tokyo peaked at more than 36,000 in 1992, but fell substantially to one-third that in 1997 (Asahi News Service, 8/13). Click here to read about AIDS in Japan.

OPINIONMAKERS

#6 INMATE TESTING: CHARLESTON POST & COURIER DISPUTES CRITICS

A Charleston Post & Courier editorial on South Carolina's mandatory testing of prison inmates for HIV rebukes criticism that the Department of Corrections has received for the program -- that infected inmates could be segregated and generally denied their rights and opportunities. The paper said that the testing "should be recognized as a necessary step toward delivering timely medical care." It argued that the $126,000 cost of testing the state's 21,000 inmates is a "modest amount" to determine how widespread HIV is in the prison population. "Previously, the prison system only became aware of HIV infections through general medical tests or when AIDS symptoms

started becoming evident. The comprehensive testing of inmates is essential to the development of a systematic plan for the treatment of those who are HIV-positive." While a prison spokesperson "acknowledges that infected prisoners could be transferred to a central location in order to deliver medical care more efficiently," the department says the "danger of infection by tainted blood" requires officers "to be aware of which inmates are HIV-positive." The editorial also argued that prison officials should not be expected to say how the department will handle HIV-infected inmates until it knows "the extent of the problem" (Charleston Post & Courier, 8/13).

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

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

E-mail: report@kff.org

EXECUTIVE PUBLISHER: Marla Bolotsky

EDITOR-IN-CHIEF: Patricia Miller

EDITOR: Rosalee Sanchez

ASSOCIATE EDITOR: Amy Paulson

CONTRIBUTING EDITOR: Russ Walker

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

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-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:17-AUG-1998 14:31:37.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Monday, August 17, 1998

ACROSS THE NATION

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#1 AIDS DEATHS: Bay Area Reporter Posts No Obits

POLITICS & POLICY

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#2 NAMES-BASED REPORTING: Pennsylvania Considering Plan

#3 DRUG ADDICTION: New York City To Cut Back On Methadone Treatment

#4 SANDRA THURMAN: Says Conservatives Are 'Huge Impediment'

MEDIA & SOCIETY

==========

#5 CONDOMS: Radio Ads To Air During Oakland Raiders Games

OPINIONMAKERS

==========

#6 PRIMARY CARE PHYSICIANS: Fail To Adequately Address HIV-Risk Behavior

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ACROSS THE NATION

#1 AIDS DEATHS: BAY AREA REPORTER POSTS NO OBITS

"No obituaries were filed with the paper for this issue, a first since the AIDS epidemic exploded in San Francisco's gay community," Timothy Rodrigues writes in the Aug. 13 issue of the Bay Area Reporter. Rodrigues laces this good news with a few words of caution. "That doesn't mean that there were no AIDS deaths in the past week; next week's issue may have more obits than usual," he says. However, "after more than 17 years of struggle and death, and some weeks with as many as 31 obituaries printed in the B.A.R., it seems a new reality may be taking hold, and the community may be on the verge of a new era of the epidemic," he says, adding tentatively, "Perhaps." (Rodrigues,

B.A.R., 8/13). An accompanying editorial, titled, "Death Takes A Holiday," states, "We tried not to get too excited about it too soon. ... So we waited patiently, quietly, to see how many this week's mail would bring. And then there were none. ... Although we fully expect to receive more obits than usual next week, for such is the nature of life and death, we also hope to see a time when issues of the B.A.R. without obituaries are commonplace" (Bay Area Reporter, 8/13).

ACTIVISTS SLOW TO REJOICE ...

Rodrigues' tone is echoed by several AIDS activists in the area, who at best expressed cautious optimism upon hearing the news. Dana Van Gorder, director of gay and lesbian health for the San Francisco Department of Public Health, said, "It is certainly refreshing, and I think we deserve a break like that. By the same token, it is hard to imagine that it will last forever." The B.A.R. reports that "[i]f current estimates are correct, 10 people may have been infected by HIV in the last week, and it is estimated that 15,000 people living in San Francisco are HIV-positive." City Health Director Dr. Mitch Katz said, "We are heartened by the substantial decreases in death due to AIDS in San Francisco and elsewhere." Katz used the good news as a vehicle to encourage more research. "Our challenge is to develop therapies for people who are failing the currently available medications and to develop less expensive and more easily administered regimens, so that more people can benefit from HIV treatment." He emphasized that prevention remains "the most effective HIV treatment." Bill Musick, executive director

of Maitri Residential Care for People Living with AIDS, "said a Maitri resident did die of AIDS last week," although it was not recorded in the B.A.R.. Guy Vandenberg, director of external programs at Continuum HIV Day Services "cautioned that 'the folks who are dying are not necessarily B.A.R. readers.'" He said "the first death of a client of the outreach program was a man who died alone, sitting in a chair, in a ... residence hotel. He had no one to write his obituary" (Rodrigues, Bay Area Reporter, 8/13).

... WHILE NATION REACTS WITH OPTIMISM.

The news was heralded around the country, with headlines such as "Good News -- On An Obit Page." The Los Angeles Times printed an original story, and papers such as the Philadelphia Inquirer, Richmond Times-Dispatch, Arizona Daily Star, Austin American-Statesman, Detroit News, CNN and Nando Times all picked up the Associated Press report. The Los Angeles Times attributed the lack of deaths to combination therapy, noting, "[t]he new drugs are widely believed to be responsible for the dramatic decline in AIDS deaths over the last two years" (Curtius, Los Angeles Times, 8/15). The Associated Press reports "the first noticeable drop in obits began two years ago with the introduction of protease inhibitors and other powerful AIDS drugs that subdue the virus" (Kligman, AP/Philadelphia Inquirer, 8/15).

POLITICS & POLICY

#2 NAMES-BASED REPORTING: PENNSYLVANIA CONSIDERING PLAN

The Pennsylvania Health Department has announced plans to develop a system to track HIV cases within the state, the AP/Philadelphia Inquirer reports. While individuals with AIDS are reported by name under the current system, the state Health Department has not yet decided whether to report HIV-infected individuals by name or by a code (Wright, AP/Philadelphia Inquirer, 8/15). An article published by We The People Living with AIDS/HIV of the Delaware Valley, Inc., notes that "a state source said that the state is considering a plan in which local health departments would collect the names of HIV+ people, but report the information to the state through a coding system which would keep the information anonymous" (News That Matters To People Living With HIV/AIDS, 8/17). The Health Department indicated that it would also "seek permission to notify past and present partners of those infected with HIV." Helene Gayle, director for the Center for Disease Control and Prevention's National Center for HIV, STD and TB Prevention, indicated that her agency is currently developing guidelines for HIV monitoring and reporting. "Tracking AIDS cases no longer gives us a representative picture of the epidemic," Gayle said. The Inquirer reports that Pennsylvania is one of only 18 states without an HIV reporting system, and of 32 states using names-based tracking, "[o]nly two states use codes instead of names to record HIV-infected people." AIDS advocates support the concept of tracking and cite the advantages of early detection and care. Philadelphia AIDS activist Anna Forbes said, "Tracking HIV cases is important because it helps us to understand how the epidemic

is moving and where resources need to be allocated" (Wright, 8/15). However, critics of tracking programs allege that while purporting to provide improved care is "better politics, few efforts have been made to assure funding for programs which directly link those infected to primary medical care from qualified AIDS specialists." We The People suggests that "the real motivation for state and local health authorities to track HIV infection is to improve the state's ability to compete for federal AIDS education and care funding, which is usually allocated on the basis of the numbers of people living with HIV/AIDS.

NAME OR CODE?

While the CDC contends that tracking systems based on code reporting "allow for duplication" and don't adequately link individuals to care services, Forbes contends that "'people will avoid getting tested altogether' if they believe their name is going to be reported." Advocates of a code-based reporting system argue that computer-facilitated encryption techniques should increase the accuracy of reporting. Maryland's code-based system was recently analyzed by the American Civil Liberties Union, for both the "completeness rate" -- the percentage of reported cases with all required information, and the "match rate" -- "how well the system corresponds to the state AIDS registry." In a report to state and federal health agencies, the ACLU reported that Maryland's system had a completeness rate of 76.5%, which the ACLU "says fares competitively with CDC data from states with HIV name reporting." However, We The People

reports, in a three-year evaluation of the Texas and Maryland systems, CDC officials found the systems "provided less complete data and may not reduce confidentiality concerns" (We The People Living with AIDS/HIV, News That Matters To People Living With HIV/AIDS, 8/17). Click here for past coverage of HIV reporting in Pennsylvania.

#3 DRUG ADDICTION: NEW YORK CITY TO CUT BACK ON METHADONE TREATMENT

New York City Mayor Rudy Giuliani (R) announced Friday that five city-funded hospitals "have halted admissions to methadone programs" and "[t]he 2,000 heroin addicts in the programs will be weaned from methadone within three months -- instead of taking the drug indefinitely, as they do now -- and will be required to hold jobs" (Allen/O'Shaughnessy, New York Daily News, 8/16). A New York Times report last month indicated that half of the 200,000 intravenous drug users in the city are HIV-positive and 10% to 15% are enrolled in methadone programs. Moreover, many addicts have avoided the new AIDS therapies, believing they dilute the effects of methadone (see Daily Report, 7/20). Saturday's New York Times reported that the change in policy will occur over about 60 days, changing the historical reliance on the synthetic drug, which "has been widely prescribed to blunt heroin cravings for the past 30 years" (Swarns, New York Times, 8/15). In comments over the weekend, Giuliani stressed that supplying methadone indefinitely simply fosters another dependency, putting him at odds with many health professionals and the Clinton

Administration. He said, "The critics and the advocates are just going to have to deal with the fact that we have a different view on methadone than they do. I think methadone is an enslaver. It's a chemical that's used to enslave people. If it's necessary for transition, then of course it should be used for transition. If you're going to keep somebody permanently enslaved to methadone for the rest of their lives, then I have real questions about your common sense." The Times reports that recovering addicts at the city's methadone clinics "reacted with both fear and approval. Steve, a 32-year-old addict ... said, 'People are in shock. You're going to be physically putting people into a position where they're going to be sick, hurting, going on the street without methadone and looking for heroin,'" he said. However, "another heroin addict, Anthony, 36, said he supported the expansion of methadone-to-abstinence programs," the Times reports. "I don't want it anymore," he said. "It's like a ball and chain. I wish I could get off in 90 days. But I consider, am I really ready to do that? That's the big question," he added (Swarns, New York Times, 8/16).

#4 SANDRA THURMAN: SAYS CONSERVATIVES ARE 'HUGE IMPEDIMENT'

The Austin American-Statesman reports that White House Director of AIDS Policy Sandra Thurman "pulled no punches" during her speech Wednesday at the National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated Health School Programs. "This conservative swing that we have in Congress and school boards and at the state level is a huge impediment" to

AIDS prevention, she said. She advocated educating conservative U.S. lawmakers and legislators at all levels of government about AIDS prevention and the importance of AIDS education. "We have got to talk about condoms. We have got to talk about needle exchange. Our children's future depends on it. It means we have to do more than we ever planned to do," she said. She also told the Centers for Disease Control and Prevention-sponsored conference that "getting condom ads on television will be tough." She said, "It's a very sensitive issue. I'm not sure we're making much progress ... we'll continue to make that push" (Kim, Austin American-Statesman, 8/14). Click here to read past Daily Report coverage of condom ads on television and radio.

MEDIA & SOCIETY

#5 CONDOMS: RADIO ADS TO AIR DURING OAKLAND RAIDERS GAMES

For "about $50,000," LifeStyles condoms have been granted a sponsorship of this season's Oakland Raiders football radio coverage on KTCT 1050-AM "The Ticket" radio. Last weekend's spots, the first to air, were simple, direct and "didn't mince words," the San Francisco Chronicle reports. They said: "LifeStyles is the official condom of Oakland Raiders broadcasts on The Ticket. LifeStyles: Because life is a contact sport." The ads, only ten seconds long, "will run before and after all 20 Raiders games this season." LifeStyles also plans to pass out free condoms at four tailgate parties run by KTCT this year. In addition, the marketing director for LifeStyles' parent company,

Ansell Personal Products, will "plug the company during on-air interviews with KTCT talk show hosts."

RISKY STEP?

The Chronicle notes that while condoms have been advertised on radio before, "this appears to be the first time a broadcast has taken the possibly risky step of aligning itself so closely with condoms ... or any sex-related product." Although the campaign may backfire if the public is not ready for such a scheme, all players in the deal feel confident it will work. LifeStyles marketing experts said "[i]f any group is likely to embrace a condom promotion, it is Raiders followers." Moreover, the team's fans include many blacks and Latinos, groups in which condom use is increasing. Rich Zirkel, local sales manager for KTCT, said, "We're not racy; we're not doing anything to offend anybody. It's really an awareness campaign. I really think this will be successful because it's being done tastefully." The Chronicle reports that the Lifestyle campaign may prove instrumental in the "mainstreaming of condoms." On August 22, they will begin ads on network television -- the first time a condom maker has done so (Emert, San Francisco Chronicle, 8/14).

OPINIONMAKERS

#6 PRIMARY CARE PHYSICIANS: FAIL TO ADEQUATELY ADDRESS HIV-RISK BEHAVIOR

"[A] good physician-patient relationship in routine clinical care should contribute substantially to risk reduction" and

prevention of HIV, Peter Selwyn of the AIDS Program at Yale School of Medicine writes in this week's issue of The Lancet. In his commentary, Selwyn emphasizes that "behavioral factors have ... helped greatly to promote the global extension of the pandemic of HIV infection." While most physicians perceive themselves as effective HIV counselors, Selwyn notes a recent study found that "fewer than 1% of visits to primary-care physicians involved counseling or advice about HIV transmission." Selwyn attributes the shortcomings to either physicians' discomfort with the topic, or "financial disincentives" to engaging in lengthy counseling sessions during routine clinic visits. However, the study found that patients expressed interest in discussing the topic with their physicians, but hesitate to initiate the discussions. Furthermore, a study of HIV-infected individuals in Boston found that "40% of patientshad not informed their primary sexual partners of their HIV infection," and more than 50% reported condom use in less than half of their current sexual encounters. Selwyn emphasizes that physicians must improve their communication skills to better facilitate discussions on HIV-risk behavior. He writes that "many physicians interacting daily with patients who are at potentially high risk of HIV transmission or reacquisition are not taking the opportunity to promote behavior change, whether for primary prevention or for the prevention of further transmission from those already infected." Although he acknowledges that on a global scale, physician consultations will not slow the rate of incidence, Selwyn concludes that "caregivers should not avoid or overlook opportunities to help patients

protect themselves against disease, especially when some of the communication barriers are due to their own emotional discomfort or lack of expertise in discussing sensitive issues" (Selwyn, The Lancet, 8/15 issue). Click here to read recent coverage on risk-reduction counseling.

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:18-AUG-1998 22:54:21.00

SUBJECT: Call on staffing

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

TEXT:

If you want to discuss Mary's role in the office, please give me a

call--

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:18-AUG-1998 21:02:21.00

SUBJECT: the monograph -- early draft!

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

TEXT:
here

- vision~1.doc========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D32]ARMSZZ000QVRB.000 to ASCII,
The following is a HEX DUMP:

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

INTRODUCTION

According to the Supplemental Guidance for HIV Prevention Community Planning, issued January 1, 1994, by the Centers for Disease Control and Prevention (CDC), one of the essential partnerships necessary to bring about a successful HIV prevention was (and remains) between prevention science, public health, and community-based providers.

The ultimate goal of this partnership is to reduce the number of new HIV infections within a given jurisdiction based on scientifically valid, community-sanctioned and tailored HIV prevention interventions.

The implementation and success of this process has fundamentally altered the manner in which HIV prevention is planned, funded, evaluated, advocated for and funded at the federal level. A constituency has been created that is no longer solely limited to the key financial stakeholders (state government, public health venues, community-based public health organizations) but now includes a burgeoning community advocacy network consisting of members of HIV Prevention Community Planning groups, national, regional and local activist groups, and even individuals living with HIV disease.

HIV Prevention Community Planning, as a tangible manifestation of federal HIV prevention reform policy and advocacy, has had a profound impact upon its scientific base. Specifically, it has created momentum to continue reforming the manner in which HIV prevention research is conceptualized, performed, its findings disseminated and its models transferred across populations and geographical boundaries.

This paper will suggest that the lessons learned over the past five years in HIV prevention reform (either through HIV Prevention Community Planning, by HIV Prevention Collaborations or simply through cutting-edge efforts of prevention science) have direct application in the field of drug and alcohol abuse research. The place HIV prevention research finds itself in now, in 1998, is so dramatically different and so dynamically different than the time before HIV prevention Community Planning. The success of invigorating HIV prevention science offers a unique opportunity to substance abuse researchers as a map, a guide, a suggestion of the possibility of re-examining the foundations for and of substance abuse research and research activities. In this paper, we will therefore use the experience of HIV prevention research as a example, and suggest that a similar type of collaborative, complementary partnership be engaged in by NIDA and its researchers as was the case with HIV prevention researchers, NIH (especially NIMH) and CDC.

For historical purposes, we will examine (in an abbreviated overview) the dynamic evolution of HIV prevention as a way of grounding this paper in an historical context. Then, a new lens through which all HIV prevention research (and by extrapolation drug and alcohol abuse research) should be constituted will be suggested. This new paradigm offers a more appropriate framework to justify research if it is to have a direct and beneficial impact on its target population.

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HIV PREVENTION: FROM THEN TO NOW

Clearly, our understanding of HIV disease has matured greatly since the early 1980s. What at one time was a feared disease plaguing society's marginalized as a manifestation of illicit lifestyles (see Shilts' And the Band Played On, Garrett's The Coming Plague) AIDS has now claimed the lives of over x million worldwide and over x in the United States. The magnitude of the death toll nationally is staggering -- for example more Americans have died from HIV disease than from our involvement in the Vietnam conflict (*POZ* magazine, December 1997).

