

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From Jdguzman to Todd Summers Re: Hi (1 page)	08/26/1998	Personal Misfile
002. email	From Jdguzman to Todd Summers Re: Hi (1 page)	08/26/1998	Personal Misfile
003. email	From NCIH HIV/AIDS Program to Many Recipients Re: Fwd: Some fun for today (4 pages)	08/26/1998	Personal Misfile
004. email	From Jarret Yoshida to Todd Summers Re: Hey (2 pages)	08/27/1998	Personal Misfile
005. email	From Jarret Yoshida to Todd Summers Re: Hey (4 pages)	08/27/1998	Personal Misfile
006. email	From Wmsnow@aol.com to Many Recipients Re: A New Leaf (4 pages)	08/27/1998	Personal Misfile
007. email	From Jarret Yoshida to Todd Summers Re: Hey (1 page)	08/27/1998	Personal Misfile
008. email	From Jarret Yoshida to Todd Summers Re: Hey (1 page)	08/28/1998	Personal Misfile
009. email	From Suzibeach@aol.com to Todd Summers, Deborah vonZinkernagel Re: Fwd: FW: A horrible rumor [personal] [partial] (1 page)	09/08/1998	b(6)
010. email	From Matt Florence to Todd Summers Re: Some help, please (1 page)	09/11/1998	Personal Misfile
011. email	From Jacquie Lawing to Todd Summers Re: Hi [personal] [partial] (2 pages)	09/14/1998	b(6)

COLLECTION:

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

FOLDER TITLE:

[08/26/1998 - 09/15/1998]

2018-0758-F

jn567

RESTRICTION CODES

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

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

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]
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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]

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

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012. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	09/14/1998	b(7)(C), b(7)(F), b(6)
013. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	09/14/1998	b(7)(C), b(7)(F), b(6)
014. email	From B11WDC-OV08B.os.dhhs.gov to Todd Summers Re: Undeliverable Message (2 pages)	09/15/1998	Personal Misfile
015. email	From Mary Beth Donahue to Todd Summers Re: Dinner with Jacquie (2 pages)	09/15/1998	Personal Misfile

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:26-AUG-1998 18:23:00.00

SUBJECT: New Research Subcommittee 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: 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 Calls

The following conference calls have been scheduled for the Research Subcommittee. All calls are scheduled for 10 a.m. eastern time and the dial-in numbers for each is 888-232-0365, and the participant code is 893143.

Tuesday, September 8	10 a.m. EST
Monday, September 14	10 a.m. EST
Friday, September 18	10 a.m. EST
Thursday, September 24	10 a.m. EST
Thursday, October 1	10 a.m. EST

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.

An updated call schedule is at the end of this fax. Please note that I will be out of town next week. If you have any conference call related questions, please contact Andrea Hall.

Presidential Advisory Council on HIV/AIDs

Conference Call Schedule

August 26, 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

* Tuesday, September 8 10 a.m. EST

* Monday, September 14 10 a.m. EST

* Friday, September 18 10 a.m. EST

* Thursday, September 24 10 a.m. EST

* Thursday, October 1 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: JPalenicek (JPalenicek@osophs.dhhs.gov (John Palenicek) [UNKNOWN])

CREATION DATE/TIME:26-AUG-1998 17:09:22.00

SUBJECT: Re:Meeting on 9/14

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

READ:UNKNOWN

TEXT:

I am available on the 14th. I see if Joan is available and will discuss

it with

Doug. I concur with the fewer the better. Let me know the "wheres and

times"

when set.

Reply Separator

Subject: Meeting on 9/14

Author: Todd_A._Summers@opd.eop.gov

Date: 8/26/98 11:34 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 has a meeting scheduled, but his secretary is seeing if it can be changed so he can attend. I think it would be good to have you there. 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

Received: from smtp.psc.dhhs.gov ([158.72.7.77]) by boris.psc.dhhs.gov
with SMTP

(IMA Internet Exchange 3.01 Enterprise) id 00009C5F; Thu, 27 Aug 98

11:41:48

-0400

Received: from gatekeeper.eop.gov by smtp.psc.dhhs.gov (LSMTP for Windows
NT

v1.1a) with SMTP id <0.FD1F3150@smtp.psc.dhhs.gov>; Wed, 26 Aug 1998

11:38:04

-0400

Received: from lngate2.eop.gov by gatekeeper.eop.gov;

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

id AA19523; Wed, 26 Aug 1998 11:34:46 -0400

Received: by LNGATE2.EOP.GOV(Lotus SMTP MTA SMTP v4.6 (462.2 9-3-1997)) id

8525666C.00558D55 ; Wed, 26 Aug 1998 11:34:27 -0400

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: jpalenicek@hrsa.dhhs.gov

Message-Id: <8525666C.0055308D.00@LNGATE2.EOP.GOV>

Date: Wed, 26 Aug 1998 11:34:29 -0400

Subject: Meeting on 9/14

Mime-Version: 1.0

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

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 19:30:39.00

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

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

READ:UNKNOWN

TEXT:

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jn567

RESTRICTION CODES

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

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

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.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:27-AUG-1998 21:49:23.00

SUBJECT: my e-mail to helene

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

READ:UNKNOWN

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

READ:UNKNOWN

TO: DvonZinkernagel (dvonzinkernagel@osophs.dhhs.gov [UNKNOWN])

READ:UNKNOWN

TEXT:

hey gang:

here is what was sent to helene.

mike

+++++

helene:

thank you for geting the r&r to me.

here are my comments, but first a general observartion-- this document is

far

better than the version i was released (which i guess was perhaps version

1?)

and i think that with a few major and a few minor adjustments that we would

have an r&r that would be both scientifically sound and politicaly feasible

within and even outside of the political arena we currently are playing

in...

i'll start with technical recommendations and then a few more global comments/critiques..

1. i know this may sound minor, but in a few places in the document, cdc asserts that HIV surveillance is an extension of AIDs case surveillance. i would (again) suggest that we say <as a complement to> becuae otherwise, since AIDS surveillance is by name, then anythign in extension of a name-based system IS BY DEFAULT a name-based system.

2. i would again challenge cdc's assertion that unpublished data, the HITS/APS data, is either scientifically valid in this document or relevant absent scientific citation of the six published data on deterrence and name-based systems. if cdc cites the presentation in geneva as a scientific veting of this data, it needs to be quite accurate what the data from geneva was all about -- the question asked was NOT about name-systems ad deterrence, but ?why do people seek or not seek testing? which is substantively different than the assertions drawn from the HITS data. this is THE achilles heel section of the entire r&r helene. i believe cdc makes the case for expansion WITHOUT relying

upon data that as you and i both know, further analyses do not coincide with what we have publicly been told about the data, etc. since we can't, in your own words, this data to say more than it can, let's not then use it if it becomes a lightning rod for dissent. we can justify hiv surveillance (regardless of type employed) without using this data. i strongly recommend doing so (omitting the sections that rely upon the HITS data).

3. PLEASE strike the reference to Medicaid in the evaluation section. i have asked this before and obviously to no end benefit. but again, using medicaid neither gives a representative sample and does NOT reflect (as was cited in the NY Times) the real face of poverty in the US (coincidentally, the same socioeconomic strata HIV is devastating...).

4. I FULLY SUPPORT THE DOUBLE-LOCK SYSTEM, but am puzzled why CDC is only providing states this as "an option." the double lock should be required, not just for the sake of secure data, but also for the message this system sends to everyone involved. it would signal, de facto, CDC's ability to hear valid concerns about privacy and confidentiality and to respond with an innovative,

effective and MANDATORY system. otherwise, the double lock LOOKS like a gesture, a throw-away. it needs to be one of the requirements. i feel VERY strongly here on this as it sends either a god message or dismisses, in more than a tacit way, the real issues about the safety of the data.

4. FINALLY, i see explicitly mentioned the issue of concurrence and the use of surveillance data, by linkage, to other prevention programs. this is good, very good.

5. late in the document, CDC reverts back to the original pattern of listing the partners who agreed with their position (i am speaking directly to the section on "HIV and AIDS Surveillance Practices"). it is irrelevant what several trade associations believe and support IF CDC only re-presents those organizations who are on their side. this need to list seems petty and, actually, irrelevant to the document. if nastad wanted every state aids director to paint their computers blue as part of their position on surveillance, would that also be noted? i know this sounds odd, but it is another trigger for dis-ease in reading the document. it frankly is CDC's document. cdc is positing a position, based on science and its belief. that is ALL that this should be, a technical guidance to the jurisdictions, not

a

detailing of those bodies, trade associations and others who condone the official CDC policy. why throw gasoline on a fire here? since it adds NOTHING

of substance to the document, it should be deleted.

6. i still believe that while the performance criteria defy explanation

(why

does the guidance offer so little in terms of rationale as to these

benchmarks? -- another achilles heel), i am happier that cdc has a

phase-in

plan for ALL jurisdictions to meet these mythical levels of performance.

but

we need to be clear -- cdc's response to why 85% has to be better than

either

"because we do not want to dumb down our data" or some equally

non-compelling

excuse. since the criteria lack scientific justification for these levels,

expect them to be challenged, and NOT just by community folks.

7. LASTLY, helene, i need to say that while the phrase is "advises"

names, it

is as good as stating an unequivocal. i do NOT like the choice of words

and

still contend that this document should have NO OPINION as to which method

is

employed by the grantees in establishing its HIV surveillance system. the

document is NOT compelling enough to warrant a decree that ALL states must do

this by name, and the efficiency argument is neither compelling nor a really

good public health argument (not all public health activities that are good are based in an efficiency theory). CDC could present a fair balanced R&R and

NOT ADVISE, RECOMMEND, URGE, ENCOOURAGE, or posit a BELIEF in names, Uls or codes and still have a good and valid document which will guide the states and

localities. hell, since you KNOW that NOT saying names STILL means that most

of the states will do names, why the need to say something that is just, frankly, an opinion of cdc? and an opinion that is not universally supported?

i will tell you that, along with the HITS stuff, this is the single most damaging word and line in the R&R which is drastically better than the earliest version(s). cdc is much too smart to fall on this sword out of whatever reasoning it has. i strongly urge you to drop this line and revert

back to a clear explanation of the criteria and the ability to get TA and the

act that no matter if you do names or codes or jelly beans, you will all be evaluated against the same criteria.

so, there is my review.

comments? when is the next draft to be done? and timeline?

thanks for allowing me comment helene.

xoxo

mike

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:27-AUG-1998 13:52:32.00

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 27, 1998

IN THE COURTS

=====

#1 HIV EXPOSURE: Civil Damages Awarded In Non-Disclosure Case

GLOBAL CHALLENGES

=====

#2 BURMA: AIDS Epidemic 'Runs Rampant'

#3 SOUTH AFRICA: High HIV And STD Rates Among Truckstop

Prostitutes

PUBLIC HEALTH & EDUCATION

=====

#4 PEP: Gay and Lesbian Medical Association To Discuss

Application

ACROSS THE NATION

#5 FLORIDA: HIV Clinics Shift Focus To Families

MEDIA & SOCIETY

#6 ASKING ALICE: Popular Sex Information Website Now A Book

#7 POLICY.COM: Focuses on Sexuality This Week

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://www.kff.org> directly onto your Web browser.

IN THE COURTS

#1 HIV EXPOSURE: CIVIL DAMAGES AWARDED IN NON-DISCLOSURE CASE

People with HIV can now "be held civilly liable if they don't warn a sex partner in advance" that they are HIV positive, The Recorder's daily legal briefing Cal Law reports. On Aug. 3, a San Francisco federal court "held San Francisco resident Alan Louie liable for sexual battery for not telling then-lover Mychael Robinson that he had HIV before engaging in unprotected

sex at least four times." U.S. Bankruptcy Judge Dennis Montali fined Louie \$25,000 in civil damages, "even though tests have proven that Robinson didn't contract HIV," and awarded it to Robinson for "suffering an intentional assault and for the fear Robinson experienced during the six-month, post-exposure period in which he didn't know whether he had caught HIV." According to Lambda Legal Defense and Education Fund attorney Jon Davidson, however, Judge Montali misapplied California case law, *Kerins v. Hartley*, in penalizing Louie. Under the precedent set by the 1994 case, in which an appeals court "rejected emotional distress damages for a woman who underwent surgery with a doctor she later learned had HIV," Davidson argued that "you'd have to prove it's more likely than not that you're going to be infected." Considering the "few intimate contacts" between Louie and Robinson, he said this is a standard "Robinson would be hard pressed to prove." Not so, said Robinson's attorney, Waukeen McCoy, who argued that "[t]here's a big difference between *Kerins*, in which a surgeon 'took all the precautions that were necessary,' and Louie, in which two men 'were having high-risk, unprotected sex'" (McKee, Cal Law, 8/25).

GLOBAL CHALLENGES

#2 BURMA: AIDS EPIDEMIC 'RUNS RAMPANT'

Burma "has one of the world's fastest growing HIV epidemics," yet few in the country have acknowledged the rapid spread of the disease or taken steps to contain it, *Earth Times*

reports. "AIDS runs wild in prison" and "across the country."

According to the UN, there are some 440,000 cases of HIV in the country, but health officials suspect that figure is too low. In fact, pinpointing the exact size of the epidemic remains one of the greatest obstacles to fighting it, as the "government won't release figures and health workers are afraid to speak freely, leaving the task to international agencies." In fact, "[a]s recently as 1996, the government claimed there were 13,773 people with HIV in the country," and even now it completely denies the existence of prostitution, although an estimated 21% of Burma's prostitutes are HIV-positive, the third highest rate in Asia.

CONFOUNDING FACTORS

According to the International Center Against Censorship, "political isolation, ethnic conflict and censorship are encouraging the spread of HIV." Because of the nation's "devastated economy," many young men have migrated to Thailand, where they become infected with HIV through contact with prostitutes "and then ... carry HIV back home with them." In addition, estimates of the number of heroin addicts in Burma range from 500,000 to one million. An astounding 72% are believed to be HIV positive -- because clean needles are almost impossible to get -- and "[i]n some areas, the figure is as high as 95%, the highest in the world." Earth Times reports that "[s]exual contact with drug users ... has spread HIV into the general population." And while "heterosexual contact has become the most common form of transmission ... there are also indications that the infection rate may have reached 30 to 40%

among homosexuals." The nation's health care system itself may also be fueling the epidemic, as surgical equipment is routinely reused, disinfectants are diluted and up to a third of the country's blood supply is not screened for HIV. In addition, the dismantling of the country's system of socialized health care has left most people without access to care.

SOME PROGRESS

Earth Times reports that the government is making attempts at prevention. "Billboards admonish people to stick to a single sexual partner, to use clean syringes, or to protect themselves with condoms," but both condoms and syringes are unaffordable for the great majority of people. In addition, voluntary HIV testing is unavailable, so many people may have the virus and not know it (Alyanak, Earth Times, 8/26).

#3 SOUTH AFRICA: HIGH HIV AND STD RATES AMONG TRUCKSTOP PROSTITUTES

A study published in this month's issue of Sexually Transmitted Diseases found that among 145 sex workers at truckstops in KwaZulu-Natal, South Africa, 50.3% had HIV, 41.3% had trichomoniasis, 40.6% had candidiasis, 14.3% had gonorrhea and 16.4% had chlamydia. Dr. Gita Ramjee of the Centre for Epidemiological Research in Southern Africa and colleagues also found that 70% of the women had bacterial vaginosis and more than 40% had active syphilis. The researchers explained that the "large numbers of clients served each week and the low level of condom use contribute to this" problem. Ramjee said the high

prevalence of the diseases "clearly highlights the urgent need for interventions" to combat transmission of HIV and STDs. Interventions, the researchers said, must "target both sex workers and their clients, specifically truck drivers," and "should include counseling, male condom promotion, early identification and treatment of sexually transmitted diseases, and promotion of female barrier methods such as female condoms and vaginal microbicides" (Reuters/JAMA, 8/25).

PUBLIC HEALTH & EDUCATION

#4 PEP: GAY AND LESBIAN MEDICAL ASSOCIATION TO DISCUSS APPLICATION

A workshop on the ethics and efficacy of post-exposure HIV prophylaxis (PEP) will be held Friday at the annual Gay and Lesbian Medical Association meeting, which begins today in Chicago. Originally pioneered as a treatment for "health care workers exposed to HIV by needle-stick injuries," PEP is expensive, time consuming, and can trigger nasty side effects such as "fatigue, nausea, kidney stones and liver inflammation." Workshop presenters and PEP researchers Dr. David Ostrow and Dr. Kenneth Mayer hope to discuss these clinical factors as well as the social implications of offering PEP after incidents of rape, unsafe sex or exposure to contaminated needles. "We don't know enough to say whether (PEP) is a good thing or a bad thing," Ostrow said. "It is a stopgap measure at best," said Mayer, adding that people must "realize [PEP] is not a chemical condom."

Other AIDS-related agenda topics on the Gay and Lesbian Medical

Association's meeting, which runs through Sunday, include:

- o safer sex education for married men who have sex with men;

- o HIV and AIDS among seniors;

- o treating HIV-infected young people (Ritter,

Chicago Sun-Times, 8/27). [Click here](#) for previous coverage of

PEP. [Click here](#) to connect to the Gay and Lesbian Medical

Association's website. Or type www.glma.org directly onto your

Web browser.

ACROSS THE NATION

#5 FLORIDA: HIV CLINICS SHIFT FOCUS TO FAMILIES

"As the typical face of the AIDS epidemic shifts from gay men to heterosexual women, families with more than one HIV-infected member are increasingly common," the Ft. Lauderdale Sun-Sentinel reports. In response, clinics and physicians in South Florida "have begun to treat families as a unit," by seeing mothers, children and other relatives "during the same visit."

The Family Centered HIV/AIDS program, a division of the Cleveland Clinic of Florida, opened in April and is one of the first private practices to focus on family treatment. Evelyn Kendrick, a family resources administrator with the program, said, "Many times you have mothers who are sick (with AIDS) but who neglect their own care because they are taking care of their infected babies." Treating infected families as a unit, rather than as individuals, can help avoid this conflict. The consolidated

treatment decreases the number of clinic visits imposed upon families, and encourages "communication between family members about keeping up with often complicated drug treatment schedules." In addition to offering parents and children treatment during the same visit, the clinic recommends that uninfected family members "attend clinic visits as a way to include them in the care of the AIDS patient." Dr. Margaret Gorenssek, who launched the program, said, "When we treat them as a family, there is more of a commitment to help take care of each other." John Weatherhead, director of Center One in Fort Lauderdale, said that since January, approximately half of the clinic's new clients are "heterosexual women, many of them with children." He said, "We're seeing more and more infected families." Women now comprise about 25% of all AIDS cases nationwide, up from 10% in 1990 and 7% in 1985, the Sun-Sentinel notes.

MORE THAN GOOD MEDICINE

In addition to providing medical care, some clinics now "link patients with an array of social services designed to keep the family household stable." The Children's Diagnostic and Treatment Center in Broward and the Comprehensive AIDS Program of Palm Beach County "combine medical care with services such as child care, domestic violence counseling, job training and even emergency financial help." Stormy Schevis of Children's Diagnostic said, "You can't just treat the mother or just treat the child in a vacuum. The family can't focus on what's going on medically if they are focused on other crises, like not having a

refrigerator in the house or not being able to pay rent"

(Benjamin, Ft. Lauderdale Sun-Sentinel, 8/26).

MEDIA & SOCIETY

#6 ASKING ALICE: POPULAR SEX INFORMATION WEBSITE NOW A BOOK

The "frank and funny" sex information Website, Go Ask Alice!, run by Columbia University's Health Education Program, is now available in book form. The Go Ask Alice Book of Answers, published by Owl Books, is a comprehensive review of all of Alice's answers, "from how to prevent a vaginal infection to the dangers of the popular drug GHB, also known as liquid ecstasy," the September issue of Glamour notes. Go Ask Alice! can be accessed at www.goaskalice.columbia.edu (Glamour, 9/98 issue).

