Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From Jarret Yoshida to Todd Summers Re: Hey back (2 pages)	09/21/1998	Personal Misfile
002. email	From Jarret Yoshida to Todd Summers Re: Hey back (2 pages)	09/21/1998	Personal Misfile
003. email	From Jacquie Lawing to Todd Summers Re: Dinner with Jacquie (8 pages)	09/21/1998	Personal Misfile
004. email	From Mary Beth Donahue to Todd Summers Re: Mushroom soup cookout (1 page)	09/21/1998	Personal Misfile
005. email	From Mary Beth Donahue to Todd Summers Re: Mushroom soup cookout (1 page)	09/21/1998	Personal Misfile
006. email	From Jeff Trandahl to Todd Summers Re: Dinner (1 page)	09/22/1998	Personal Misfile
007. email	From Jeff Trandahl to Todd Summers Re: Dinner (1 page)	09/22/1998	Personal Misfile
008. email	From Jeff Trandahl to Todd Summers Re: Dinner (1 page)	09/23/1998	Personal Misfile
009. email	From Ronald Saleh to Multiple Recipients Re: Mushroom soup cookout (2 pages)	09/23/1998	Personal Misfile
010. email	From Michael Alba to Todd Summers Re: Hey there (1 page)	09/23/1998	Personal Misfile
011. email	From Jdguzman to Todd Summers Re: Hi (1 page)	09/23/1998	Personal Misfile
012. email	From Jarret Yoshida to Todd Summers Re: Hey back (2 pages)	09/24/1998	Personal Misfile

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

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

2018-0758-F
jn568

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 Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. email	From Jarret Yoshida to Todd Summers Re: Hey back (2 pages)	09/24/1998	Personal Misfile
014. email	From Jarret Yoshida to Todd Summers Re: Hey back (2 pages)	09/30/1998	Personal Misfile

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

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

2018-0758-F
jn568

RESTRICTION CODES

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

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Turner-Abubakar, Karen ("Turner-Abubakar, Karen" <kdt5@cdc.gov> [UNKNOWN])

CREATION DATE/TIME:16-SEP-1998 18:28:57.00

SUBJECT: E-mail about working lunch

TO: carlosv ("'carlosv@nasbe.org'" <carlosv@nasbe.org> [UNKNOWN])
READ:UNKNOWN

TO: mshriver ("'mshriver@napwa.org'" <mshriver@napwa.org> [UNKNOWN])
READ:UNKNOWN

TO: nicole ("'nicole@advocatesforyouth.org'" <nicole@advocatesforyouth.org> [UNKNOWN])
READ:UNKNOWN

TO: pkawata ("'pkawata@nmac.org'" <pkawata@nmac.org> [UNKNOWN])
READ:UNKNOWN

TO: Auerbach, Judith ("Auerbach, Judith (NIH)" <ja84h@NIH.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Birnkrant, Debra B. ("Birnkrant, Debra B. (FDA)" <BIRNKRANT@CDER.FDA.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Blass, Casey S. ("Blass, Casey S." <BLAS102W@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Castro, Kenneth G ("Castro, Kenneth G" <kgc1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Collins, Carlyn L. ("Collins, Carlyn L." <clc4@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: DeCock, M.D., Kevin ("DeCock, M.D., Kevin" <kmd2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Furphy, Larry ("Furphy, Larry" <lrf2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Gayle, Helene D ("Gayle, Helene D" <hdg1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Goosby, Eric ("Goosby, Eric (OS)" <EGoosby@OSOPHS.DHHS.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Hathaway, Rebecca A. ("Hathaway, Rebecca A." <HATH105W@cdc.gov> [UNKNOWN])
READ:UNKNOWN

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

TO: Hybarger, John F. ("Hybarger, John F." <JFH4@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Israel, Ami ("Israel, Ami" <amiisr@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Jaffe, Harold ("Jaffe, Harold" <hwj1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Janssen, Robert ("Janssen, Robert" <rxj1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Lipshutz, Judy ("Lipshutz, Judy" <jel6@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Meegan, Anne M. ("Meegan, Anne M." <MEEG100W@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Mills, M. Valerie ("Mills, M. Valerie (SAMHSA)" <VMILLS@SAMHSA.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Moore, John R. ("Moore, John R." <jrm3@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: ONeill, Joseph F. ("O'Neill, Joseph F. (HRSA)" <JONeill@HRSA.DHHS.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Page, Frances ("Page, Frances (OS)" <FPage@OSOPHS.DHHS.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Roca, Angel ("Roca, Angel" <axr4@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Scarlett, Margaret ("Scarlett, Margaret (OS)" <MScarlett@OSOPHS.DHHS.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Schieffelbein, Carl W ("Schieffelbein, Carl W" <cws1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Simpson, Daniel C. ("Simpson, Daniel C. (IHS)" <dsimpson@SMTP.IHS.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Stover, Ellen ("Stover, Ellen (NIH)" <es34i@NIH.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Weinstein, Beth ("Weinstein, Beth" <WEIN101W@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Whitescarver, Jack ("Whitescarver, Jack (NIH)" <jw14z@NIH.GOV> [UNKNOWN])
READ:UNKNOWN

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

CC: Dietz, Sue ("Dietz, Sue" <sed4@cdc.gov> [UNKNOWN])
READ:UNKNOWN

CC: Valdiserri, Ron ("Valdiserri, Ron" <rov1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TEXT:
To all participants of the September 25 planning meeting for the 1999 HIV

Prevention Conference:

The agenda included with your invitation to the planning meeting on

September 25 indicated that there will be a working lunch. Box lunches

will

be prepared by a local catering business. We will take your orders before

the meeting begins at 9:00 a.m. Each lunch will cost $8.50. Please try to

have this exact amount available.