In the absence of a cure and/or vaccine for HIV disease, HIV prevention stands as the most effective and proven intervention to help stem the tide of this disease (Cite OMAR/NIH Consensus Conference document). However, public support for and federal funding of HIV prevention has never equaled that for HIV/AIDS research or care. To date, almost double the amount domestic discretionary funding is spent on HIV/AIDS care than for HIV prevention efforts. HIV/AIDS research is funded at well over double the prevention level (FY 1998 Appropriations for CDC HIV @ $634m, HRSA Ryan White CARE Act @ $1.2b, and NIH AIDS Research @$1.5b). Within the NIH's AIDS research budget, HIV prevention research accounts for only approximately 12% of the overall federal agency's HIV/AIDS portfolio (Cite FY 1997 NIH Budget tables).

Given this phenomena, in spite of the fact that infections averted save health resources (Holtgrave, 1997? – need a good citation here of which there are many), it is no wonder that HIV prevention efforts have received such little attention when effective. The history of HIV prevention is colored by controversy, inadequate funding and a tremendous sense of pessimism, not to mention a systemic disinclination towards preventive medicine (Cite Shriver/Coates in the HRC magazine, Fall 1997 *"Chasing the Grail?"*) Tragically, HIV prevention activities generally only rise to become newsworthy when they are in the center of a public controversy. HIV prevention policy has been the subject of controversy from the inception of Congressional funding (the mid-80s imbroglio

between Senator Jesse Helms and Gay Men's Health Crisis of New York City and the "No Promo Homo" program and content restrictions).

The controversial nature of HIV prevention remains today (with the current congressional debate regarding the Secretary of Health and Human Services' public health authority to exercise the waiver authority for federal funding for needle exchange programs). (Cite NAPWA's Positive Input for the GMHC reference and P/C restrictions and NAPWA Action Alerts for the NEP reference).

A Congressional mandate, not lifted until January 1, 1994, severely restricted the use of state and locality HIV prevention funding, forcing the jurisdictions to spend, at a minimum, 65% of their federal funding for counseling and testing programs (CTRPN). (Again, cite Positive Input). The remaining 35% (or less) was for jurisdictions to support health education and risk reduction activities; however, the jurisdictions had to make sure that all programs and educational materials were in compliance with Congressional restrictions against programs and content that was designed to promote homosexuality or illicit drug use. (Positive Input).

It was out of this environment that HIV Prevention Community Planning was conceived, primarily as a means to decentralize public health decisions to as close to the locus of HIV infections as possible. It was in the CDC-supported Guidance on HIV Prevention Community Planning that HIV behavioral science

was specifically recognized as a critical component of a jurisdiction's Comprehensive HIV Prevention Planning process. (Right here I would like to cite the CDC guidance for HPCP on the behavioral science reference). And it is from this environmental change that a resurgence in HIV prevention research emerged, most specifically from HIV Prevention Community Planning Groups' requesting data on interventions and data in a manner in which facilitated planning and priority setting. In fact, according to CDC-supported data, an analysis of Year 1 Comprehensive Plans (from the states and localities) and Year 2 Comprehensive Plans showed a tremendous shift in the use of and relevance of HIV prevention research. (Holtgrave for specific reference to cite – Special Emphasis panel?).

Not only has the symbiotic relationship between HIV prevention research and the community made itself manifest in HIV Prevention Community Planning, it has made itself manifest in the very nature of HIV prevention research. Out of this renewed sense of enthusiasm and value has emerged a stronger sense of the import of behavioral research by behavioral researchers, to the point of suggesting a lexicon change to demonstrate this growing maturity and awareness:

> There must be a lexicon change from behavioral science to prevention science -- from behavioral researcher to prevention researcher. This change is more than semantic, it carries with it real

change, real progress and real challenges. The lexicon shift carries with it the need to expand the relevant and participatory sciences and scientists. This change opens the door for the expansion of and inclusion of the relevant and complementary sciences. However, the movement from [a traditional understanding of] behavior science to prevention science by definition carries with it the tacit threat of moving farther away from often less-controllable human behaviors/measures and more towards biomedical measures -- as they are less dependent upon human nature, chance and necessity. Nonetheless, the benefits of the shift far outweigh the risks. (Cite the NAPWA/NIMH meeting, 11/96).

THE NEW PARADIGM

If HIV Prevention Community Planning offered a grassroots-driven opportunity for prevention science to work collaboratively and in syncopation with HIV prevention efforts at the local level, then the results from this partnership are dynamic. For example, the likelihood of a community-based prevention educator to articulate a resonant understanding of the tenets of HIV prevention research as that of an actual HIV prevention researcher prior to Community Planning were extremely low. However, in comparing the following two statements (one from a researcher, the other from a community-based educator), it becomes less distinguishable who said what and more probable that both could be said by either:

Prevention Principles

1. Individuals at risk now are not the same as those at risk previously.
2. Effective prevention works at multiple levels simultaneously.
3. Effective prevention provides necessary equipment for prevention.
4. Effective prevention is done early before prevalence is high.
5. The dose matters.
6. Effective prevention meets the specific needs of the population (tailored to the population but counter-cultural at the same time).
7. Effective prevention is capable of rapid change.
8. Effective prevention provides for maintenance.
9. Effective prevention brings treatment and prevention closer together.
10. Effective prevention requires multi-level technology transfer.

And:

Seven Principles for the Development of Effective Prevention Services

1. Information, not assumption, is the foundation of any and all intervention/program design.
2. Information gathered is understood, interpreted, and analyzed within its specific context.

3. Groups are identified and understood by themes, behaviors and/or values around which they are organized (as opposed to conventional labels and definitions).

4. Prevention services are oriented towards process and a continuum of care.

5. Relationships characterized by unconditional acceptance are used as a mechanism to foster change.

6. Services are inter-disciplinary and of multiple modalities.

7. Life issues that are important to the individual are addressed within the context of interventions and/or programs.

(The first is from Dr. Thomas Coates, Ph.D. of the University of California, San Francisco. The second is from MacArthur Flournoy, San Francisco AIDS Foundation).

The remarkable similarity between researcher and community-based provider is perhaps the most striking accomplishment of this energized partnership.

From this partnership a new lens through which all interventions and planned research activities should be viewed emerges. This lens, this new paradigm, is organized along three complementary principles that, when executed collectively, result in accepted, sound, community-appropriate and relevant research activities.

This new paradigm is constructed along the following lines: Utility, Ethics and Replicability (Cite Dr. Judy Auerbach, NAPWA/NIMH meeting). In order for an intervention to be researched in any given community, one must first answer the question as to the utility of the research question(s): Will the findings of this research benefit HIV prevention? Secondly, the researcher must then answer as to the ethics of the research, namely: Have the appropriate partners been informed, consulted and agreed to assist in the research? Finally, the researcher must be able to answer to the replicability of the research: Will the findings of this project be transferred in clear and understandable language to other communities for their adaptation and adoption?

If and only upon answering these three questions can the new paradigm be employed and the benefit seen.

UTILITY

In their 1993 document *"American Foundation for AIDS Research (AmFAR) Prevention Principles,"* the following excerpt best defines the underpinnings of the tenet of utility:

HIV Prevention projects should be designed so that they are effective means of fostering both community and individual behavior change. All programs should be:

· Based on sound public health principles and research;

· Geared to long-term behavior change;

· Inclusive of affected communities in planning, design, implementation, decision-making, resource allocation and evaluation and placed in the context of issues a community cares about;

· Built on a balance of approaches, while using the most appropriate and effective educational strategies -- one-on-one, group workshops, peer education, case management model, media -- for different people at different stages of knowledge, attitudes, beliefs and behavior, and recognizes the different community in which the program will be developed;

· Free of content or language restrictions with license to include frank, explicit language as necessary;

· Culturally, language and age appropriate;

· Non-judgmental of individual or community choices, such as sexual or drug-using behaviors or religious or cultural beliefs; and

· Evaluated for effectiveness on an on-going basis.

(Cite Jane Silver, Scott Sanders, *American Foundation for AIDS Research (AmFAR) Prevention Principles*, 1993).

It is logical to conclude that in order for HIV prevention strategies to be able to be compliant with the above section, so too must the research that ultimately provides the science base for said interventions and programs.

Additionally, in order to create effective risk reduction interventions that are effective, researchers must be clear that these interventions they are evaluating are:

- Intensive enough
- Carefully tailored to clients' relationships and risk circumstances
- Culturally appropriate
- Fosters skills development
- Are fun and perceived as useful by clients.

(Cite Dr. Kathy Sikkema, CAIR, Medical College of Wisconsin).

ETHICS

Under this new paradigm, once utility has been determined, there next is a series of issues a researcher before actually implementing a research project in any given community. These are, sequentially:

1. Make critical planning decisions prior to intervention selection.
2. Create community partnerships.
3. Determine the interdependence of key people involved with the target group.
4. Select a relevant intervention theory.
5. Identify the critical themes of the intervention.

6. Identify a meaningful framework for the intervention.

7. Empower participants through skill building.

8. Build diffusion into the intervention plan.

9. Create detailed intervention manuals.

For example, if a researcher is to implement a given intervention trial in a community, and in answering point #3, he or she must adequately address the net result to the community once the intervention has been completed. In other words, the researcher must determine both the short-term impact as well as long-term impact they research will have on a given community's capacity to provide health services. Only after consideration of the intended and unintentional consequences to a given community from this research should the project move forward.

REPLICABILITY

Perhaps the most challenging of the three tenets of this paradigm is that of replicability. Can this intervention or program design be moved from one community to another, after careful and appropriate adaptation and adoption? In its proper context, replicability of research is nested into a larger menu of how science moves from the realm of the theoretical to the practical. Specifically, researchers should:

1. Encourage meaningful participation of communities in research

2. Encourage sustainability of research-generated programs

3. Encourage capacity building in communities

4. Encourage technology transfer in all research

5. Provide funding for diffusion activities

6. Provide funding for fellowships in program-related activities

7. Encourage details of interventions be made available in understandable formats

8. Support development of "Programs that Work"

(Cite Dr. Lynda Doll, CDC).

One of the reasons this component poses such a tremendous challenge is that models of good technology transfer appear to be lacking or insufficient. Further complicating this deficit is a commonly-held community perception that research "from New York City or San Francisco" can not help my community" (Frank Beadle de Palomo, Academy for Educational Development, 12/15/97, Harry Simpson Flagstaff meeting). A serious credibility gap of the replicability of research findings across geographic boundaries remains as a clear reminder that while HIV prevention research has come great leaps as a result of HIV Prevention Community Planning's influence, there is still a tremendous amount of work still to be done. This process remains in process.

WHERE TO GO AND WHY WE SHOULD GO THERE

According to one state AIDS director, the climate in his state has definitely changed when one considers the relationship of prevention scientists and HIV prevention planners and providers: "...defiant autonomy is giving way to collaboration and consistency. The community is visibly more receptive to science and vice versa." (Chris Brown, Arizona State HIV/AIDS Director, NIMH/NAPWA Meeting 11/13/97). What this particular AIDS director's community and science partners are now attempting is to "...strike a balance between the science (both behavioral and epidemiology) and the values/norms/practices of the community (anecdotal information and even political considerations)." (Chris Brown again).

LINKAGE // INTEGRATION // HIV – STD – REPRO EALTH – MENTAL WELLNESS – SUBSTANCE ABUSE – VIOLENCE PREVENTION etc.)

AN EVIDENT AND NEW MODEL OF HIV PREVENTION AND CARE

It is reasonable to describe (for simplicity's sake) any given (index) community (both seronegative and living with HIV disease) as falling into four discrete categories. These categories are:

1. Those who are HIV uninfected (both aware and unaware of this status);
2. Those who are HIV infected (both aware and unaware of their status);
3. Those who are HIV infected and seeking care; and
4. Those who are HIV infected and are in care.

This model is based on an assumption that once someone has entered the care system, s/he remains within that system.

Individuals and communities obviously move from category to category in this model, except that (currently) one can not become HIV uninfected once seropositive. If one were to construct a mathematical model out of this categorical ideal, there would be rates in-between these categories.

For this discussion, in this model, the rate from category 1 (seronegative) to category 2 (seropositive) is the annual seroincidence for said index community (community = identified jurisdictional risk group).

From a public health (and cost-savings) perspective, one goal of this model is to reduce the rate that an index patient or index community moves from being seronegative to becoming seropositive. As prevention works, the rate decreases. Additionally, this model is a way to understand the system-capacity continuum and link between HIV prevention and care. Since supply for care has yet to exceed demand for care, public health always operates under stress. One

solution to this stress/pressure would therefore be to reduce the number of persons moving from seronegative to seropositive.

There are other practical results from this model, not just in a reaffirmation of the importance of prevention. This model squarely suggests a reconceptualization of the role of HIV counseling and testing. What at one point was (mistakenly) assumed as a prevention activity, counseling and testing in this model is a critical diagnostic tool. Its value as a diagnostic intervention point can neither be undervalued nor underestimated. Clearly, counseling and testing serves to help identify individuals who need care (if HIV positive) as well as those who need primary prevention services (in order to either maintain a seronegative status or to keep from infecting others with HIV).

As such, STD management, prevention and treatment moves through this system as both primary prevention (making someone less infectable as well as making someone less infectious) as well as secondary prevention (keeping those with HIV free from other, immune-debilitating infections). The same holds true for activities such as needle exchange programs, even if only to consider Hepatitis B and C rates, abscesses, emergency room visits, and drug-related violence, crime and death.

Reducing the number of infectious and infected individuals (infectious means the number engaging in high-risk behaviors with seronegative and those with

indeterminate/unknown HIV status) presumes a commitment to sound, well-funded and effective HIV prevention. There is no known, natural progression for a community or a person to move from a risk-taking behavior to a no-risk-taking behavior absent some form of incentive, encouragement, personalization of risk or knowledge or intervention.

Lastly, the rate that individuals and communities move from seronegative to seropositive greatly depends upon the ability of the seropositive to no longer place the seronegative and those with indeterminate/unknown HIV status at risk through their behavior. This is the challenge of primary prevention. This intervention, thoroughly undervalued across the United States, must assume primacy, as the rate of better and more scientifically valid interventions with documented outcomes becomes routine.

In a model that promotes preventive health, HIV prevention interventions would assume a primacy along the health care continuum. Significant, early investments of resources at the beginning of the health care continuum would almost assuredly guarantee lowered health care costs for the system. Resources, science, public support, infrastructure and policies would facilitate, not hinder, its goal. However, this is clearly not the case. That of HIV care dwarfs resource allocation for HIV prevention. HIV prevention remains highly politicized. Scientifically proven interventions either are prohibited by law -- such as needle exchange -- or remain hamstrung by federal program and content

restrictions. And, in spite of technological advances such as alternative testing technologies for HIV infection, HIV prevention and prevention science remain unattended to in a comprehensive and robust manner.

And while easier said than done, this model is ultimately about preventive health care. Keeping as many people as possible seronegative is about keeping people from becoming infected -- through the aggressive utilization of a comprehensive armamentarium against HIV infection and disease progression.

To this end, the ideal health promotion standards of this armamentarium include:

- ***Active support for specific community's health activities (i.e. adolescent health, women's health, lesbian/gay health services).*** Absent culturally competent and available health care services for historically underserved and marginalized populations, health promotion services live in a vacuum. There must be active promotion of and support for services that expressly provide services to specific cultural, ethnic, racial, gender and even age communities;
- ***Accessible and available substance and mental health services***. From mental health illness and substance abuse prevention programs through residential and after-care services, a concerted effort to address the issues of chemical dependency and mental health services in the communities hardest hit by HIV/AIDS;

- ***Services to reduce the harm of illicit drug injection (such as the provision of alcohol and cotton swabs, needle exchange programs, treatment on demand, etc.)***. The long-standing debate over the federal ban on needle exchange has inadvertently allowed a "forest for the trees" discussion. While needle exchange programs are essential to curb the HIV epidemic in injection drug users, they are not a panacea. The entire health needs of injection drug users, including the physical risks associated with improper/unsafe injection (such as abscesses, Hepatitis B and C rates) and treatment on demand must be addressed if the epidemic is to be really addressed within these communities;
- ***Age-appropriate healthy sexuality school-based curricula***. With the signing into law of the Welfare Reform Bill (1996), the single largest increase for HIV prevention, as funded by Congress, has been allocated to enforce abstinence-based education, in spite of scientific evidence that abstinence-only education is dangerous and unhealthy. Incorporating abstinence-based education into comprehensive healthy sex and sexuality curricula is essential to reduce the numbers of unintended teen pregnancies, HIV infections and other STDs;
- ***Behavior-based health promotion campaigns (educational and instructional) for the reduction of sexually transmitted diseases (including both viral and bacterial STDs) nested within a system of readily accessible detection and treatment programs.*** The traditional approach to STD management and control has not succeeded in eradicating

sexually transmitted disease in the US. There is evident need to incorporate behavior change models into STD prevention, treatment and control if the epidemics of STDs (which play perhaps the most significant co-factor in HIV infection) are to be brought under control. There is a clear need to incorporate prevention science and biomedical interventions to reduce the number of new STD infections;

- ***A capacity and public health infrastructure commensurate with its health demands.*** Health care systems are not just an amalgam of good interventions run out of relevant and stable community-based organizations which are evaluated and client-centered. An integral component of good public health and therefore effective health promotion activities) is an infrastructure that allows for stability, timeliness of contracting and evaluation, as well as sound fiduciary oversight and accountability. The past decade has seen intentional erosion of public health infrastructure. Unfortunately, ultimately, the only entity that suffers from the destruction of the backbone of public health is the consumer;
- ***Policies that assist in health promotion (federal, state and local).*** Simply put, policies and laws that endanger the public health of the citizenry must be changed. In a paradigm where science drives public policy and programs, the moralizing of public health (and criminalizing index communities) is an unacceptable barrier to healthy communities; and
- ***Comprehensive HIV prevention interventions.*** Comprehensivity incorporates primary and secondary prevention, integrates relevant services

when appropriate and communicates across categorical programs and funding streams to maximize the health of any given community or jurisdiction.

From Science Fiction to Health Policy

When a person enters a medical or prevention setting because of possible exposure to HIV (through an outreach or medical or diagnostic setting), a "window of opportunity" opens for helping this person either remain HIV negative (through appropriate prevention service triage) or to rapidly access quality and appropriate medical care. Once this window of opportunity opens, this intervention moment should not be lost.