#7 POLICY.COM: FOCUSES ON SEXUALITY THIS WEEK

"Sex and Society" -- the state of sexuality in America and various issues associated with it -- is this week's topic at policy.com, the "policy news and information service" website. The website includes links to studies, articles, fact sheets and data grouped into topics such as "Teen Sexual Behavior," "Sexual Behavior and the Impact of AIDS," "Sex and Public Life" and "International Trends in Sexuality." The category "Sexual Behavior and the Impact of AIDS" includes articles on the "Life Cycle of the AIDS Virus," the effectiveness of condoms in preventing HIV transmission, the "Unique Medical and Social Problems of HIV-Infected Women" and access to antiretroviral

drugs for poor people. The site also includes links to information from the Centers for Disease Control and Prevention, the AIDS Global Information Systems, the Alan Guttmacher Institute and the Department of Health and Human Services, to name a few (8/27).

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007. email	From Jarret Yoshida to Todd Summers Re: Hey (1 page)	08/27/1998	Personal Misfile

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

FOLDER TITLE:

[08/26/1998 - 09/15/1998]

2018-0758-F

jn567

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

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:27-AUG-1998 18:08:52.00

SUBJECT: Oops

TO: 103423.355@compuserve.com (103423.355@compuserve.com [UNKNOWN])

READ:UNKNOWN

TO: 103645.1720@compuserve.com (103645.1720@compuserve.com [UNKNOWN])

READ:UNKNOWN

TO: 72530.3637@compuserve.com (72530.3637@compuserve.com [UNKNOWN])

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TO: AD23X (AD23X@nih.gov [UNKNOWN])

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TO: AFAUCI (AFAUCI@flash.niaid.nih.gov [UNKNOWN])

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TO: Ammanndoc (Ammanndoc@aol.com [UNKNOWN])

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TO: AToniYoung (AToniYoung@aol.com [UNKNOWN])

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TO: bkovacs (bkovacs@iavi.org [UNKNOWN])

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TO: CAB (CAB@HIVNET.fhcr.org [UNKNOWN])

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

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TO: kd (kd@u.washington.edu [UNKNOWN])
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TO: keving (keving@concentric.net [UNKNOWN])
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TO: kim_anderson (kim_anderson@abtassoc.com [UNKNOWN])
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TO: michael_gross (michael_gross@abtassoc.com [UNKNOWN])
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TO: ml7w (ml7w@nih.gov [UNKNOWN])
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TO: nathansn (nathansn@mail.med.upenn.edu [UNKNOWN])
READ:UNKNOWN

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TO: RESteinlaw (RESteinlaw@aol.com [UNKNOWN])
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TO: rh25v (rh25v@nih.gov [UNKNOWN])
READ:UNKNOWN

TO: ricks (ricks@hooked.net [UNKNOWN])
READ:UNKNOWN

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

TO: sberkley (sberkley@rockfund.org [UNKNOWN])
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TO: sgs (sgs@HIVNET.fhrc.org [UNKNOWN])
READ:UNKNOWN

TO: t-warne (t-warne@uchicago.edu [UNKNOWN])
READ:UNKNOWN

TO: TCoates (TCoates@psg.ucsf.edu [UNKNOWN])
READ:UNKNOWN

TO: wertheiw (wertheiw@od31eml.od.nih.gov [UNKNOWN])
READ:UNKNOWN

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

TEXT:
I gave you the wrong new fax number for Bill Snow; the correct one is
510-524-5723. Sorry, the new leaf is no more numerable than the old.
Thanks for Paul for noticing. Berkeley Bill

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Ronald Johnson (Ronald Johnson <ronaldj@gmhc.org> [UNKNOWN])

CREATION DATE/TIME:27-AUG-1998 15:40:08.00

SUBJECT: Re[2]: Acting Executive Director, GMHC

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

READ:UNKNOWN

TEXT:

Thanks--I'll probably need all of the support T can get!!!

Reply Separator

Subject: Re: Acting Executive Director, GMHC

Author: Todd_A._Summers@oa.eop.gov at ~Internet-Mail

Date: 8/27/98 3:31 PM

--Boundary_(ID_hnHcms8VAFm47Vnn0GeSuA)

Content-type: TEXT/PLAIN; CHARSET=US-ASCII

Message Creation Date was at 27-AUG-1998 15:16:00

You, my friend, are a glutton for punishment! But as always, you can

count on

us for any help we can offer!

xO,

Todd

ronaldj @ gmhc.org

08/27/98 10:25:00 AM

Record Type: Record

To: Todd A. Summers, Sandra Thurman

cc:

Subject: Acting Executive Director, GMHC

Hi Sandy & Todd,

FYI, I've been asked to and I have agreed to serve as the Acting ED here at GMHC, effective 10-1-98, until a new ED is appointed. I also announced that I'm not applying for the ED job. Light candles!!

Ronald

--Boundary_(ID_hnHcms8VAFm47Vnn0GeSuA)

Content-type: TEXT/PLAIN; CHARSET=US-ASCII

The following attachments were included with this message:

TYPE : FILE

NAME : 082715AO.TXT

--Boundary_(ID_hnHcms8VAFm47Vnn0GeSuA)

Content-type: MESSAGE/RFC822

Subject: 082715AO.TXT

MIME-version: 1.0

Content-type: TEXT/PLAIN; CHARSET=US-ASCII

AI-type: DOCUMENT

RFC-822-headers:

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

id <01J13PG2P6000031ME@PMDF.EOP.GOV>; Thu, 27 Aug 1998 15:14:38 EDT

Received: from Storm.EOP.GOV by PMDF.EOP.GOV (PMDF V5.1-9 #29131)

with ESMTTP id <01J13PG0M5DS002U51@PMDF.EOP.GOV>; Thu,

27 Aug 1998 15:14:34 -0400 (EDT)

Received: from atgl.atgnet.com ([165.254.146.3])

by STORM.EOP.GOV (PMDF V5.1-12 #29131)

with ESMTTP id <01J13PFC6JOU000A86@STORM.EOP.GOV>; Thu,

27 Aug 1998 15:14:00 -0400 (EDT)

Received: (from gmhc@localhost) by atgl.atgnet.com (8.9.1a/8.9.1)

with UUCP id PAA29593; Thu, 27 Aug 1998 15:11:49 -0400 (EDT)

Received: from cc:Mail by gateway.gmhc.org id AA904253152 Thu,

27 Aug 98 14:25:52

--Boundary_(ID_hnHcms8VAFm47Vnn0GeSuA)--

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: DCI Event Coordinator (DCI Event Coordinator <netreply@dcexpo.com> [UNKNOWN])

CREATION DATE/TIME:27-AUG-1998 17:40:40.00

SUBJECT: Microsoft FOCUS On Internet Solutions at eBusiness, Boston, September (ZOZ)

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

READ:UNKNOWN

TEXT:

FREE: Microsoft FOCUS on Internet Solutions - Must Register by Friday,

August 28th.

(If at any time you wish to be removed from DCI's email distribution list, Reply to netreply@dcexpo.com and include "remove" and your customer number, "D0324408", in the subject line.)

Dear Todd:

As a preferred customer, Microsoft has arranged a special offer with DCI for you to attend the Microsoft FOCUS on Internet Solutions for FREE, Thursday, September 3, 1998 at DCI's eBusiness World Conference at the Hynes Convention Center, Boston, MA. This is a savings of \$99.

To take advantage of this offer you MUST register by Friday, August 28th.

=====

Microsoft FOCUS on Internet Solutions

Thursday, September 3, 1998

Hynes Convention Center, Boston, MA

Cost - FREE

Deadline to Register - August 28, 1998

=====

Attend this robust, one-day program to gain new insights into how Microsoft technologies are addressing Web-enabled application development, both for the Internet and your internal intranets!

But that is not all! With your registration you also have access to the eBusiness World Exposition for FREE. Test drive the latest eBusiness applications by visiting with over 100 exhibitors. This is a savings of \$25!

However, time is running out and space is limited. Reserve your spot today at the Microsoft FOCUS on Internet Solutions. Call the DCI eBusiness Hotline now at (978) 470-3880 or visit the Microsoft FOCUS on Internet Solutions Web site at:

http://www.dci.com/brochure/ebbos/s10_microsoftfocus.htm

To qualify for this FREE event, please mention your Preferred Customer Code ZOZXX19 when registering.

To register or request more information or to register a colleague:

- + visit us at <http://www.dci.com/ebusiness>,
- + fill out the form below and return to netreply@dcexpo.com, or

+ call us at 978-470-3880.

PLEASE FORWARD THIS MESSAGE TO YOUR COLLEAGUES.

SUPPLEMENTAL REGISTRATION FORM

Please provide/correct the information below and mark, "X", your selections! Make sure the following information is included in your reply.

This offer may only be used with new registrations and cannot be used in combination with other offers.

Visit this page to view DCI's cancellation policy:

<http://www.dci.com/customer/serv1.htm#pay>

--- Location: Hynes Convention Center, Boston, MA ---

<> Conference: Yes, please register me and/or my colleague for the

Microsoft FOCUS on Internet Solutions - September 3, 1998(7164).

Price - FREE, just register before August 28, 1998.

<> Information: Yes, please send me and/or my colleague a conference

brochure and registration information on attending DCI's eBusiness

World Conference from September 1-3, 1998 (6024).

<> Exposition: Yes, please register my colleague to attend the vendor

exhibits only* at DCI's eBusiness World Exposition from September 2-3,
1998 (6025). \$25

* Select educational sessions and keynotes are
also open for Exposition attendees.

◇ Exhibit: Yes, please send me more information on participating as an
exhibitor in DCI's eBusiness World

◇ Correction: Please make the following corrections to my address
information.

Customer Number: D0324408 Priority code: ZOZXX19

Name: Todd Summers

Title: EXECUTIVE DIRECTOR

Company: AIDS Housing Corp.

Suite/MailStop: Ste 305

Address: 95 Berkeley St

City/State/Zip: Boston, MA 021166230

Country:

Phone: 6174502248

Fax: 6174502011

Email: Todd_A._Summers@oa.eop.gov

Colleague Information

First name:

Last name:

Title:

Company:

Suite/MailStop:

Address:

City/State/Postal:

Country:

Phone:

Fax:

Email:

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. email	From Jarret Yoshida to Todd Summers Re: Hey (1 page)	08/28/1998	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[08/26/1998 - 09/15/1998]

2018-0758-F

jn567

RESTRICTION CODES

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

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

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P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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

CREATION DATE/TIME:28-AUG-1998 21:22:05.00

SUBJECT: Home number

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

READ:UNKNOWN

TEXT:

Todd,--

I'll be in 2 or so places while I'm in SF area 8/29-9/8

Mom's 510-232-4323

Nelson's 4150487-0457

In LA I'll be at Ramada Inn W. Hollywood 9/9-9/13 at 310-652-6400

Let's hang out if you can :)

=====
Richard K. Ehara

Treatment Education and Training Specialist

National Minority AIDS Council

1931 13th Street, NW

Washington, DC 20009-4432

Tel: (202) 483-6622

Fax: (202) 483-1135

E-mail: rehara@nmac.org

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:28-AUG-1998 23:48:31.00

SUBJECT: Fwd: Young Women at Risk for AIDS

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

READ:UNKNOWN

TEXT:

Return-path: <AOLNews@aol.com>

Date: Fri, 28 Aug 1998 01:33:15 EDT

From: AOLNews@aol.com

Subject: Young Women at Risk for AIDS

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

Young Women at Risk for AIDS

.c The Associated Press

By RUSS BYNUM

ATLANTA (AP) -- A seven-year government study shows that young, poor women are

contracting the AIDS virus at a faster pace than their male peers.

Though the overall rate of HIV infection among men and women aged 16 to 21 is

dropping, women in that age group are now being infected at a rate 50 percent

higher than men, the Centers for Disease Control and Prevention reported Thursday.

The findings contrast with studies of other age and demographic groups that show men have the higher risk of HIV infection.

“In most of these snapshots people come up with, you find higher rates for men than women,” said Linda Valleroy, a CDC epidemiologist and author of the study. “But here in these young, disadvantaged youth, it's pretty clear that the young girls are most at risk.”

The CDC looked at HIV tests for 350,000 youths in the federal Jobs Corps program, which provides job training to poor youths and high school dropouts.

The highest rates of infection were among black women, with five out of every 1,000 infected with HIV.

“We are continuing to see that the face of the epidemic is changing to populations that are more economically disadvantaged or among racial and ethnic minorities and difficult-to-reach populations,” said George Lemp, director of the AIDS research program for the University of California.

In the one bit of good news, the study reported that the overall rate of

infection among all the youths declined from 1990 to 1996, when the study was conducted.

Researchers suggested the difference between the sexes was because young women are more likely to have sex with older partners, who are more likely to have HIV than younger men.

As the study showed, women aged 16 to 18 were being infected at a dramatically higher rate, while infection rates for men and women ages 19 to 21 were roughly equal.

Overall, two of every 1,000 youths studied tested positive for HIV. The Job Corps infection rates were twice as high as those reported by adolescent health clinics and eight times higher than rates for youths applying for military service.

Experts said the study, to be published in the September issue of the Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, shows that traditional HIV-prevention programs are not enough to prevent the spread of the virus among the poor.

“We've got to be creative in getting to them,” Ms. Valleroy said.

``They're

not in school -- high school phys-ed teachers are not going to reach them.

They're not employed -- AIDS training in the workplace is not going to

reach

them."

AP-NY-08-28-98 0130EDT

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For all of today's news, go to keyword News.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:28-AUG-1998 14:02:08.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

READ:UNKNOWN

TEXT:

KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Friday, August 28, 1998

SCIENCE & MEDICINE

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- #1 INFECTION RATES: Young, Poor Women At Highest Risk
- #2 VITRAVENE: FDA Gives Fast Track Approval
- #3 PERINATAL TRANSMISSION: ZDV Successful In Reducing Rates
- #4 HIV-POSITIVE WOMEN: 3 In 4 Are Sexually Active

POLITICS & POLICY

=====

- #5 GMHC: Executive Director Robinson To Step Down

ACROSS THE NATION

=====

- #6 NEW JERSEY: Counselor Charged After Showing 'Explicit' Tape

IN THE COURTS

=====

#7 MAINE: State Fails To Get Custody Of HIV-Positive Boy

GLOBAL CHALLENGES

=====

#8 BRAZIL: Government To Begin Sex Ed Teaching Project

OPINIONMAKERS

=====

#9 PEDIATRIC TESTING: Privacy Vs. Public Health

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://www.kff.org> directly onto your Web browser.

SCIENCE & MEDICINE

#1 INFECTION RATES: YOUNG, POOR WOMEN AT HIGHEST RISK

According to a new study released yesterday by the Centers for Disease Control and Prevention, "[y]oung, poor women are being infected with the AIDS virus at a higher rate than their

male counterparts." The AP/Dayton Daily News reports that the findings are based on seven years of data from the HIV tests of 350,000 youths in the federal Job Corps program, which "provides job training to poor youths and high school dropouts."

Researchers found that two of every 1,000 youths tested positive for HIV, a rate "twice as high as those reported by adolescent health clinics and eight times higher than rates for youths applying for military service." Most alarming, however, was the finding that the rate for females age 16-21 in the study was 50% higher than that of the males -- 3 per 1,000 versus 2 per 1,000, respectively. And five out of every 1,000 black women were infected -- the highest rate for any group.

THE SUBTEXT

A closer analysis of the data found that most of the discrepancy between the sexes was in the 16-18 age group, where the rate was 2.4 per 1,000 for women versus only 1.1 per 1,000 for men. The study authors, led by CDC epidemiologist Linda Valleroy, blamed the trend on the fact that "young women are more likely to have sex with older partners." Moreover, the researchers discovered that black women were the only ethnic group in which the rates were higher than those for their male counterparts. White rates were about equal, and the rate for Hispanic men was more than double the rate for Hispanic women. Valleroy said the study underscores the need for more innovative outreach programs targeting young, poor populations. She said, "We've got to be creative in getting to them. They're not in school -- high school phys-ed teachers are not going to reach

them. They're not employed -- AIDS training in the workplace is not going to reach them." The study did note, however, that the "overall rate of infection among all the youths" declined during the years of the study, 1990 to 1996 (Bynum, AP/Dayton Daily News, 8/27).

#2 VITRAVENE: FDA GIVES FAST TRACK APPROVAL

In a process that took "just over five months," the Food and Drug Administration yesterday gave its approval to Vitravene, a "drug discovery" that prevents blindness from cytomegalovirus (CMV) in late-stage AIDS patients, the San Diego Union-Tribune reports. The FDA's approval is limited to those patients "who have tried and failed other treatments or otherwise can't use other treatments." Developed by Isis Pharmaceuticals, the new drug is the first to take advantage of "antisense" technology, which blocks the disease by manipulating genetic sequences and preventing the formation of certain proteins. Without treatment, CMV destroys the retina and can "lead to loss of vision within weeks." The condition, however, has become "increasingly rare with advances in treatments of AIDS itself." In fact, Isis attributes its difficulty in gathering patients for its clinical trials to new AIDS drug regimes which have decreased the number of patients reaching the later stages of AIDS. One "significant downside" that could impede the drug's marketability is the method of application -- the drug must be injected directly into the eye. Isis CEO Stanley Crooke notes that while Vitravene, "isn't going to be a blockbuster ... the patients who

need the drug will benefit tremendously" (Kupper, San Diego Union- Tribune, 8/27).

JUST THE BEGINNING

The Washington Post notes that the approval of the drug "cheered researchers who have spent decades trying to prove that" antisense drugs are possible. Jeffrey Laurence of Cornell University, "who is working on such a treatment to combat HIV," said the new technology "can create magic bullets" (Gillis, Washington Post, 8/28). [Click here for previous coverage of CMV.](#) (Note: Hypertext links are available to online users only. To access the web version of this document, type www.kff.org onto your browser.)

#3 PERINATAL TRANSMISSION: ZDV SUCCESSFUL IN REDUCING RATES

Since the Public Health Service published guidelines in 1994 recommending the use of zidovudine (ZDV) therapy to reduce perinatal transmission of HIV, there has been a dramatic increase in the use of such therapy, according to a report in this week's Morbidity and Mortality Weekly Report. Researchers tracked the perinatal administration of ZDV in four states that conduct AIDS surveillance: Louisiana, Michigan, New Jersey and South Carolina. Between 1993 and 1996, the researchers found that the proportion of women "offered prenatal ZDV increased from 27% to 85%, the proportion offered intrapartum ZDV increased from 5% to 75% and the proportion offered neonatal ZDV increased from 5% to 76%. Less than 5% of the women offered ZDV refused it." Of those who were not offered prenatal ZDV, nearly three-quarters

"had no or limited prenatal care." Women who used illicit drugs were the most likely to lack prenatal care. An accompanying editorial note says that the success of the rapid implementation of the ZDV guidelines is illustrated by the fact that the rate of perinatally acquired HIV decreased 43% between 1992 and 1996. The editorial also notes that a major barrier to further reduction of perinatal HIV transmission is inadequate prenatal care among drug-using women (MMWR, 8/28).

#4 HIV-POSITIVE WOMEN: 3 IN 4 ARE SEXUALLY ACTIVE

In what may be surprising news to many health care providers and counselors, "about 3 in 4 HIV-positive women are sexually active," according to a study published in the Aug. 15 issue of the Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology. Led by Catherine Hankins of the Montreal Regional Health Department, researchers "evaluated 392 members of the Canadian Women's HIV Study Group," and found that 71.2% said they had "sexual activity within the previous six months." Such women "tended to have higher CD4+ cell counts and were more likely to have a history of injection drug use." Approximately 90.3% of the women reported steady contraception use, but "a significant number ... were using" reliable birth control "only and not a method that would prevent both sexual and mother-to-child transmission." Condoms were used "with steady partners" by 58% of the women, and "with casual partners" by 66%. With regard to pregnancy rates, the researchers found that prior to the HIV diagnosis, the rate was "27.5 per 100 person-years, which

declined to 8.3 per 100 person-years after the diagnosis." The incidence of abortion also declined after "zidovudine prophylaxis for vertical HIV transmission became available." The researchers stress that obtaining data on HIV-positive women's sexual behavior patterns is necessary in order to "provide effective counseling ... on sexual and reproductive health" and help inform the current debate "on how to improve access to HIV testing and counseling and prophylaxis of vertical HIV transmission" (Reuters/JAMA, 8/26).