Thanks.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-SEP-1998 14:05:02.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Wednesday, September 16, 1998

POLITICS & POLICY

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#1 MEDICAL MARIJUANA: House Resolves To Oppose Legalization

#2 HIV REPORTING: Georgia Seeks Public Input

PUBLIC HEALTH & EDUCATION

==========

#3 TEEN SEX: Survey Participants Bring European Findings Home

ACROSS THE NATION

==========

#4 TEXAS: AIDS Outreach Center Selects Executive Director

#5 SOUTH CAROLINA: State Will Centralize Care of HIV-Positive Prisoners

MEDIA & SOCIETY

==========

#6 MISS AMERICA: 'Proud' Of Her AIDS Prevention Message

SPECIAL NOTICE

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

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

Phone: 703-518-8725

POLITICS & POLICY

#1 MEDICAL MARIJUANA: HOUSE RESOLVES TO OPPOSE LEGALIZATION

In response to 1996 Arizona and California ballot initiatives allowing "physicians to prescribe marijuana to treat symptoms of illnesses," the House overwhelmingly approved a resolution yesterday opposing the legalization of marijuana for medical purposes. Sponsored by U.S. Rep. Bill McCollum (R-FL), chair of the House Judiciary Committee's crime subcommittee, the resolution's passage likely will stall pending medical marijuana initiatives in Alaska, Colorado, Nevada, Oregon, Washington and the District of Columbia, the Richmond Times-Dispatch reports. McCollum said "doctors and scientists with the greatest expertise have determined that marijuana is not a medicine." Although many AIDS activists support marijuana use to treat chronic pain

associated with the disease, McCollum cautioned that "regularly smoking pot can be dangerous for people who are HIV-positive because it weakens the body's natural immunities and can accelerate the onset of AIDS" (Richmond Times-Dispatch, 9/16). Click medical marijuana to read past Daily Report coverage of the issue.

#2 HIV REPORTING: GEORGIA SEEKS PUBLIC INPUT

Georgia is the latest state to consider whether people with HIV should be reported to the Centers for Disease Control and Prevention by "name or by an alphanumeric code that only the patient's doctor would know," the Macon Telegraph reports (Clark, 9/15). At a state-sponsored public forum last night, "[a]lmost all who spoke ... were against using patient names." Attendees "said reporting the names of HIV-positive cases to the state would scare people away from getting tested," particularly in rural areas. The Georgia Department of Human Resources gave assurances that whether it contains codes or names, the list would remain confidential. Dr. Harold Katner, a member of the state's AIDS Task Force who treats patients with HIV/AIDS, "said some states that had used codes instead of names had trouble collecting complete data." The department plans to make a final decision by spring of 1999 (Clark, Macon Telegraph, 9/16).

PUBLIC HEALTH & EDUCATION

#3 TEEN SEX: SURVEY PARTICIPANTS BRING EUROPEAN FINDINGS HOME

The results are in from a Kaiser Family Foundation-sponsored study tour investigating why teen pregnancy and STD rates in Holland, France and Germany are significantly lower than in the United States, and participants conclude that the U.S. "must find a way to blend European openness about contraception with American messages about sexual abstinence." Led by the University of North Carolina-Charlotte and comprised of community leaders, academics and two teen journalists, the group "found cultures with a level of comfort about contraception that was stunning even to health professionals, cultures where most adults believe teens will have sex and advise them on how to do it without harming themselves or others," the Charlotte Observer reports. The group was struck by the pervasiveness of safe-sex, contraception and condom advertisements, the availability of condoms in the street, and the proffering of free contraceptives to teens without parental permission. They also found that sexuality education was widely incorporated into school curriculum. But while some members felt Europeans' openness about sexuality indicated a greater respect for teens "as individuals," others felt their attitude was "just more immoral" than in the U.S.

SAFE SEX OR NO SEX?

Tour participants said that "[f]iguring out how to meld the two messages -- safe sex and no sex -- is the biggest challenge ... ahead. They said they'd "love to see better access to contraception and a massive education campaign ... that unites" both safe sex and abstinence messages. The Observer reports

"[t]our participants said the European approach does teach values: Responsibility, love and respect for oneself and one's partner." UNCC graduate student Chan Roush reported that some Europeans "were sort of astonished at [the U.S.'s] abstinence campaign. They think it's pretty naive." Melissa Harris, a 17-year-old Teen People reporter, "is a self described conservative who signed an abstinence-until-marriage vow." She said she found that "[s]ex is a positive thing over there. Everything about it is negative here." While the trip didn't change her personal views, she said that "when you go to a country and realize how much your country is failing in what they're doing, you have to change a little bit" (Helms, Charlotte Observer, 9/14).
Click here for previous coverage of the study tour.