Clearly, either a primary prevention environment is needed for this person including counseling and support, or a secondary prevention setting is called for, to assist in reducing the onset of illnesses, including opportunistic infections and/or other viral and bacterial sexually transmitted diseases. The moment when the person has entered the health care continuum must be seized, and the whole of the patient's needs must be attended to so that he or she can maintain good health, good health promotion activities and good care-taking skills.

A Few Considerations and Recommendations: Where To Go From Here

There remain a great many ethical and community concerns. A cursory review of these events and processes would include:

- A strong literature review on whether the introduction of an intervention (i.e. Post Exposure Prophylaxis or a Vaccine Candidate) has had positive or negative impacts on risk-taking behavior among high-risk individuals and/or high risk index communities;
- Both biomedical and behavioral research to develop realistic and effective therapeutic treatment dose schedules (such as BID, incentives for adherence, support structures and reduction in adverse side effects);
- A thorough analysis of jurisdictional capacity to provide comprehensive health promotion services (both primary and secondary HIV prevention activities);
- Clear support for primary HIV prevention efforts across jurisdictions, including efforts to aggressively promote risk reduction activities (such as condom usage, needle exchange, drug treatment and STD services) as well as efforts to promote HIV counseling and testing;
- Integration of HIV prevention messages and counseling into correlative health promotion services (such as family planning, mental health, violence prevention, substance abuse prevention and treatment, and STD);
- Constructing a meaningful and realistic assessment of individuals (not index communities) and their ability to realistically participate with and adhere to their individualized health promotion regimen (such as combination therapy, Prevention Case Management, substance abuse treatment, etc.); and

- Thoughtful health planning research on how to appropriately nest prevention within a jurisdictional continuum of health promotion services (e.g. cost-effectiveness studies, evaluation research, technical assistance to Ryan White CARE Act grantees, Planning Councils/Consortia and HIV Prevention Community Planning Groups).

(Shriver, PEP Publication (NIMH) – January 1999in press).

++

Coates:

Motivating risk reduction

Societal incentivizing risk reduction

(*And maintenance I would add*)

CF: Vision Thing (see CAIR talk, PEP points, Shriver 1997)

Project Respect

CAPS Counseling & Testing Trial

NIMH Multi-Site Trial

- ✓ Individual
- ✓ Couple/Family
- ✓ Community

- ✓ Policies and Law
- ✓ Medical Strategies
- ✓ "Supra-structural Forces" (racism, classism, homophobia, literacy, SES, et al.)

Challenges:

Individual level is done. It is as we move up the chain, we get less data.

Protecting HIV+ and affected from personal and social harm.

HIV+ interventions to stop transmission.

Maintaining action over the "long-haul.

++++++++++++++++++++

Individual Level Interventions:

Jemmott

Again, cite Project Respect.

Adolescent Interventions

Jemmott's data suggesting that neither gender nor age "demographics" of Facilitator changes (negatively) the impact of risk reduction intervention. And abstinence works well in continuum ad interventions may be best for those already sexually active.

Reiss

Practical example of "Be Proud! Be Responsible!"

Couples Level Interventions:

Wyatt

Gender and **Power/Dependency**

Risk Taking Determinants (i.e. Sexual/Physical Abuse and Risk-Taking)

Partner Changing

Client-relevant Nomenclature (i.e. what terms and realities like "primary," "committed," "long-term," "monogamy," etc. *mean* in Relationships)

Katz

Practical experiences.

Specific Issues of Sero-Discordance, Employment, Status

Family Level Interventions:

Szapocznik and Draimin (U of Miami and community)

Partnerships, Staff, Design, Exposure, Patience

Tension and/or Complement between Goals of Service and Research

Communities/Institution Level Interventions:

Kelly and Andris (CAIR and community)

CF: Kelly's Philadelphia Presentation as well as Pods 2 & 3.

N.B.: Trying to gage where risk takes place.

Communication and Media Level Interventions:

John Strand (AED) and Dan Wohlfeiler (Stop AIDS)

Effects of media and communications on behavior change?

Risk Behaviors and determinants of Behavior, while culturally informed, have commonalties. Capitalizing upon specificity while benefiting from commonalties is essential for media/community interventions.

Adapting to change (NOT adaption/adoption, but more like evolution).

Burnout (called "vigilance fatigue).

What is an acceptable level of behavior change and maintenance?

How does research capture change? (CF: Coates).

What initially was INFORAMATIONAL morphed to address PSYCHOLOGICAL and now needs to meld these two into a singular (comprehensive) continuum.

How much is enough? How big is enough? (CF: Coates re: Dose Response).

How can media interventions be nested into a jurisdiction's prevention panoply?

How can media level interventions catalyze in-kind intervention effects?

Measuring behavior change of the real media?

What are the roles of Limit Setting and Fear?

The issue of Viagra -- Do changes in environment outside of HIV pathogenesis and transmission change rates of pathogenesis and transmission?

Policy Level Interventions:

Holtgrave and Weinstein

Multi-level impact of policy change, policy impact and policy implementation?

Multiple modalities of policy analyses research.

CHARETTES

CONCLUSIONS

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:18-AUG-1998 20:55:49.00

SUBJECT: one of the prposals

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

TEXT:
this one is finished. and ready to go to nimh and ultimately to be fleshed

out and included as the last section of the monograph (under separate

e-mail

to you) that i am writing.

- nimh-vis.doc========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D22]ARMSZZ000Q0YN.000 to ASCII,
The following is a HEX DUMP:

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

National Institute of Mental Health
HIV Prevention Vision Process
Proposed Plan

Goal: To develop a monograph for the National Institute of Mental Health (NIMH) of recommendations and suggestions -- synthesizing the state of the state of HIV prevention research, focusing on interdigitating past documents (OTA, OMAR, Levine, etc) -- from the perspective of a community member (non-research) to provide review of where HIV prevention science has been and where HIV prevention science needs to be in the future.

Rationale: HIV prevention science is at a critical juncture. Past activities, reviews and conferences have focused on the successes and importance of HIV prevention science (e.g. the Office of Technology Assessment Report, Levine Panel Report, The Consensus Development Conference, the publication of the Multi-Site Trial data, etc.) but little time has been invested in developing a thorough and robust look into the future of HIV prevention science in light of these milestones.

By having a community assessment of the NIMH accomplishments -- the aforementioned Monograph -- (from a lay-person's perspective), a unique vantage point can be established by which NIMH can begin an intense and far-reaching process (both internally as well as with external partners) to develop a Vision Planning Document for its future HIV prevention research activities.

The Monograph: Based on the quality and quantity of NIMH-funded research, past published reviews and assessments, this Monograph will examine the state of HIV prevention science with a critical eye on the future, on critical moments of opportunity. Then, the monograph will suggest to NIMH not only where the author contends NIMH should go in the future in prioritizing its HIV prevention science portfolio, but also suggest a partnership relationship within and outside of the National Institutes of Health to help make this new Vision be actualize-able.

The Monograph will be divided into three major sections:

1: An Historical Overview of HIV Prevention Reform -- (A Recap of HIV Prevention's Accomplishments);
2. A Review of NIMH-funded science (utilizing OTA, Levine, OMAR, Multi-Site and Charrette data, and publications); and
3. An outline of a suggested process for NIMH to adopt to accomplish a Vision Planning process.

Section 2 of the monograph will examine NIMH (and significant other scientific accomplishments of HIV prevention science as appropriate) through analyses of major reviews (OMAR, OTA, Levine, etc). This section will suggest areas where sufficient research has been done and suggest areas in need of further research (for both immediate and longer-term activities).

While Section 3 will be a proposed Vision Planning process for NIMH's consideration (from the development of the Monograph for NIMH through the completion of the full process), attached is a thumbnail sketch of this process.

Proposed Vision Planning Process

I. Develop for NIMH a monograph of recommendations and suggestions from a community member's perspective, synthesizing state of the state of HIV prevention research, focusing on interdigitating past documents (OTA, OMAR, Levine, etc) to provide review of where HIV prevention science has been and where HIV prevention science needs to be in the future (successes, challenges and opportunities);
II. NIMH then disseminates draft monograph to Advisory Body for review;
III. NIMH then convenes Community Meeting to review/comment upon draft;
IV. NIMH convenes group of governmental partners to review document;
V. NIMH convenes a large, broad-based meeting to review monograph and allow for public comment, edit, revision and input;
VI. Results from broad-based meeting are integrated into monograph;
VII. NIMH disseminates revised monograph to Advisory Body;
VIII. NIMH convenes Advisory to review monograph;
IX. NIMH then convenes governmental partners for review and comment;
X. Final input is incorporated into Monograph;
XI. Complete monograph;
XII. Disseminate Monograph to independent review panel for review/comment;
XIII. Complete monograph;
XIV. Disseminate finished product.

Proposed Advisory Body

The Centers

- UCSF (Tom Coates)
- Columbia (Anke Ehrhardt)
- CAIR (Jeff Kelly)
- Yale (Mike Merson)
- UCLA (Mary Jane Rotheram)

Community-Based Researchers

- Jose Szapocznyk (Miami)
- Loretta Jemmott (Philadelphia/New Jersey)

Community Representatives

- Frank Beadle de Palomo (Washington, DC)
- Tonia Schaefer (Chicago)
- Steve Lew (San Francisco)

Proposed Governmental Partners would/could include:

- ✓ NIMH (as Convening Institute)
- ✓ NIDA
- ✓ CDC (HIV and STD)
- ✓ NICHD
- ✓ NIAID
- ✓ NIAAA
- ✓ SAMHSA
- ✓ HRSA
- ✓ OAR
- ✓ PSWG (of the OAR)

Proposed Timeline

- ➢ Develop preliminary monograph – 1 month
- ➢ Review by Advisory Body – 1 month
- ➢ Review by governmental partners – By close of Month 3
- ➢ Large Meeting – By Close of Month 4
- ➢ Major Rewrite of monograph – 1 month
- ➢ Reviews by Advisory Body & governmental partners – By Close of Month 6
- ➢ External panel review – 1 month
- ➢ Final monograph – By Close of Month 8

NB: By Close of Month 4 (or approximately then), the process would be brought to NIMH Council for "imprimatur." This presentation would be made by Stover/Shriver and perhaps a member of NIMH's Council.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:18-AUG-1998 21:55:23.00

SUBJECT: Prison 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:
August 18, 1998

TO: Daniel Montoya FAX #: 202.456.2438

Presidential Advisory Council - Subcommittee on Prison

Issues

FROM: JEREMY LANDAU

SUBJ: SUBCOMMITTEE ON PRISON ISSUES REPORT

Attached, please find the following 4-pages:

Agenda for next meeting (1-page)

Minutes for today's meeting (2-pages)

Draft letter to K. Hawk Sawyer (1-page)

This newest version includes the Objectives written by Mike Rankin.

Please advise me immediately if you receive (or do not receive) the

complete

attachments as well as any additional feedback.

Thanks,

Jeremy

- Prison Agenda copy========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D2]ARMSZZ000QQ77.000 to ASCII,
The following is a HEX DUMP:

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

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

Notice of Conference Call
Monday, September 14th, 1998 @ 11AM EST
Access # : 888 422 7101 • ext # : 460626

AGENDA
This meeting will last approximately 1 hour

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

1. Call to Order

2. ONAP Update - *Todd Summers*
   - October National Prison Meeting
     [Note: PACHA will assist in follow-up on funding and concept issues.]
   - Kathleen Hawk Sawyer Meeting
   - November Site Visit
   - Interagency Meeting Follow Up

3. Strategic Workplan Update - *Daniel Montoya*

4. Anticipated Guest Speakers:
   - Youth - *David Harvey*
   - Discharge Planning - *Susan Moore*

5. Committee Updates, Pending
   - Legislative Update - *Jeremy Landau*
   - PHS Report - *Stephen Abels*
   - Prison Hotlines - *t b a*

5. Other Issues

6. Adjournment

Next Conference Call: Tuesday, October 6, 1998 @ 11AM EST

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

Minutes of Conference Call
Monday, August 18th, 1998

Participants. *Stephen Abel, Judith Billings, Charles Blackwell, Lynn Cooper, Kathleen Gerus, Scott, Hitt, Jeremy Landau, Daniel Montoya, Mike Rankin, Todd Summers.*

1. **ONAP Update**
   - **National Meeting on Prisons.**
     Todd Summers provided us with an update on the planned National Meeting on Prisons. We are still experiencing delays from the Dept. of Justice. Todd will follow up with them via phone and letter (if necessary).

   - **Staffing.**
     ONAP and SAMSHA
     leadership have met to discuss/arrange staffing to replace Brad Austin.

   - **Katheleen Hawk Sawyer Meeting.**
     No progress.
     A draft letter to her via ONAP is attached *(following meeting minutes).*

   - **November Prison Site Visit.**
     No changes or updates.

   - **Interagency Meeting.**
     No changes or updates. Joe O'Niell (HRSA) is intersted in participating in all our efforts.

   - **World AIDS Day - Focus on Youth.**
     No news.

2. **Strategic Workplan**
   Daniel Montoya provided us with background and guidance on finalizing our portion of this report. The following additions/changes were made by the Committee on Prison Issues:

   - Delete "*not a priority*" from heading

   - **Overall Objectives**

The primary objectives of the Prison Subcommittee are to ensure that the Bureau of Prisons and all facilities under its jurisdiction have:

1. A comprehensive and effective strategy for prevention of HIV/AIDS among the incarcerated population.

2. Access to state of the art medical care for all prisoners living with HIV/AIDS.

3. Discharge planning which ensure that all prisoners have a specific appointment with a specific health facility immediately upon release from prison.

The Committee also seeks to promote interagency cooperation and dialogue, and to make certain prisoners and their community supporters are included in the planning of programs related to their health care.

These goals and objectives should be in place at the earliest possible date, but no later than July 1, 1999.

- **Strategies**
  - **A. National Meeting on Prisons**
    Include Decision-Makers: ONAP, BoP, DoJ, HRSA, PHS, IHS

  - **B. Sawyer Meeting**
    Title: Director, Federal Bureau of Prisons
    Timing: ASAP or adjacent to National Meeting or PACHA Meeting
    NOTE: A draft letter to her via ONAP is attached *(following meeting minutes).*

  - **C. Interagency Meeting**
    Include Decision-Makers: ONAP, BoP, DoJ, HRSA, HCFA, VA
    Timing: t b d

  - **D. Prison Site Visit**
    Timing: Thursday afternoon, November 19, 1998
    Petersbug Federal Prison *(tentative)*

  - **E. Action on Previous Recommendations**
    1. Nat'l Commission Report - March, 1992
    This issue will be subsumed into abovementioned meetings and ongoing monitoring of subsequent recommendations of the current Presidential Counc.
    NOTE: *The Executive Summary of this report will be re-sent to the Committee.*

    2. Surveillance Recommendation - June, 1998
    Timing: In conjunction with Prevention Committee agenda.
    NOTE: *The language for this is being drafted in the Prevention Committee Strategic Workplan.*

3. **Subcommittee Briefing** - *deleted*

3. Committee Updates

- **September Conference Call:** **Monday, September 14th, @ 11AM EST**
  Youth Issues
  NOTE: Jeremy will contact David Harvey, and if relevant, arrange through Daniel for invitation.
  (Keep Prevention & Services informed)

  Model Programs Dischage Planning
  NOTE: Lynn will contact Susan Moore, and if a report, can be expedited, arrange through Daniel for invitation. *(Keep Jeremy informed)*

- **October Conference Call:** **Tuesday, October 6th, 1998 @ 11AM EST**
  Public Health Report (Stephen Abel)
  Prison Hotlines (t b a)

- **Legislative Updates (ongoing)**

- **November Council Meeting**
  Native Americans in Prisons *(part of Plenary Presentation)*

Letterhead

DRAFT *DRAFT*

August 18, 1998

Kathleen Hawk Sawyer
Federal Bureau of Prisons
Washington, D. C.

Dear Dr. Sawyer:

We regret that we were unable to meet``` with you at the time our our June, 1998 meetings. However, we with to reiterate to you that it is our urgent desire to meet with you to discuss issues concerning AIDS in federal prisons.

Among the issues we would like to discuss with you are:
- The planned National Meeting on Prisons
- Standards of Care for inmates with HIV/AIDS
- Case Management - Release & Compassionate Release

- HIV Prevention Education
- Substance Abuse Treatment Programs
- Responses to the 1992 Report of the National Commission on AIDS
- The viability of a federal pilot program in the availability of Protective Barriers for inmates based upon existing models, and of course
- `Linkeages between Federal prison policy and state/local prisons and jails

The Council takes seriously our policy advisory obligation to the President and we feel your input and involvement in our work is crucial to its success. We therefore look forward to hearing from you, and to meeting with you, soon.

If I may be of any further assistance, please do not hesitate to contact us.

Sincerely,

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:18-AUG-1998 03:48:04.00

SUBJECT: Fwd: New NMA President Announces Aggressive Stance on...

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

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

Date: Fri, 14 Aug 1998 17:02:00 EDT

From: AOLNews@aol.com

Subject: New NMA President Announces Aggressive Stance on...

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

New NMA President Announces Aggressive Stance on Building Bridges to the

21st

Century in Healthcare

WASHINGTON, Aug. 14 /PRNewswire/ -- The National Medical Association (NMA)

installed its 97th President, Gary C. Dennis, MD at its 1998 Annual

Convention

and Scientific Assembly in New Orleans, Louisiana. Dr. Gary Creed Dennis

is a

native Washingtonian and practices as a neurosurgeon and is the Chief,

Division of Neurosurgery and Associate Professor, Howard University

College of

Medicine.

As the NMA president, Dennis will focus on the importance of creating effective leaders in healthcare by promoting a National African American Leadership Colloquium and organizing new alliances with the Federal Government and Corporate America to better educate patients and physicians on the health care issues dominating the African American community. The result of these initiatives will generate new policies, strategies and research for eliminating the enormous health disparities in the African American community.

"The National Medical Association has begun an aggressive campaign to educate African Americans on the importance of making healthier lifestyle choices through various corporate-sponsored programs such as Take It To Heart (co-sponsored by Bayer Corporation) and the Guide to Healthy Living (sponsored by Ebony, Pfizer and Kaiser Permanente). These partnerships will be the bridge to building strong healthcare initiatives for African Americans in the 21st Century," says Dennis.