POLITICS & POLICY

#5 GMHC: EXECUTIVE DIRECTOR ROBINSON TO STEP DOWN

Gay Men's Health Crisis Executive Director Mark Robinson will step down September 30 when his contract expires after a three and one-half year tenure. Ronald Johnson has been named acting executive director until a permanent replacement can be found by the GMHC board of directors. Board chair David Hollander said, "Mark has accomplished the extraordinary and he'll be a tough act to follow. He has labored endlessly to increase the quality of our services and HIV prevention programs, enhancing GMHC's reputation as a peerless force in the AIDS arena." Since Robinson was named executive director in 1995, he has implemented a "far-reaching" five-year strategic plan, opened the organization's "comprehensive" HIV counseling and testing center and helped increase funding for the AIDS Drug Assistance Program (GMHC release, 8/27).

ACROSS THE NATION

#6 NEW JERSEY: COUNSELOR CHARGED AFTER SHOWING 'EXPLICIT' TAPE

An AIDS-prevention counselor was charged Tuesday with distributing obscenity to minors and could face up to 18 months in jail for "showing an explicit videotape of gay sex" to minors, the AP/Newark Star-Ledger reports. Produced by the Gay Men's Health Crisis, the video features "gays engaging in anal and oral sex," is "punctuated with messages urging viewers to use condoms and other methods to prohibit transmission of HIV." It has a "disclaimer stating that it should be viewed by adults only."

Keith Carson, an employee of the South Jersey AIDS Alliance, showed the video to seven teenagers ages 15 to 17 at a Cape May, NJ, youth shelter. Cape May County Prosecutor Stephen Moore alleged that the video "was clearly inappropriate for educational purposes for young teens." Representing Carson, the American Civil Liberties Union's David Rocah said, "The Supreme Court has made it clear that minors cannot be prevented from receiving information about sexuality. This will chill efforts of HIV education around the state and country." He said, "The specter of having a prosecutor with no training or expertise looking over an educator's shoulder second-guessing and the threat of prosecution is appalling, dangerous, counterproductive and unconstitutional." Moore, however, said, "It's simply not a First Amendment issue" (AP/Newark Star-Ledger, 8/27).

IN THE COURTS

#7 MAINE: STATE FAILS TO GET CUSTODY OF HIV-POSITIVE BOY

The woman who refused to treat her HIV-infected four-year-old son with AIDS drugs "won a small victory this week, when a [district court] judge denied the state's petition to take emergency protective custody" of the boy, the Boston Globe reports. According to Margaret Semple, director of the state Bureau of Child and Family Services, the state filed a petition, that "would have ... placed [Nikolas Emerson] with a family member," because there was a chance the hearing for his case "would be delayed." Semple said, "We believe that the child's condition is such that every day is important to him. We had sound reason to believe that the longer treatment was denied the more at risk he would remain." The state's initial petition asked "only that [the boy] be given the drugs." According to the mother's attorney, Hilary Billings, Judge Ronald Russell "denied the state's motion because he thought it would be inappropriate to remove the child without a full hearing," which is scheduled for September 10 (Gold, Boston Globe, 8/27). [Click here](#) for previous coverage of this case. Note: Hypertext links are available for online users only. You can access the web version of this document at www.kff.org and click the HIV/AIDS icon.

GLOBAL CHALLENGES

#8 BRAZIL: GOVERNMENT TO BEGIN SEX ED TEACHING PROJECT

In response to the surge of AIDS cases and pregnancies among adolescents under 14, Brazil's Health Ministry "is setting up a teaching project that transmits basic notions of health and disease prevention to students throughout" the country. *Gazeta Mercantil* reports that the program, "Growing Well With Life," is set to begin in late September. Its main goal will be to provide information to the country's 10 million students on "sexuality, sexually transmitted diseases, drugs and mainly, the prevention of AIDS" (Leobet, *Gazeta Mercantil*, 8/27).

OPINIONMAKERS

#9 PEDIATRIC TESTING: PRIVACY VS. PUBLIC HEALTH

In a commentary in the July/August issue of *Health Affairs*, author Amitai Etzioni, George Washington University professor and former White House senior adviser, examines the balance between the right to privacy and testing infants for HIV. Etzioni notes that the stakes are huge: early treatment of HIV in newborns or warning HIV-positive mothers to refrain from breast feeding could prevent needless suffering and death. But, testing of newborns - which the Centers for Disease Control and Prevention currently pays for in 44 states and the District of Columbia, although the results are not released to the mothers -- raises numerous ethical issues about informed consent and violating the privacy rights of the mother through the disclosure of the information. In New York state, legislation was passed that mandated the unblinding of test results, so that mothers are now informed.

According to Jeffrey Reynolds of the Long Island Association for AIDS Care, the testing of newborns and subsequent disclosure to mothers "amounts to mandatory testing by proxy, and without informed consent or counseling requirements, for all pregnant women." Others note that the experience in New York illustrates that the results are not always kept confidential. "Opponents of unblinded, mandatory testing of infants argue that such a program will scare women away from the health care system, thereby forcing them to avoid prenatal care and hospital deliveries," Etzioni writes. However, proponents note that many women are grateful for the potentially life-saving, or at least life-enhancing information, and that voluntary testing would leave many HIV-positive infants unidentified.

HOW TO DECIDE

Etzioni notes that "privacy is not an absolute value and does not trump all other rights or concerns for the common good." He further notes that even if the test results are kept private, at some point, the HIV-positive status of the infant will be revealed as it grows ill, possibly at great detriment to the emotional well-being of the mother when she learns her child could have been treated. Etzioni writes that unblinding HIV-test results "entails informing the mother and not public health authorities; it does not involve inclusion in public records, and it does not involve informing employers or neighbors." He concludes: "When all is said and done, it seems that unblinding the HIV tests of infants and a concurrent disclosure of the results to their mothers and those entrusted with their health care is strongly justified. Indeed, it should be noted that in

other medical research projects, when it has been discovered early in the process that certain treatments are highly beneficial, the studies have been stopped and the results shared with one and all. The same urgency applies here" (Etzioni, Health Affairs, July/August 1998 issue).

=====

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Kaiser Daily HIV/AIDS Report, simply reply to this message with

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

-30-

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:28-AUG-1998 19:29:16.00

SUBJECT: RE: usps

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

READ:UNKNOWN

TEXT:

Todd

Shame on you for checking e-mail while you are on vacation!

Calling WH mailroom on your return is fine.

Enjoy the rest of your time off.

jtw

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

> From: Todd_A._Summers@oa.eop.gov [SMTP:Todd_A._Summers@oa.eop.gov]

> Sent: Friday, August 28, 1998 3:03 PM

> To: jtw5@cdc.gov

> Subject: Re: usps

>

> Message Creation Date was at 28-AUG-1998 15:03:00

>

> I'm afraid the other twister is still hovering over DC so Bonnie couldn't

> get

> in. I'm off on vacation so I'm not going to be able to call the postal

> guy.

> I'd be happy to when I get back - just let me know! I didn't know they

> lost a

> box, too. I'm sorry about that.

>

> Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:31-AUG-1998 12:43:29.00

SUBJECT: helene answers...

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

READ:UNKNOWN

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

READ:UNKNOWN

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

READ:UNKNOWN

TEXT:

here is my response from helene. here's to keeping the loop open...

and possible good news from the senate about prevention \$\$.....

Return-path: <hdgl@cdc.gov>

Received: from rly-zc01.mx.aol.com (rly-zc01.mail.aol.com [172.31.33.1])

by air-zc04.mail.aol.com (v49.1) with SMTP; Sat, 29 Aug 1998 15:00:45 -0400

Received: from mailgate2.cdc.gov (mailgate2.cdc.gov [158.111.3.22]) by

rly-zc01.mx.aol.com (8.8.8/8.8.5/AOL-4.0.0) with ESMTP id PAA17034 for

<MDSHRIVER@aol.com>; Sat, 29 Aug 1998 15:00:42 -0400 (EDT)

Received: from mcdc-us-ims.cdc.gov ([158.111.3.19]) by mailgate2.cdc.gov

(8.8.5/8.8.5) with ESMTP id PAA28793 for <MDSHRIVER@aol.com>; Sat, 29 Aug

1998 15:00:42 -0400 (EDT)

Received: by MCDC-US-IMS with Internet Mail Service (5.5.2232.9) id

<R5J6MRBV>; Sat, 29 Aug 1998 15:00:26 -0400

Date: Sat, 29 Aug 1998 15:00:38 -0400

From: "Gayle, Helene D" <hdgl@cdc.gov>

Subject: RE: the R&R

To: "'MDSHRIVER@aol.com'" <MDSHRIVER@aol.com>

Message-id: <BF15576D0265D111A1160000F863157DB889C5@MCDC-ATL-40>

MIME-version: 1.0

X-Mailer: Internet Mail Service (5.5.2232.9)

Content-type: text/plain; charset=ISO-8859-1

Content-transfer-encoding: 7BIT

Appreciate the comments. I will get back to you about timeline and will try

to call to discuss some of your points.

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

> From: MDSHRIVER@aol.com [SMTP:MDSHRIVER@aol.com]

> Sent: Thursday, August 27, 1998 5:02 PM

> To: hdgl@cdc.gov

> Subject: the R&R

>

> helene:

>

> thank you for geting the r&r to me.

>

> here are my comments, but first a general observartion-- this document is

> far

> better than the version i was released (which i guess was perhaps version

> 1?)

> and i think that with a few major and a few minor adjustments that we

> would

> have an r&r that would be both scientifically sound and politicaly

> feasible

> within and even outside of the political arena we currently are playing

> in...

>

> i'll start with technical recommendations and then a few more global

> comments/critiques..

>

> 1. i know this may sound minor, but in a few places in the document, cdc

> asserts that HIV surveillance is an extension of AIDs case surveillance.

> i

> would (again) suggest that we say <as a complement to> becuae otherwise,

> since AIDS surveillance is by name, then anythign in extension of a

> name-based

> system IS BY DEFAULT a name-based system.

>

> 2. i would again challenge cdc's assertion that unpublished data, the

> HITS/APS data, is either scientifically valid in this document or

relevant

> absent scientific citation of the six published data on deterence and

> name-

> based systems. if cdc cites the presentation in geneva as a scientific

> veting

> of this data, it needs to be quite accurate what the data from geneva was

> all

> about -- the question asked was NOT about name-systems ad deterrence, but

> ?why

> do people seek or not seek testing? which is substantively different than

> the

> assertions drawn from the HITS data. this is THE achilles heel section
of
> the
> entire r&r helene. i believe cdc makes the case for expansion WITHOUT
> relying
> upon data that as you and i both know, further analyses do not coincur
> with
> what we have ublicly ben told about the data, etc. since we can't , in
> your
> own words, this data to say more than it can, let's not then use it if it
> becomes a lightning rod for dissent. we can justify hiv surveillance
> (regardless of type employed) without using this data. i strongly
> recommend
> doing so (omitting the sections that rely upon the HITS data).

>

> 3. PLEASE strike the reference to Medicaid in the evaluation section. i

> have

> asked this before and obviously to no end benefit. but again, using

> medicaid

> neither gives a representative sample and does NOT reflect (as was cited

> in

> the NY Times) the real face of poverty in the US (coincidentally, the

same

> socioeconomic strata HIV is devastating...).

>

> 4. I FULLY SUPPORT THE DOUBLE-LOCK SYSTEM, but am puzzled why CDC is

only

> providing states this as "an option." the double lock should be required,

> not

> just for the sake of secure data, but also for the message this system

> sends

> to everyone involved. it would signal, de facto, CDC's ability to hear

> valid

> concerns about privacy and confidentiality and to respond with an

> innovative,

> effective and MANDATORY system. otherwise, the double lock LOOKS like a

> gesture, a throw-away. it needs to be one of the requirements. i feel

> VERY

> strongly here on this as it sends either a god message or dismisses, in

> more

> than a tacit way, the real issues about the safety of the data.

>

>

> 4. FINALLY, i see explicitly mentioned the issue of concurrence and the

> use of

> surveillance data, by linkage, to other prevention programs. this is

> good,

> very good.

>

> 5. late in the document, CDC reverts back to the original pattern of

> listing

> the partners who agreed with their position (i am speaking directly to the

the

> section on "HIV and AIDS Surveillance Practices"). it is irrelevant what *

> several trade associations believe and support IF CDC only re-presents

> those

> organizations who are on their side. this need to list seems petty and,

> actually, irrelevant to the document. if nastad wanted every state aids

> director to paint their computers blue as part of their position on

> surveillance, would that also be noted? i know this sounds odd, but it

is

> another trigger for dis-ease in reading the document. it frankly is

CDC's

> document. cdc is positing a position, based on science and its belief.

> that

> is ALL that this should be, a technical guidance to the jurisdictions,

not

> a

> detailing of those bodies, trade associations and others who condone the

> official CDC policy. why throw gasoline on a fire here? since it adds

> NOTHING

> of substance to the document, it should be deleted.

>

> 6. i still believe that while the performance criteria defy explanation

> (why

> does the guidance offer so little in terms of rationale as to these

> benchmarks? -- another achilles heel), i am happier that cdc has a

> phase-in

> plan for ALL jurisdictions to meet these mythical levels of performance.

> but

> we need to be clear -- cdc's response to why 85% has to be better than

> either

> "because we do not want to dumb down our data" or some equally

> non-compelling

> excuse. since the criteria lack scientific justification for these

> levels,

> expect them to be challenged, and NOT just by community folks.

>

> 7. LASTLY, helene, i need to say that while the phrase is "advises"

> names, it

> is as good as stating an unequivocal. i do NOT like the choice of words

> and

> still contend that this document should have NO OPINION as to which

method

> is

> employed by the grantees in establishing its HIV surveillance system.

the

> document is NOT compelling enough to warrant a decree that ALL states must

> do

> this by name, and the efficiency argument is neither compelling nor a

> really

> good public health argument (not all public health activities that are

> good

> are based in an efficiency theory). CDC could present a fair balanced

R&R

> and

> NOT ADVISE, RECOMMEND, URGE, ENCOURAGE, or posit a BELIEF in names, UIs

> or

> codes and stil have a good and valid document which will guide the states

> and

> localities. hell, since you KNOW that NOT saying names STILL means that

> most

> of the states will do names, why the need to say something that is just,

> frankly, an opinion of cdc? and an opinion that is not universally

> supported?

> i will tell you that, along with the HITS stuff, this is the single most

> damanging word and line in the R&R which is drastically better than the

> earliest version(s). cdc is much to smart to fall on this sword out of

> whatever reasoning it has. i strongly urge you to drop this line and

> revert

> back to a clear explanantion of the criteria and the ability to get TA

and

> the

> act that no mater if you do nakmes or codes or jelly beans, you will all

> be

> evaluated against the same critieria.

>

> so, there is my review.

>

> comments? when is the next draft to be done? and timeline?

>

> thanks for allowing me comment helene.

> xoxo

> mike

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 1-SEP-1998 19:05:57.00

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

TO: Jonathan E. Smith (CN=Jonathan E. Smith/OU=WHO/O=EOP @ EOP [WHO])

READ:UNKNOWN

TEXT:

I will be out of the office from 08/31/98 until 09/13/98.

I am on vacation and available--if urgent--through Signal.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: EGoosby (EGoosby@osophs.dhhs.gov (Eric Goosby) [UNKNOWN])

CREATION DATE/TIME: 2-SEP-1998 18:30:11.00

SUBJECT: Re[2]: Title I and AIDS czars meeting

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

READ:UNKNOWN

TEXT:

yes, didn't we talk about this before you left for Vacation?

Eric

Reply Separator

Subject: Re: Title I and AIDS czars meeting

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

Date: 8/26/98 3:51 PM

Thanks - I assume you're interested in coming??

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: News (News <news@bluesquirrel.com> [UNKNOWN])

CREATION DATE/TIME: 2-SEP-1998 13:22:19.00

SUBJECT: News from Blue Squirrel (August Issue)

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

READ:UNKNOWN

TEXT:

Dear Todd,

Here's an update to our customers and friends on happenings at

NEWS FROM THE BLUE SQUIRREL

<http://www.bluesquirrel.com>

Newsletter August 98

Contents:

I. Nut'n But News

II. Special Offers

III. Tips from the Blue Squirrel

IV. Contact Us

V. Subscribe and Unsubscribe-----

NOTE: If any URL's in this Newsletter are split onto two lines they

may not work reliably. Combine both lines if this is the case.-----

I. Nut'n But News

A) Blue Squirrel's RoundTable enhances learning in the classroom.

Blue Squirrel recently donated an unlimited user license for RoundTable

to the Arkansas state residential school for the deaf. RoundTable is a data conferencing application that lets users share information, exchange documents, take notes, control access, mark up documents, and even pull the Web into your meetings. Stacey Tatera a computer skills teacher claims that "For the past couple of years, my students and I have used the wonderful program, RoundTable. ; We use it for EVERYTHING! Because my students are all deaf; this is just the best thing we have to enable them to communicate with other people, hearing and deaf alike. We have even linked up with another state's school for the deaf and chatted. ;The kids love it!"

B) Blue Squirrel supports learning enhancement courseware.

Surfing time has arrived; the online education highway is full of tools & techniques to enhance your knowledge. CBT Systems, offers several courses from basic computer concepts to advanced IT training. Find out first hand how online learning works through Scholars.com with their free Microsoft course on Managing NT Users & Groups using courseware from CBT Systems. Complete access to the Scholars Online Community along with certified Advisors who are actually online 24 hours a day, receive daily personalized email plus a maximum 6 hour response time to students' email.

The course introduces students to basic Windows NT concepts, including users, groups. and other management tools. This course is an excellent example of how a Scholars' online course actually works. You have access to the online Learning Advisors for one week while you progress

through 9 hours of courseware. Not only do you get award winning courseware from CBT Systems but you receive the full range of benefits that you receive when you enroll in any Scholars' course.

For more information and to enroll visit: <http://www.scholars.com>

II. Special Offers

A) RoundTable Blowout!

Your Real-Time, Multimedia Conferencing Solution!

RoundTable is a data conferencing application that enhances your group meetings. RoundTable provides the tools that let you conference with remote users as effectively as you do when they're right across the table. Tools that let you share information, exchange documents, take notes, control access, mark up documents, and even pull the web into your meetings.

5 User license regularly \$199.95

10 User license regularly \$349.95

Unlimited license regularly \$995.95

We are practically giving it away at a discount of 75% off.

That's right, 75% off!

Supplies are limited, so to take advantage of these huge savings

please go to the following WebPage(s).

5 User license SALE price \$49.95

<http://www.bluesquirrel.com/scripts/orderpage.asp?skey=rt5>

10 User license SALE price \$87.50

<http://www.bluesquirrel.com/scripts/orderpage.asp?skey=rtt>

Unlimited User license SALE price 248.98

<http://www.bluesquirrel.com/scripts/orderpage.asp?skey=rtu>

Wait a minute, that's not all, we will also throw in a FREE T-shirt!

For more information on RoundTable you can go to:

<http://www.bluesquirrel.com/roundtable/>

Please note: RoundTable is no longer eligible for technical support.

B) FREE GRABNET!

We want your feedback! Within 10 minutes you could own a FREE copy of GrabNet by completing our Customer Satisfaction Survey!

A \$19.95 value for FREE!

GrabNet, a dynamic browser companion tool, lets you intuitively collect

and organize information gathered from the World Wide Web. Grab snips of information, including images, text and URL's, for reuse, navigation and organization within a customized collection of folders on the local desktop.

To receive your FREE copy of GrabNet please go to the following Website and complete our Customer Satisfaction Survey:

<http://www.bluesquirrel.com/support/survey.html>

III. Tips from the Blue Squirrel

GrabNet tip!

1 - Use GrabNet to enhance your school reports, presentations, essays, etc. by adding images or text from the world's largest resource center. GrabNet's floating toolbar includes a camera feature that allows you to capture images, and a tool feature that allows you to capture text from the Internet. Once you have stored the text or images in GrabNet, simply copy and paste it into any program that you are using.

2 - You now have a choice to use large or small toolbar buttons in GrabNet. To change the settings please go to options, preferences and check or uncheck Use Large Toolbar.

IV. Contact Us

Blue Squirrel

We can be contacted at:

170 W. Election Dr. #125

Draper, UT 84020 USA

Web: <http://www.bluesquirrel.com>

Voice: 801-523-1063

Support: 801-523-1065

FAX: 801-523-1064

E-mail: info@bluesquirrel.com

V. Subscribe and Unsubscribe

This newsletter is only sent to those who requested the newsletter and those who downloaded, registered, or evaluated our software.