ACROSS THE NATION

#4 TEXAS: AIDS OUTREACH CENTER SELECTS EXECUTIVE DIRECTOR

After a nationwide search, the AIDS Outreach Center of Texas yesterday chose as its executive director someone "within its own ranks" -- Mike McKay, former director of education and public policy, the Ft. Worth Star-Telegram reports. McKay was named interim director this summer after former director Thomas Bruner left to head the Cascade AIDS Project in Portland, OR (see Daily Report, 5/21). McKay was hired by AIDS Outreach in 1996, after completing a stint from 1993 to 1995 as a chaplain at Methodist Medical Center in Dallas. During that time, "he decided to dedicate himself to working among people who had become outcasts

from their families, churches and communities." AIDS Outreach Center Board President Rosie Mauk said, "It was a hard decision, but our greatest choice. The 20 years of diverse experience Mike brings to the job, as well as his passion for the agency, made him our best candidate." McKay said "one of his primary goals will be to stop the spread of HIV among African-Americans," (Craig, Ft. Worth Star-Telegram, 9/14).

#5 SOUTH CAROLINA: STATE WILL CENTRALIZE CARE OF HIV-POSITIVE PRISONERS

South Carolina's mandatory prison HIV testing program has "found that about 600 males and 40 females have the AIDS virus," AP/Columbia State reports. According to Corrections Department Director Michael Moore, "[t]o control the spread of the disease and to give inmates the medical attention they need, the men will be taken to Broad River Correctional Institution and the women will be housed at the Women's Correctional Institution." The move comes as the state attempts to streamline specialized services for inmates in order to avoid duplication. Broad River Correctional Institution in Columbia will "provide medical and other special needs services, while Lee Correctional Institution in Bishopville will handle mental health needs and substance abuse programs." Moore said, "With nearly 21,000 inmates, we cannot afford to have similar programs in 32 institutions. This is another step towards providing the highest quality services in the most efficient manner possible" (AP/Columbia State, 9/15). Click here for previous coverage of inmates with HIV/AIDS.

MEDIA & SOCIETY

#6 MISS AMERICA: 'PROUD' OF HER AIDS PREVENTION MESSAGE

With her days as Miss America numbered, Kate Shindle said she "wouldn't have handled anything differently, especially" her "controversial AIDS prevention message." She said, "Controversy is something that gets people talking, if nothing else. And one of the best methods we can employ to combat the AIDS epidemic is dialogue." The Tacoma News Tribune reports that Shindle, whose reign ends this week, "earned both praise and criticism for her blunt advocacy for condom distribution and needle exchanges to prevent AIDS." She said, "When it all comes to it, it's a choice between trying to please everybody and maybe saving someone's life. There's not much choice to be made there" (Tacoma News Tribune, 9/15).

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

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-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:17-SEP-1998 00:10:14.00

SUBJECT: Re[2]: Hi

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

TEXT:
Good...I am. Thanks!

Monday night the 21st is open if you're available.

Also, can you have someone send me talking points about your budget so that

I can put them in Sandy's comments?

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:17-SEP-1998 13:53:38.00

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, September 17, 1998

POLITICS & POLICY

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#1 CONGRESS: Top AIDS Researchers, Activists Suggest Policy Changes

#2 MANN: Group Establishes Prize To Honor AIDS Researcher

IN THE COURTS

==========

#3 MAINE: AIDS Experts Reax On Compulsory Treatment Ruling

PUBLIC HEALTH & EDUCATION

==========

#4 MASSACHUSETTS: STD Rates Continue Decline

#5 MISS AMERICA: To Lobby For AIDS Action

GLOBAL CHALLENGES

==========

#6 ASIA: HIV Cases To Double By Year 2000

MEDIA & SOCIETY

==========

#7 CALIFORNIA: TV Ads Discourage Drug Use in Pregnancy

CLARIFICATION

The study tour investigating European teen pregnancy and STD rates (see Daily Report, #3, 9/16) was organized by Washington-based Advocates for Youth, in conjunction with the University of North Carolina-Charlotte.

POLITICS & POLICY

#1 CONGRESS: TOP AIDS RESEARCHERS, ACTIVISTS SUGGEST POLICY CHANGES

The "spread of AIDS in developing countries has the same devastating effects as war, indirectly affecting Americans because it fosters economic and political instability," Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said yesterday during testimony before the House International Relations Committee. "I think we should make international health part of our foreign policy," Fauci said,

adding that the U.S. should increase its funding in the global fight against HIV/AIDS (Bonabesse, Washington Times, 9/17). Committee Chair Ben Gilman (R-NY) called the hearing to address two major policy changes that Congress is considering: whether HIV-positive pregnant women should be provided with AZT in an effort to prevent in-utero transmission; and whether to increase funding for the United Nations Joint Program on HIV/AIDS (UNAIDS). "UNAIDS has been given an enormous mission with very few resources," Gilman said. "We should consider ways to bolster UNAIDS by making it part of the World Health Organization or World Bank where most funding for the fight against AIDS is spent" (Gilman release, 9/16)

PIOT'S POINT

Dr. Peter Piot, executive director of UNAIDS, said that both the WHO and the World Bank currently provide a majority of the support and funding for the UN program. Piot pointed out that UNAIDS is structured to utilize a "multi-agency approach" and he called for "synergy" between "a committed alliance of many partners" to combat the disease. He stated that "the potential of the UN system has not yet been fully exploited when it comes to matching the challenge of AIDS." With regard to global efforts to combat HIV/AIDS, Piot said there were two "bottom lines." He said, "We need an effective vaccine" within the next ten years, and for the present, "We must end the arbitrary division between prevention and care activities." Piot testified in support of AZT treatment for pregnant women, "targeted interventions to promote condom use ... and harm reduction

programs among injecting drug users." Piot said, "We can have no illusion that we can 'stop AIDS' with a magic bullet. But we must share the vision that reducing transmission, achieving minimal care standards, and helping to alleviate the impact of the epidemic throughout the world has become possible and affordable, and thus a moral imperative for us all" (Piot congressional testimony, 9/16).