Other initiatives that Dennis plans to advocate include:

-- HIV/AIDS

-- diseases that impact African American males

-- cardiovascular diseases in black women

-- provide local and national education seminars on managed care and

minority participation in clinical trials.

SOURCE National Medical Association

CO: National Medical Association

ST: District of Columbia

IN: HEA

SU: PER

08/14/98 16:55 EDT http://www.prnewswire.com

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	From Tsummers@aol.com to Todd Summers Re: Fwd: Cartalk (2 pages)	08/18/1998	Personal Misfile

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

FOLDER TITLE:
[08/13/1998 - 08/26/1998]

2018-0758-F
jn566

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:18-AUG-1998 14:01:26.00

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 18, 1998

POLITICS & POLICY

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#1 AFRICAN AMERICANS: NMA Urges President To Declare HIV/AIDS State Of Emergency

ACROSS THE NATION

==========

#2 MANANGED CARE: 'Centers Of Excellence' For HIV/AIDS Patients

GLOBAL CHALLENGES

==========

#3 ETHIOPIA: Faces 'Dire AIDS Threat By 2009'

#4 ISRAEL: HIV Projections Disputed

OPINIONMAKERS

==========

#5 NORTH CAROLINA: Editorial Urges State Legislature To Allocate More Funds For HIV/AIDS Medications

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.

POLITICS & POLICY

#1 AFRICAN AMERICANS: NMA URGES PRESIDENT TO DECLARE HIV/AIDS STATE OF EMERGENCY

The National Medical Association Friday requested that President Clinton and Congress declare a state of emergency on HIV/AIDS for the African-American community, due to recent reports that HIV/AIDS has grown dramatically within that group. NMA called upon President Clinton and Congress to better allocate resources in order to fully address access and prevention issues unique to African Americans, and to reconsider policies that do not take advantage of HIV-intervention strategies currently available. Dr. Gary Dennis, NMA president, said, "The health

care system is failing the African American community at a time when studies support the critical importance of early diagnosis and treatment." Dennis emphasized that "African Americans are more likely than whites to be treated for AIDS later in the disease process. Typically, blacks receive treatment when an AIDS-related infection requires hospitalization. Significant numbers of African Americans are diagnosed with AIDS within one month of their death, or during autopsy." He continued, "As physicians, we know that early diagnosis and treatment correlate with improved survival" (NMA release, 8/14).

ACROSS THE NATION

#2 MANANGED CARE: 'CENTERS OF EXCELLENCE' FOR HIV/AIDS PATIENTS

Officials of Medicaid managed care programs around the country "may fear that their capacity to care for" people with HIV or AIDS "will quickly be overtaken -- even with the cost efficiencies inherent in the managed care model," State Health Notes reports. A report conducted by the National Academy for State Health Policy examined six Medicaid managed care programs, finding their "most pressing common issues" were "program capacity and financing, with the cost of pharmaceuticals running 'a close third.'" The report, which will be released later this month, describes Tennessee's "innovative approach to meeting residents' needs: AIDS Centers of Excellence" -- a model that the Robert Wood Johnson Foundation decided to support. As the

Tennessee program now stands, "health plans will voluntarily subcontract with the centers, which must meet specific criteria, including having an actively managed base of at least 50 HIV-positive patients and maintaining links with AIDS service organizations." According to study co-author Joanne Rawlings-Sekunda, the centers are "a 'very interesting concept' because they promote the idea that the nonmedical aspect of care is as important as the medical side. Care coordinators who handle medical and TennCare services will work alongside case managers who oversee housing and support service for enrollees" (State Health Notes, 8/17 issue).

GLOBAL CHALLENGES

#3 ETHIOPIA: FACES 'DIRE AIDS THREAT BY 2009'

According to a statement released Saturday by the Ethiopian News Agency, "AIDS may kill most of Ethiopia's men under 50 over the next decade unless preventive action is taken," the San Jose Mercury News reports. More specifically, it warned that "nearly 60% of the male population aged between 15 and 49 could die by 2009 unless action was taken." A major reason for the predicament is the "early start of sexual activity by young people," the agency said. It noted that "Ethiopia's cabinet had approved an HIV/AIDS policy to try to coordinate preventive measures." So far, "almost 2.5 million of the nation's 58 million people" have either contracted HIV or developed AIDS, the National HIV/AIDS Control Programme reported. Last year, about

200,000 Ethiopians contracted the virus, the United Nations World Health Organization estimated. According to the statement, AIDS cases in the country have "been grossly under-reported," with the number of cumulative AIDS cases registered by the national control programme in 1996 at "just 21,000" (Reuters/San Jose Mercury News, 8/15).

ALL OF AFRICA NEEDS HELP

In a separate warning issued Thursday, African leaders were urged to "do more to stop the spread of AIDS ... in the worst-hit region in the world," ANC Daily News Briefing reports. World Health Organization regional director to Africa Ebrahim Samba spoke after visiting with health ministers from the Southern African Development Community. Samba "warned African presidents of the serious political, economic and social consequences of AIDS and said apart from efforts by Ugandan President Yoweri Museveni and a few others, little had been done." WHO reports that of the 30.6 million HIV-positive people in the world, approximately 20.8 million reside in sub-Saharan Africa. In addition, of the 16,000 new cases reported every day in the world, 7,500 are reported in Africa. Samba noted that since treatment costs ($15,000 to $20,000 per year) are "prohibitive," AIDS can only be fought through prevention. He said WHO will "take steps to help African leaders put more effective anti-AIDS strategies in place" (ANC Daily News Briefing, 8/13).

#4 ISRAEL: HIV PROJECTIONS DISPUTED

Calling HIV/AIDS infection figures predicted by the new

chair of the Israel AIDS Task Force a "completely fictional manipulation of statistics," Dr. Zvi Ben-Yishai, head of the Health Ministry's Steering Committee, said "that except for a 'blip' in the number of HIV carriers due to recent immigration from Ethiopia, infection rates remain stable." The Jerusalem Post reports that AIDS Task Force Chair Rommey Hassman said that 279 new HIV cases were diagnosed during the first seven months of 1998 -- "50% more than during the same period in 1997." Given the present rate, Hassman concluded there would "be 428 new carriers" by the end of the year and 25,000 new cases by 2005. Ben-Yishai "argued that there was no basis for these extrapolations." He said the swell in the 1998 figures was caused by the "arrival of a number of HIV carriers among some 3,000 immigrants from Ethiopia who had been infected in their transit camp." Noting that the immigrants raised the level from 20 new cases per month to 36, Ben-Yishai said that once they are assimilated, the rate "will return to this steady, low level." He added that annual $5 million information campaigns are currently being conducted in the refugee camps, and "Ethiopian women immigrants who become pregnant are encouraged to undergo blood tests, and if they're found to be HIV-positive, they're given the drug AZT to drastically reduce the risk" of transmission. Israelis tend to be very responsible in their sexuality, even prostitutes, Ben-Yishai said. Prostitutes "are very fearful of being infected. I did a survey of dozens of Haifa prostitutes a few years ago and found that all of them had plenty of condoms in their pocketbooks, and none of them was

found to be infected," he said (Siegel, Jerusalem Post, 8/17).

OPINIONMAKERS

#5 NORTH CAROLINA: EDITORIAL URGES STATE LEGISLATURE TO ALLOCATE MORE FUNDS FOR HIV/AIDS MEDICATIONS

The North Carolina General Assembly should allocate more funds for the state's HIV/AIDS Medications Program, a program to compensate individuals for the costly medications to treat AIDS, an editorial in yesterday's Charlotte Observer states. Powerful new drug therapies have enhanced the lives of those living with AIDS, the editorial says, "[b]ut this change has come with a cost." North Carolina has "the lowest funding among 40 states with significant HIV infections," the editorial notes. Last September, the HIV Medications Program was "forced to turn away all new applicants." The program received $4.4 million in federal funds this year to assist patients who don't qualify for Medicaid or whose private insurance doesn't pay for the expensive drug regimes, but only $750,000 from the state. The editorial emphasizes that program "costs have skyrocketed over the two years" since its inception -- from $250 per patient each month to four times that amount by last year. The Observer reports that "[i]n March, when state Health and Human Services officials determined there was not enough money to continue providing services, the state provided $6.6 million for the current fiscal year." To continue the program and open enrollment to new applicants in the next fiscal year, officials estimate that $16

million in state money is needed. Gov. Jim Hunt (D) requested that amount, and the state Senate has budgeted $8 million for the program, while the House has not yet allocated funds for the program. The Observer contends that state representatives should view the program in terms of financial incentives -- "[t]he drugs help people stay healthier longer, thus allowing them to work and pay taxes longer." Over 1,000 individuals currently benefit from the program, and case managers indicate that an additional 600 qualify. The editorial concludes: "Without more money, the HIV Medications Program will be forced to close its doors sometime this fall. Additional state funding is no luxury. For the people depending on these drugs, ending the program is simply a death knell" (Charlotte Observer, 8/17).

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

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

E-mail: report@kff.org

EXECUTIVE PUBLISHER: Marla Bolotsky

EDITOR-IN-CHIEF: Patricia Miller

EDITOR: Rosalee Sanchez

ASSOCIATE EDITOR: Amy Paulson

CONTRIBUTING EDITOR: Russ Walker

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

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-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: qndc (qndc <qndc@erols.com> [UNKNOWN])

CREATION DATE/TIME:18-AUG-1998 03:52:00.00

SUBJECT: FW: Email Instruction / Departure from Post

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

TEXT:
- winmail.dat========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D73]ARMSZZ000Q0YM.000 to ASCII,
The following is a HEX DUMP:

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

Clinton Presidential Records Automated Records Management System [EMAIL]

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

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

File Name: p_my0q000z_opd_html_1.tnf

Attachment Number: [ATTACH.D73]ARMSZZ000Q0YM.000

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:18-AUG-1998 15:47:09.00

SUBJECT: trying this out

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

TEXT:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:19-AUG-1998 15:19:06.00

SUBJECT: Prison Update

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:
Hi, again folks.

Two updates of information for you:

The Council will tentatively meet with the President, this fall, possibly

on World AIDS Day. More information forthcoming, save the dates.

Strategic Workplan - Objective:

#2. Please change "Access to state of the art medical care . . . to

"Access to currently approved Standards of Care . . ."

Feel free to forward me any additional suggestions.

In preparation for our next Conference Call, and being aware of the six Council Priorities - Please consider what we should be saying to the Committee on Racial/Ethnic Communities regarding inmates/prisons.

Thanks, Jeremy

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:19-AUG-1998 19:41:07.00

SUBJECT: Fwd: (no subject)

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

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

Date: Wed, 19 Aug 1998 15:24:31 EDT

From: MDSHRIVER@aol.com

Subject: (no subject)

To: dvonzinkernagel@osophs.dhhs.gov

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

it is clear to me that when you look over cdc's budget that immediate areas

that need protection against shaves, taps and redirection emerge.

first of all, of the $329m that is within the division of HIV/AIDS

prevention

(IRS, which is holtgrave's division) they only operate the entire center on

$17m, about 5%. this is not to say that all the remianing 95% is

extramural,

but close. another 5% ($16 m) covers all other functions from this

division

outside of 1) community planning (268.5m); 2) the directly-funded CBOs

(18m);

and 3) the National and Regionla Minority Organizations (9.5m).

any idea of redirect, clarification of where resources are or should be
MUST,
i contend, be based upon both a "do no harm" principle (in other words
cutting
community planning is just shifting an epidemic from one setting to another
and is the worst zero-sum game possible) and a "bang for the buck"
principle
(e.g. a division that operates with a 10% admin cost is clearly more cost-
beneficial to us than one with say a 25 or 30% intramural/admin cost -- as
is
the case in the other DHAP-- the surveilance and epi side). i am not
suggesting they are sitting pretty, because it IS surveillance that will
document when the racial and ethnic disparities are being cleaned up (as
well
as holtgrave's budget tables under community planning). but what i am
sugesting is that when fully one-third of your budget is in-house, it
requires
a greater degree of clarity and explanation.

now, however, for the sake of argument, look more widely across cdc.

the center (NCHSTP) has a budget for this FY at $54.8 m. that makes the
center larger than just about every division WITHIN HIV that is putting
money
into the field. here is a place where i would look for desperately needed
resources for any initiative to address disparity in health outcome.

secondly, i would look to the HIV money that is shipped to the Ofice of the Director (referred to in the HHS justification as "program support and services"). this line item is, for fy 1998, @ $42m. if i am not mistaken, congress (at least the house) called for the HIV contribution ot the OD to be
$9m next year... (which would be a diference of $35m)...

ok, looking across the rest of cdc, we find that DASH (the division of adolescent school health) is hiv funded to the tune of $51m (look under the Chronic Disease line) and the labs receive over $40m of hiv's dollars under NCID).

in both DASH's and the labs cases, here is where scrutiniy, clarity and focus
could give us the same resulting program and outcome as we have right now but
with less money. much less money? i can not say, but i would believe that within this $90m pot, there must be the ability to absorb say a $10m shave (about a 10% cut)...

when looking still further across the hiv $$ at cdc, there realy is only one
other place that is a clearly underutilized and "heavy" program, namely the Public Health Program Ofice (PHPO), which is funded at $8.2million this year.
for what? can not tell you, but can tell you that since we are seeing an

emergency and needing to respond to an emergency, those programs, like PHPO

which, if cdc were flush would be a great complement to the panoply, are

maybe

not so indespinsible now that we face an emergency...

so, shall i write another with clearer math?

mike

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:19-AUG-1998 14:39:41.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Wednesday, August 19, 1998

POLITICS & POLICY

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#1 SURGEON GENERAL: Hoping To Make A Difference, Satcher Keeps 'Finger On The Pulse'

#2 NEEDLE EXCHANGE: Connecticut Town Will Weigh Proposal Next Month

PUBLIC HEALTH & EDUCATION

==========

#3 NEW YORK: Fewer Prisoners Dying Of AIDS

#4 AFRICA: UN Infant Formula Recommendation Spurs Impossible Choices

SCIENCE & MEDICINE

==========

#5 TESTOSTERONE: May Reduce Fatigue Symptoms In AIDS Patients

OPINIONMAKERS

==========

#6 METHADONE PROGRAMS: New York Times Weighs In On Mayor's Decision

JOB OPENING: The National Journal Group's healthcare division is looking for staff writers with health care policy experience and a strong writing background to fill staff writer positions. Interest in HIV/AIDS and reproductive health issues is a plus. Fax a resume and cover letter to Patti Miller at 703/518-8703.

POLITICS & POLICY

#1 SURGEON GENERAL: HOPING TO MAKE A DIFFERENCE, SATCHER KEEPS 'FINGER ON THE PULSE'

U.S. Surgeon General David Satcher said he has "an opportunity to make a difference" because he can "have a platform," in an interview published in this week's Journal of the American Medical Association. Satcher said his platform includes several key areas including: HIV/AIDS prevention and treatment, promoting responsible sexual behavior, improving child care, providing better mental health services and eliminating racial and ethnic disparities in health. "If you use [the

platform] well and maintain your integrity, so that the American people can trust you to bring them the best information based on the best available science and also to work with your colleagues so that you can keep your finger on the pulse of the best information, you can make a tremendous difference," he said.

PREVENTION IS KEY

Satcher said he'd "like to see physicians put prevention into practice." He said doctors should "ask their patients about nutrition and sexual behavior." In addition, providing "every child with a healthy start in life," is one of his main priorities. He wants to do this by "promot[ing] access to quality prenatal care, counseling women about the dangers of drinking alcohol and smoking during pregnancy," and creating an environment where society would "see an increase in parents who are ready to parent."

BRIDGING THE GAP

Satcher also wants "to focus on the prevention and treatment of HIV/AIDS," and wants to eradicate "racial and ethnic disparities in health," JAMA reports. "When we focus on the disparities, in order to close the gap we have to improve the public health system," he said. Satcher noted that the HIV/AIDS epidemic "has increasingly become an epidemic of color," and has extended its reach to the heterosexual population. However, Satcher said, "Americans are fighting the [AIDS] battle with 'one hand tied behind our backs'" by not advocating comprehensive sex education or needle-exchange programs.

HAVING THE DREADED "TALK"

"As a nation," he said, "there are still some things we don't want to talk about which need to be talked about. Sex is one of them." Calling abstinence programs a "primary prevention" tool, Satcher said he believes "that the abstinence programs are very important ... especially for young adolescents under 14 years of age." He said abstinence "ought to be our major message -- don't become sexually active until you're involved in a committed relationship," but noted that "over half of the teenagers in this country" are sexually active by the time they graduate from high school. "It is just as important that we talk to them about how to be responsible when you're sexually active and protect yourself and others. Now there are some people in this country and many in Congress who want to talk about abstinence only, but they don't want us to talk about comprehensive programs that include secondary prevention for people who are sexually active."

LOOK AT THE SCIENCE

That attitude extends to needle-exchange programs as well, Satcher said. "Science showed that needle exchange programs did indeed reduce the spread of HIV -- they did it without increased drug use. But the political position now on the part of the House of Representatives is a permanent ban on federal funding on needle-exchange programs. For the administration, it's been, 'Let's wait, and get more information.'" Satcher contends that the nation's substance abuse problem and AIDS are "linked" epidemics. "We have to fight both epidemics vigorously," he said. "If we fight the epidemic of substance abuse with all we have,

including making sure everybody has access to treatment, it would significantly benefit the AIDS epidemic. So even if we didn't have needle-exchange programs, if we had access to treatment for everybody who needed it, we would significantly reduce the spread of HIV," Satcher said (Mitka, JAMA, 8/19 issue).