If you think someone else would benefit from this information, please invite them to Subscribe at:

<http://www.bluesquirrel.com/newscenter.html>

If you wish to unsubscribe from the Blue Squirrel newsletter mailing list, please visit <http://www.bluesquirrel.com/newscenter.html> to

Unsubscribe tsummers@oa.eop.gov

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-SEP-1998 19:35:50.00

SUBJECT: sen. subcmtee mark-up...

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

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

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

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

TEXT:
here is our alert from the mark-up:

Julio C Abreu

Legislative Representative

Government Affairs

202-986-1300 x3021

jabreu@aidsaction.org

- SEPT2.DOC===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D26]ARMSZZ000S8KX.000 to ASCII,
The following is a HEX DUMP:

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

July 10, 2019

[autodate]

Senate Labor-HHS Appropriations Subcommittee

Passes FY'99 Funding Bill--Increases for AIDS are a Mixed Bag

The Senate Labor-HHS Appropriations Subcommittee voted yesterday on FY '99 appropriations. The numbers are still unclear, but we expect clarification after tomorrow's mark-up in full committee. Yesterday's mark-up provided respectable increases for AIDS research, but smaller increases for most of the **Ryan White Care Act** programs. **Title I** received a \$13.3 million increase over FY'98, well below the \$35.4 million increase the House has proposed. **Title II** care programs received a \$19.8 million dollar increase, well below the \$27 million increase in the House mark. **Title II ADAP** received only a \$25.5 million increase over FY'98, *although the Subcommittee proposed an additional \$150 million increase in forward funding for ADAP for FY '99 and 2000.* This appears to be creative accounting by a Subcommittee that is seeking an increased allocation when the full Committee meets on Thursday. **Title III** received an increase of \$5.8 million, well below the \$15.1 million increase in the House mark. **Title IV** received an increase of \$3.2 million, the same as the House mark. In Title V, the **AETC** program received an increase of \$784,000 thousand, which is \$700,000 above the House, and the **dental reimbursement** program received a minor increase of \$37,000 thousand, the same as the House.

The **HIV/AIDS prevention** programs at the CDC received a \$6.8 million increase over FY'98. This is \$6.8 million more than the House which level funded HIV prevention in their mark. Overall, NIH would receive a \$2 billion increase for FY'99, which will provide a substantial increase for AIDS research. Unfortunately, the **SAMHSA Block Grant** was flat-funded for FY'99, significantly below the \$275 million increase in the House mark. The Senate also included language prohibiting the federal funding of needle exchange programs for FY'99. **The full Senate Appropriations Committee is expected to mark-up the bill on September 3.** Stay tuned for future alerts regarding a strategy to secure the highest possible levels of funding for the HIV/AIDS portfolio. For a complete listing of the figures from yesterday's mark-up, please see the attached chart.

AIDS Action

- **If your Senator is a member of the Senate full Appropriations Committee urge their support for increases for HIV/AIDS research, prevention, care and training programs. Urge these Senators to increase funding for substance abuse treatment and prevention.**

COMMITTEE ROSTER: (Call the Capitol Hill Operator to be connected 202-224-3121)

Full Senate Appropriations Committee

Sen. Stevens (R-AK), Chairman			
Sen. Cochran (R-MS)	Sen. Specter (R-PA)	Sen. Domenici (R-NM)	Sen. Bond (R-MO)
Sen. Gorton (R-WA)	Sen. McConnell (R-KY)	Sen. Shelby (R-AL)	Sen. Burns (R-MT)
Sen. Gregg (R-NH)	Sen. Bennett (R-UT)	Sen. Campbell (R-CO)	Sen. Craig (R-ID)
Sen. Faircloth (R-NC)	Sen. Hutchison (R-TX)	Sen. Byrd (D-WV), Ranking Minority Member	
Sen. Inouye (D-HI)	Sen. Hollings (D-SC)	Sen. Leahy (D-VT)	Sen. Bumpers (D-AR)
Sen. Lautenberg (D-NJ)	Sen. Harkin (D-IA)	Sen. Mikulski (D-MD)	Sen. Reid (D-NV)
Sen. Kohl (D-WI)	Sen. Murray (D-WA)	Sen. Dorgan (D-ND)	Sen. Boxer (D-CA)

FY 99 Proposed Appropriations Levels for Federal AIDS Programs

(as of September 1, 1998; increases or decreases from FY 98 numbers are shown in parentheses)

FEDERAL PROGRAM	FY 98 Appropriated¹	FY 99 President's Budget Request 2/2/98	FY 99 Need²	FY 99 House Mark Labor/HHS Full committee 7/14/98 VA/HUD Passed House 7/29/98	FY 99 Senate Mark Labor/HHS Subcommittee 9/1/98 VA/HUD Passed Senate 7/17/98
CDC: Prevention	\$634.3m	\$632.3m (-\$2m)	\$819.3m (+\$185m)	\$624.9m ³ (+0m)	\$631.7m ³ (+\$6.8m)
HRSA: Ryan White CARE Act Total	\$1,150.2m	\$1,315.2m (+\$165m)	\$1,580.1m (+\$429.9m)	\$1,331m (+\$181.1m)	\$1,218.4m (+\$68.2m)
<i>Title I</i>	\$464.8m	\$489.8m (+\$25m)	\$570m (+\$105.2m)	\$500.2m (+\$35.4m)	\$478m (+\$13.2m)
<i>Title II: Care Services</i>	\$257.5m	\$284.5m (+\$27m)	\$342.5m (+\$85m)	\$284.5m (+\$27m)	\$277.3m (+\$19.8m)
<i>Title II: ADAP</i>	\$285.5m	\$385.5m (+\$100m)	\$460.5m (+\$175m)	\$385.5m (+\$100m)	\$311m ⁴ (+\$25.5m)
<i>Title III</i>	\$76.3m	\$86.3m (+\$10m)	\$113m (+\$36.7m)	\$91.3m (+\$15.1m)	\$82m (+\$5.7m)
<i>Title IV</i>	\$41m	\$44m (+\$3m)	\$61m (+\$20m)	\$44m (+\$3.2m)	\$44m (+\$3.2m)
<i>Title V: AETCs</i>	\$17.3m	\$17.3m (+0m)	\$25.0 (+\$7.7m)	\$17.3m (+\$84,000)	\$18.0m (+\$784,000)
<i>Title V: Dental Reimbursement</i>	\$7.8m	\$7.8m (+0m)	\$9m (+\$1.2m)	\$7.8m (+\$37,000)	\$7.8m (+\$37,000)
NIH: AIDS Research	\$1.608m	\$1,732m (+\$124m)	\$1,848m (+\$241m)	\$1,732m (+\$124m)	15% NIH increase overall; OAR increase still uncertain
SAMHSA (Substance Abuse Prevention & Treatment Blockgrant)	\$1,310m	\$1,510m (+\$200m)	\$1,510m (+\$200m)	\$1,585m (+\$275m)	\$1,310m (+0m)
HUD: HOPWA	\$204m	\$225m (+\$21m)	\$250m (+\$46m)	\$204m (+0m)	\$225m (+\$21m)

AIDS Action Council

1875 Connecticut Ave., N.W., Suite 700 • Washington, DC 20009
phone: (202) 986-1300 • fax: (202) 986-1345 • e-mail: network@aidSACTION.org

¹Funding for these programs was included in FY 98 Appropriations bills signed into law in October and November of 1997.

²Need figures are supported by the NORA Coalition and represent the resources needed to respond to growing case loads, unmet needs and unfunded research opportunities.

³House and Senate numbers reflect a Congressional accounting change omitting amount going directly to the Office of the CDC Director.

⁴The Subcommittee has proposed an additional \$150 million increase in forward funding for ADAP for FY'99-2000.

**Tape Restoration Project
Hex-Dump Conversion**

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 8-SEP-1998 21:06:57.00

SUBJECT: FW: dc approps

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

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

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

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

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

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

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

TEXT:
fyi...

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

>From: Abreu, Julio

>Sent: Tuesday, September 08, 1998 4:59 PM

>To: Government Affairs GA

>Cc: Fisher, Steven

>Subject: dc approps

>

>it appears that ashcroft and brownback are working on some kind of
amendment

>re: neps to introduce to the dc approps bill. it is unclear at this time

if

>the amendment is like tiahrt's or coverdell's. the dc approps bill has been

>on the "batter's box" for some time so its possible that this bill could come

>up as early as this week. i guess our charge is still the same:

>

>1. find a gop sen. to introduce the "only no fed \$" amendment, and not >extraneous language

>2. identify a gop sen. (eg d'amato or hatch via chafee) who can talk to >ashcroft or brownback about not having the extraneous language (ie, >direct/indirect language or language about the use of local or private \$'s)

>3. prepare some dems w/ alternative language

>4. convince sen. leadership that an uc agreement on this bill is in their >best interest

>5. pray!!

>

>chao jca

>

>

>Julio C Abreu

>Legislative Representative

>Government Affairs

>202-986-1300 x3021

>

>jabreu@idsaction.org

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 8-SEP-1998 05:52:35.00

SUBJECT: Fwd: FW: A horrible rumor

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

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

TEXT:
I thought you might find this interesting - can you tell me whether there
is
any truth to this?

Suzi

Return-path: <ehopkins@sfaf.org>

Received: from relay30.mx.aol.com (relay30.mail.aol.com [172.31.109.30])

by air17.mail.aol.com (v49.1) with SMTP; Thu, 03 Sep 1998 17:24:11 -0400

Received: from earth.sfaf.org ([206.24.119.10]) by relay30.mx.aol.com

(8.8.8/8.8.5/AOL-4.0.0) with ESMTP id RAA29532 for <suzibeach@aol.com>;

Thu, 3 Sep 1998 17:23:53 -0400 (EDT)

Received: by EARTH with Internet Mail Service (5.5.1960.3) id <RDJ7HKZY>;

Thu, 3 Sep 1998 14:33:05 -0700

Date: Thu, 3 Sep 1998 14:33:05 -0700

From: "Hopkins, Ernest" <ehopkins@sfaf.org>

Subject: FW: A horrible rumor

To: "'suzibeach@aol.com'" <suzibeach@aol.com>

Message-id: <F8F9DC86CF9DD11198F50060B03C419840A11A@EARTH>

MIME-version: 1.0

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. email	From Suzibeach@aol.com to Todd Summers, Deborah vonZinkernagel Re: Fwd: FW: A horrible rumor [personal] [partial] (1 page)	09/08/1998	b(6)

COLLECTION:

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

FOLDER TITLE:

[08/26/1998 - 09/15/1998]

2018-0758-F
jn567

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]

X-Mailer: Internet Mail Service (5.5.1960.3)

Content-type: text/plain; charset=ISO-8859-1

Content-transfer-encoding: 7BIT

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

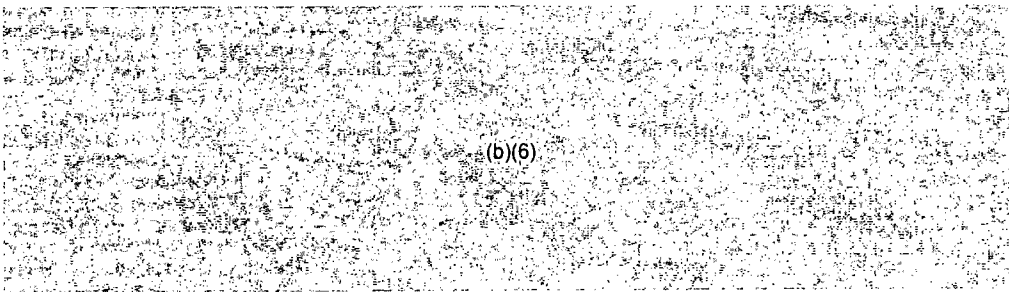
From: Matthew McClain [SMTP:MatthewMcClain@compuserve.com]

<mailto:[SMTP:MatthewMcClain@compuserve.com]>

Sent: Wednesday, September 02, 1998 7:24 PM

To: Hopkins, Ernest

Subject: A horrible rumor



[009]

Also: the horrible rumor I heard today is that

Dr. O'Neill has cut a deal or is trying to with one or more

Congressional committees regarding reauthorization that would mainstream services (whatever that is) and eliminate all or parts of the CARE Act.

The person to ask about this is Barbara Aranda-Naranjo, who I understand has a relative who is a member of Congress with some knowledge of this deal. Perhaps you might want to ask her for the details? Or maybe

Phill should, one HAAC member to another?

I don't know her, although I've heard her name. Let me know what you think and/or can find out. Perhaps we should just get Joe in a public place and ask him at pointblank range what the hell he's thinking and doing.

Last item: We need to talk on Thursday about the CAEAR reauth process

and the fax I sent yesterday. If you approve of the approach in general, I'd like to flesh things out some more and get a revised version to the EC by COB tomorrow so we can talk turkey on the call on Friday. I'll be here tomorrow, although as you perhaps can "hear" across the miles that I am not a happy camper at this point.

XOX,

MM

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 8-SEP-1998 16:07:45.00

SUBJECT: Conference Call

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

READ:UNKNOWN

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

READ:UNKNOWN

TO: jerry (jerry@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:

Reminder of Conference Call - Committee on Prison Issues

Monday, September 14 @ 11am EST

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 8-SEP-1998 17:00:20.00

SUBJECT: your fax

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

READ:UNKNOWN

TEXT:
what is that # again?

thanks

xoxo

Chris

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 8-SEP-1998 14:11:44.00

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/>

Tuesday, September 8, 1998

PUBLIC HEALTH & EDUCATION

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#1 DISTRICT OF COLUMBIA: Area's Poor, Young Women At Highest
Risk For AIDS

POLITICS & POLICY

=====

#2 HIV/AIDS: California Legislature OKs Coded HIV Reporting

#3 JONATHAN MANN: Renowned AIDS Leader Dies With Wife In
Swissair Crash

#4 INMATE TESTING: States Eager For Federal Mandatory Testing
Legislation

ACROSS THE NATION

=====

#5 NORTH CAROLINA: State Legislature Faces Funding Showdown
For AIDS Medication Program

SCIENCE & MEDICINE

=====

#6 ELDERLY: Study To Examine Quality Of Life Issues

#7 AFRICA: Rare Strain Of AIDS Virus Discovered

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 DISTRICT OF COLUMBIA: AREA'S POOR, YOUNG WOMEN AT HIGHEST
RISK FOR AIDS

Poor, young, African-American women in Washington, DC, and
Maryland "have some of the nation's highest rates of infection
with the AIDS virus," the Washington Post reports. That finding
is based on a seven-year study conducted by the Centers for
Disease Control and Prevention (CDC) that examined HIV infection
rates among 350,000 participants in the federal Job Corps program
for poor, out-of-school youth ages 16 to 21. The CDC reports

that the Job Corps infection rates are double those found among adolescent health clinics and eight times greater than applicants for military service. In response to the study's results, CDC officials "said community-based HIV-prevention programs for young people should be expanded." While overall infection rates for Job Corps participants decreased by 50% between 1990 and 1996, primarily because of AIDS prevention programs, the study found that 50% more African-American women than men were HIV positive.

"For both sexes, the District had the highest infection rates" in the country, with 10.3 cases per 1,000 women and 7.8 cases per 1,000 men. Maryland followed closely behind, reporting 9.1 cases per 1,000 women and 3.9 per 1,000 men (Okie, Washington Post Health Section, 9/8). [Click here](#) for coverage of the Job Corps study.

POLITICS & POLICY

#2 HIV/AIDS: CALIFORNIA LEGISLATURE OKS CODED HIV REPORTING

Striking a "hard-won compromise between AIDS activists and organized medicine," the California Legislature recently passed a bill requiring health officials to track HIV-positive individuals via an "alphanumeric code," the Los Angeles Times reports. Sponsored by Assemblywoman Carole Migden (D), the bill requires "doctors or laboratories [to] forward a unique code for each patient to county health officials, who would pass the information to the state." In an effort to ensure privacy, "[t]he name would remain with the doctor or the lab and could not

be passed on to public health authorities" (Marquis, Los Angeles Times, 8/29). The San Francisco Chronicle reports that "[a]nyone who disclosed the contents of confidential health records could face a civil fine" (San Francisco Chronicle, 8/29). The bill would take effect by 2000 and expire in 2004, the Times reports. The Assembly passed the bill by a vote of 52 to 7, "[b]ut the Senate approved it by just 22 to 15 Thursday, mostly because of opposition from Republicans, who have argued for collecting names." Gov. Pete Wilson (R) "has not had a chance to review it and has taken no position on it, a spokesman said," and "opponents hope to convince [him] to veto the bill."

THE RIGHT DIRECTION

Carrie Fletcher Stover of the California Medical Association said, "This bill is a decent compromise. We're definitely moving in the right direction, getting surveillance sooner rather than later." Until last year, the Times reports, many activists concerned with privacy issues opposed any type of HIV reporting, and by the same token, the CMA has "abandoned its insistence on names reporting, at least for now." Stover said, "The original thought was we'd like to treat HIV like any other communicable disease, (which means reporting by name and tracing contacts). But in the political arena we're in, that is not acceptable by everybody." The Times reports that the bill's opponents favor a names-based reporting system, and contend that the Migden bill "at best represents a delay of the inevitable -- that the coded system, like others before it, will prove cumbersome and error-prone and will need to be replaced with a names-based approach."

Dr. Cary Savitch, an AIDS physician, said the bill "is a step backward. It sends the clear message it's not important for public health (officials) to know who is infected." Only two other states -- Maryland and Texas --use a coded system, and "Texas is considering abandoning it because it has not worked" (Los Angeles Times, 8/29). However, Pat Christen, director of the San Francisco AIDS Foundation, called the legislation "a sound public health approach to HIV reporting that will provide information on the epidemic without deterring people from testing and treatment." Christen said, "Public health officials in Maryland, which has had a 'unique identifier' system in place since 1993, are very pleased with the information they have obtained." Several other states, including Massachusetts, Hawaii, Washington and Connecticut, are in the process of implementing or strongly considering a coded approach to HIV reporting (release, 8/28).

WILSON SIGNS SEX ED BILL

In other legislative news, Gov. Wilson signed SB 1110, which "requir[es] public schools to notify parents in writing before giving certain instruction on sex education and sexually transmitted disease prevention," the Sacramento Bee reports. Sponsored by state Sen. Tim Leslie (R), the bill requires 10 to 15 days notice "any time an outside organization is scheduled to provide instruction on sexually transmitted diseases, human sexuality or family life, or when the school has a schoolwide assembly on such issues." Wilson said, "This legislation will increase parental involvement and improve parental understanding

of their children's education. It will also force schools to think twice before inviting controversial age-inappropriate speakers to address our very youngest children" (Sacramento Bee, 8/28). [Click here](#) to read past Daily Report coverage of HIV-related legislation.

#3 JONATHAN MANN: RENOWNED AIDS LEADER DIES WITH WIFE IN SWISSAIR CRASH

Dr. Jonathan Mann, "widely regarded as the 'father of the worldwide response to AIDS,'" was among those killed in the Swissair crash off the coast of Nova Scotia last Wednesday, along with his wife and Johns Hopkins University researcher Mary Lou Clements-Mann. USA Today reports that Mann established Africa's first AIDS research center in the Congo in 1984, and two years later, founded the World Health Organization's AIDS program. "Within three years, Mann had built a staff of nearly 300 and a budget of \$109 million." While at WHO, he also helped to organize the first World AIDS Day (Sternberg, USA Today, 9/4).

A NATION MOURNS

U.S. Health and Human Services Secretary Donna Shalala said, "'It was through his obstinance and brilliance' that the world began a coordinated international effort on AIDS. Mary Lou was also a fighter. She was a respected research expert in vaccine development and deeply involved in the worldwide hunt for an AIDS vaccine. These two visionary professionals will be a huge loss to science and to the fight against AIDS." Mann spent most of his professional career at the Harvard School of Public Health,

and was recently appointed dean of Allegheny University's School of Public Health in Philadelphia (Cimons, Los Angeles Times, 9/4). An editorial in Saturday's Philadelphia Inquirer said Mann was "one of the first to see the fledgling epidemic as a harbinger of worldwide chaos in public health. He warned that AIDS was not only a health problem but a potential social and economic disaster" (Philadelphia Inquirer, 9/5). The Gay Men's Health Crisis said Mann was "one of the first to sound the alarm about this disease and he helped create the global infrastructure to respond to it" (release, 9/3). The New York Times reports that Ms. Clements-Mann was also "a leading researcher on AIDS vaccines and was considered an expert on the assessment of vaccines" (Saxon, New York Times, 9/4). The couple were enroute to Geneva "to talk about the link between health and human rights, and how awareness of it should inform the actions of bodies such as WHO" (Brown, Washington Post, 9/4).