#2 MANN: GROUP ESTABLISHES PRIZE TO HONOR AIDS RESEARCHER

The National Council for International Health, along with Human Rights Watch, announced yesterday that they are establishing an annual award in honor of Dr. Jonathan Mann, a leading AIDS researcher who was killed in the Swissair crash earlier this month. Mann was the "founding director of the World Health Organization's global program on AIDS in 1986," and "had just been named dean of the School of Public Health at the Allegheny University of the Health Sciences" (Philadelphia Inquirer, 9/17). In testimony before the House International Relations Committee, NCIH President and CEO Dr. Nils Daulaire told Congress members that the death of Mann and his wife, Mary Lou Clements-Mann, "was a huge loss to the global health community," as Mann "had served not only as the vocal conscience of global health, but as the practitioner who identified key connections between medical issues and social issues" that helped the world come "to grips with the AIDS pandemic" (NCIH release, 9/16). The award in Mann's honor will include a "substantial" cash prize allowing the recipient to "pursue projects with

independence" and "feel free to speak out on issues." In a statement, NCIH said the prize "will recognize individuals who have made a major contribution to the understanding and linkage of global health and human rights -- the issue to which Dr. Mann dedicated the last five years of his life" (Reuters/Washington Post, 9/17). Click here for previous coverage of the Manns.

IN THE COURTS

#3 MAINE: AIDS EXPERTS REAX ON COMPULSORY TREATMENT RULING

On Monday, a Maine judge ruled that Valerie Emerson did not have to administer antiretroviral "drug cocktail" therapy to her HIV-positive son Nikolas, despite the state Health Department's insistence that the treatment was necessary to save the boy's life. In addition to raising serious questions about the government's right or duty to mandate medical care for minors, the case highlighted an issue that has received little notice: does the highly touted drug combination regimen, which has slashed the number of AIDS deaths and decreased the level of HIV in patients' blood to undetectable levels, benefit children?

CLINICAL DATA

The Daily Report asked Dr. Jeffrey Lawrence, senior scientific consultant for the American Foundation for AIDS Research, whether Emerson was justified in withholding the treatment for her son. He stated that in the most recent pediatric studies of the drug cocktail's efficacy, "only one-third of the children achieved undetectable viral loads, and

the other two-thirds had" inconsistent results. So, he said, "It is not as clear-cut in the pediatric population as in the adult population, where it is not unusual to get 100% of [patients] to undetectable viral loads and increases in T-cells." Thus, Lawrence believes that Emerson's "concerns are valid about quality of life vs. 'am I going to help this child.'" However, he cautions, "I hope she's informed enough to know that even if we can't tell her about survival for her particular child, there's at least a one in three chance there will be an excellent remission in this disease."

EMPOWERING PATIENTS

AIDS Action Executive Director David Zingale sees the case as "a positive step in terms of patient empowerment." Furthermore, he said, "It may also help us to take a step back from some of the exuberance around some of the new therapies, to remind us that the therapies do not work for everyone, they're not a cure for anyone, and a particularly high level of uncertainty surrounds [their] effectiveness for children." Although he believes that the judge made the proper decision and that Valerie Emerson was not negligent, Zingale said, "I think it's appropriate for the state to be vigilant in monitoring situations like this with an eye towards ensuring that there isn't negligence." But in this case, "when you're in an area of uncertainty, the decisions have to be driven by the patient. And in this case, the decision-making authority transfers to the parent." Lawrence added, "Without an absolute and compelling reason that you will save someone's life, there are side effects

with these drugs that we're all familiar with. These side effects can be debilitating to people, and quality of life can be a consideration in the treatment of HIV" (Pasick, Daily Report, 9/16).

EDITORIALS

In an editorial yesterday, the Portland Press Herald argued that although deciding in favor of Valerie Emerson "was the right decision for Nikolas," the ruling shouldn't prevent the state from pursuing "every option to treat vulnerable youngsters despite their parents' wishes." The paper concludes, "There is no parental right to mistreat a child, and the state is correct to assume custody if actual neglect or abuse occurs" (Portland Press Herald, 9/16). Click here for previous coverage of this case.

PUBLIC HEALTH & EDUCATION

#4 MASSACHUSETTS: STD RATES CONTINUE DECLINE

Massachusetts saw a 4% drop in gonorrhea cases in 1997 -- to the "lowest level in nearly 40 years" -- and a 29% decrease in syphilis cases, according to a Massachusetts Department of Public Health report. Chlamydia cases, however, rose by 8%, "but officials said the hike may be in part the result of extra sensitive tests." The Boston Herald reports that since 1990, gonorrhea, syphilis and chlamydia rates have decreased 71%, 64% and 45%, respectively. Dr. Howard Koh, DPH commissioner, said, "These declining rates are striking and certainly represent

success by any standard of public health." According to the report, the 1997 gonorrhea rate was "just 35 cases per 100,000 residents," and syphilis infections were limited to just 187 cases in the entire state. "Officials say they hope to eliminate infectious syphilis in Massachusetts by the year 2003," the Herald reports.