#2 NEEDLE EXCHANGE: CONNECTICUT TOWN WILL WEIGH PROPOSAL NEXT MONTH

"[S]even years after New Haven established Connecticut's first needle exchange program," New Britain Health Director Hudson Birden plans to propose a needle-exchange program at a Sept. 2 Common Council meeting, the AP/Boston Globe reports. With a population of 73,000, New Britain has 280 confirmed AIDS cases and the city's HIV incidence rate is four to five times higher than the state as a whole, according to state Health Department statistics. Birden hopes to fund the program with state and private funds and "may ask for as little as $25,000" to launch it. "We could purchase a van and distribute the needles that way, along with health screening and testing," he said. "Or we could simply have our outreach workers handle the needle exchange," he added. New Britain Mayor Lucian Pawlak said his support remains tentative. "This is still a very conservative, very blue-collar kind of town," he said, adding, "People are very divided on this issue." Kenneth Carley, a state health department official, said, "It's a local decision as to whether or not a city has a needle exchange program. The research

indicates that the program is effective in reducing the risk of HIV by 33% a year." In 1998, Connecticut will spend $400,000 on needle exchange programs in New Haven, Hartford, Stamford, Bridgeport and Danbury (Douthat, AP/Boston Globe, 8/18).

PUBLIC HEALTH & EDUCATION

#3 NEW YORK: FEWER PRISONERS DYING OF AIDS

Better HIV medicines and more programs have lowered the number of AIDS deaths in New York state prisons from 181 in 1996 to 58 in 1997, the Rochester Democrat and Chronicle reports. "Prison is a parallel of what goes on outside," said Steven Nesselroth, the director of the New York City-based AIDS In Prison project. "The biggest single factor of course is the new treatments. A large part also is there are now more organizations being allowed into the facilities to do education, counseling and various kinds of outreach," he said. The 1997 figure represents the lowest number since 57 inmates died in 1984, but "there were fewer inmates in the system" then. The rate of AIDS deaths that year was 17.5 per 10,000 inmates, versus 8.32 deaths per 10,000 inmates in 1997. Despite New York's progress, however, activists say "there is still room for improvement. Too often ... when a prisoner is transferred there is a delay in the movement of records about the medicinal regimen for the prisoner." Nevertheless, "experts agree that New York prisons appear to be offering more programs and better treatment than many other states." New York has a history of having one of

the country's highest rates of AIDS incidence and AIDS mortality in state prisons. According to Mike Haggerty, the executive director of the California-based Correctional HIV Consortium, AIDS deaths in prisons are dropping nationally. The latest statistics will be revealed in a future federal Bureau of Justice Statistics report on AIDS in prisons (Craig, Democrat and Chronicle, 8/18).

#4 AFRICA: UN INFANT FORMULA RECOMMENDATION SPURS IMPOSSIBLE CHOICES

A recent announcement by the United Nations that HIV-positive women "should consider feeding formula instead of breast milk to their babies" has thrust a host of difficult choices onto African health authorities and pregnant women, the front page of the New York Times reports today. In some parts of Africa, the HIV-infection rate of pregnant women reaches 31%. Although experts have long known that giving expectant mothers a short course of the anti-HIV drug AZT shortly before delivery and then advising them to forego breast feeding can drastically cut the rate of HIV transmission from mother to child, the costs of AZT and infant formula are far beyond the economic reach of most Africans. The Times reports that "[t]he cost of formula for one child ... is on average 1.5 times the sum a village family earns each year." AZT is similarly unaffordable. Even with price support for AZT and formula from organizations like the U.N. and the World Health Organization, AZT is still too expensive to take for long, and formula requires clean, potable water, a rarity in

most of Africa. As Dr. Francis Miro of the University of Makerere in Uganda notes, "27% of babies born to infected mothers become infected from breast feeding. In rural areas 85% of babies will die from dirty water used in formula," so more babies would die from using formula than would be saved by it.

HIV OR ORPHANS?

At a more fundamental level, trying to prevent HIV transmission from mother to infant "raises almost as many terrible new questions as it answers," the Times reports. Dr. Edward Mbidde of Uganda's Cancer Institute asked, "What is worse? To let a baby die of AIDS when we can save it [from infection] or to let the baby into the world just to become an orphan in a society that has been overwhelmed with death?" Currently, there are already more than eight million children in Africa who have been orphaned by AIDS. Wrestling with that ethical dilemma, U.N. officials have decided that the course of HIV transmission must be stopped, no matter what the cost. Dr. Joseph Saba of the U.N. AIDS program said, "You cannot just say to these people you are too poor to live. You have to say we are trying everything on earth to stop this plague. They have to know that we are not condemning them to death" (Specter, New York Times, 8/19).

SCIENCE & MEDICINE

#5 TESTOSTERONE: MAY REDUCE FATIGUE SYMPTOMS IN AIDS PATIENTS

"About 80% of symptomatic HIV-infected men with clinical" fatigue had their symptoms alleviated through testosterone

therapy, according to a recent study. Dr. Glenn Wagner of the New York State Psychiatric Institute in Manhattan and colleagues conducted a 12-week trial, the results of which appear in the August 15th issue of General Hospital Psychiatry. Low testosterone, and its accompanying symptom of fatigue, is "the most common endocrine abnormality in HIV-positive men." The 73 men in the study were treated twice weekly with 200 mg of testosterone injected into the muscle, which was increased to 400 mg after two weeks (Mitchell, Reuters/JAMA, 8/17). Eighty percent of the participants experienced "significant improvement in energy level" after 12 weeks. Although no short-term side effects were reported, long-terms effects are not known. The authors wrote: "With the advent of more effective antiviral treatments which have the potential to prolong survival, more and more people with HIV are considering returning to work. Fatigue is often a barrier to such a goal. Hence, the development and assessment of effective treatments for fatigue, such as testosterone, are particularly important for enhancing the quality of life and functioning of people living with HIV" (Reuters/Pathfinder Network, 8/17).

OPINIONMAKERS

#6 METHADONE PROGRAMS: NEW YORK TIMES WEIGHS IN ON MAYOR'S DECISION

New York "Mayor Rudolph Giuliani's drive against methadone maintenance programs for heroin addicts ignores the most

authoritative medical advice and could lead to more suffering among those struggling to control their addiction," a New York Times editorial argues. Written in response to the mayor's announcement that he will phase out the city's methadone maintenance programs, the editorial asserts, "Methadone does not generate the euphoria of an opiate but reduces withdrawal symptoms and blunts an addict's craving for heroin." Arguing in favor of continuing the treatment programs, the Times notes, "Addicts in methadone maintenance programs have shown decreased drug use, lower crime rates, better social functioning and reduced likelihood of transmitting the AIDS and hepatitis viruses through needle-sharing." Citing recommendations from Drug Czar Barry McCaffrey, the National Institutes of Health, the National Academy of Science, as well as statistics from the federal General Accounting Office showing "strong evidence" that methadone maintenance programs are effective, the editorial concludes: "If Mr. Giuliani thinks he knows better, he should sponsor a small-scale test to show that heroin addicts can be moved quickly to abstinence. His moralistic opposition to methadone maintenance, introduced without public debate or discussion, could deprive many addicts of the medication they need to remain heroin-free -- without helping to reduce the scourge of heroin use in New York City" (New York Times, 8/18). Click here to read an article in today's New York Times about the effectiveness of methadone."

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

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CONTRIBUTING WRITERS: Kathleen Donohue, Jeff Dufour, Rachel Kennedy, Allison Morgan, Adam Pasick

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-30-

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:19-AUG-1998 21:12:16.00

SUBJECT: Agenda re-send

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:
I don't know who DIDN'T get the attachment -- but I am also still learning

all

the intricacies of high technology.

So here it goes, again.

It would help immensely to know who received which attachments!!!

-- Jeremy

- Prison Agenda copy========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D57]ARMSZZ000R0TU.000 to ASCII,
The following is a HEX DUMP:

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

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

Notice of Conference Call
Monday, September 14th, 1998 @ 11AM EST
Access # : 888 422 7101 ° ext # : 460626

AGENDA
This meeting will last approximately 1 hour

This is a full agenda – we will begin on time

1. **Call to Order**

2. **OHAP Update - *Todd Summers***
   - October National Prison Meeting
     [Note: PACHA will assist in follow-up on funding and concept issues.]
   - Kathleen Hawk Sawyer Meeting
   - November Site Visit
   - Interagency Meeting Follow Up

3. **Strategic Workplan Update - *Daniel Montoya***

4. **Anticipated Guest Speakers:**
   - Youth - *David Harvey*
   - Discharge Planning - *Susan Moore*

5. **Committee Updates, Pending**
   - legislative Update - *Jeremy Landau*
   - PHS Report - *Stephen Abel*
   - Prison Hotlines - *t b a*

5. **Other Issues**

6. **Adjournment**

Next Conference Call: Tuesday, October 6, 1998 @ 11AM EST

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

Minutes of Conference Call
Monday, August 18th, 1998

Participants. *Stephen Abel, Judith Billings, Charles Blackwell, Lynn Cooper, Kathleen Gerus, Scott, Hitt, Jeremy Landau, Daniel Montoya, Mike Rankin, Todd Summers.*

1. **ONAP Update**

° **National Meeting on Prisons.**

Todd Summers provided us with an update on the planned National Meeting on Prisons. We are still experiencing delays from the Dept. of Justice. Todd will follow up with them via phone and letter (if necessary).

° **Staffing.**

ONAP and SAMSHA leadership have met to discuss/arrange staffing to replace Brad Austin.

° **Katheleen Hawk Sawyer Meeting.**

No progress.
A draft letter to her via ONAP is attached *(following meeting minutes).*

° **November Prison Site Visit.**

No changes or updates.

° **Interagency Meeting.**

No changes or updates. Joe O'Niell (HRSA) is intersted in participating in all our efforts.

° **World AIDS Day - Focus on Youth.**

No news.

2. **Strategic Workplan**

Daniel Montoya provided us with background and guidance on finalizing our portion of this report. The following additions/changes were made by the Committee on Prison Issues:

° Delete *"not a priority"* from heading

° **Overall Objectives**

The primary objectives of the Prison Subcommittee are to ensure that the Bureau of Prisons and all facilities under its jurisdiction have:

1. A comprehensive and effective strategy for prevention of HIV/AIDS among the incarcerated population.

2. Access to approved Standards of Care for all prisoners living with HIV/AIDS.

3. Discharge planning which ensure that all prisoners have a specific appointment with a specific health facility immediately upon release from prison.

The Committee also seeks to promote interagency cooperation and dialogue, and to make certain prisoners and their community supporters are included in the planning of programs related to their health care.

These goals and objectives should be in place at the earliest possible date, but no later than July 1, 1999.

° **Strategies**

A. National Meeting on Prisons
Include Decision-Makers: ONAP, BoP, DoJ, HRSA, PHS, IHS

B. Sawyer Meeting
Title: Director, Federal Bureau of Prisons
Timing: ASAP or adjacent to National Meeting or PACHA Meeting
NOTE: A draft letter to her via ONAP is attached *(following meeting minutes).*

C. Interagency Meeting
Include Decision-Makers: ONAP, BoP, DoJ, HRSA, HCFA, VA
Timing: t b d

D. Prison Site Visit
Timing: Thursday afternoon, November 19, 1998
Petersbug Federal Prison *(tentative)*

E. Action on Previous Recommendations

1. Nat'l Commission Report - March, 1998
This issue will be subsumed into abovementioned meetings and ongoing monitoring of subsequent recommendations of the current Presidential Counc.

NOTE: The Executive Summary of this report will be re-sent to the Committee.

2. Surveillance Recommendation - June, 1998
Timing: In conjunction with Prevention Committee agenda.
NOTE: The language for this is being drafted in the Prevention Committee Strategic Workplan.

3. Subcommittee Briefing - *deleted*

3. **Committee Updates**

° **September Conference Call:** **Monday, September 14th, @ 11AM EST**

Youth Issues

NOTE: Jeremy will contact David Harvey, and if relevant, arrange through Daniel for invitation.
(Keep Prevention & Services informed)

Model Programs Discharge Planning

NOTE: Lynn will contact Susan Moore, and if a report, can be expedited, arrange through Daniel for invitation. *(Keep Jeremy informed)*

° **October Conference Call:** **Tuesday, October 6th, 1998 @ 11AM EST**

Public Health Report (Stephen Abel)
Prison Hotlines (t b a)

° **Legislative Updates (ongoing)**

° **November Council Meeting**

Native Americans in Prisons *(part of Plenary Presentation)*

letterhead

DRAFT *DRAFT*

August 18, 1998

Kathleen Hawk Sawyer
Federal Bureau of Prisons
Washington, D. C.

Dear Dr. Sawyer:

We regret that we were unable to meet``` with you at the time our our June, 1998 meetings. However, we with to reiterate to you that it is our urgent desire to meet with you to discuss issues concerning AIDS in federal prisons.

Among the issues we would like to discuss with you are:

° The planned National Meeting on Prisons
° Standards of Care for inmates with HIV/AIDS
° Case Management - Release & Compassionate Release
° HIV Prevention Education
° Substance Abuse Treatment Programs
° Responses to the 1992 Report of the National Commission on AIDS
° The viability of a federal pilot program in the availability of Protective Barriers

for inmates based upon existing models, and of course

- linkeages between federal prison policy and state/local prisons and jails

The Council takes seriously our policy advisory obligation to the President and we feel your input and involvement in our work is crucial to its success. We therefore look forward to hearing from you, and to meeting with you, soon.

If I may be of any further assistance, please do not hesitate to contact us.

Sincerely.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:19-AUG-1998 18:12:00.00

SUBJECT: Newly Scheduled Conference Calls

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

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

TO: 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: ngutierrez ("'ngutierrez@hcfa.gov'" <ngutierrez@hcfa.gov> [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:
New Conference Calls

Prison Issues Subcommittee:

Two conference calls for have been scheduled: the first is for Monday,

September 14, the second is for Tuesday, October 6. Both calls will be at

11 a.m. eastern time. The number to dial at 11 a.m for both calls is

888-422-7101, and the participant code is 460626.

Prevention Subcommittee:

A call for the Prevention Subcommittee has been scheduled for Tuesday,

September 15at 3:30 p.m. eastern time. The number to dial at 3:30 p.m. is

888-232-0365 and the participant code is 429903.

If you are not a member of these subcommittees, 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. An updated call schedule follows.

Presidential Advisory Council on HIV/AIDs

Conference Call Schedule

August 19, 1998

Appropriations Subcommittee

888-232-0361 Participant Code: 956532

Host Code: 587431

Executive Subcommittee

888-422-7132 Participant Code: 625423

Host Code: 620849

* Wednesday, September 2 10 a.m. EST
* Wednesday, September 16 10 a.m. EST
* Tuesday, September 29 10 a.m. EST
* Wednesday, October 14 10 a.m. EST
* Tuesday, October 27 10 a.m. EST
* Wednesday, November 11 10 a.m. EST

International Subcommittee

888-476-3752 Participant Code: 895494

Host Code: 632944

Prevention Subcommittee

888-232-0365 Participant Code: 429903

Host Code: 954508

* Tuesday, September 15 3:30 p.m. EST

Prison Issues Subcommittee

888-422-7101 Participant Code: 460626

Host Code: 216760

* Monday, September 14 11 a.m. EST

* Tuesday, October 6 11 a.m. EST

Racial Ethnic Populations Subcommittee

888-476-3752 Participant Code: 184426

Host Code: 370689

* Wednesday, September 16 3 p.m. EST

* Wednesday, October 21 3 p.m. EST

Research Subcommittee

888-232-0365 Participant Code: 893143

Host Code: 984679

* Wednesday, August 26 10 a.m. EST

* Wednesday, October 7 10 a.m. EST

Services Subcommittee

888-232-0365 Participant Code: 217860

Host Code: 819552

* Thursday, September 17 10 a.m. EST

* Thursday, October 22 10 a.m. EST

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:20-AUG-1998 14:05:07.00

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 20, 1998

POLITICS & POLICY

==========

#1 MASSACHUSETTS: Hearing Scheduled To Discuss HIV Reporting

#2 NEEDLE EXCHANGE: Springfield, MA, Residents Protest Program

PUBLIC HEALTH & EDUCATION

==========

#3 TESTING: 'Majority' Of STD Clinic Patients Don't Return For Results

ACROSS THE NATION

==========

#4 EMPLOYMENT: NPR Outlines Issues On Returning To Work

IN THE COURTS

==========

#5 HIV LAW: Williams Charged With Intentional Transmission Of Virus

SCIENCE & MEDICINE

==========

#6 VACCINES: NIH Agency To Join Research Effort

#7 MICROBICIDES: Nonoxynol 9 Ineffective In Preventing HIV, Other STDs

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 MASSACHUSETTS: HEARING SCHEDULED TO DISCUSS HIV REPORTING

A hearing was set yesterday by the Massachusetts Department of Public Health for September 22 to debate whether HIV infection should be added "to the list of diseases that must be reported to local health boards within 24 hours of diagnosis." The Boston Globe reports that those infected with HIV would be reported "without name or other personal identifier," which differs from

the policy for other communicable diseases. Officials said the policy would take effect in January if approved. According to Jean Flatley McGuire, director of the DPH's HIV/AIDS Bureau, the policy "will 'create a better representation of the epidemiology of HIV infection in Massachusetts' and 'provide a more timely measure of the directions and impact of HIV infection.'" In addition, the data collected "will help chart HIV trends and determine allocation for HIV funding." The Globe reports that "[o]fficials favor a no-name system to avoid breaches of confidentiality that could result in patient stigmatizing. Without this anonymity, they fear, potentially HIV-infected people would not seek treatment." The Globe reports that members of Concerned Citizens for Drug Prevention, who "tried to voice their concerns at the meeting" were told "to wait until the September hearing." The group members said anonymous reporting prevents contact tracing and "will only lead to increased drug use and sexual promiscuity" (Fung, Boston Globe, 8/19).

#2 NEEDLE EXCHANGE: SPRINGFIELD, MA, RESIDENTS PROTEST PROGRAM

Carrying signs that read "10,000 angry people" and "No needles," needle-exchange program opponents in Springfield, MA, Monday night pressed city councilmembers to overturn their 5-4 decision made in June allowing the controversial program to move forward. A petition drive led by opponents "collected signatures from more than 10% of the city's registered voters" over approximately 20 days "in an attempt to force a referendum, but fell short of the" required 12%, the AP/Boston Globe reports.

Petition organizer Robert Powell said, "These 10,000 people will see to it that every councilor that takes a vote against democracy will be remembered at election time next year." Although the anti-needle exchange group "asked city councilors ... to schedule a special council meeting to consider a referendum," the council declined to take any action (AP/Boston Globe, 8/19).