#4 INMATE TESTING: STATES EAGER FOR FEDERAL MANDATORY TESTING LEGISLATION

"[C]oncern over the safety of correctional officers and the high rate of HIV and AIDS among inmates could be forcing a shift" in HIV-testing policy among the U.S. prison population, the Miami Herald reports. The U.S. Senate is poised to take up the Correction Officers Health and Safety Act of 1998, which requires federal inmates serving a minimum of six months to be tested within four months of incarceration. Amended by U.S. Rep. Steve Buyer (R-IN) to include compulsory testing, the U.S. House of

Representatives approved the legislation in August. The American Civil Liberties Union fears that should the federal legislation pass, "more states will adopt similar laws without the financial commitment to the counseling and health services that would make the policy meaningful." AIDS activists also cite the poor quality of prison medical systems and the likelihood of confidentiality breaches as arguments against the policy change. However, James McLawhorn Jr., president of the Urban League in Columbia, SC, supports the policy saying, "People have to know they're infected and then have the support they need. There are some legal concerns, but when you have an epidemic, I think you need to try to protect the general population as well as protect" the inmates.

STATISTICALLY SPEAKING

Even without a federal mandate, several states may soon follow South Carolina's lead in requiring mandatory HIV testing for all prison inmates. The Miami Herald reports that the HIV/AIDS rate in prisons is six times higher than the general population rate. By the end of 1995, statistics indicated that "state and federal inmates made up nearly 3% of the nation's confirmed HIV cases while representing less than 0.5% of the total U.S. population." Florida provides voluntary HIV testing for its inmates, and about 12,000 undergo testing annually. The state recently built a medical facility to house terminally ill prisoners with AIDS, although HIV-positive inmates remain within the general prison population. In Illinois, state Rep. Cal Skinner's (R) recent efforts to pass mandatory testing

legislation in 1994 and 1995 failed, but he continues to advocate inmate testing. "I am absolutely convinced the prison systems of the U.S. are breeding grounds for HIV," Skinner said. "It's an area in which our country has got blinders on" (Pugh, Miami Herald, 9/5). [Click here to read previous coverage of inmate testing.](#)

ACROSS THE NATION

#5 NORTH CAROLINA: STATE LEGISLATURE FACES FUNDING SHOWDOWN FOR AIDS MEDICATION PROGRAM

"[S]tate House and Senate negotiators are trying to decide whether to spend millions to expand" the state's HIV/AIDS Medication program, or maintain its current funding level of \$770,000 the AP/Charlotte Observer reports. Officials estimate that to continue the program and increase enrollment next year, the state must allocate \$16 million to the program. Although Gov. Jim Hunt (D) requested that amount, the state Senate only budgeted \$8 million in new funding, and the state House has not yet allocated funds for the program. House Republicans cite a difference in priorities, and they are attempting "to eliminate the inheritance tax, a move that would cost the state an estimated \$79 million," the AP/Charlotte Observer reports. Sen. Bill Martin (D), the lead negotiator in the Senate, said, "There's a responsibility to try to reduce the suffering, and at the same time [be] cost-effective." He added, "If medications aren't provided, folks who are able to work can't do so. They

end up on Medicare, at great cost." David Jones of the North Carolina AIDS Advisory Council suggested that without the increased state funding, the rising costs would result in cutting services and patients. "It would mean we would have to radically restructure the program," Jones said. "Drugs are so expensive and getting more expensive, we would have to consider cutting back to three or four drugs instead of 14 or 15." However, opponents indicate that increasing the funding will result in cuts in other state programs. State Rep. Debbie Clary (R) said, "There's a lot of tough choices that have to be made. If it comes down to choosing who gets help with prescription drugs -- elderly people or HIV-infected people, I make no apologies for choosing the elderly population of this state." Over 1,000 individuals with annual incomes under \$8,000 currently benefit from the program, which provides costly medications to AIDS patients free of charge. Faced with inadequate funding and increased demand, however, the state recently "quit taking new applicants for the program." Program administrator Arthur Oakrent estimates an additional 600 individuals qualify for the program but are not enrolled "because of the money crunch" (AP/Charlotte Observer, 9/7). [Click here](#) for previous coverage of the North Carolina program's funding problems.

SCIENCE & MEDICINE

#6 ELDERLY: STUDY TO EXAMINE QUALITY OF LIFE ISSUES

The Medical College of Wisconsin, "one of three sites in the

country that are major centers for studying behavior and prevention aspects of AIDS," was awarded a grant by the National Institute on Aging "to study problems and quality of life issues among older adults with HIV," the Milwaukee Journal Sentinel reports. According to health officials, the increasing trend of HIV-positive elderly individuals "will become more pronounced as the number of elderly people in the population continues to grow and better drugs extend survival for those with HIV." From 1991 to 1996, new AIDS cases in the over-50 set "rose 22%," compared with only 9% among individuals under 50. Lead researcher Timothy Heckman, assistant professor of psychiatry at the Medical College's Center for AIDS Intervention Research, said, "The vast majority of research examining quality of life issues among persons living with HIV disease has focused on younger persons." He said, "[T]here are strong indications that the needs of older HIV-positive adults deserve study," according to the Milwaukee Journal Sentinel.

QUANTIFYING QUALITY To assess quality of life issues, Heckman will study 80 HIV-positive men and women over 47. Participants will have a choice of attending "a group focus session, completing a survey or attending a 12-session group therapy program to help them cope with HIV." As part of their proposal, medical college researchers completed a preliminary survey of the problems faced by the over-50 population. Interviewing 26 adults 45 and older, one third said they were troubled by financial difficulties, "[w]orrying about the progression of the disease," difficulty finding employment and "[l]osing close friends to AIDS." In

addition, "70% said they prayed 'quite a bit' or 'a great deal,' and 48% said they wished for miracles to occur." Heckman said, "They were watching a lot of their friends pass away from AIDS," and grieving for them while worrying about themselves. Many survey respondents also reported experiencing discrimination as a result of their HIV status. A separate Centers for Disease Control and Prevention study recently found that HIV-positive individuals over 50 stood a greater chance of dying "within one month of their AIDS diagnosis" than individuals under 50 -- 13% vs. 6% -- "suggesting they were diagnosed late in the course of the disease." The CDC reported that "[p]hysicians may be less likely to consider HIV infection among this group," and may misdiagnose elderly patients, resulting in the progression to full-blown AIDS or AIDS-related infections (Marchione, Milwaukee Journal Sentinel, 9/7). [Click here for previous coverage of the elderly and HIV/AIDS.](#)

#7 AFRICA: RARE STRAIN OF AIDS VIRUS DISCOVERED

Serving as a reminder that "HIV remains a microbial moving target," French researchers reported the discovery of "a new strain of the AIDS virus in Africa that is so different from other known strains that it easily escapes detection by standard blood screening tests," the Washington Post reports. Genetic analysis indicates the virus, "a form of HIV-1," is closely related to both strains of HIV found in humans and wild chimpanzees, and researchers believe the new strain developed in chimpanzees first and made the jump to people "fairly recently."

Lead researchers Francois Simon and Francoise Brun-Vezinet of the Bichat Hospital in Paris discovered the virus in a Cameroonian woman "who died of AIDS complications in 1995," and after extensive research, have only located three other people with the same viral strain (Weiss, Washington Post, 9/1). The Associated Press reports that the new strain "is neither an M," for major strain, "or an O," for minor strain. Simon "said the new strain veers noticeably from both established groups and deserves the new label of N" (Verrengia, AP Wire, 9/1). Simon and Brun-Vezinet contend the virus "does not currently threaten the safety of the blood supply or otherwise pose a significant public health threat," the Post reports. Writing in the September issue of Nature Medicine, the researchers conclude, "The isolation and characterization of this highly divergent strain indicate that the emergence of (AIDS-related viruses) in humans is ongoing."

Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases, "said the discovery supports scientists' suspicions that there is a steady, albeit low-level, incidence of 'viral jumps' from animals into people," and felt the virus was "unlikely to become a threat to public health."

Robert Gallo, head of the Institute of Human Virology in Baltimore and co-discoverer of HIV, "said the discovery is a reminder of the virus's unflagging potential to learn new tricks. 'We've got to keep our eye on the ball,'" he said (Weiss, Washington Post, 9/1).

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 8-SEP-1998 16:05:57.00

SUBJECT: Prison Update

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

READ:UNKNOWN

TEXT:

Todd --

Since I need to prepare for our Conference Call, next week, I would like to

have a conversation with you, if possible, later this week, to discuss

where

we are with various prison issues -- especially the Nat'l Conf. E-mail me

some good times to call.

-- Jeremy

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 9-SEP-1998 14:01:20.00

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, September 9, 1998

SCIENCE & MEDICINE

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#1 GENITAL HERPES: Famciclovir Effective Treatment For Long-Term Suppression

POLITICS & POLICY

=====

#2 AIDS RESEARCH: NIAID Announces Funding For 12 Centers

#3 DISTRICT OF COLUMBIA: Medical Marijuana Initiative May Qualify For Ballot

IN THE COURTS

=====

#4 CANADA: Supreme Court Ruling Criminalizes Nondisclosure Of HIV Status

GLOBAL CHALLENGES

#5 UNITED NATIONS: Annan Releases Annual Report, Commends AIDS

Effort

MEDIA & SOCIETY

#6 GAY REVELS: Critics Say Parties' Drug Use Promotes Unsafe

Sex

CALENDAR

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

SCIENCE & MEDICINE

#1 GENITAL HERPES: FAMCICLOVIR EFFECTIVE TREATMENT FOR LONG-TERM SUPPRESSION

Oral famciclovir taken two to three times a day "is an effective, well-tolerated treatment for the suppression of genital [herpes] infection in patients with frequent

recurrences," according to a new study published in this week's Journal of the American Medical Association (Diaz-Mitoma et al., 9/9). However, AP/Newsday reports that the drug is not approved for long-term use in AIDS patients (9/9). Led by Dr. Francisco Diaz-Mitoma of the Children's Hospital of Eastern Ontario, Ottawa, researchers studied 455 healthy adults in Canada and Europe infected with the herpes simplex virus (HSV). In a double-blind study, researchers found that "[t]he proportion of patients remaining free of HSV recurrence was approximately 3 times higher in famciclovir recipients (79%-86%) than in placebo recipients (27%) at six months," and that percentage remained the same after 12 months. Infected individuals taking famciclovir also remained symptom free for much longer periods, 222 to 336 days, "compared with 47 days for placebo recipients." Study participants were given one of three famciclovir regimens, "125 mg 3 times daily, 250 mg twice daily, or 250 mg three times daily" or placebo. Approximately 90% of the patients taking 250 milligrams of the drug "twice daily for 4 months" remained symptom-free "for the duration of the study." Only 60% to 70% of patients taking the drug once a day remained symptom free, "suggest[ing] that twice-daily or 3-times-daily regimens may be more effective than once-daily treatment using equal or higher cumulative daily doses." Diaz-Mitoma writes, "[O]ur study confirms that ... famciclovir at a dose of 250 mg twice daily provides a convenient, effective, and well-tolerated regimen for patients with recurrent genital herpes. ... For patients with frequent recurrences, suppressive therapy with famciclovir

provides a potent and effective therapy, enabling patients to remain free from pain and discomfort and to regain a better quality of life" (Diaz-Mitoma et al., JAMA, 9/9). Diaz-Mitoma added, "Recurrent outbreaks of genital herpes are an enormous problem for patients. As a physician, my priority is to keep patients free from recurrences ... [and] help patients avoid the painful and disruptive symptoms associated with recurrent outbreaks (Children's Hospital of Eastern Ontario release, 9/9).

LONG-TERM CHOICES

"Genital HSV is one of the most common sexually transmitted diseases in the United States," with "approximately 1 of 5 persons 12 years of age or older" testing positive for HSV-2, Dr. Jeffrey Engel writes in an accompanying editorial. Engel points out that choosing to undergo "long-term suppressive therapy ... that may extend beyond 1 year is not a trivial decision for either expected clinical or financial outcomes. Clinicians and patients have a choice of yearly costs, dosing regimens, and efficacy predictability for agents used to suppress genital herpes." The objective, Engel writes, for "an individual patient is to establish the lowest effective (and affordable) dose over months to years of follow-up." He points out that patients utilizing long-term suppressive therapy also "should be counseled that they may still transmit HSV to their sexual partners" (Engel, JAMA, 9/9). [Click here for previous coverage of HSV.](#)

POLITICS & POLICY

#2 AIDS RESEARCH: NIAID ANNOUNCES FUNDING FOR 12 CENTERS

The National Institute of Allergy and Infectious Diseases, along with five other National Institutes of Health institutes, recently announced awards of more than \$13 million in first-year funding for 12 Centers for AIDS Research (CFARs). The grants provide three to five years of continued support for the centers, which are based at leading AIDS research institutions around the country. Six of the sites are renewals and six are first-time grantees. CFARs will provide a pool of shared resources -- such as technical expertise, equipment and training -- that is made available to local AIDS researchers. CFARs are also designed to facilitate interdisciplinary and international collaborations in AIDS research, technology transfers through academic-industry collaborations, research dissemination activities and to promote community outreach. NIAID Director Dr. Anthony Fauci said, "HIV research requires expertise in multiple scientific fields and increasingly sophisticated procedures, so the integrated center approach is an excellent way to achieve this goal."

THE ENVELOPE, PLEASE

The awardees are: University of Alabama-Birmingham; University of California-Los Angeles; University of California-San Diego with the Scripps Research Foundation, Burnham Cancer Research Foundation and La Jolla Institute for Allergy and Immunology; University of California-San Francisco; Emory University, with the AIDS Research Consortium of Atlanta, Yerkes Regional Primate Research Center and Atlanta VA Medical Center; Great Lakes CFAR, a collaboration of Northwestern

University, the University of Minnesota, University of Wisconsin and University of Michigan; University of Massachusetts Medical Center; Columbia and Rockefeller Universities, with the Aaron Diamond AIDS Research Center and the New York State Psychiatric Institute; University of North Carolina, with Research Triangle Institute and Family Health International; Case Western Reserve University; Miriam Hospital, with Brown University, Tufts University, the New England Medical Center and Memorial Hospital of New England; University of Washington-Seattle with Harbor View Medical Center and the Fred Hutchinson Cancer Research Center.

The newly funded centers join five existing centers at Albert Einstein College of Medicine, Baylor College of Medicine, Dana-Farber Cancer Institute, Duke University and New York University (NIH release, 9/1).

SOME SPECIFICS

The Minneapolis Star Tribune reports that the Great Lakes CFAR, along with the other 16 centers, was created to unite researchers in the pursuit of developing "'innovative and risky ideas' that could lead to a vaccine or better treatments" for HIV/AIDS. University of Minnesota AIDS researcher Dr. Tim Schacker said the center will offer AIDS patients "a new opportunity to participate in ground-breaking research" in the Midwest. Dr. Ashley Haase, an AIDS researcher and microbiologist at the University of Minnesota, said, "This is going to be a center without walls" (Lerner, 9/2). To meet the challenge of developing a new vaccine, "NIH has decided to duplicate what it has done in cancer research by forming large groups of

researchers," the St. Paul Pioneer Press reports. "I think it has some very exciting possibilities," Haase said (Majeski, 9/1). NIH hopes to create a synergistic effect by combining Michigan's expertise in genetics, Northwestern's vast patient base, Wisconsin's primate testing center and Minnesota's prowess in "measuring the virus in lymphatic tissues" (AP/Milwaukee Journal Sentinel, 9/2). Dr. James Curran, dean of Emory University's Rollins School of Public Health, said of the Emory/Atlanta CFAR: "The development of excellent multidisciplinary research approaches to HIV/AIDS in Atlanta, the exciting research atmosphere, the spirit of and the need for collaboration, and the extensive epidemic of HIV/AIDS in the region give Emory and the Atlanta community unique opportunities to exert a strong positive impact on collaborative research" (Emory release, 9/2).

#3 DISTRICT OF COLUMBIA: MEDICAL MARIJUANA INITIATIVE MAY QUALIFY FOR BALLOT

A decision by District of Columbia Superior Court Judge Ellen Segal Huvelle Thursday may enable Initiative 59, "[t]he referendum question on whether to legalize" medical marijuana in the District, to be included on November's ballot, the Washington Post reports. Huvelle ruled that the decision by the city's Board of Elections and Ethics to discard more than 4,600 signatures (of 17,092 verified signatures) because of a "harmless" technicality would "silenc[e] the voices of [those] voters." The ruling overturns the board's August decision, which rejected the 4,600 signatures gathered by DC resident Tanya

Robinson because "the address she listed on her circulator's affidavit ... was not the one on her voter registration." If passed, the referendum would "legalize the possession, use, cultivation and distribution of marijuana if recommended by a physician for people with illnesses such as AIDS, cancer and glaucoma." Alice Miller, executive director of the elections board, said the number of signatures will now be recalculated and that there is still time for the measure to qualify (Bowles, Washington Post, 9/7). [Click here](#) for past Daily Report coverage of medical marijuana.

IN THE COURTS

#4 CANADA: SUPREME COURT RULING CRIMINALIZES NONDISCLOSURE OF HIV STATUS

Canada's Supreme Court ruled last week that HIV-positive people who do not disclose their seropositive status to their sex partners before having unprotected sex can be found guilty of assault, the Ottawa Citizen reports. In a unanimous decision, the Court ordered a new trial for Henry Cuerrier of British Columbia, who had "sex with two women unaware of his illness." Cuerrier was acquitted of aggravated assault in 1995 since "the women had consented to sex." In the majority decision, Justice Peter Cory stated that exceptions might apply if a defendant wore condoms and that "the Crown must prove a complainant would have refused to participate in unprotected sex if they had been aware the partner was HIV positive" (Bronskill, Ottawa Citizen, 9/4).

Cory added, "Without disclosure of HIV status there cannot be true consent." The Toronto Star reports that although "[a]ll seven judges who heard the case agreed that it constitutes fraud under the assault provisions ... [to fail] to disclose AIDS infection," they "dramatically parted company on where to draw the line on what is fraud and what is not when it comes to dishonestly obtaining sex." The four-judge majority limited assault to actions that posed "significant risk of serious bodily harm," while other judges said that "the majority opinion was too vague." The CP/Toronto Star reports that neither of the women contracted HIV.

ACTIVISTS REAX

AIDS activists decried the ruling, predicting that it would hinder "the fight against AIDS." Ralf Jurgens, executive director of the Canadian HIV-AIDS Legal Network, said, "It will do little or nothing to stop the spread of HIV and it will indeed risk significantly the voluntary testing, counselling and support programs" (CP/Toronto Star, 9/4). Canadian AIDS Society Director Sharon Baxter "said the court has sent a message of false hope that the law will protect people from infection." She added, "This raises a false sense of security among those people who are HIV-negative" (Ottawa Citizen, 9/4).

EDITORIAL REAX

In an editorial Friday, the Montreal Gazette wrote, "In the absence of specific legislation covering sexually transmitted diseases like AIDS, Canadian courts have been floundering. ... Public safety requires that men such

as Mr. Cuerrier be forcibly stopped. Yesterday's ruling will now give the courts much clearer guidance" (Montreal Gazette, 9/4). Yesterday, columnist Linda Williamson of the Calgary Sun wrote, "This is what the judgement is really about ... how to deter HIV and AIDS carriers from wilfully infecting others, without undermining the public health message that all sexually active people should protect themselves" (9/8).