PREVALENCE IN TEENS

Paul Etkind, director of DPH's STD prevention program, said that "[d]espite the declining rates, chlamydia and gonorrhea remain problems among teenagers." In teens last year, chlamydia cases increased 8%, "with the biggest rate of increase occurring among black males." Gonorrhea cases, however, "actually dropped by 3% among teens." Syphilis, a disease "almost exclusively of adults," accounted for "only three cases" (Lasalandra, Boston Herald, 9/16)

#5 MISS AMERICA: TO LOBBY FOR AIDS ACTION

Following the end of her term as Miss America Saturday, Kate Shindle will join AIDS Action's policy team as a Pedro Zamora Fellow for one year. During holidays and other breaks from her senior year at Northwestern University, Shindle will work in AIDS Action's Washington, DC, office to promote the organization's Virtual Vaccine prevention plan. She will lobby members of Congress and the Clinton administration, lead public education events and work on various components of the Virtual Vaccine plan, as well as work at AIDS Action member organizations throughout the country. At a press conference yesterday, Shindle

announced that she will also serve as spokesperson for the National AIDS Fund. AIDS Action Executive Director Daniel Zingale said, "Kate's youth and dynamism make her the perfect advocate for the Virtual Vaccine and we are convinced that her leadership will help make its enactment a reality." Shindle said, "I will work to make sure that every member of Congress knows that the only cure in sight is treating HIV prevention like the medical vaccine we desperately crave" (AIDS Action release, 9/16). Click here to read past coverage of AIDS Action's Virtual Vaccine.

GLOBAL CHALLENGES

#6 ASIA: HIV CASES TO DOUBLE BY YEAR 2000

The number of HIV cases in Asia "is likely to double by the year 2000" to "more than 1.5 million," a World Health Organization meeting of Western Pacific health officials in Manilla were "warned," this week BBC News reports. Han Sant Tae, director of the WHO Western Pacific, told meeting participants that it is "vital that countries in the region t[ake] action to curb the rise of sexually transmitted disease," since, STDs are "a 'key contributor' to the transmission of HIV in many countries." Roughly 35 million STD cases occur each year in the entire region; "[i]n several countries, up to 40% of sex workers" and "up to 5% of the general population is affected." With regard to HIV cases, participants were told that HIV is found in "[a]round 10 times more people -- some 700,000 --- ... than

official figures suggest." To fight the epidemic, "WHO chief Gro Harlem Brundtland has promised extra support for the region."

IMPACT OF FINANCIAL CRISIS

BBC News reports that at a Tuesday press conference, Brundtland "warned" that the Asian financial crisis "was putting a squeeze on already limited health budgets in Asia," noting "that many countries [are] not spending ... an 'ideal' of between 4% and 8% of GDP." She "called on international financial institutions to ensure their policies did not worsen health services," and said, "Be careful about affecting health services and institutions and basic primary health care because of the very negative consequences for the future" (BBC News, 9/15).

MEDIA & SOCIETY

#7 CALIFORNIA: TV ADS DISCOURAGE DRUG USE IN PREGNANCY

An aggressive new television ad campaign designed to discourage drug and alcohol abuse during pregnancy was announced Wednesday by California first lady Gladys Wilson at a drug rehabilitation center. The campaign, titled "Your Kids Are What You Are," will begin airing in two weeks. "Our goal," Wilson said, "is to reach out to these pregnant women and their families, to try and get them into treatment that can save not only their lives, but the lives of their babies." In one ad, "a baby plays with drug paraphernalia while wishing aloud that its mother would stop using drugs," the Los Angeles Times reports. The second ad shows tears rolling down a mother's face at her

son's funeral, while a voiceover says, "Weeping won't bring baby John back." Recovering mothers at the rehab center reportedly were receptive to the ads hard-hitting messages. The Los Angeles Times notes that the current number of pregnant California women with substance abuse problems is unknown, but a 1993 University of California-Berkeley study found that 69,000 out of 607,000 California infants were born to substance abusing mothers. (Leonard, Los Angeles Times, 9/17).

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

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

-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:17-SEP-1998 16:23:08.00

SUBJECT: small grant fund meeting

TO: Clif Cortez (Clif Cortez <ccortez@usaid.gov> [UNKNOWN])
READ:UNKNOWN

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

TO: Don Casey (Don Casey <afxb@igc.org> [UNKNOWN])
READ:UNKNOWN

TO: Paurvi Bhatt (Paurvi Bhatt <pbhatt@usaid.gov> [UNKNOWN])
READ:UNKNOWN

TO: Ron MacInnis (Ron MacInnis <ncihaids@ncihaids.org> [UNKNOWN])
READ:UNKNOWN

TEXT:
This is a reminder that the small grant fund meeting is next week:

Wednesday, September 23, 1998

10:00 EST

Call 1-800-351-4898, security code "8944"

I will be sending you copies of the proposals today which you should

receive on Friday. (Don, your's will arrive Monday). Please contact me if

you have any questions.

Thanks.