PUBLIC HEALTH & EDUCATION

#3 TESTING: 'MAJORITY' OF STD CLINIC PATIENTS DON'T RETURN FOR RESULTS

"[O]nly about one third of those tested at an STD clinic for HIV actually receive their results," according to a new study published in this month's Sexually Transmitted Diseases. Led by Dr. D. J. Wiley of University of California-Los Angeles, researchers found that individuals who were likely to test positive (41%) or who requested the HIV test (49%) "were more likely to receive the results." Those "who were less likely" to receive the results "included those who requested an STD examination only (32%), repeat testers (30%) and African Americans (26%)," Reuters/JAMA reports. Researchers studied 6,705 men and women "who were offered HIV testing at one of four Los Angeles area STD clinics." Researchers collected data between July 1994 and 1995 in an attempt to "identify factors associated with failure to receive test results." They found that half of the 4,383 individuals who had been tested "did not

receive their results." Researchers concluded, "These data suggest that the system failed to deliver HIV test results to a significant majority of eligible STD clinic patients. About one third did not request an HIV test and one third requested the test but did not receive the results," they said. The findings are especially critical since antiretroviral therapy has the potential to prolong the lives of many HIV-positive individuals. Researchers pointed out that "[u]nderstanding the role culture, public policy, and their joint interaction play in our ability to deliver HIV test results to STD clinic patients is essential to implementing a successful HIV testing and counseling program" (Reuters/JAMA, 8/18).

ACROSS THE NATION

#4 EMPLOYMENT: NPR OUTLINES ISSUES ON RETURNING TO WORK

"Effective new drug treatments have enabled many people with AIDS to plan for a future they believed they never had ... including whether or not to return to work," National Public Radio's "Morning Edition" reports. The program notes that the city of San Francisco is working with nonprofit organizations to "set up a special employment office for people with AIDS and HIV who want to work." The office's main objective "is to help coordinate services ... between job seekers with AIDS and employers, as well as agencies that help people wade through regulations on disability benefits," NPR reports. Some people with AIDS who have returned to work express a "renewed sense of

purpose," while others say "the stress has made them sicker" and the expenses of returning to work make it unaffordable due to a loss of Social Security and medical benefits. "Complicating the issue further" is that "an AIDS diagnosis ... no longer guarantees a designation of disability" as it did a few years ago, if people "are well enough to work." NPR profiles "Positive Resource," a San Francisco organization that "has pioneered a support system for people with AIDS," and offers workshops to answer financial questions, conducts mock interviews and provides tips on jobs (Safer, "Morning Edition", 8/19). If you have RealAudio, click here to access interview.

IN THE COURTS

#5 HIV LAW: WILLIAMS CHARGED WITH INTENTIONAL TRANSMISSION OF VIRUS

Nushawn Williams, the HIV-positive man who "became the subject of a national furor" after allegedly infecting "more than a dozen women and girls in rural Chautauqua County in upstate New York," has been indicted on a felony charge of reckless endangerment with depraved indifference to human life after allegedly having unprotected sex with a 15-year-old New York City girl while cognizant of his HIV status. Williams, "who has told health officials that he had sex with 50 to 75 women in New York City," was also charged by Bronx prosecutes with "attempted assault, sexual misconduct and endangering the welfare of a child," with more charges to possibly follow, the New York Times

reports. Officials said that "Williams had received counseling about HIV and its dangers" months before his sexual encounter with the teenage girl, but would not reveal her HIV status. Williams pleaded not guilty to the charges (Richardson, New York Times, 8/20). "We are alleging that by knowing he had HIV and by knowing the dangers of sexual contact he intentionally tried to transmit the virus to" the teenager, said Bronx District Attorney Robert Johnson (Reuters/Washington Times (8/20).

POLICY-CHANGING CASE

The case represents the second indictment of Williams -- the first was for statutory rape of a 13-year-old in Chautauqua County. However, investigators in upstate New York -- where of Williams' 48 sexual partners identified thus far, 13 are HIV-positive, 28 are HIV-negative and 7 have not been tested -- intend to charge Williams with assault "in those instances in which [he] knew the risk before he had sex." The Nushawn Williams case sparked an national outcry, and played an important role in engendering the passage of New York's controversial partner notification law. Also pending before the state legislature is a measure that "would impose criminal penalties on a person with HIV who failed to warn an uninformed partner," although that bill is "vehemently opposed by advocates for people with AIDS," who say reckless endangerment and assault laws are sufficient (New York Times, 8/20).

SCIENCE & MEDICINE

#6 VACCINES: NIH AGENCY TO JOIN RESEARCH EFFORT

The National Institute of Allergies and Infectious Diseases said Tuesday it will collaborate with the first makers of an HIV vaccine to conduct large-scale human testing. NIAID, an agency of the National Institutes of Health, will help San Francisco-based VaxGen Inc. conduct trials of its AIDSVAX vaccine. "The effort to develop a safe and effective vaccine against HIV/AIDS is a global imperative and the highest priority of the NIH AIDS research program," said NIAID Director Dr. Anthony Fauci. To stimulate the body's natural defenses, the vaccine uses gp120, "one of the surface proteins on the coat of the HIV virus." Eventually, 5,000 volunteers from more than 30 cities across North America will participate in the testing (Reuters/ABC News, 8/19). In June, AIDSVAX became the first preventive vaccine against HIV to enter large-scale human testing. The collaboration will entail additional research beyond the scope of VaxGen's Phase III studies as well as testing of AIDSVAX in combination with other vaccines under development. "We at VaxGen and NIAID share the goal of finding a vaccine to help bring an end to this epidemic. This collaborative agreement will allow us to leverage our resources and knowledge in the battle against this disease," VaxGen President Dr. Donald Francis said (VaxGen release, 8/18). Click here for previous coverage of AIDSVAX.

#7 MICROBICIDES: NONOXYNOL 9 INEFFECTIVE IN PREVENTING HIV, OTHER STDS

A study in this week's issue of the New England Journal of Medicine "challenges the popular belief that spermicides protect against AIDS and other" STDs. AP/Boston Globe reports that the study "contradicts earlier work suggesting that nonoxynol 9 is moderately effective against gonorrhea and some other sexually transmitted infections" (8/20). "The use of nonoxynol 9 vaginal film did not reduce the rate of new HIV, gonorrhea, or chlamydia infection in [a] group of sex workers who used condoms and received treatment for" STDs, the study found. Led by Ronald E. Roddy of the Durham, NC, based Family Health International, researchers "enrolled 1292 HIV-negative female sex workers in Cameroon in a double-blind, placebo-controlled study" to determine whether nonoxynol 9 was an effective microbicide as well as a spermicide. The women "were randomly assigned to [vaginally] use either a film containing 70mg of nonoxynol 9 or a placebo film" prior to intercourse. Study participants were also provided with condoms and a 90% condom use rate was reported. However, researchers found:

- HIV-infection rates in "cases per 100 woman-years" were "6.7 in the nonoxynol 9 group and 6.6 in the placebo group."
- Genital lesions occurred in "42.2 cases per 100 woman-years in the nonoxynol 9 group and 33.5 in the placebo group."
- Gonorrhea rates were "33.3 and 31.1 cases per 100 woman-years in the nonoxynol 9 and placebo groups respectively."

- Chlamydia infection rates in the nonoxynol 9 group were 20.6, compared to 22.2 cases in the placebo group (Roddy et al., NEJM, 8/20).

CONDOMS: SUBSTITUTES ACCEPTABLE

Stating that they believed microbicides would be a "welcome substitute for condoms," men from the U.S., Mexico, and Zimbabwe expressed support for microbicide use in an unrelated Population Council focus group study. In an abstract published in World Disease Weekly Plus, study authors K. Blanchard and C. Coggins stated, "In general, men were supportive of the idea of using a potential microbicide. Men in all three sites voiced concerns about possible side effects," the potential impact on fertility, and whether or not sex would remain pleasurable. The authors point out, however, that marketing of a microbicide product would have to clearly state that so far, it "would not be a substitute for condom use" (Henderson, WWDP, 8/24).

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

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

E-mail: report@kff.org

EXECUTIVE PUBLISHER: Marla Bolotsky

EDITOR-IN-CHIEF: Patricia Miller

EDITOR: Rosalee Sanchez

ASSOCIATE EDITOR: Amy Paulson

CONTRIBUTING EDITOR: Russ Walker

CONTRIBUTING WRITERS: Kathleen Donohue, Jeff Dufour, Rachel Kennedy, Allison Morgan, Adam Pasick

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-30-

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Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. email	From Daniel Zingale to Todd Summers Re: Are you around? [personal] [partial] (1 page)	08/20/1998	b(6)

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

FOLDER TITLE:
[08/13/1998 - 08/26/1998]

2018-0758-F
jn566

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

CREATION DATE/TIME:20-AUG-1998 21:22:47.00

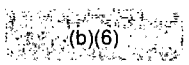
SUBJECT: RE: Are you around?

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

TEXT:
Todd --

Here's some stuff on my list for tomorrow.

[004]

Do you know 

and agree that we should hire her?

Can we confirm an AIDS Action hosted reception in the Indian Treaty Room

for Friday, Dec. 4?

Can Sandy stop by our public policy committee meeting on Nov. 9 or 10

and can she have dinner with 10 of our top NY donors at Fred Hochberg's

house in NY some night that week? Can you help us get Satcher to come

too?

Can we get the VP to visit Northwest AIDS Foundation when he's in

Seattle on Sept. 13?

How about the First Lady when she's there on Sept. 24?

Still want to see me tomorrow?

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

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

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

>Sent: Thursday, August 20, 1998 9:53 AM

>To:Zingale, Daniel

>Subject: Are you around?

>

>Are you in town now? Call me if you are! 456-2444

>

>Todd

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:20-AUG-1998 21:25:41.00

SUBJECT: Re: (no subject)

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

TEXT:
look for commetns tomorrow?

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	From Jdguzman to Todd Summers Re: Hi (1 page)	08/20/1998	Personal Misfile

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

FOLDER TITLE:
[08/13/1998 - 08/26/1998]

2018-0758-F
jn566

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

CREATION DATE/TIME:20-AUG-1998 14:20:51.00

SUBJECT: RE: Are you around?

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

TEXT:
see you at 11:00 at your place.

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

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

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

>Sent: Thursday, August 20, 1998 9:53 AM

>To:Zingale, Daniel

>Subject: Are you around?

>

>Are you in town now? Call me if you are! 456-2444

>

>Todd

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:20-AUG-1998 21:25:19.00

SUBJECT: Re: (no subject)

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

TEXT:
and this is for you!

- cdc'smon.doc========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D90]ARMSZZ000QG3F.000 to ASCII,
The following is a HEX DUMP:

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

CDC's FY 1998 HIV Prevention Budget Breakout

Total (FY 1998): 634 million

Detail (Major Programs)

Office of the Director: 42.0 million

NCHSTP: 483.8 million

Center Office: 54.8 million

DHAP-IRS: 329.0 million

DHAP-SE: 100.0 million

Chronic Diseases (DASH): 51.0 million

NCID (Labs): 40.7 million

PHPO: 8.2 million

NIOSH: 4.4 million

NCHS: 3.1 million

Others (EPO, Env., etc): >0.7 million

HIV Prevention Interventions

Within NCHSTP, there are three major cost centers: the Center office (run by Dr. Helene Gayle), DHAP – IRS (which is run by Dr. David Holtgrave), and DHAP – SE (run by Dr. Kevin DeCock). It is out of DHAP – IRS that the majority of all of CDC's HIV prevention money that is extramural and about the business of community-based HIV prevention is housed.

First of all, of the $329m within DHAP – IRS, only $17 million is used to operate the Division (which has 5 branches and a total of 226 FTEs). In other words, their administration costs are approximately 5% of their total budget within the Division.

The single largest Branch within DHAP – IRS is that which houses HIV Prevention Community Planning. This program, which was instituted in 1994, currently is funded at $268.5 million, which makes this initiative, which puts out **all** of this money through Cooperative Agreements to its 65 grantees.

The next largest program within DHAP – IRS is the Directly-funded Community-Based Organization (CBO) grant program (referred to as the 704 grantees). This program, which is lined to HIV Prevention Community Planning through a shared Needs Assessment, is a Congressionally-directed program from the late 1980s. It funds organizations which are primarily established to serve racial and ethnic communities. Its FY 1998 funding level is $18 million.

Parallel to the Directly-funded CBO program is another Congressionally-directed program, the National/Regional Minority Organization program (NRMOs). The NRMOs were created specifically to provide technical assistance to the organizations funded under the Directly-funded CBO program. The NRMO program is funded at $9.5 million.

Another $16 million (less than 5% of the total DHAP – IRS budget) funds the remaining programs, branches and activities, including the exemplary Behavioral Intervention Research Branch (FY 1998 level is $12 million).

++
+++

<u>Reviewing the Rest</u>

A sense of priority and organization seem lacking within the overall HIV prevention budget at CDC. This lack of clarity (also referred to as "accountability" and "tell us where the rest of the money REALLY is" in both Congressional and OMB language) was made all-too-clear in the FY 1999 President's Budget request where the total funding to support the Office of the Director of CDC was reduced from approximately $180 million (in FY 1998) to a proposed $159 million for FY 1999 by the Clinton OMB staff. Even more direct was the Presidential Budget Request which reduced the HIV investment into the CDC operational coffers by $2 million dollars (as explained in a footnote).

The House of Representatives, following the direction implied by the Administration, has so far level funded HIV prevention funding for FY 1999, with an explicit detail of how the level-funded $634 should be spent across three major areas: Programs @ $505 million; Administration @ $120 million; and Director's Office @ $9 million. A cursory review of the House intent and the FY 1998 actuals are off by $23 million in the HIV investment to the Office of the Director (which in the HHS Budget Justification document is referred to as "Program Support").

Although House Report Language makes clear the differentiation between the three major functions of CDC's HIV programs (Programs, Administration and the Office of the Director) it offers no direction to the manner in which it believes the moneys allocated within these three overarching areas.

Lastly, it is also saddening that while within DHAP – IRS can document its administration costs, as well as produce Budget tables which detail dollars invested by HIV prevention category (CTRPN, HE/RR), across racial/ethnic and other at-risk demarcations, this type of accountability is neither a requirement nor a quickly proffered document from any other part of CDC's HIV prevention team. Both the Budget tables quantifying HIV Prevention Community Planning have been presented at International AIDS Conferences, national HIV prevention conferences, and even to CDC's HIV prevention partners (the national HIV/AIDS organizations) the Clinton Administration, and Congress.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Peter G. Jacoby (CN=Peter G. Jacoby/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME:21-AUG-1998 17:08:26.00

SUBJECT:

Peter G. Jacoby/WHO/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 08/10/98 until 08/24/98.

I will respond to your message when I return.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:23-AUG-1998 21:59:11.00

SUBJECT: RE: VA benefit cut-off

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

TEXT:
It's all about eligibility reform - madnated by Congress. Bottom line

is that the is NO ABSOLUTE requirement to register but vets are being

encouraged to do so. There is a lot of incorrect rumors going around

that if a vet fails to register s/he will lose their eligibility for VA

services == not so! When I get back to the office I'll email more

specific details. Bopper

> ----------

> From:

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

> Sent: Friday, August 21, 1998 3:07 PM

> To: Deyton, Lawrence R. MD

> Subject: VA benefit cut-off

>

> I have received correspondence from a group in NYC asking about some

> recently enacted law that requires all vets to register at a VA

> hospital by

> 10/1/98 if they have not done so since 10/1/96. Do you know anything

> about this?

>

> Thanks!

> Todd

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:24-AUG-1998 13:24:57.00

SUBJECT: RE: VA benefit cut-off

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

TEXT:
Todd, I'll send over some hard copy of a brochure that the eligibility

folks have sent out.

Details: This is all from PL 104-262, the Veterans' Health Care

Elibibility Reform Act of 1996. The law simplifies the rules for

providing health care to veterans and has streamlined the process by

which vets can become eligible for care. The old process was apparently

quite cumbersome. The VA would like to get as many vets to go thru the

new enrollment process as possible - regardless if they think they need

VA care/services or not. IMPORTANT - A veteran may apply to enroll at

any VA facility or office at any time, in any year. There is no time

limit regarding application for enrollment.

What's your office address and I'll send over this info. Bopper

I hope you are doing well and still enjoying things.

Lawrence Deyton, MSPH, MD 202 273-8457

Director, AIDS Service 202 273-9078 fax

Department of Veterans Affairs email:

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

Washington, DC 20420

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

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

Sent: Monday, August 24, 1998 9:12 AM

To: Deyton, Lawrence R. MD

Subject: RE: VA benefit cut-off

Hi -

Any chance we can get out some kind of memo that can be released to the community to help clarify what the legislation does and does not do?

You're right about the rumors!!

Thanks,

Todd

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. email	From Eric Goosby to Todd Summers Re: Need some advice (6 pages)	08/24/1998	Personal Misfile

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

FOLDER TITLE:
[08/13/1998 - 08/26/1998]

2018-0758-F
jn566

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: Savrett (Savrett@aol.com [UNKNOWN])

CREATION DATE/TIME:24-AUG-1998 17:26:10.00

SUBJECT: HIV Vaccine Progress Announcement

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

TEXT:
Hi Todd -

In thinking more about what Clinton might be able to announce as "progress" on the HIV vaccine front, it occurs to me that it might be very useful for the Executive Office to contact the major U.S. pharmaceutical companies, and ask them for something that the President could announce.

This might generate attention within the companies to their HIV vaccine effort, and if they have something to announce, gives the companies and the HIV vaccine effort a needed boost.

The major US companies involved in HIV vaccines are:

Merck: has a Phase I trial of its DNA vaccine beginning this fall.

It could be worthwhile to start with the CEO of each company so that the request for information follows down the hierarchy, but Gordon Douglas is the President of Merck Vaccines, and thus is probably the person who would eventually be making the decision of what to announce.

American Home Products / Wyeth Lederle Vaccines:

AHP is the parent company; AHP just took over Apollon and merged their HIV vaccine efforts into the Wyeth programs; they'd probably have some progress to announce on DNA vaccine trials. Again, it might be

better to ask the CEO of American Home Products, but the coordinator of all HIV vaccine efforts is George Sibur, President of Wyeth Lederle Vaccines, at their Pearl River, NY offices.