GLOBAL CHALLENGES

#5 UNITED NATIONS: ANNAN RELEASES ANNUAL REPORT, COMMENDS AIDS EFFORT

United Nations Secretary General Kofi Annan yesterday released his annual report to the UN General Assembly, outlining "steps to translate agreed policy measures into activities of the UN system ... [and] a series of efforts to better conditions for the older people, women and children, including pains-taking endeavors to fight AIDS." Annan commended the joint U.N. AIDS effort, UNAIDS, for its commitment to AIDS prevention and education through aggressive advocacy programs. The organization seeks to generate a global effort to fight AIDS through recruitment of political support within individual countries. In his report, Annan attributed a 15% cut in Thailand's HIV infection rate and a 25% cut in Uganda's infection rate to the organization's "strong prevention programs" targeting developing nations. "Stopping new infections is ultimately the best way of averting the devastating impact of HIV and success hinges on

using a careful mix of tried-and-tested prevention methods," he wrote (Xinhua News Agency, 9/8).

MEDIA & SOCIETY

#6 GAY REVELS: CRITICS SAY PARTIES' DRUG USE PROMOTES UNSAFE SEX

In the three weeks since this year's Morning Party -- "a glamorous social event that attracts hordes of gay men to Fire Island and reliably raises enormous sums of money for Gay Men's Health Crisis, perhaps the country's most respected AIDS service organization" -- many in the gay community "are again questioning" whether it is right for GMHC to endorse "a party that seems to inspire the kind of drug consumption widely thought to increase the likelihood of unsafe sexual behavior and the spread of AIDS." The New York Times reports that "the complaints seem to be taking on a heightened urgency with the proliferation around the country of other large-scale gay dance events, some of which funnel part of their profits to AIDS service organizations. Called "circuit parties," the events are often attended by the same crowd -- those "wealthy enough to buy plane tickets and plenty of drugs." Although some observers note that "a vast majority of gay men have never been to one," and many who do attend "use illegal drugs infrequently," critics of the parties are urging officials of GMHC and other AIDS organizations to take responsibility for the parties' drug culture and associated overdoses which have prompted numerous hospitalizations. What has "many gay men and public health experts" worried, however, is

not so much the drug use as "the implications for responsible conduct." Ron Stall, professor of epidemiology at the University of California-San Francisco, said, "The extent to which gay men use drugs is a strong, significant predictor of becoming HIV-positive." Troy Masters, publisher of LGNY, a newspaper for lesbians and gay men in New York, said the Morning Party gives GMHC "not only money, but future clients. In a way, it's like a self-perpetuating machine."

IN DEFENSE

Responding to the critics, GMHC officials said "that educating the minority of gay men involved in the party circuit about the perils of drugs is a principal reason the organization remains committed to the event" and that "during recent years, the organization had intensified its efforts to rid the Morning Party of illegal drugs, distributing written warnings." Other proponents of the parties, such as Bryan Delowery, events coordinator for the AIDS Information Network in Philadelphia which stages a circuit party every year, said, "We are more dependent than ever on special events fund-raising" due to news reports about promising AIDS drugs. Those in favor of the parties also point out that "many gay men attend the events not to indulge chemical or sexual appetites but simply to bask in an environment free of the bigotry they face elsewhere in society" (Bruni, New York Times, 9/8).

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

READ:UNKNOWN

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

READ:UNKNOWN

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

READ:UNKNOWN

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

READ:UNKNOWN

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

READ:UNKNOWN

TEXT:

September 10, 1998

VOTE NO ON AMENDMENT

THAT UNDERMINES DC'S FIGHT AGAINST AIDS

AIDS Action strongly urges you to oppose an amendment that would not only ban the use of federal or local funds for needle exchange programs, but would jeopardize federal funding for community based organizations or other entities that operate needle exchange programs even if those programs are funded by private dollars. This amendment is likely to be introduced during consideration of the FY 1999 District of Columbia Appropriations bill (S. 2333).

Currently, there are no federal dollars being spent on needle exchange

programs. However, there is precedent in many states such as Washington and Connecticut for operating needle exchange programs using local/state funds. Congress should not encroach on the ability of a state or locality to implement programs to prevent the transmission of HIV. The House and Senate FY 1999 Labor, Health and Human Services Appropriations bills contain language that prohibits the use of federal dollars for needle exchange programs.

To preserve the ability of the District of Columbia to meet the distinct challenges brought on by this epidemic in this particular community, AIDS Action urges you to oppose this amendment. The HIV infection rate among young D.C. women is the highest in the nation. The local public health department needs to be able to effectively respond to this pandemic without restrictive mandates from the U.S. Congress on how to spend their own money.

S. 2333 is not the appropriate venue to discuss the merits of needle exchange. Although the National Institutes of Health and the American Medical Association support needle exchange, the Administration and the Congress have agreed that no federal funds should be used for needle exchange programs at this time. Nevertheless, local and state flexibility is the foundation of our response to this epidemic and must continue. When it comes to what local health departments do with their own funds, Congress should support their efforts, not tie their hands. Oppose this amendment that would needlessly put District residents at risk for HIV/AIDS, particularly women and children.

Sincerely,

Daniel Zingale

Executive Director

Julio C Abreu

Legislative Representative

Government Affairs

202-986-1300 x3021

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TEXT:

KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Thursday, September 10, 1998

SCIENCE & MEDICINE

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#1 LATE-TERM DISEASE: Study Uncovers Role of CD8 T-Cells In
AIDS

POLITICS & POLICY

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#2 NEW JERSEY: Governor Rejects Needle Exchange Proposal

#3 NTFAP: African-American Organization Forced To Close This
Summer

GLOBAL CHALLENGES

=====

#4 IRELAND: Heterosexual HIV On The Rise

MEDIA & SOCIETY

=====

#5 TESTING: At-Home Kits Placed 'Out Front' Sell Better

OPINIONMAKERS

=====

#6 DEVELOPING COUNTRIES: HIV Transmission Through Breastfeeding Is Only One Problem

SPECIAL NOTICE

Please send us your press releases and other news items to be covered in future issues of the Kaiser Daily HIV/AIDS Report.
Fax: 703/518-8703, E-mail: report@kff.org, Phone: 703-518-8725

SCIENCE & MEDICINE

#1 LATE-TERM DISEASE: STUDY UNCOVERS ROLE OF CD8 T-CELLS IN AIDS

A study published in this week's Nature finds that "[t]he AIDS virus may trick some of the body's immune cells into a kind of mass suicide, suddenly stripping patients of key immune defenses after years of relative good health, Reuters/Nando Times reports. Researchers Eric Verdin of the University of California and Georges Herbein of North Shore University believe "their study could provide new clues as to why AIDS patients rapidly

sicken and die years after infection, and what types of therapy might stop the precipitous decline." Study results indicate that a strain of the AIDS virus known as "syncytium inducing" (SI), common in the later stages of the disease, accelerates the cell suicide of immune cells. While correctly timed cell suicide is a normal function that helps the body eliminate damaged or cancerous cells, the new evidence reveals that SI may corrupt this mechanism by linking perfectly healthy immune cells, known as "killer" CD8 T-cells, with macrophages, immune cells that travel through the bloodstream. The study found that "[w]hen both CD8 T-cells and macrophages are present, the CD8 cells commit suicide." Herbein said, "It is a surprise that different HIV strains would affect CD8 cells differently, since the virus doesn't infect those cells. This is a totally new idea." He added, "Once patients lose their CD8 T-cells, growth of the virus in CD4 helper cells is probably boosted, and more cells will be killed. So you will have an accelerated decline in overall immune function, until the immune system is exhausted." By focusing on preventing the premature death of helpful immune defenses, the researchers hope to develop a "new treatment path" that could "theoretically prevent patients from seeing their condition progress to advanced AIDS" (Reuters/Nando Times, 9/9). [Click here for previous coverage of CD8 cells.](#)

POLITICS & POLICY

#2 NEW JERSEY: GOVERNOR REJECTS NEEDLE EXCHANGE PROPOSAL

New Jersey Gov. Christine Todd Whitman (R) issued her "most forceful rejection yet" of her Advisory Council on AIDS' recommendation in support of a needle exchange program for drug addicts. The Asbury Park Press reports that panel chair David Troast "wouldn't say whether the panel would continue to defy Whitman's opposition" to the program, or abandon an effort unlikely to change current laws while Whitman remains in office. In an Aug. 5 letter to the council, Whitman "wrote that she remained 'resolute' in her opposition" to the program she first rejected two years ago, against the council's recommendation. Whitman stated that she opposes needle exchange programs "because they seem to condone illegal drug use and contradict our efforts to reduce" drug use. Instead, Whitman urged the council to focus on efforts to curb the spread of AIDS among minority women and teenagers (Livio, Asbury Park Press, 9/10). However, several members of the council contend that needle exchange programs "remain the single most important initiative needed to slow the spread of HIV in New Jersey, particularly among women and children." Council member Riki Jacobs emphasized that needle exchange programs target women and children, and three-fourths of the HIV infections among these groups are attributable to intravenous drug use. The Bergen Record reports that after the council's Wednesday meeting, Troast continued to emphasize the effectiveness of needle exchange to reduce HIV infection, citing studies "that show these programs slow the spread of AIDS without increasing drug use" (Campbell, Bergen Record, 9/10). Jacobs added that the council will pursue the issue. "Even if [Whitman]

is not open-minded, it's our responsibility to give her as much information as we can" (Asbury Park Press, 9/10).

A LOST CAUSE

New Jersey legislators have sponsored legislation to implement needle exchange pilot programs, despite Whitman's long-standing opposition. Bill sponsor state Sen. Joseph Vitale (D) criticized Whitman for empowering a council to provide recommendations only to reject its proposals. "This is a matter of life and death," Vitale implored (Campbell, Bergen Record, 9/10). Senate Health Committee chair Sen. Jack Sinagra (R) confirmed that the committee would hold hearings as soon as today on the legislation -- one bill to create the pilot program and another to permit the sale of syringes. Sinagra opposes Whitman's position "given that half of all AIDS and HIV cases in New Jersey can be attributed to injection drug use." However, he admits that "her staunch opposition ultimately means 'these bills are dead on arrival'" (Asbury Park Press, 9/10). [Click here for previous coverage of New Jersey needle-exchange programs.](#)

#3 NTFAP: AFRICAN-AMERICAN ORGANIZATION FORCED TO CLOSE THIS SUMMER

The financial and managerial woes leading to the recent closure of the National Task Force on AIDS Prevention (NTFAP), one of the only national organizations dedicated to HIV prevention among gay black men, are profiled in the current issue of the Washington Blade. The group began in 1985 under the

leadership of Reggie Williams as a subsidiary of Black and White Men Together. It was funded by the Centers for Disease Control and Prevention in 1988 "to provide HIV/AIDS prevention, education, and services for gay and bisexual men of color. It formally separated from BWMT in 1991." According to Alexander Robinson, NTFAP board chair, the group's troubles began in 1991. "In hindsight, the transfer of the task force from having BWMT as fiscal agent, over to being an independent agency, was never totally reconciled," he said. In 1994 the San Francisco AIDS office selected NTFAP to act as fiscal agent for the city's various HIV prevention programs for respective persons of color. Robinson said, "This was the first yellow flag. The board that came on inherited an organization that was national but had local programs. The viability of that model was never assessed or tested."

PROBLEMS COME TO A HEAD

In early 1997, NTFAP appointed as its CEO Mario Solis-Marich, "a longtime AIDS activist and lobbyist" and a non-African American. Robinson said, "There was a lot of opposition to" the appointment. People thought we had lost the primary focus of the organization. We lost potential credibility with many of our primary supporters. When we lost political cachet, we lost money." Soon after taking office, Solis-Marich was hit with a San Francisco AIDS Office audit, which found several violations and shortcomings from July 1996 to May 1997. When the organization decided to conduct its own audit, "[i]t corroborated virtually all of the findings of the San Francisco

... audit and portrayed an organization with lax management and no spending controls in place." At the end of 1997, NTFAP posted a deficit of \$427,898. The CDC visited one month later and threatened to suspend funding if its recommendations were not met by March 28. Solis-Marich asked for a financial "bail out from the city," but was refused. "Frustrated and worn out, Solis-Marich resigned from the NTFAP on June 15," soon to be followed by eight board members. With no federal funding or local funding, the board "had no other choice but to close the task force down." Robinson said, "Much time and resources were invested into the task force and that it has not ultimately resulted in an organization that was viable is very, very difficult to deal with. The only solace is that much of the work we did was important." Founder Reggie Williams added, "I am concerned that something is done for black gay men in America. AIDS will be raging out of control in our communities. Something has to be done on the national level and local level" (Brinkley, Washington Blade, 8/28 issue).

GLOBAL CHALLENGES

#4 IRELAND: HETEROSEXUAL HIV ON THE RISE

Doctors at a Dublin seminar Friday warned that "an alarming rise in the number of mothers who have contracted HIV through heterosexual contact" will increase the mother-to-child transmission of HIV in Ireland. The Irish Times reports that the seminar, entitled "HIV Infection In Pregnancy," was convened to

address the country's rising rate of vertical HIV transmission.

This year, 15 HIV-infected babies were born to HIV-positive women. Figures indicate that between 1987 and 1988, 74% of HIV-infected women contracted the virus through IV drug use, while 26% contracted the virus through heterosexual contact. But a decade later, figures show "the number of HIV-infected mothers who were drug users dropped to 30%, while as many as 70% of HIV positive mothers contracted the virus from heterosexual contact."

In response to the rising rate of heterosexual transmission, Dr. Karina Butler, an infectious disease specialist, urged the initiation of an information campaign. She said, "For pregnant mothers, in particular, routine ante-natal testing should be the norm rather than the exception. There is no excuse for mother-to-child transmission rates of higher than 2% as we move into the next century." Dr. Clare Nourse added that messages encouraging safe sex are less prevalent than a decade ago, which contributes to the fact that "young women and men [are] no longer so aware of the risks" (Carolan, 9/5).

MEDIA & SOCIETY

#5 TESTING: AT-HOME KITS PLACED 'OUT FRONT' SELL BETTER

Sales of at-home HIV test kits "rocket[ed]" when drug stores moved the product from behind pharmacy counters to store shelves, according to findings of a two-month study released by Home Access Health Corporation, the company that manufactures the kits. The study was conducted with two drug store chains,

Genovese, with 136 stores primarily in the New York City area, and Longs, with 373 stores in six western states. After the retail chains relocated the test kits to their family planning or diagnostic sections, Genovese's sales increased 360% and Longs' sales increased 570%. Longs category manager Scott Kral said, "It points out the sensitivity of forcing customers to ask the pharmacist for the test." Home Access Health sales director Jim Kammann said, "We've been stressing the importance of providing the customer with an easy way of buying our test. It's nice to have some solid evidence now to back up what we've known intuitively." Home Access Health manufactures two versions of the anonymous HIV test: Home Access Express(R), which generates results in three days, and Home Access(R), which provides results in seven days (Home Access Health release, 9/8).

OPINIONMAKERS

#6 DEVELOPING COUNTRIES: HIV TRANSMISSION THROUGH BREASTFEEDING IS ONLY ONE PROBLEM

In an opinion piece published in Tuesday's Washington Post, Mark Wainberg, president of the International AIDS Society, writes that the problems associated with HIV transmission in developing countries is "even worse than portrayed in the recent U.N. announcement" that "HIV-infected mothers in developing countries should consider alternatives to breast-feeding." He writes, "U.N. recognition of the reality of HIV transmission through breast milk represents only one aspect of a complex

situation." An equally grave problem is that treatment of women in Africa with a short course of AZT to prevent vertical transmission of HIV will cause the "development of resistance to AZT and, ultimately, the transmission of the drug-resistant virus to previously uninfected individuals." Another problem is the orphaning of children that will occur if their HIV-positive mothers pass away. Still another important aspect to recognize, Wainberg writes, is the fact that "the epidemic of pediatric HIV disease in sub-Saharan Africa and other HIV endemic areas continues to grow." About 1,600 infants are born with HIV each day throughout the world. He writes that a "[l]ack of effective treatment access in developing countries, coupled with the ability of HIV to be transmitted at birth and through breast milk, ensures that the gaps between rich and poor countries ... will grow wider."

WHAT TO DO

Wainberg writes that "the most important measures that should be taken ... continue to be sex-education programs" that teach about HIV exposure. He points out, however, that safe-sex and HIV-awareness campaigns "are practically absent in most African countries, even though the HIV-infection rate in girls ages 13 to 17 in countries such as Zimbabwe is approximately 25%. To wait until these girls turn 18 before teaching them about sex is to ensure that more babies with HIV will be born." He writes, "Simply put, the governments of too many developing countries hit hard by HIV/AIDS lack the political will to get this message out. In some cases, politicians may object to safe-sex campaigns on

religious or moral grounds." He concludes that "governments of Western democracies can help by putting pressure on countries ... to quickly establish such programs" (Washington Post, 9/8).

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KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Friday, September 11, 1998

POLITICS & POLICY

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#1 TAINTED TRANSFUSIONS: Congress Halts Hearing On Ricky Ray

Hemophilia Relief Act

#2 GAO REPORT: Calls UNAIDS' Progress In Fighting AIDS

Epidemic 'Limited'

PUBLIC HEALTH & EDUCATION

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#3 RURAL AIDS: Task Force Convening To Study Growing Problem

GLOBAL CHALLENGES

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#4 SOUTH AFRICA: 'Crisis' AIDS Summit Set To Begin Today

#5 CHINA: Condom Machines A 'Hit'

MEDIA & SOCIETY

=====

#6 CONDOMS: Poz Insert Causes Barnes and Noble To Pull

Magazine Containing Sample Condoms

SCIENCE & MEDICINE

=====

#7 JONATHAN MANN: Shaped Humane Response To AIDS Epidemic

OPINIONMAKERS

=====

#8 HMOS: HIV-Positive Participant Voices Support

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 TAINTED TRANSFUSIONS: CONGRESS HALTS HEARING ON RICKY RAY

HEMOPHILIA RELIEF ACT

The Senate Labor and Human Resources Committee Wednesday "abruptly postpone[d] action" on the Ricky Ray Hemophilia Relief Fund Act (S. 358) after lawmakers disagreed on funding levels for the bill. LEGISLATE reports that Committee Chair Jim Jeffords (R-VT) "proposed drafting a Senate bill that" would "compensate many other Americans [besides hemophiliacs] who have been victimized by HIV-contaminated blood -- a change that would double the original bill's price tag from \$750 million to almost \$1.8 billion." Jeffords said, "Since the government failed all of these victims, it should extend the \$125,000 compensatory award to each transfusion-associated AIDS patient or their families." However, bill sponsor Sen. Mike DeWine (R-OH) took a more pragmatic approach, saying "he would like to support Jeffords' more ambitious proposal but argued that the higher cost" and lack of time remaining on the legislative calendar would prove fatal to the bill. "I believe that getting half a loaf is better than no loaf," DeWine said. Passed last spring, the House bill (H.R. 1023) only compensates hemophiliacs. In an effort to reach a compromise, committee member Sen. Ted Kennedy (D-MA) suggested passing the bill with the higher funding level and reconciling the two versions during conference committee negotiations, a suggestion that both Jeffords and DeWine said was a possibility. "It seems to be that we get the best of both worlds if we pass both of these out and see what we can get," Kennedy said.

HYDE URGES NARROW SCOPE

During the hearing, DeWine cited a letter written by House

Judiciary Chair Henry Hyde (R-IL) urging the Senate to craft narrowly-focused legislation that compensates only hemophiliacs. LEGI-SLATE reports that Hyde's letter pointed out "that the House bill directs efforts 'to reflect the unique nature of the hemophilia tragedy.'" While anyone who contracted AIDS through tainted blood "might also need recognition," hemophiliacs "face a double tragedy: they contracted a deadly disease while already coping with their debilitating blood disorder" and are saddled with "an added financial burden" of treating two life-threatening illnesses at once. Hyde's recommendation unofficially sets the parameters on the House's position on both funding levels and compensation eligibility. A committee spokesperson said that a vote on the bill is likely "this week" (Harris, LEGI-SLATE, 9/9).