Kim Parvez

****

National Council for International Health

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****

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:17-SEP-1998 18:57:28.00

SUBJECT:

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

TEXT:
To: 4249 @ WHCA

2168163 @ SkyTel

cc:

From: Todd A. Summers

Date: 9/17/1998

Time: 18:55:52

Subject:

Body:

Call Todd at 6-2444 ASAP

Priority:

Message history for recipient SANDY (SKY) THURMAN [Pager]

Thursday 17 Sep 1998 18:56:48 Eastern Standard Time - Message received

by Pager Gateway

Thursday 17 Sep 1998 18:57:22 Eastern Standard Time - Message received

by Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:17-SEP-1998 18:57:48.00

SUBJECT:

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

TEXT:
To: 4249 @ WHCA

2168163 @ SkyTel

cc:

From: Todd A. Summers

Date: 9/17/1998

Time: 18:55:52

Subject:

Body:

Call Todd at 6-2444 ASAP

Priority:

Message history for recipient SANDY THURMAN [Pager]

Thursday 17 Sep 1998 18:56:53 Eastern Standard Time - Message received

by Pager Gateway

Thursday 17 Sep 1998 18:57:30 Eastern Standard Time - Message received

by Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:18-SEP-1998 22:40:51.00

SUBJECT: FW: neps language in dc approps...

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

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

TO: Tim Westmoreland ("'Tim Westmoreland (E-mail)'" <westmort@law.georgetown.edu> [UNKNOWN])
READ:UNKNOWN

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

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

TEXT:
as i'm sure you might know by now:

>Subject: neps language in dc approps...

>

>when and if dc approps were to ever reach the senate floor, it appears

that

>sen. asscroft will introduce neps language w/ a ban of federal $ only.

this

>alternative is, as you know, optimal to the tiahrt language. basically,

>asscroft is offering the porter (or the moran compromise from approps

cmtee)

>language. we will con't to monitor this situation to make sure that the

good

>sen. from missouri doesn' t have a change of heart. who knows if this

line

>of thinking will extend to the l,hhs bill?? keep your fingers crossed...

>

>chao jca

>

>Julio C Abreu

>Legislative Representative

>Government Affairs

>202-986-1300 x3021

>

>jabreu@aidsaction.org

>

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From Jarret Yoshida to Todd Summers Re: Hey back (2 pages)	09/21/1998	Personal Misfile

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

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

2018-0758-F
jn568

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
002. email	From Jarret Yoshida to Todd Summers Re: Hey back (2 pages)	09/21/1998	Personal Misfile

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

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

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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
003. email	From Jacquie Lawing to Todd Summers Re: Dinner with Jacquie (8 pages)	09/21/1998	Personal Misfile

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

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

2018-0758-F
jn568

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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]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. email	From Mary Beth Donahue to Todd Summers Re: Mushroom soup cookout (1 page)	09/21/1998	Personal Misfile

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

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

2018-0758-F
jn568

RESTRICTION CODES

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

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-SEP-1998 14:03:22.00

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 21, 1998

POLITICS & POLICY

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#1 SUSTIVA: FDA Approves DuPont's Once-Daily AIDS Pill

#2 DISTRICT OF COLUMBIA: Medical Marijuana Measure On Ballot

PUBLIC HEALTH & EDUCATION

==========

#3 AIDS DEATHS: U.S. Leads Industrialized Nations

SCIENCE & MEDICINE

==========

#4 VACCINE: Replication-Defection HIV Provides New Hope

MEDIA & SOCIETY

==========

#5 AIDS REPORTING: Vibe Profiles East St. Louis 'Boss Man'

#6 PASSPORT SHOW: Fundraiser Benefits Charities

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 SUSTIVA: FDA APPROVES DUPONT'S ONCE-DAILY AIDS PILL

The Food and Drug Administration Friday approved efavirenz, a potent new AIDS drug hailed as a "significant weapon" in the arsenal of AIDS therapies. The Los Angeles Times reports that DuPont Pharmacueticals' once-a-day pill, manufactured under the name Sustiva, is substantially more powerful than the two currently available drugs in its class (the non-nucleosides drugs delavirdine and nevirapine) and that its once-daily dosage addresses a major obstacle encountered by AIDS patients who must take multiple pills daily (Cimons, 9/19). The AP/Dallas Morning News reports that in a six-month study of the drug, 450 HIV patients took "AZT or 3TC plus either Sustiva or the most popular protease inhibitor Crixivan." After 24 weeks, "both therapies

were equally effective." Although Sustiva won FDA approval for both adults and children, Dr. Heidi Jolson, FDA's antiviral chief, warned that the short trial period might not have revealed all potential side effects (9/19). DuPont notes that about 50% of the trial patients reported nervous symptom side effects, such as dizziness and insomnia, and that about 25% of the patients reported mild to moderate skin rashes. In addition, the company warns that women should not become pregnant while taking Sustiva. Nicholas Teti, president of DuPont Pharmaceuticals, said, "FDA's approval of Sustiva is excellent news for people living with HIV and AIDS. Sustiva will be a very versatile product and provide a significant therapeutic alternative" (DuPont Pharmaceutical release, 9/18).

PRICE-GOUGING?

The Washington Times reports that although experts contend that DuPont could revolutionize the treatment of AIDS, "some AIDS activists accuse the company of setting an exorbitant price for the drug, which analysts predict will generate $500 million in revenues in its first year." The drug's retail price is $10.95 per day or $3,942 per year. The Gay Men's Health Crisis applauded the FDA approval announcement, but urged DuPont to reconsider its pricing structure, asserting that the retail price could amount to over $5,000 per year (GMHC release, 9/18). ACT UP spokesperson Eric Sawyer accused Dupont of inflating the drug's price above the reach of 90% of the world's AIDS patients and said, "This drug, while priced less that some of the protease inhibitors, is still excessively high." His organization

"charges that DuPont priced Sustiva about $500 below Crixivan in an effort to capture the biggest share of the AIDS market it can." However, DuPont rejected the charges as untrue, and said it "plans to plow most of its Sustiva profits into AIDS research." The company asserted that a number of the 13,000 patients in the original trial were treated free of charge and that the company will continue to provide those patients with the drugs "if they cannot afford it" (Goldreich, Washington Times, 9/19).