I'd focus on those two. The other big companies are not U.S.-based (SmithKline is Belgian, and Pasteur Merieux Connaught is French), and the other U.S. companies are all really biotechs (Chiron, VaxGen, Therion, etc), so you're not creating a problem by showcasing these two.

Overall, I'm glad that you're working on this. As I said on Friday,

** It is a good thing that Clinton is looking for progress, which means that you're calling the NIH looking for progress, and therefore there is pressure to get more done.

** the purchase fund is a good idea, and it may help to increase industry involvement. Supporting it is fine.

** supporting the purchase fund and announcing a VRC Director doesn't let the President off the hook on pledges to increase industry investment and increase global commitment to vaccine research and development.

** AVAC would support another Administration announcement on HIV vaccines, but our most enthusiastic support would be not just for staffing announcements and for administrative measures of support for the World Bank, but instead for stronger announcements of specific industry commitments, specific NIH and WRAIR programs, and progress

in research and development.

** Anything you can do to emphasize to the CEO's of the major pharma companies, plus to Varmus, Fauci, Nathanson, and by extension, David Baltimore and the new VRC Director, that any progress on the HIV vaccine front would be well-received by the administration, is very helpful.

I.E. Keep the pressure on.

Thanks for calling on Friday. Are you free for lunch before the whirlwind of September hits? I haven't been back to that Japanese place on 15th Street since you, Bill, and I went there in May.

- sam

Sam Avrett, Director
AIDS Vaccine Advocacy Coalition (AVAC)
1875 Connecticut Avenue, NW #700
Washington, DC 20009
tel: 202-387-5517
fax: 202-986-1345
e-mail: savrett@aol.com

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:24-AUG-1998 13:53:03.00

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 24, 1998

POLITICS & POLICY

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#1 CALIFORNIA: Legislature OKs Exposure Bill, Reporting Law Looms

#2 ADAPS: California Budget Includes $30M For Drug Assistance Program

#3 NORTH CAROLINA: Activists Urge Funding For HIV/AIDS Medications

SCIENCE & MEDICINE

==========

#4 SPERMICIDES: New Formula May Prevent HIV Transmission

#5 POST-EXPOSURE TREATMENT: Survey Identifies Most Likely Takers

MEDIA & SOCIETY

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#6 ROLE MODELS: Modeling Agency Projects Healthy Image For Those With HIV

The Daily Report will not be published next week so that our staff may enjoy a summer vacation. We will resume publishing on Sept. 8.

POLITICS & POLICY

#1 CALIFORNIA: LEGISLATURE OKS EXPOSURE BILL, REPORTING LAW LOOMS

The California Legislature approved a bill last week criminalizing intentional HIV infection. As previously reported in the Daily Report, the measure passed the state Senate Wednesday and the state Assembly Tuesday. The bill will now go to Gov. Pete Wilson (R), who is expected to sign it. The San Francisco Chronicle reports that the bill contained provisions "weaker" than those originally introduced by state Sen. Richard Rainey (R), which would have made it illegal for a person to have "unprotected sex while knowing they were HIV positive." Under the approved version of the bill, it would be a crime to "deliberately infect" another person with HIV. "[T]he defendant would either have to admit guilt or demonstrate a

pattern of such reckless behavior" as to prove intent. The felony crime would be punishable by as many as eight years in prison.

WHO NEEDS IT?

AIDS advocates criticized the bill, saying it is "an unnecessary smear against people with the disease." Fred Dillon, state policy director of the San Francisco AIDS Foundation, "said no sane person condones infecting another with the virus, and the bill unfairly implies that society needs special protection from people who have the disease." Eileen Hansen of AIDS Legal Referral added that "the bill is unnecessary because current 'assault with a deadly weapon' statutes could be used to prosecute someone who deliberately infects another with any deadly disease." However, Cory Salzillo, a Rainey aide, contended that the law is necessary because "California judges have tossed out assault cases against men with AIDS who were alleged to have intentionally infected their girlfriends."

CA REPORTING

The Chronicle reports that the bill's passage preceded legislative debate over "the more contentious issue of reporting HIV infections to public health authorities." A bill sponsored by state Assemblywoman Carole Migden (D) -- the only legislator to vote against the HIV criminalization law -- "would establish a system of reporting HIV cases to health departments under a special code that could not be used to identify a specific patient." Hansen and other AIDS advocates hold that names-based reporting systems discourage testing. Hansen added that "a

combination of names reporting and laws that criminalize HIV infection is troubling," noting, "we've seen efforts to link the names in other states to other departments for prosecution purposes." The legislature "is expected to take up the HIV reporting bills by midweek" (Russell, San Francisco Chronicle, 8/22). Click here for previous coverage on HIV names-based reporting.

#2 ADAPS: CALIFORNIA BUDGET INCLUDES $30M FOR DRUG ASSISTANCE PROGRAM

California's new state budget, signed into law Friday by Gov. Pete Wilson (R), includes a $30 million increase for the state's AIDS Drug Assistance Program (ADAP), which provides anti-HIV drugs to people with low or moderate incomes who are either uninsured or whose insurance does not cover HIV treatments. After the increase, the program's total budget will be $122 million, which will go toward expanding the program's drug formulary by as many as 50 new drugs. According to Fred Dillon, state policy director for the San Francisco AIDS Foundation, "The Governor and the Legislature should be commended for their continued commitment to ensuring that all Californians living with HIV -- and not just those who can afford it -- have access to therapies that can prolong and improve quality of life." A release from the foundation, however, noted that AIDS advocates initially urged the governor to approve $4.2 million more to expand the ADAP formulary even further, in addition to $1 million that would have funded research on organ transplants in

people living with HIV, $15 million for housing programs and $800,000 for improved HIV testing and counseling services at family planning clinics. Dillon said, "It is extremely unfortunate that the governor did not agree with the Legislature," which approved the additional funding. He added, "These funding items would have significantly improved our state's ability to serve people living with HIV and those at risk for HIV infection" (San Francisco AIDS Foundation release, 8/21).

#3 NORTH CAROLINA: ACTIVISTS URGE FUNDING FOR HIV/AIDS MEDICATIONS

A group of North Carolina AIDS activists held a news conference Thursday at which they criticized a state House budget proposal that contains no money for the state's HIV/AIDS Medications Program, the AP/Winston Salem Journal reports. If passed into law, the activists said the proposal "would once again bankrupt" the $5.8 million program (AP/Winston Salem Journal 8/21). The Raleigh News & Observer reports that the group of activists are "advising the state on health policy for people with" HIV and have appealed to state legislators to increase funding. Since September 1997, the six-year-old program "has had to turn away all new applicants for assistance ... because of increased demand and higher costs associated with ... protease inhibitors." The program provides HIV medications to about 1,050 people with annual incomes of $8,000 or less. Daniel Reimer, chairman of the state's AIDS Advisory Council, said, "While federal support has increased from $1.3 million to $4.5

million in the last three years, state funding has increased from $200,000 in 1992-93 to $770,000." According to state AIDS policy and advisory coordinator Stephen Sherman, "$8 million in additional funding would allow the program to pay for people already enrolled during the coming 12 months and expand coverage to an additional 600 people" (Rawlins, Raleigh News & Observer, 8/21). See Daily Report coverage of an 8/18 Charlotte Observer editorial on funding for the program.

SCIENCE & MEDICINE

#4 SPERMICIDES: NEW FORMULA MAY PREVENT HIV TRANSMISSION

Scientists at the Hughes Institute have developed spermicides that may act as dual-function vaginal contraceptives that also prevent the sexual transmission of HIV. The microbicide compounds may be especially useful for women who are at high risk for contracting HIV by heterosexual vaginal transmission -- the method of contraction for more than 75% of newly reported HIV infections worldwide. In the absence of an effective prophylactic anti-HIV vaccine or antiretroviral therapy, the Hughes Institute reports that female-controlled vaginal contraceptives which curb HIV transmission and protect against sexually transmitted diseases are being sought. Published in Biology of Reproduction, the scientists' results reveal that in comparison to the spermicide nonoxynol-9, the newly synthesized microbicide compounds are 400 times more potent anti-HIV agents and at least 10 times more effective spermicidal

agents. While nonoxynol-9 has been touted as an effective spermicidal and antiviral agent for more than 30 years, its effectiveness at reducing transmission of HIV and other sexually transmitted diseases is limited. The detergent properties of nonoxynol-9 cause it to disrupt cell membranes and trigger inflammatory responses, enhancing the likelihood of HIV infection. The researchers note that the newly developed microbicides lack the disruptive properties of nonoxynol-9, while maintaining potent anti-HIV and spermicidal properties (Hughes Institute release, 8/21). Click here for past Daily Report coverage of microbicides.

#5 POST-EXPOSURE TREATMENT: SURVEY IDENTIFIES MOST LIKELY TAKERS

"About 26% of gay men plan to use antiretroviral post-exposure prophylaxis (PEP) to prevent HIV infection, according to the results of an anonymous survey" published in the August issue of the American Journal of Preventive Medicine. The survey was administered to 327 gay men attending the Gay Pride festival in Atlanta. The men who were planning to use PEP tended to be "younger, less educated, and more likely to use illicit substances and to have a history of injection drug use compared with the other subjects." These men were also more likely to have "[u]nprotected anal and oral receptive intercourse" and "multiple anal intercourse partners." Dr. Seth Kalichman of the Medical College of Wisconsin, who conducted the survey, wrote that while the men who said they were most likely to use PEP were

"characterized by factors that place them at greatest risk for HIV infection, PEP will serve its purposes best when integrated with behavioral and social interventions that prevent exposure to HIV in the first place" (Reuters/JAMA, 8/20).

MEDIA & SOCIETY

#6 ROLE MODELS: MODELING AGENCY PROJECTS HEALTHY IMAGE FOR THOSE WITH HIV

Proof Positive, a division of a California-based modeling agency, is the only company to strictly represent HIV-positive models. It is helping to spread the message that many people with HIV are active and vital, and that you can't tell someone's HIV status by their looks, the Washington Blade reports. The company's 200 models appear in ads for several pharmaceutical companies, including Roche, GlaxoWellcome, Merck and Abbot. They also appear in public service campaigns for the AIDS Action Committee, the Miller Brewing Company, The National Minority AIDS Council, the California Department of Health Services and AIDS Project Los Angeles -- most accompanied by the phrase, "All individuals depicted are HIV-positive." Founder Keith Lewis reports that he started Proof Positive seven years ago after receiving numerous client requests for HIV-positive models for advertisements targeting the HIV community. He said he found the opportunity to portray "people ... living with HIV who don't fit into the stereotype of the disease-wasted individual," too appealing to decline. He recalls his surprise at the number and

diversity of responses he received following his initial recruitment. "I didn't realize that it was affecting so many different socioeconomic groups. We met with grandfathers and single teenage women," he said. Proof Positive model Felice Jones, who contracted HIV over 14 years ago, said, "Before Proof Positive, the public's perception of people with AIDS was someone with an anorexic-looking, diseased body with sores and lesions." She said the agency promotes a more realistic representation of HIV patients. HIV-positive model Jeff Jones added, "I appear to look like the boy next door ... When people see me (in an advertisement), it tells them that anybody can have HIV." Several models also indicate a desire to reach others in the HIV positive community with an optimistic message. Model Joe Calderone emphasizes that "[t]his virus no longer makes you the social outcast it once did ... People with HIV were treated like lepers, but thankfully that's changed" (Seomin, The Washington Blade, 8/21).

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

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

E-mail: report@kff.org

EXECUTIVE PUBLISHER: Marla Bolotsky

EDITOR-IN-CHIEF: Patricia Miller

EDITOR: Rosalee Sanchez

ASSOCIATE EDITOR: Amy Paulson

CONTRIBUTING EDITOR: Russ Walker

CONTRIBUTING WRITERS: Kathleen Donohue, Jeff Dufour, Rachel Kennedy, Allison Morgan, Adam Pasick

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-30-

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:24-AUG-1998 13:25:22.00

SUBJECT: RE: Are you around?

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

TEXT:
Thanks Todd and thanks for the tour Friday. I really enjoyed spending

some time with you. I hope you'll stick around a while. Please keep me

informed of your plans and interests. DZ

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

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

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

>Sent: Thursday, August 20, 1998 6:27 PM

>To:Zingale, Daniel

>Subject: RE: Are you around?

>

>Sarah should have faxed you the WH Staff Mess menu. I've sent a message

to

>the General Counsel asking for approval (since you're paying for it). She

>also sent the business card from an independent caterer that Sandy used

for

>her women's meeting - they are supposed to be very good.

>

>See ya tomorrow.

>

>Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:24-AUG-1998 20:04:00.00

SUBJECT: Research Subcommittee Conference Call

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

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

TO: 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: 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: ngutierrez ("'ngutierrez@hcfa.gov'" <ngutierrez@hcfa.gov> [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: robinson ("'robinson@dpf.org'" <robinson@dpf.org> [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: sasser ("'sasser@hify.com'" <sasser@hify.com> [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:
Research Subcommittee Conference Call

A conference call for the Research Subcommittee has been scheduled for

Wednesday, August 26 at 10 a.m. eastern time. The number to dial at 10 a.m.

eastern time is 888- 232-0365, and the participant code is 893143.

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:25-AUG-1998 14:00:02.00

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 25, 1998

SCIENCE & MEDICINE

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#1 SPERMICIDE STUDY: Ethical Concerns Raised

#2 HIV TRANSMISSION: Risk Of Vertical Transmission Pegged At 5%

ACROSS THE NATION

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#3 FLORIDA: Federal Grants To Expand Pediatric AIDS Program

#4 TEXAS: AIDS Outreach Center Strives To Reach New At-Risk Populations

GLOBAL CHALLENGES

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#5 AUSTRALIA: Teen Campaigns For Condom Machines In School

#6 RUSSIA: Efforts To Curb AIDS Epidemic Hindered By Mafia

MARK YOUR CALENDAR

The Daily Report will not publish the week of Aug. 31. We will return Sept. 8. In the meantime, check out our word-searchable archive for any story you may have missed. Click here to link directly to the archive. Or type http://db.cloakroom.com/hivaids/archive.htm/HIV/AIDS directly onto your Web browser.

SCIENCE & MEDICINE

#1 SPERMICIDE STUDY: ETHICAL CONCERNS RAISED

The three-year, $4.7 million study involving 1,800 women in 11 cities that will test "over-the-counter spermicides as a primary method of contraception for women" is "complicated by technical and ethical questions," the San Antonio Express-News reports. At a Food and Drug Administration advisory panel meeting on spermicides held two years ago, "ethical concerns were raised over requiring women in the study to use only spermicides." It was argued that "[s]ince so few women currently use spermicides alone, it could require some to give up at least a component of their regular contraceptive method." An FDA spokesperson "who asked not to be identified," said, "One of the challenges of spermicides is that nobody really recommends

they be used alone. So determining their effectiveness beyond a condom, or beyond whatever additional birth control method you're trying to measure, is difficult." The Institutional Review Board at the University of Texas Health Science Center has also raised concerns, despite its approval of San Antonio's participation in the study. Dr. Robert Schenken, professor of obstetrics and gynecology with the center, said study volunteers will be given "'morning-after' pills on request as a back-up method" and "will not be excluded if their partner wears a condom." In addition, they "will be told that studies indicate on average that 17% of women using spermicides alone will become pregnant within six months." Schenken said, "The fact is though that we don't know how effective it is. There are some studies out there that show with conscientious use of the product in every act of intercourse, the efficacy can be very good -- almost on par with other contraceptives." He said his center's clinic "will not provide abortions to volunteers who become pregnant ... although that will remain an option for them elsewhere." Cindy Pearson of the National Women's Health Network in Washington, D.C., said, "So is it ethically wrong to invite women to be in a study which by design says this is your only contraceptive? No. Because there are some women who make that choice" (Finley, San Antonio Express-News, 8/21).

#2 HIV TRANSMISSION: RISK OF VERTICAL TRANSMISSION PEGGED AT 5%

French researchers have determined that the long-term risk

of HIV transmission from seropositive mothers to breast feeding infants is "substantial" -- approximately 5% of infants in developing countries with HIV-positive women are infected. In a study in the Lancet, lead researcher Valeriane Leroy and her team looked at data from eight studies, four from developed countries and four from undeveloped countries, that "followed infants born to HIV-1 positive women." Reuters/JAMA reports the investigators found that "[l]ess than 5% of the 2,807 children ... from industrialized countries were breast fed ... and no HIV-1 infection was diagnosed." Conversely, in undeveloped countries, "breast feeding was the norm," and "late postnatal transmission [of HIV] occurred in 49 (5%) of 902 children." Calculating that the risk of HIV infection via breast milk was 3.2 per 100 child-years of breast feeding, they estimated that "if breast feeding had been halted by four months, no HIV-1 transmissions would have occurred." If breast feeding had been halted at six months, "only three HIV-1 transmissions would have occurred." However, forgoing breast feeding in undeveloped countries can raise many problems due to unaffordability of formula and a lack of potable water. The study concludes, "the risk of acquisition of HIV-1 through long-term breast feeding may outweigh its benefits in populations with high prevalences" (Reuters/JAMA, 8/21). The research team notes that "[a]voidance of breast feeding by HIV-1 infected women is recommended [only] if safe and affordable alternatives are available, a practice reinforced by the World Health Organization, UNICEF and UNAIDS (Reuters/Pathfinder, 8/21).

ACROSS THE NATION

#3 FLORIDA: FEDERAL GRANTS TO EXPAND PEDIATRIC AIDS PROGRAM

The University of South Florida College of Public Health will receive $880,000 in federal grant money for 1998-99 to expand its Tampa Bay Pediatric AIDS Project to three additional counties and "extend [the program's] medical and social services," the Tampa Bay Business Journal reports. USF can then apply to renew the federal grants for "a minimum of $1.14 million in 1999-2000 and $1.3 million in 2000-01." According to principal investigator and USF public health professor Jay Wolfson, the pediatric program supplies "a broad scope of community-based, case-managed services to families -- mostly to kids, moms and adolescents." It received $750,000 in Ryan White Title IV funding last year to expand to three counties. The program began five years ago with service to two counties. Department of Health and Human Services Secretary Donna Shalala said the federal grants, announced August 7 and totalling $17.5 million (see Daily Report, 8/10), aim to "address HIV/AIDS in underserved areas, and racial and ethnic minority communities, providing critical health and dental services, support services and access to research opportunities." Elsewhere in Florida, the University of Florida received a first-time Title IV grant of $242,194, and HIV/AIDS dental reimbursement grants went to the University of Miami/Jackson Memorial Hospital ($251,882), the Dade County Dental Research Clinic ($16,543) and the University

of Florida School of Dentistry ($47,287). The Business Journal reports that the Tampa Bay area "has one of the highest pediatric HIV infection rates in the United States" (Shepherd, Tampa Bay Business Journal, 8/24).