#2 GAO REPORT: CALLS UNAIDS' PROGRESS IN FIGHTING AIDS EPIDEMIC 'LIMITED'

A recent General Accounting Office report reviewed HIV/AIDS prevention activities undertaken by the U.S. Agency for International Development (USAID) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in the developing world. The report indicates that the two programs achieved varying levels of success. The USAID projects effectively employed intervention tactics that are "proven to curb the spread of HIV/AIDS." As a result, GAO contends the agency has "increased knowledge of HIV, changed risky behaviors and increased access to treatment for sexually transmitted diseases and to condoms, thus helping slow the spread of the disease in targeted groups." Conversely, since

its inception in 1996, the United Nations AIDS organization has made "limited progress" in its efforts to orchestrate a comprehensive, global front against HIV/AIDS. Although UNAIDS vowed to pursue political and financial support for its efforts and to organize "theme groups" at the country level, GAO reports that UNAIDS has made "limited progress in meeting its broader coordination and resource mobilization objectives." HIV/AIDS spending by cosponsor agencies has declined from \$337 million in 1994-95 to \$332 million in 1996-97 and the "success of theme groups has been uneven." U.N. officials attribute the difficulties with the theme groups to "lack of guidance to agency field representatives ... lack of individual accountability ... and lack of commitment," although agency officials have met "to address these problems and develop" improvement strategies (GAO report, 7/98).

AN ADVOCATE'S ACCUSATIONS

"I am disappointed by the methodological and conceptual poverty of [the GAO] report," Dr. Joe Thomas of Hong Kong's AIDS Advocacy Alliance charged in a letter to U.S. Reps. Benjamin Gilman (R-NY) and Jim McDermott (D-WA), who requested the GAO report. Thomas contends that the GAO comparison between the efforts of USAID and UNAIDS relied on inappropriate indicators and failed to take into account "the nature and scope" of the two organizations, which led to a "serious bias in their reporting against UNAIDS." Specifically, Thomas contends that the GAO misrepresented the two groups' efforts in India. He charges that in India, "[t]he inflexible USAID emphasis ... is often given to

'fear-based' mass media campaigns to promote behavioral changes. This has led [to] increased vulnerability, stigmatization and violence against the people living with HIV/AIDS." However, Thomas notes that "[i]f the [GAO report] authors would have taken the trouble to refer to the strategic plan of UNAIDS, they would have noticed that emphasis on Human Right[s] is a key theme of UNAIDS response." In conclusion, Thomas writes, "[W]hile I agree that UNAIDS has had a 'slow start,' I also think it has been a 'refreshing start' and we need to give them time. It will be wise to get a second opinion on this report from local experts" prior to a scheduled Congressional hearing on the contents Sept. 16 (Thomas, 8/21).

PUBLIC HEALTH & EDUCATION

#3 RURAL AIDS: TASK FORCE CONVENING TO STUDY GROWING PROBLEM

In response to studies showing that the rate of AIDS is now growing faster in rural areas of the country than in many major cities, the National Rural Health Association (NRHA) is convening the first-ever national task force to address HIV/AIDS treatment and prevention issues unique to rural America. According to the CDC, from 1991 to 1995, AIDS cases increased 80% in rural areas, compared to 47% in urban areas. In 1996, AIDS cases in localities with populations less than 50,000 represented 6.7% of all AIDS cases in the United States. Between 1989 and 1995, heterosexual transmission in rural communities nearly doubled from 5.8% to 11%. The NRHA asserts that in rural areas,

acquiring treatment may be difficult; rural HIV/AIDS patients often travel two or more hours to obtain medical care because getting tested for HIV, discussing sexual practices with health care providers and practicing safe sex can all be difficult to do privately and confidentially in rural areas. Director of the Office of National AIDS Policy Sandra Thurman said, "The National Task Force on Rural HIV/AIDS is an important step in developing policy recommendations critical to addressing the unique challenges facing individuals and organizations providing services to those living with HIV and AIDS in rural and frontier America." She said, "As AIDS continues its encroachment into rural areas, it is imperative that we provide leadership and resources at a national level." The launching of the task force coincides with the Southwestern Conference on Rural HIV/AIDS, scheduled for September 10-12 in Albuquerque, NM. The conference will focus on such topics as teaching prevention in Latin, Hispanic and African-American, Native-American and migrant farmworker populations; overcoming barriers to access to health care services in rural and frontier areas; and discussing federal HIV and AIDS policies as they relate to rural communities (NRHA release, 9/10).

GLOBAL CHALLENGES

#4 SOUTH AFRICA: 'CRISIS' AIDS SUMMIT SET TO BEGIN TODAY

South African Deputy President Thabo Mbeki is scheduled to lead a "crisis AIDS summit" today in Pretoria to call "upon the

leaders of South African society to mobilize their resources in a combined effort to combat the world's fastest growing AIDS epidemic." ANC Daily News Briefing reports that conference invitees include more than 200 leaders "from eight different sectors -- media religious bodies, the arts community, education, sport and recreation, business and labor, community and NGO and government." The summit's principal message "is that AIDS is no longer just a health problem but the most serious crisis ever to face South Africa, with the potential to devastate this country's economic and social reforms." Mbeki said, "AIDS has emerged as a challenge which requires that we mount a joint national offensive for our own survival. This requires a new, focused initiative that builds on the work being done currently at various levels, but that can also make the maximum impact on stemming the tide of the epidemic" (ANC Daily News Briefing, 9/9). [Click here to read past Daily Report coverage of the AIDS epidemic in South Africa.](#)

#5 CHINA: CONDOM MACHINES A 'HIT'

Condom vending machines installed in China's southern town of Shenzhen have been a "hit," with reported sales approaching "3,000 condoms in the first month of operation" for "[e]ach of the 50 machines owned and installed by a Hong Kong sex products company." Reuters reports that according to China Daily, the condom sales were reportedly "driven by the spread of sexually transmitted diseases." The company limited the initial installations to Shenzhen, a town with "rampant" prostitution that "attracts hordes of men from Hong Kong just across the

border." The success of the operation attracted the attention of the State Family Planning Commission, which "plan[s] to get in on the condom machine business and install them in other cities this month." The commission is also planning to establish "contraceptive chain stores across China." Overall, Reuters reports that "[m]ost condoms in China were bought by educated people." According to one survey of condom use in Guangzhou, a nearby city of Shenzhen, "84% of all sexually active single women and 44.1% of young mothers used condoms" (Reuters, 9/10). [Click here to read past Daily Report coverage of AIDS in China.](#)

MEDIA & SOCIETY

#6 CONDOMS: POZ INSERT CAUSES BARNES AND NOBLE TO PULL MAGAZINE CONTAINING SAMPLE CONDOMS

Coinciding with the release of the September issue of Poz -- a magazine for people with AIDS, which this month carries a yellow sticker on its cover page "announc[ing] FREE Back to School CONDOMS Inside" -- the Barnes and Noble bookstore chain decided to stop carrying the magazine outside of major metropolitan areas. The Washington Blade reports that Sean Strub, Poz founder and executive editor, said the store's "action underscored the problems portrayed in the September issue, which features several articles on youth and HIV and describes the obstacles to safer sex education and condom distribution in the nation's schools." He said, "I think they thought [the condoms] w[ere] going to create some complaints, so they returned them.

... This has entirely to do with the subject matter and the fear of retribution from the religious right. ... It's cowardly and censorial." Barnes and Noble's director of corporate communications, Mary Ellen Keating, however, said "Poz has sold poorly" in some rural and suburban areas and that the chain pulled the magazine from certain stores because "[s]pace is at a premium. ... It's a coincidence that we made the adjustment ... at this particular time." She said, "We, as booksellers, are confronted with people every day who have a problem with something we sell. ... The fact of the matter is we don't censor anything we sell." In response to Keating's explanation, Strub said, "That's bullshit." He said "he was told by the magazine's newsstand consultant, Michael Richman, that Barnes and Noble feared some customers would think the chain was encouraging youths to have sex if the issue was placed on the racks." He said he was surprised because Barnes and Noble "was one of the first chains to have Gay sections ... and was one of the first chains to carry Poz." Walter Armstrong, Poz editor-in-chief, said the staff decided to include condoms in the issue, in part, to "destigmatize condom distribution." He said, "We were certainly hoping that the condoms will reach some kids, but it's also a symbolic act and an attempt to raise this issue as summer ends and school begins again" (Freiberg, Washington Blade, 8/28). [Click here](#) for past Daily Report coverage of condoms in the media and the resulting controversy.

#7 JONATHAN MANN: SHAPED HUMANE RESPONSE TO AIDS EPIDEMIC

In a profile of AIDS pioneer Jonathan Mann, who was killed in the Swissair crash last week, the Village Voice writes that Mann was responsible for encouraging public health officials across the globe to take a human rights approach in the fight against AIDS. Peter Piot, director of the United Nations AIDS program, said, "I'm convinced that if someone other than Jonathan had been the first director of Global Programme on AIDS, the whole response to the epidemic would have been different." He said, "For example, we may have gotten into a repressive approach, perhaps using quarantine. Because let's not forget that in the early days there were many calls for that." Newsday reporter Laurie Garrett writes in her book *The Coming Plague* that "by 1987, 81 countries had passed laws against people with HIV or risk groups, usually homosexuals and prostitutes." Countries such as Germany, Cuba and some Muslim states were either quarantining people with HIV/AIDS, or those in high-risk groups, or thinking about it. In the United States, former Secretary of Education William Bennett "favor[ed] ... compulsory testing of all hospital patients, marriage license applicants, and immigrants." The Village Voice notes that with "an eloquence that was at once fiery and logical," Mann persuaded people that "human rights and public health go hand in hand." Under his guidance, "almost 150 nations signed on to a condom-based, compassionate strategy to slow the spread of AIDS," and the World Health Organization "ma[de] human rights the core of its anti-HIV strategy." At the 11th World AIDS Conference in Vancouver two

years ago, Mann "warned that th[e] breakthrough [of protease inhibitors] threatened the very solidarity among AIDS advocates." He said, "we all started in the same place: with the same lack of treatment and with the same hopes ... The industrialized world, shorn of its technologic armor, was forced into developing prevention and care strategies, to listen and learn from the universally available wealth of human experience and wisdom" (Schoofs, Village Voice, 9/8). [Click here to read recent Daily Report coverage of Jonathan Mann.](#)

OPINIONMAKERS

#8 HMOS: HIV-POSITIVE PARTICIPANT VOICES SUPPORT

HIV-positive HMO member John Riley praises managed care in a recent Los Angeles Times opinion piece. "Many people are surprised that someone with AIDS would support managed care," he said. "But the truth is managed care has benefits that traditional fee-for-service medicine does not for people with chronic illness." He writes that HMOs "usually cove[r]" prescription drugs "for a low co-payment," they do not have lifetime benefit limits that some traditional fee-for-service plans do, and that "HMOs are working with medical groups to identify treatment options for HIV/AIDS members that work best." He said, "HMOs can be advocates for those with HIV/AIDS. If you don't get the medical care or drugs you need, immediately let your doctor, medical group and HMO know of your concerns." He points out, "Many times, members only let their doctors know of

their concerns without notifying their medical group and HMO."

Riley concludes that people should "become as knowledgeable about their condition as they can and learn how to work with their doctor, medical group and HMO as effectively as possible" (Los Angeles Times, 9/5).

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-30-

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Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010. email	From Matt Florence to Todd Summers Re: Some help, please (1 page)	09/11/1998	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[08/26/1998 - 09/15/1998]

2018-0758-F

jn567

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
011. email	From Jacquie Lawing to Todd Summers Re: Hi [personal] [partial] (2 pages)	09/14/1998	b(6)

COLLECTION:

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

FOLDER TITLE:

[08/26/1998 - 09/15/1998]

2018-0758-F

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Jacquie_M._Lawing (jacquie_m._lawing@hud.gov [UNKNOWN])

CREATION DATE/TIME:14-SEP-1998 22:53:00.00

SUBJECT: Re: Hi

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

READ:UNKNOWN

TEXT:

hey there!!! I hope your vaca was great.

A few things -

(b)(6)

[011]

second, sandy's speaking at the AIDS housing conference in Atlanta - if
there's something particular you want us to mention or support, let me know

ok...good...push our fy99 budget

for sure

third, paul sent me a copy of an email from you in which you
said that you thought there was more ONAP could do with HUD
- I'd like to sit down with you -- not at our dinner, which
is sacred space! -- and talk about this. We're game for
anything!!

great

(b)(6)

(b)(6)

hope you're well!

todd

see ya!

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:14-SEP-1998 15:59:15.00

SUBJECT: Urgent Conference Call

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

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

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

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

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

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

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

CC: montoya_dc (Montoya_dc@Al.eop.gov [UNKNOWN])
READ:UNKNOWN

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

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

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

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

TEXT:
Sept. 14 1998

TO: TODD SUMMERS, ONAP

FROM: JEREMY LANDAU, PACHA/PRISONS

SUBJ: NAT'L ISSUES

In our Conference Call, today, [Present: S. Abel, J. Billings, J. Cade, L. Cooper, S. Hitt, K. Gerus, J. Landau, D. Montoya, M. Rankin] without input since our last Call; we decided to differ all general briefing issues to a later meeting -- pending outcomes of discussions with your office.

Of particular concern was the National Meeting on Prisons. We would like a date set and a draft letter to Dr. Satcher prepared as soon as possible. Other concerns also included the Prison Site Visit, meeting with Dr. Sawyer, and follow-up on the Interagency Meeting.

We therefore have asked Daniel Montoya to schedule a Conference Call with you, Sandy Thurmon, and our Committee on Thursday, Sept. 24 @ 11am EST, to discuss follow up.

It is our understanding that Scott Hitt will be meeting with you this Thursday, and will present these concerns to you directly.

Thank you, in advance, for your prompt attention to these matters.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	09/14/1998	b(7)(C), b(7)(F), b(6)

COLLECTION:

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

FOLDER TITLE:

[08/26/1998 - 09/15/1998]

2018-0758-F

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purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of
financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information
concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:14-SEP-1998 13:13:18.00

SUBJECT: WAVES Confirmation

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

TEXT:
ADDRESSEES: TODD_A._SUMMERS

SUBJECT: CONFIRMATION: APPT. REQUEST FOR SUMMERS, TODD

FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)f

Date: 09-14-1998

Time: 09:10:21

[012]

This message serves as confirmation of an appointment for the
visitors listed below.

Appointment With: SUMMERS, TODD

Appointment Date: 9/14/98

Appointment Time: 10:00:00 AM

Appointment Room: INDIAN TRE

Appointment Building: OEOB

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U99869

If you have any questions regarding this appointment,
please call the WAVES Center at 456-6742 and have the
appointment number listed above available to the
Access Control Officer answering your call.

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 8

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 8

BASS, PATRICIA

HOLLOWAY, JOAN

LAMPORT, JUDITH

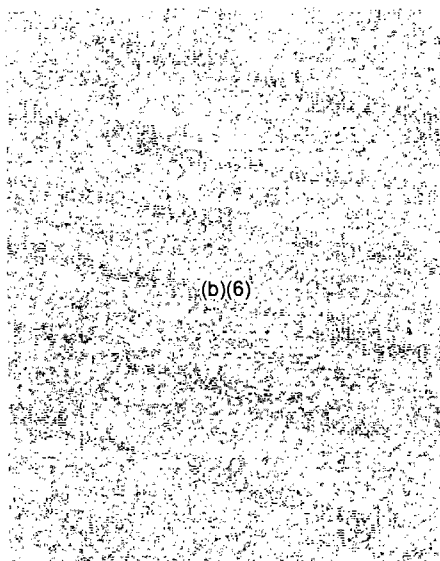
LEWIS, RONALD

MORGAN, DOUG

PALENICEK, JOHN

PERSON, RONALD

WENZELL, AMANDA



RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:14-SEP-1998 13:55:54.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

READ:UNKNOWN

TEXT:

KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Monday, September 14, 1998

ACROSS THE NATION

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#1 NEW JERSEY: Minorities Not Effected By Decline in HIV/AIDS

Rate

PUBLIC HEALTH & EDUCATION

=====

#2 SEX EDUCATION: High School Survey Reveals Most Schools

Require Instruction

POLITICS & POLICY

=====

#3 DRUG RESEARCH: NIH Awards \$11 Million To FAMU

SCIENCE & MEDICINE

=====

#4 UNDERSTANDING TEST RESULTS: Patients Need Clearer Information

GLOBAL CHALLENGES

=====

#5 VIETNAM: HIV Infection Rate Rises 24% Since January

OPINIONMAKERS

=====

#6 PARTNER NOTIFICATION: Coercive Measures Are Counterproductive, ACLU Officials Say

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

ACROSS THE NATION

#1 NEW JERSEY: MINORITIES NOT EFFECTED BY DECLINE IN HIV/AIDS RATE

Blacks in New Jersey "are not sharing the same rapid decline
in AIDS rates as" other populations within the U.S., "whether it

is because preventive messages are not reaching them or because they aren't getting into treatment programs," the Home News Tribune reports. According to an analysis of state health records, "[w]hile elsewhere, AIDS once was known as a disease affecting mostly white gay males, blacks have been disproportionately represented in the statistics since the first days of the epidemic in New Jersey," with "dirty needles rather than homosexual sex" playing "the most lethal role in spreading the virus." Although blacks make up only 13.4% of New Jersey's population, they account for 55% of the state's AIDS cases and 59% of the state's HIV cases. The picture is even bleaker for the state's black children -- they account for 64% of AIDS cases and 71% of HIV cases. Nationwide, "[b]lacks represent 57% of all people newly diagnosed with HIV," according to the Centers for Disease Control and Prevention. Fifty-two percent of the state's HIV "infections were connected directly to dirty needles," compared to roughly "one third ... associated directly or indirectly" with intravenous drug use nationwide. Riki Jacobs, a member of the Governor's Advisory Council on AIDS, said, "This is not a surprise. This is something we've known all along." However, Gov. Christine Todd Whitman (R) has adamantly opposed a needle-exchange program, "insisting it supports an illegal activity and sends a mixed message to children." Khafre Abif, co-chair of the HIV Prevention Community Planning Group, said, "The propaganda put out about [HIV/AIDS] being a gay disease didn't help efforts in the African-American community." The Home News Tribune reports that while he noted "the governor's staunch

opposition to needle exchange has been particularly harmful to the black community," Abif "doesn't believe intravenous-drug users represent a large part of the black community, [although he] noted their impact on spreading the disease has been profound" (Becker, Home News Tribune, 9/13). [Click here](#) for previous coverage of the HIV/AIDS rate among New Jersey minorities. [Click](#) needle-exchange programs for previous coverage of the debate in New Jersey.

PUBLIC HEALTH & EDUCATION

#2 SEX EDUCATION: HIGH SCHOOL SURVEY REVEALS MOST SCHOOLS REQUIRE INSTRUCTION

"[A]lmost all schools in states and cities [require] health education in grades 6-12," including information on sex, sexually transmitted diseases and HIV, according to a new survey published in the Centers for Disease Control's Morbidity Mortality Weekly Report. Based on 1996 data collected from 13 city school districts in 35 states, CDC researchers found a median of 87% of states and 75% of cities teach a "separate health education course." A median of 94% provided information on HIV prevention, and 95% of schools had a confidentiality policy to protect HIV-positive students. On overall health education topics, a median of 72% of schools "tried to increase student knowledge on certain topics" such as pregnancy, sexually transmitted diseases and prevention of tobacco and alcohol use. The CDC conducted the survey in an effort to provide high school officials with

"improve[d]" information on school health education and HIV education (Grunbaum, et al., MMWR, 9/11). Click [here](http://www.cdc.gov/epo/mmwr/mmwr_ss.html) to access the full report, or type: www.cdc.gov/epo/mmwr/mmwr_ss.html directly onto your web browser.

POLITICS & POLICY

#3 DRUG RESEARCH: NIH AWARDS \$11 MILLION TO FAMU

The National Institutes of Health announced Thursday that it has awarded the Florida A&M School of Pharmacy \$11 million to research AIDS drugs -- "the largest research grant in FAMU's history, topping the previous record of \$7.7 million." The Tallahassee Democrat reports that "[t]he award underlines FAMU's climb into the annual top 10 of research funding by the NIH among the 69 American universities that do pharmacy research." Henry Lewis, dean of the School of Pharmacy, said, "We've been able to convince the granting agencies that we are a player in the field of pharmacy research. Their level of confidence with Florida A&M is the confidence that they will get an excellent return on their investment dollar." He "not[ed] that funding agencies such as the National Institutes of Health donate research money in the direct pursuit of 'the kind of discoveries that solve critical health problems.'" FAMU will receive the grant over five years, and will additionally use the money for "research in drug delivery systems and hooking up FAMU to worldwide computer databases for pharmacy research" (Ensley, Tallahassee Democrat, 9/11). Click [here](#) for information on other recent NIH grants.