MOST EFFECTIVE COCKTAIL?

The Los Angeles Times reports that the drug's celebrated arrival "brings with it a paradoxical ... dilemma: The strongest and most effective AIDS drugs are becoming available faster than experts know how to use them." Indeed, the drug cocktails currently prescribed are commonly composed of one drug from each of three classes -- a protease inhibitor, a non-nucleoside drug and a nucleoside drug, such as AZT. While protease inhibitors have long "generated the most excitement" and proven the most effective, the introduction of a powerful non-nucleoside such as the FDA-approved efavirenz or Glaxo Wellcome's nucleoside drug abacavir -- "more potent than AZT" and expected to receive FDA approval soon -- "has escalated [the debate] about which specific drugs to use and when." Dr. Oren Cohen of the National Institute of Allergy and Infectious Diseases said, "The good news is that there are a lot of options now. The bad news is that we really don't know yet the best way to prescribe them." The Times reports that the federal

government's AIDS Clinical Trial Group will soon begin a major study investigating the effects of all AIDS drugs in the three categories in various combinations. Dr. Robert Schooley, who chairs the group's executive committee, predicts that while efavirenz merits its acclaim, the drug will not replace current treatments. "We need to use them together ... to have the most effective control of viral replication," he said. He explained that the incorrect use of efavirenz alone could be disastrous. "With some drugs," he said, "the virus has to make multiple mutations to escape the drug. With efavirenz, one mutation and it's gone and the other two drugs in the class are gone -- you can't use them again. You lose all three." Dr. Henry Masur, chief of critical care medicine at the National Institutes of Health, echoed Schooley's concerns. In the absence of completed studies, he asked, "Do you take a chance and blow your ace at the beginning? Or save your big guns for later?" (Cimons, Los Angeles Times, 9/19).Click here to read past Daily Report coverage of Sustiva.

#2 DISTRICT OF COLUMBIA: MEDICAL MARIJUANA MEASURE ON BALLOT

Residents of the nation's capital will vote Nov. 3 on a ballot initiative to legalize medical marijuana, the Board of Elections announced last Thursday in accordance with a D.C. Superior Court ruling earlier this month. The court ordered the board to reinstate the initiative, arguing that it had improperly "invalidated 4,600" petition signatures, which were necessary to place the measure on the ballot. The board "rejected those

signatures because the woman who collected them incorrectly gave her mailing address, rather than a residential address, on an accompanying affidavit." The Washington Post reports that the court ruled this "was insufficient reason" for refusing to include the ballot measure (9/18). AIDS activists "hailed the reversal," the Philadelphia Inquirer reports. AIDS advocates believe "marijuana helps patients [with] serious diseases such as AIDS and cancer contend with pain and nausea" (Zuckerbrod, Philadelphia Inquirer, 9/18). Click here for previous coverage of this initiative.

PUBLIC HEALTH & EDUCATION

#3 AIDS DEATHS: U.S. LEADS INDUSTRIALIZED NATIONS

The United States has a higher AIDS death rate than any other industrialized country, according to a study published in the August issue of the International Journal of Epidemiology. Using data from the World Health Organization and 11 industrialized nations -- Australia, Canada, Denmark, France, the former Federal Republic of Germany, Italy, the Netherlands, New Zealand, Spain, Switzerland and the U.S. -- Dr. Robert Hogg of the University of Vancouver in British Columbia and colleagues found that the countries reported a total of 141,534 HIV/AIDS deaths between 1987 and 1991. Of these deaths, 73% occurred in the U.S., although "France, Italy, Spain, Germany and Canada also had a substantial number." More specifically, the researchers reported, the "rate for U.S. men was 15.5 deaths per 100,000

population and the rate for women was 1.7 deaths per 100,000 population." Switzerland ranked second, with 6.7 and 1.7 deaths per 100,000 men and women, respectively. For men, the lowest rate of death was in the Netherlands and New Zealand at 2.6 per 100,000. For women, Australia and New Zealand both reported zero AIDS-related deaths per 100,000 deaths. The authors also pointed out that they believe that "rates of HIV/AIDS mortality in industrialized nations are likely to continue to rise over the next few years'" due to "continued high risk behaviors in certain groups and the spread of HIV into other subpopulations" (Reuters, 9/18).

SCIENCE & MEDICINE

#4 VACCINE: REPLICATION-DEFECTION HIV PROVIDES NEW HOPE

Dr. Frank Tung of the University of Pittsburgh School of Medicine became the first researcher to publish findings on the possibility of developing HIV vaccines and effective gene therapies from altered viruses, called replication-defective HIV, that theoretically can not cause the disease, the Pittsburgh Post-Gazette reports. The September issue of AIDS Research and Human Retroviruses published Tung's early results highlighting the two-pronged potential of the proposed vaccine. Replication-defective HIV possibly can "mount a strong attack against HIV," and because it cannot replicate itself, "minimize[s] the risk of the vaccine itself causing the disease." Tung's engineered vaccine creates antibodies to the HIV proteins and triggers cell

memory for any future encounters with the virus. His approach also causes the cell to launch an attack against the viral proteins.