#4 TEXAS: AIDS OUTREACH CENTER STRIVES TO REACH NEW AT-RISK POPULATIONS

Fort Worth's AIDS Outreach Center is "mobiliz[ing] to handle the new at-risk generation" of individuals with HIV/AIDS, the Ft. Worth Star-Telegram reports. Interim Executive Director Mike McKay, who is also the center's director of education and public policy, "said he is prepared to take an in-your-face approach, laced with the unvarnished truth about sex and HIV, to reach at-risk people." He said, "Ten years ago, people were coming into the AIDS Outreach Center basically to die. AIDS was a death sentence and our job was to hold their hands and try and see them through that death process." Now, with life-prolonging AIDS drugs available, the center, open since 1988, "helps people live." The Star-Telegram reports that the center's client base "is a mix of old and young, black and white, single and married, professional and blue-collar, homosexual and heterosexual." The majority of clients earn under $10,000 a year; 47% identify themselves as heterosexual while 43% are homosexual, according to McKay. The revised outreach strategy will attempt to reach the newly emerging populations of HIV-positive individuals in part through direct mailings to African-Americans. "Victims of HIV and AIDS are also getting younger, and the disease appears to be

out of control in the African-American community," McKay said. Last year, the AIDS Outreach Center educated 32,000 people "about the HIV epidemic" through visits to prisons, nursing homes, health fairs and elementary schools. The group also provides legal assistance to clients on issues ranging from civil rights to confidentiality and adoption. The Ft. Worth Star-Telegram reports that representatives of the AIDS Outreach Center "were selected last month to serve on the governing board of AIDS Action." The appointment serves as "evidence" of the "center's efforts to keep up with the wave of change among its clients" (Craig, Ft. Worth Star-Telegram, 8/23). The AIDS Outreach Center is located at 801 W. Cannon Ave., Fort Worth, TX. To contact them call (817) 335-1994.

GLOBAL CHALLENGES

#5 AUSTRALIA: TEEN CAMPAIGNS FOR CONDOM MACHINES IN SCHOOL

The town of Moe in Gippsland, Australia, is divided over 15-year-old Leigh Gatt's request for condom vending machines in his high school. The Australian Herald Sun reports that surveys in the community show that over 90% of students and more than 60% of parents support the idea of putting the coin machines in the "Year 11 and 12 toilets." But despite the community's support, national Education Minister Phil Gude "backs the policy banning the machines from state schools." In addition, a group of "conservative parents have ... threatened to remove their children from the Gippsland school if the machines appeared."

Gatt, who has "vow[ed] to continue his campaign," said, "People know that kids in Year 8 are already buying condoms at local shops. But there are a lot kids who are too shy to buy them at a shop. If condoms were available at school, it would encourage safe sex." School Council President Ron Boskma "said the issue was discussed at meetings for several months" but that "the idea was dropped because the school was not prepared to become a trailblazer" (Australian Herald Sun, 8/24).

#6 RUSSIA: EFFORTS TO CURB AIDS EPIDEMIC HINDERED BY MAFIA

"The spread of Russia's mafia during the nation's transition from state socialism has been a major factor in the spread of AIDS," said Elena Pyroyshkina, Moscow's program director of AIDS InfoShare, in a presentation this summer at the 12th World AIDS Conference. Vaccine Weekly reports that Pyroyshkina said the "Russian Mafia" disrupts AIDS prevention and education efforts because it perceives such efforts will interfere with the drug trade. She charged that the "crime bosses have gone so far as to demand lists of infected individuals." The Russian government, meanwhile, "turns a blind eye" toward both organized-crime activities and AIDS prevention, she said. Non-government organizations are therefore on their own to fight the epidemic, but their numbers are few since "NGOs were not possible in the USSR;" the first one came about in 1989. She noted that in the past seven years, 50 AIDS organizations have developed throughout the country and that while "this number marks significant progress," the organizations must work hard to establish grass

roots influence and "attract the attention of policymakers."

PRE- AND POST-USSR COLLAPSE

Although the collapse of the Soviet Union coincided with increased public awareness of HIV, the health care system was left without an organizational structure to combat the epidemic, Pyroyshkina said. Under the Soviet state, the government treated HIV as a "political and medical problem"; groups such as surgeons, pilots and sailors were required to routinely undergo testing at AIDS clinics. Pyroyshkina said, "In this manner, all responsibility was taken from the people, along with many of their rights -- those who were found to be infected would be identified by the state, and the rest of the population could be sure that there was no danger of infection among them." Under this policy, the government controlled the epidemic in such a way that there was little need to educate the population about the virus. Under the transition to capitalism, however, Pyroyshkina said, "neither care nor patients' rights have improved in an environment where patients lack assurances of confidentiality and do not have a voice in their testing or treatment" (Dingman, Vaccine Weekly, 8/24). Click here to read past Daily Report coverage of HIV/AIDS in Russia.

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

E-mail: report@kff.org

EXECUTIVE PUBLISHER: Marla Bolotsky

EDITOR-IN-CHIEF: Patricia Miller

EDITOR: Rosalee Sanchez

ASSOCIATE EDITOR: Amy Paulson

CONTRIBUTING EDITOR: Russ Walker

CONTRIBUTING WRITERS: Kathleen Donohue, Jeff Dufour, Rachel Kennedy, Allison Morgan, Adam Pasick

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-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:25-AUG-1998 14:03:54.00

SUBJECT: Re: Needle article

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

TEXT:
How quickly do you need it? I can have Rich's office fedex you the

whole journal if you'd like, or do you need a fax today?

_____ Reply Separator

_____

Subject: Needle article

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

Date: 8/25/98 9:49 AM

Can you get me a copy of this?

"HIV Prevention With Drug-Using Populations--Current Status and

Future Prospects: Introduction and Overview"

Public Health (06/98) Vol. 113, Supplement 1, P. 4; Needle,

Richard H.; Coyle, Susan, L.; Normand, Jacques; et al.

Dr. Richard H. Needle and colleagues at the National Institute on

Drug Abuse provide background information and synopses on

articles appearing in a special supplement of the Journal Public

Health focusing on HIV prevention in drug-using populations. The

journal focuses on and is organized into five sections: community-based outreach risk reduction, needle exchange programs, drug treatment as HIV prevention, network strategies for HIV prevention, and the effectiveness of implementing HIV prevention strategies in other countries. Several of these articles will be featured in upcoming NCHSTP daily news updates. Four studies investigate community-based outreach programs, including a review of street-based interventions and risk behavior change, the impact of peer-intervention on HIV behaviors for out-of-treatment crack cocaine users and intravenous drug users, and education program effectiveness on the modification of risk behavior in a population of drug users in India. There are also four studies that examine needle-exchange programs in preventing HIV and AIDS among IDUs. Other studies investigate the use of drug treatment as a tool to prevent the spread of HIV. These range from literature reviews to the validity and efficacy of methadone maintenance treatment. The authors also discuss studies focusing on network strategies among the IDU community for the control of HIV. As a whole, the journal addresses questions concerning what has been implemented and what is effective in preventing the spread of HIV among IDUs.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:26-AUG-1998 21:41:17.00

SUBJECT: RE: Todd: I just called Valdiserri! Thanks, David

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

TEXT:
great! and thanks for the call today. It was very productive. I have

already sent Helene an email summarizing it. I should be back to you

shortly! Thx, David

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

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

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

> Sent: Wednesday, August 26, 1998 4:01 PM

> To: Holtgrave Ph.D., David

> Subject: Re: Todd: I just called Valdiserri! Thanks, David

>

> I talked to Ron - he said that he's talked to folks about it but the

issue

> is not lack of interest, it's lack of resources. I suggested a meeting

> with HRSA SPNS director and y'all at CDC to talk about it. I also

> mentioned that there is enough interest with Congress that an earmark

> might

> be pushed, and it would be better to preempt that with action. He thinks

> the meeting's a good idea - I'm to get back to him after I find out who

at

> HRSA runs SPNS now - Doug or Joan? - and then we'll set it up.

>

> Thanks for the time earlier!

>

> Todd

>

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. email	From Jarret Yoshida to Todd Summers Re: Hey (2 pages)	08/26/1998	Personal Misfile

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

FOLDER TITLE:
[08/13/1998 - 08/26/1998]

2018-0758-F
jn566

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. email	From Eric Goosby to Todd Summers Re: Title I and AIDS czars meeting [personal] [partial] (1 page)	08/26/1998	b(6)

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

FOLDER TITLE:
[08/13/1998 - 08/26/1998]

2018-0758-F
jn566

RESTRICTION CODES

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

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

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

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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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: EGoosby (EGoosby@osophs.dhhs.gov (Eric Goosby) [UNKNOWN])

CREATION DATE/TIME:26-AUG-1998 18:52:54.00

SUBJECT: Re: Title I and AIDS czars meeting

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

TEXT:
with John Pal coming I don't see the need for Earl or Joan. (b)(6)

[008]

(b)(6)

Marsha and Deb should also be formally invited.

You may want to see if VP could do a walk by at the lunch or whatever.

Eric

_____ Reply Separator

Subject: Title I and AIDS czars meeting

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

Date: 8/26/98 11:36 AM

Sandy has been asked by Phill Wilson to host a meeting on 9/14 in the morning with Title I administrators and city AIDS czars (there are about 15 of them). The meeting will be both a networking opportunity for these folks
and a chance for them to talk to us about Ryan White reauthorization, perhaps offering some suggestions on ways to engage the cities in the process.

Joe is apparently in Montreal, so he won't be able to attend. Doug Morgan has a meeting scheduled, but his secretary is seeing if it can be changed so he can attend. I've also asked John Palenicek to come.

I think it would be good to have you there. Shelly has tentatively put it on your calendar.

Anyone else? Do you think Dr. Fox should be asked? Joan? I don't want too many folks, but it would be good politics for us to show receptivity to their input.

We're think that the meeting will go from 10:00 to 1:30, with a lunch included.

Lemmie know!

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:26-AUG-1998 13:56:44.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Wednesday, August 26, 1998

SCIENCE & MEDICINE

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#1 NEW TREATMENT: 'Bold' HIV Treatments Appear To Eliminate Hidden Viral Pools

POLITICS & POLICY

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#2 CONGRESS: House Stalls Action On Labor-HHS Appropriations Bill

CAMPAIGN '98

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#3 ALASKA: GOP Chooses Conservative To Oppose Knowles

IN THE COURTS

==========

#4 GEORGIA: HIV-Infected Woman Indicted For Failing To Notify Partner

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SCIENCE & MEDICINE

#1 NEW TREATMENT: 'BOLD' HIV TREATMENTS APPEAR TO ELIMINATE HIDDEN VIRAL POOLS

Five HIV patients in two separate studies taking a "bold" new combination of antiretroviral drugs and immune-system stimulators "appear to have cleared all HIV viruses from their bodies," Newsday reports. In one study, conducted by Dr. Anthony Fauci and Dr. Clifford Lane of the National Institute of Allergy and Infectious Diseases, interleukin-2 was used to "wake up" the immune systems of patients and drive the virus "out into the open to be assaulted by the antiviral drug cocktails." The process "deliberately" makes patients very sick, but may hold the key to

flushing out the last stubborn reserves of HIV. Newsday reports that "[t]hree of the patients' results were so promising that culture analysis of more than 300 million white blood cells revealed no HIV. The other 10 continued to do well, but culturable viruses were found."

RESERVED MEDICAL JUDGEMENT

Expressing "[c]autious optimism," Fauci, director of NIAID, said, "This does not imply, nor does it prove, that we have eradicated anything." He added, "We don't know if this is clinically relevant." However, Dr. Joep Lange at the University of Amsterdam, The Netherlands, performed a similar study and found nearly identical results. The major difference was that in his study, the patients were given "five anti-HIV drugs at once" after the immune system was activated. "He also hospitalized the young men and infected them with lab-engineered monoclonal antibodies" to further provoke an immune system response. In two of the three patients who received this treatment, "attempts to induce virus production in lab samples of these patients' cells proved impossible." Lange, too, expressed cautious optimism. "There's still many things that are unclear," he said, adding, "I don't think anyone can declare a patient cured." Dr. Giuseppe Pantaleo of the Hospital Beaumont in Lausanne, Switzerland, said, "The only way to know whether such radical treatments are eliminating HIV is to stop the treatment cold," which the NIAID's Lane said he intends to do in some patients (Garrett, Newsday, 8/25). Click here for previous coverage of latent HIV viruses.

#2 CONGRESS: HOUSE STALLS ACTION ON LABOR-HHS APPROPRIATIONS BILL

The $82 billion Labor-HHS Appropriations bill may prove to be the "chief obstacle" that keeps Congress in session past its targeted adjournment date and could potentially lead to a government shutdown due to controversial funding restrictions for abortion, policy riders on parental notification for minors' contraception use and a ban on federally funded needle-exchange programs. With this year's tight budget restrictions, the Washington Post reports, Appropriations Committee Chair John Porter (R-IL) determined to shore up support among conservatives rather than report a more moderate bill out of committee. The result is that the challenges are coming from Democrats rather than conservative Republicans, as is usually the case. House members chose to delay the inevitable controversy by leaving town for the August recess rather than determine procedural rules for floor consideration. "If the bill is stalled over issues such as birth control, it could put the entire budget process in jeopardy," the Post reports.

FLOOR FIGHT!

Sheila Moloney, executive director of the Eagle Forum, "has made her mark" on the Labor-HHS Appropriations bill by "putting pressure on lawmakers to impose new restrictions on birth control for minors and abortion in federal health plans." According to the Post, Moloney lobbied key Republican committee members to

ensure the family planning language would pass for the first time. Now, the Istook amendment, which requires "federally funded family planning clinics to give parents five days' notice before providing their daughters with birth control assistance" is proving to be a sticking point. Moloney "acknowledges," however, that U.S. Rep. Nita Lowey (D-NY), who wants to modify the amendment on the House floor, is a "tough opponent." The Post reports that Lowey "will be leading the effort to defeat the amendment on the floor with the aid of moderate Republicans." Lowey said, "Even in an Ozzie and Harriet family, not every young person wants to go to one's parents and say, 'I'm sexually active or about to become sexually active. Could you please sign here?'" The Post notes that the controversy over the legislation "highlights the two parties' different approaches to the question. ... But with both sides unyielding on the rules for bringing the measure to the floor, the House ... must now rush to finish it in September" (Eilperin, Washington Post, 8/26).

CAMPAIGN '98

#3 ALASKA: GOP CHOOSES CONSERVATIVE TO OPPOSE KNOWLES

In Alaska's gubernatorial primary yesterday, "three conservative Republicans vied ... for the right to challenge Gov. Tony Knowles (D)" (Bacon, USA Today, 8/26). With a record-low turnout of only 21%, GOP voters chose John Lindauer, a pro-life "former university administrator and one-time state legislator who spent more than $800,000 of his own money" to campaign. With

91% of precincts reporting, Lindauer had a solid 23% of the vote, with opponents state Sen. Robin Taylor and attorney Wayne Ross at 17% each. Taylor said, "It's pretty obvious what's occurring. Ross and I split the conservative vote and Lindauer had the money to buy the media." Lindauer is expected to give the pro-choice Knowles a decent fight in November. He said, "I'm not surprised I won. It confirms what I've said all along, that Tony Knowles is in serious trouble." Lindauer won against an opponent who "supports the death penalty, opposes same-sex marriage and believes that intentional transmission of the virus that causes AIDS should be a felony." Knowles easily won the right to defend his office, taking 35% of the vote against two challengers (Ruskin/Kowalski, Anchorage Daily News, 8/26). In other primary news, pro-life Gov. Frank Keating (R) "claimed renomination" in yesterday's Oklahoma primary after running unopposed (USA Today, 8/26).

IN THE COURTS

#4 GEORGIA: HIV-INFECTED WOMAN INDICTED FOR FAILING TO NOTIFY PARTNER

For the first time since a state law that "requires people with HIV to notify their partners before sexual contact" was enacted, a Georgia woman yesterday was indicted on a felony reckless conduct charge for failure to inform a sexual partner of her HIV status, the Augusta Chronicle reports. If convicted for violating a law "that some argue is discriminatory," North

Augusta resident Amy Johnson could face ten years in prison. Richmond County Sheriff's Investigator Kenny Lynch said, "The law is very straightforward. It is the responsibility of the person with the disease [to disclose HIV status]." But Johnson contends that her partner bears a responsibility to inquire about her HIV status before sexual contact. Georgia's law is considered "unequal treatment under the law" for HIV-positive people by the American Civil Liberties Union. Matt Coles, director of the ACLU's AIDS Project, contends, "We should treat all kinds of conduct the same way." The Augusta Chronicle notes, however, that Georgia is one among several states requiring notification. In Indiana, those infected face 180 days in jail for failure to notify past and present partners, and Texas law requires health care providers to notify partners of individuals who test positive for HIV, "regardless of whether the partners already know." Similarly, in Michigan, patients who fail to notify partners are referred to the state's health department and the agency ensures partner notification (Gourley, The Augusta Chronicle, 8/26). Click here for previous coverage of HIV notification.

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

E-mail: report@kff.org

EXECUTIVE PUBLISHER: Marla Bolotsky

EDITOR-IN-CHIEF: Patricia Miller

EDITOR: Rosalee Sanchez

ASSOCIATE EDITOR: Amy Paulson

CONTRIBUTING EDITOR: Russ Walker

CONTRIBUTING WRITERS: Kathleen Donohue, Jeff Dufour, Rachel

Kennedy, Allison Morgan, Adam Pasick

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