SCIENCE & MEDICINE

#4 UNDERSTANDING TEST RESULTS: PATIENTS NEED CLEARER INFORMATION

HIV-positive patients are in need of a better understanding of their viral load test results, according to a new survey of 937 AIDS patients conducted by Roche Diagnostics. The company reports that 91% of survey respondents were currently being treated with antiretroviral therapy, and 67% considered themselves knowledgeable about viral load count, while nearly 80% consider testing important irrespective of education level or population group. The data demonstrates a need for increased education, specifically in the areas of: viral load testing frequency; when the test should not be performed, such as when a patient has a secondary illness such as the flu; interpreting viral load fluctuations; the importance of baseline testing; and the importance of using the same testing method. Eighty-five percent of the survey respondents were male and 61% were between the ages of 35-49. Fifty-six percent were white, 24% hispanic, and 15% were African American. "The results of the HIV Awareness Survey show that great strides have been made in educating patients about the importance of viral load measurement, Jules Levin, founder of the National AIDS Treatment Advocacy Project said. "But," he added, "there are gaps in the understanding of test results and their application in treatment. As tracking of viral load assumes a greater role in HIV/AIDS patients' overall

healthcare, it is important for AIDS educators to continue to provide needed information about viral load testing" (Roche Diagnostics release, 9/11).

GLOBAL CHALLENGES

#5 VIETNAM: HIV INFECTION RATE RISES 24% SINCE JANUARY

The HIV infection rate in Vietnam rose 24% "in the first eight months" of 1998, Vietnam National AIDS Committee officials said Thursday. In January, 58 of the country's 61 provinces reported a total of 8,145 cases of HIV, but by Sept. 7 that number grew to 10,119. During the same time period, the number of people with full-blown AIDS increased from 1,188 to 1,244. Agence France Presse reports that "official figures grossly underestimate the extent of AIDS," because widespread testing in Vietnam "does not exist." United Nations statistics from last year estimated that "more than 84,000 Vietnamese" were HIV-positive, and by the year 2000 that number is projected to rise to approximately 263,000. Vietnamese "[h]ealth experts say the virus is spread chiefly by intravenous drug use and prostitution but that everyday activities like getting shaved at a barber, or going to the dentist could also cause infection" (Agence France Presse, 9/10). [Click here for previous coverage of HIV/AIDS in Vietnam.](#)

OPINIONMAKERS

#6 PARTNER NOTIFICATION: COERCIVE MEASURES ARE COUNTERPRODUCTIVE, ACLU OFFICIALS SAY

A commentary piece in Friday's St. Louis Post-Dispatch argues that mandatory HIV reporting and notification laws imperil not only privacy, but public health as well. Authors Michael Adams, staff attorney for the ACLU's AIDS Discrimination Project, and Deborah Jacobs, executive director of the American Civil Liberties Union of Eastern Missouri, note that "[f]rustration over the continued spread of HIV," and isolated instances of reckless individuals who wantonly infect others have "led to increased calls for coercive measures." They contend, however, that such policies, by deterring HIV testing and treatment, will "prove far more deadly." They maintain their position is not one "in which the public's health is being sacrificed on the altar of the right to privacy," but based on sound public health policy. Syphilis, they note, is still widespread despite mandatory notification. In addition, the Journal of Genito Urinary Medicine recently published a survey that found notification "was a relatively ineffective means of disease control when sex with multiple partners is common and when there is considerable delay before symptoms of infection develop, both of which are factors in the spread of HIV." Adams and Jacobs also cite surveys from methadone clinics, one of which found that 59% of clients, many of whom distrust the government deeply, said mandatory notification would deter them from seeking treatment. Many HIV-positive women also fear violent retaliation by their partners if their HIV status were disclosed. The authors call for

notification services to be set up, but for these services to be
"voluntary, non-coercive and confidential." They write:
"[P]artner notification strategies that respect anonymity and
doctor-patient confidentiality are far more effective than those
based on coercion and fear. ... A doctor-patient relationship
built upon trust will more likely yield useful information about
sexual contacts than one based on force" (Adams/Jacobs, St. Louis
Post-Dispatch, 9/11).

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	09/14/1998	b(7)(C), b(7)(F), b(6)

COLLECTION:

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

FOLDER TITLE:

[08/26/1998 - 09/15/1998]

2018-0758-F
jn567

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]
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information [(b)(4) of the FOIA]
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purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of
financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information
concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:14-SEP-1998 13:19:36.00

SUBJECT: WAVES Confirmation

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

READ:UNKNOWN

TEXT:

ADDRESSEES: TODD_A._SUMMERS

SUBJECT: CONFIRMATION: APPT. REQUEST FOR SUMMERS, TODD

FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)f

Date: 09-14-1998

Time: 09:17:54

[013]

This message serves as confirmation of an appointment for the
visitors listed below.

Appointment With: SUMMERS, TODD

Appointment Date: 9/14/98

Appointment Time: 10:00:00 AM

Appointment Room: INDIAN TRE

Appointment Building: OEOB

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U99880

If you have any questions regarding this appointment,
please call the WAVES Center at 456-6742 and have the
appointment number listed above available to the
Access Control Officer answering your call.

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1

CHAPPELLE, SANDRA

(b)(6)

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:15-SEP-1998 13:53:19.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

READ:UNKNOWN

TEXT:

KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Tuesday, September 15, 1998

POLITICS & POLICY

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#1 CONGRESS: AIDS Issues Eclipsed By Starr Report

#2 VACCINE RESEARCH: Center To Be Named After Retiring U.S.

Sen. Bumpers, Wife

IN THE COURTS

=====

#3 MAINE: Mother Wins Right To Withhold Treatment From Son

#4 INMATE CARE: San Francisco May Sue State For Inadequate

Services

PUBLIC HEALTH & EDUCATION

=====

#5 AFRICAN AMERICANS: NBCSL Sounds 'A Call To Action'

GLOBAL CHALLENGES

=====

#6 FEMALE CONDOMS: PSI Will Market Worldwide

#7 INDIA: Government Ups Estimate Of HIV Infections By
Millions

OPINIONMAKERS

=====

#8 TEEN SEX: 'Younger' And 'More At Risk,' Brody Says

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 CONGRESS: AIDS ISSUES ECLIPSED BY STARR REPORT

Daniel Zingale, executive director of AIDS Action, commented yesterday that "[t]he Lewinsky scandal is diverting White House attention from its legislative work just as Congress is writing critical spending bills." NPR's Barbara Bradley reported that

for Zingale, "the practical effect of the Lewinsky scandal hit home in one phone call." He recently telephoned a Congressional staffer "who had always lent a sympathetic ear in the past." However this time, Zingale said, "[t]he staffer very briskly and uncharacteristically told me he had to get off the phone because he was working on preparing for the Starr report and that was a priority and it was all-consuming right now and he'd get back to me when and if that allowed." The telephone call wouldn't have been "so troubling" to Zingale, "except that it's budget season. September is ... when the White House is supposed to push its own initiatives." NPR reported that "Zingale says this year, critical issues like AIDS education and prevention are being ignored." He said, "There are no new initiatives coming out of the White House, nothing coming out of the Congress and right now is the time. The clock is ticking, there isn't much left on the legislative calendar. If they're going to do anything new and beyond what we've been doing in the area of HIV prevention, now is the time. But you turn on CSPAN and you'll see that isn't what they're working on" (NPR, "Morning Edition," 9/14). To listen to this story, type www.npr.org onto your web browser and click onto "Morning Edition." Note: You must have RealAudio on your computer to listen to the program.

#2 VACCINE RESEARCH: CENTER TO BE NAMED AFTER RETIRING U.S. SEN. BUMPERS, WIFE

In honor of their three decades-long effort to promote the immunization of the nation's children, the U.S. Senate "wants to

name a vaccine-research center targeting the AIDS virus in honor of retiring Sen. Dale Bumpers (D-AR) and his wife, Betty" the Arkansas Democrat-Gazette reports. The naming of a new National Institutes of Health building in Bethesda, MD, was announced "as a surprise during one of" Bumpers' final committee meetings last week. The building, set to be completed by 2000, is to be named the "Dale and Betty Bumpers Vaccine Research Facility," and "will be the federal government's biggest vaccine center." Upon hearing the news, Bumpers said, "I can't tell you how gratifying this is." Betty Bumpers said, "This won't change a thing. We'll keep going with this. ... There's still plenty to do." Sen. Tom Harkin (D-IA) underscored that comment when he said the Bumpers' were "tireless advocates" striving to "[prevent] unnecessary disease" throughout the world. Since the 1970's, when Bumpers was governor of Arkansas, the couple has made childhood immunization a policy priority. Both chambers are expected to approve the designation prior to adjournment (Lemons, Arkansas Democrat-Gazette, 9/14).

IN THE COURTS

#3 MAINE: MOTHER WINS RIGHT TO WITHHOLD TREATMENT FROM SON

A judge ruled yesterday that a Maine woman cannot be compelled to give her HIV-positive son antiretroviral drugs, denying a state Department of Human Services motion to take custody of the boy. The AP/Portland Press Herald reports Valerie Emerson, who is also HIV-positive, testified that "she saw her 3-

year-old daughter go through an agonizing death while on AZT, and she did not want Nikolas to suffer the same way" (9/15). Judge Douglas Clapp said that he had not heard sufficient evidence that Valerie Emerson was jeopardizing the health and welfare of her son Nikolas by choosing not to administer "drug cocktail" therapy. Clapp wrote in his seven page decision that although a parent "'does not have an unfettered right to dictate the level of medical treatment' if such a decision puts a child in jeopardy, 'only those situations arising to serious abuse or neglect warrant government intrusion' ... 'with the relative uncertainty of the efficacy of the proposed treatment, it can only be left up to the parent to make an informed choice in this regard.'" The Boston Globe reports that Nikolas' father, Ryan Dubay, who does not have custody, "wants the best treatment available for his son" and was "very disappointed" with the ruling (Gold, Boston Globe, 9/15).

STATE INVOLVEMENT

Maine Public Radio's Keith Shorthall reports that Emerson's lawyer blasted the state for its heavy-handed treatment of the situation. The state could have intervened via "consultations, encouragement, positive discussion, some involvement less than a court action attempting to take away custody of this child," he said. "It's like trying to kill a mosquito with a sledgehammer and we feel it's inappropriate" (NPR, "Morning Edition," 9/15). Officials from the state stood by their actions, although they said they would not appeal the ruling. DHS Commissioner Kevin Concannon said he felt justified in seeking custody "because

specialists told him 'not treating this child is not an option.'"

Valerie Emerson, who "is following the findings of a small minority of AIDS researchers who believe that the drugs used to treat AIDS are extremely toxic and can actually cause the symptoms of AIDS," indicated that she will wait for safer treatments to be developed for Nikolas (Globe, 9/15). "He deserves the chance to be [a] little boy without trying some drug that might help," she said (NPR, "Morning Edition," 9/15). [Click here](#) for past coverage of this case.

#4 INMATE CARE: SAN FRANCISCO MAY SUE STATE FOR INADEQUATE SERVICES

San Francisco Supervisor Mark Leno plans to introduce a motion asking the city attorney to sue the state for its alleged lack of adequate care and treatment of HIV-positive prisoners, the San Francisco Examiner reports. "The California Department of Corrections routinely administers incomplete and inconsistent HIV drug treatment to its HIV-infected inmates," Leno said. He contends a lawsuit would force prison administrators to "administer HIV drugs effectively and to prepare HIV-infected prisoners with appropriate information to continue HIV therapy after their release." Leno contends that "released inmates are given inadequate medication and almost no follow-up treatment," which leaves the city "to deal with a heightened AIDS crisis featuring a more resilient virus." The city may seek compensatory damages to compensate for the extra costs. The San Francisco Examiner reports that the other supervisors and San

San Francisco Mayor Willie Brown (D) have to approve the suit, at which point city Attorney Louise Renne "would have final say." Renne said, "Right now, we're at a point where we're looking into it. ... The information that we have seen to date indicates there is a very serious problem here."

HOW BIG?

Representatives from the prison system differ greatly with AIDS activists and city officials on the magnitude of the problem. Currently, the two groups cannot even agree on the number of prisoners statewide who are infected with HIV. Judy Greenspan of the HIV in Prison Committee of California Prison Focus says there are 16,000; corrections officials say there are only 5,000. California Department of Corrections spokesperson Christine May said the city's allegations are exaggerated. "It's not perfect, but given our primary responsibility for public safety, the department does an excellent job of providing care for HIV-positive inmates," she said, noting the system provides drug treatment, peer counseling and information on community services upon release. AIDS activists, however, claim the situation is far more severe. Paulette Santos-Martinez, an HIV-positive former inmate, said, "People are dying. We don't get our medications properly, we can't see our doctors when we need to. It isn't right." Greenspan also criticized the department for banning distribution of condoms and bleach, which is used to clean needles. May, however, cited safety concerns for not issuing these items (Gordon, San Francisco Examiner, 9/11). [Click here](#) for past Daily Report coverage of HIV-positive

prison inmates and their care.

PUBLIC HEALTH & EDUCATION

#5 AFRICAN AMERICANS: NBCSL SOUNDS 'A CALL TO ACTION'

The National Black Caucus of State Legislators yesterday convened a three-day leadership summit to sound a call to action against the increasing threat of HIV/AIDS in the African American community at the African American Leadership Summit on AIDS, which began yesterday and runs through Wednesday. Key government and community leaders will brief NBCSL members on the status of government-funded programs and the government's response to HIV/AIDS. U.S. Rep Maxine Waters (D-CA) will issue a "call to action" today. U.S. Surgeon General David Satcher and the Centers for Disease Control and Prevention's Dr. Helen Gayle will provide a federal overview of the AIDS crisis. National Association for the Advancement of Colored People Executive Director Kwesi Mfume and Dr. Keith Rawlings of the National Medical Association will address the community response to HIV/AIDS and the role of African-American leaders (NBCSL release, 9/14). Click [here](http://www.nbcsl.com) to access the NBCSL's website, or type www.nbcsl.com directly onto your web browser.

GLOBAL CHALLENGES

#6 FEMALE CONDOMS: PSI WILL MARKET WORLDWIDE

The Female Health Company announced yesterday that through

its multi-year agreement with the United Nations Joint Programme on AIDS (UNAIDS), it is supplying its female condom to Population Services International for PSI's program to expand female condom distribution worldwide. PSI, "one of the leading social-marketing organizations in the world," is already distributing female condoms in seven countries, including Zimbabwe, where it markets the condom as the "care contraceptive sheath." Female Health Company Chair O.B. Parrish said PSI "understand[s] the product and the global public health sector. Since the female condom was introduced in Zimbabwe, orders have been received for more than 850,000 units." Zimbabwe has a population of approximately 11 million (Female Health Company release, 9/14). Click [here](#) for past coverage of female condoms and the Female Health Company's volume discount agreement with UNAIDS. Or, click www.femalehealth.com for the Female Health Company's website.

#7 INDIA: GOVERNMENT UPS ESTIMATE OF HIV INFECTIONS BY MILLIONS

The head of India's National AIDS Program announced a dramatic upward revision in the government's estimate of HIV infection levels yesterday, approximating that 3 to 5 million Indians are HIV-positive, or 0.3% to 0.5% of the country's 975 million people. Agence France Presse reports, "That figure ... marks a drastic leap for the government, which had previously put the number of Indians infected with HIV at little more than 67,000." In denying a quote in the Times of India in which he

purportedly said 1% of India's population was HIV-positive, J.V.R. Prasad Rao told Agence France Presse that "the 1% figure referred to the number of HIV carriers in the five worst affected states, not to India as a whole" (Agence France Presse, 9/14).

Deutsche Presse-Agentur reports that in the Indian states of Maharashtra and Karnataka, 2.4% and 2.3% of the population are believed to be infected, respectively (9/14). The upwardly adjusted estimates may still be low, according to the United Nations and nongovernmental organizations. The director-general of the World Health Organization, Gro Brundtland, said earlier this month that "as many as seven million Indians [are] HIV positive, while AIDS activists insisted a 'one-percent' nationwide figure [is] not so far from the truth." Anjali Gopalan of the Naz Foundation India Trust said, "In fact, I wouldn't be surprised if it wasn't even higher than [1%]" (Agence France Presse, 9/14).

THE TIPPING POINT

Rao said, "If the spread is not arrested at this stage, it may result in an Africa-like situation, where young earning members of households were wiped off by the virus." His "comment is based" on the experience of the WHO in African countries, which found that "if the infection rate in the general population crosses 1 per cent, the virus spreads very fast." Rao said, "[AIDS] is no longer a problem of truck-drivers, sex workers or intra-venous drug-users. The problem is here. We are getting a huge number of HIV positive cases." Times of India also reports that the Indian government is discussing the problem "with chief

ministers of all states. While a few states have realized the need to work on awareness program[s] urgently, some states have not shown any interest" (Jain, Times of India, 9/14). Geeta Sethi, head of the UNAIDS program in India, bemoaned the government's overdue efforts to halt the epidemic before it becomes widespread, saying, "Why aren't we learning from other countries? Why do we have to see so many die before reacting?" (Agence France Presse, 9/14).

OPINIONMAKERS

#8 TEEN SEX: 'YOUNGER' AND 'MORE AT RISK,' BRODY SAYS

"While there has been a decline in the teen-age pregnancy rate resulting from the increased use of contraception and a leveling off of sexual activity among teen-agers, there are still too many girls and boys engaging in reckless sexual activity," Jane Brody writes in today's New York Times. Brody points to several studies where teens state they "should have waited" longer before having sex, and point to the increased risks of pregnancy and STDs. A New Zealand study published in the British Medical Journal found that many of the 21 year-olds surveyed regretted engaging in sexual activity while still in their early or mid-teens. "Now older and wiser," she says, "54% of the women and 16% of the men said they should have waited," and that figure rose to 70% among women who first had sex before age 16. Young age of first intercourse increases the risks of "pregnancy and sexually transmitted diseases, including ... AIDS," Brody says. She cites effective education programs such as Growing Together

and Will Power/Won't Power, both developed by Girls Inc. as effective tools to prevent early sexual activity and increase awareness of the risks involved. "It is critical that [young people] learn, first, how to resist pressures to have sexual intercourse at such young ages, and second, how to protect themselves from unwanted consequences if and when they decide to go all the way" (Brody, New York Times, 9/15). [Click here](#) for previous coverage of teenagers and sexual activity. To contact Girls Inc., type www.girlsinc.org onto your web browser, or call: (212) 509-2000.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
014. email	From B11WDC-OV08B.os.dhhs.gov to Todd Summers Re: Undeliverable Message (2 pages)	09/15/1998	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[08/26/1998 - 09/15/1998]

2018-0758-F

jn567

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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015. email	From Mary Beth Donahue to Todd Summers Re: Dinner with Jacquie (2 pages)	09/15/1998	Personal Misfile
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COLLECTION:

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

FOLDER TITLE:

[08/26/1998 - 09/15/1998]

2018-0758-F

jn567

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:15-SEP-1998 13:52:02.00

SUBJECT: FW: coburn-ackerman hearing

TO: David Holtgrave ("David Holtgrave (E-mail)" <dyn6@cdc.gov> [UNKNOWN])
READ:UNKNOWN

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

TO: Gary West ("Gary West (E-mail)" <gaw2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

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

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

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

TEXT:

>Subject: coburn-ackerman hearing

>

>is more definitively scheduled for 9/29. the hearing will be on hr4431,

the

>names rept-partner notification bill. this bill has no new cosponsors,

just

>the dynamic duo/duds. there will be two panels, a member panel (this

panel

>doesn't make too much sense) and a public health panel. i agree w/ chris

>that we should at least submit either helene or gary west of the cdc for

the

>public health panel. other folks might be dr. burke (sp?) of chataqua cty

>(who testified in the previous hearing), dr. merson of yale, or dr.

curran of

>emory. seems to me like we need to move on this asap.

>

>chao jca

>

>Julio C Abreu

>Legislative Representative

>Government Affairs

>202-986-1300 x3021

>

>jabreu@aidsaction.org

>