GENE THERAPY POTENTIAL

Equally significant, the altered virus serves as a good vector to integrate genetic material into a host cell's chromosome because it "has the ability to infect cells in the body that rarely divide." In addition, "HIV provides another advantage: it can transport larger genes than other vectors can," and opens the door to gene therapy. Paul Robbins, a Pittsburgh genetics professor, said the replication-defective HIV will first be used to treat genetic diseases, not as an HIV vaccine. "This is all theory now. Until these go into the clinic and are tested, who knows what will be seen," he said, "But all the safety studies so far look promising" (Srikameswaran, Pittsburgh Post-Gazette, 9/21). Click here to read recent coverage of AIDS vaccine research.

MEDIA & SOCIETY

#5 AIDS REPORTING: VIBE PROFILES EAST ST. LOUIS 'BOSS MAN'

The September issue of Vibe profiles HIV-positive Darnell "Boss Man" McGee from East St. Louis, IL, who knowingly infected approximately 30 women -- most of them minors -- with HIV prior to his murder in January 1997. While it decries McGee's practice of having unprotected sex with over 100 women after he received his positive HIV test result, the magazine points to the

procedural discrepancies between the health departments in Missouri and Illinois to illustrate the current gaps in AIDS reporting. McGee went to St. Louis, MO, just across the Mississippi river, to be tested for syphilis and HIV in 1992, and both tests came back positive. "Had he been a Missouri resident, his name would have been kept in an official database and his partners notified," since the state policy on AIDS is consistent with other sexually transmitted diseases. In addition, Missouri health officials would have been obligated to provide McGee's name to law enforcement officials, in an attempt to prevent transmission. Since he was an Illinois resident, however, McGee's results were sent from Missouri to the Illinois Department of Public Health. Illinois officials were then responsible for sending McGee's information to East St. Louis-based East Side Health District for follow-up. However, no contact was ever made with him, although East Side Health District officials say attempts were made. Vibe reports that Illinois doesn't treat AIDS like other STDs, and the state has confidentiality laws specifically limiting disclosure by state employees -- even to McGee's own mother. So McGee continued to infect "at least four other girls" between 1991 and 1996.

'THE BALL WAS DROPPED'

Vibe states, however, that when "15-year-old Jamie Gooden showed up" to be tested in 1992, she named McGee as the man who infected her. At that time, "Boss Man could have been arrested for statutory rape" at the very least, and at most, for criminal transmission of AIDS, a felony charge under Illinois state law.

When the other four women, who were all tested in Missouri, named McGee as their partner, officials again forwarded the information to Illinois. But Illinois health officials did not follow through. "Somewhere along the line, the ball was dropped," said a St. Louis health official, adding, "Things broke down." Chet Kelley, administrator of the HIV/AIDS Section at the Illinois Department of Public Health, said, "The laws (for STDs and AIDS) are contradictory and can be interpreted differently." Vibe counters that "[s]till, it seems absurd that McGee was allowed to continue infecting women five years after his diagnosis, in a community where his exploits were well-known on the street (Briggs, Vibe, 9/98 issue). Click here for related coverage on the New York case of Nushawn Williams.

#6 PASSPORT SHOW: FUNDRAISER BENEFITS CHARITIES

Elizabeth Taylor, Earvin "Magic" Johnson, and k.d. lang appeared this week at Macy's 16th annual Passport Fashion Show, an HIV/AIDS fundraiser that has raised more than $6 million in the past. This year's benefit drew more than 8,000 people over its three-night run in San Francisco. Taylor opened the show Thursday saying, "I'm here for those the world doesn't want to see, for those the world doesn't want to hear. We must do what we can to stop new infections. Give condoms and clean needles -- allow them to protect themselves from this deadly virus." Lang "poked fun at herself as M.A.C. cosmetics AIDS Fund co-chair" and announced that "sales of Viva Glam lipsticks have raised $15 million for AIDS organizations so far" (Gottschalk, San Jose

Mercury News, 9/19). Co-host Johnson, who is HIV-positive, praised Macy's long-term commitment to fighting the disease, saying, "It took a lot of courage and guts in 1988 to step up to the plate and not worry about what other companies would say." The proceeds from the San Francisco area shows and three upcoming shows in Los Angeles -- about $2 million -- will benefit charities such as the Elizabeth Taylor AIDS Foundation, the Magic Johnson Foundation, and nine Bay Area AIDS organizations (San Francisco Examiner, 9/18).

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

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

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-30-

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-SEP-1998 16:09:10.00

SUBJECT: ID Conf. on Prisons

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

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

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

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

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

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

TO: montoya_dc (Montoya_dc@A1.eop.gov [UNKNOWN])
READ:UNKNOWN

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

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

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

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

TEXT:
The link which follows will provide you information on a Prison Conference

in

San Diego, in November.

Click here: <A

HREF="http://www.silcom.com/~chc/update.html">maisonet</A>

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	From Mary Beth Donahue to Todd Summers Re: Mushroom soup cookout (1 page)	09/21/1998	Personal Misfile

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

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

2018-0758-F
jn568

RESTRICTION CODES

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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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RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-SEP-1998 02:03:01.00

SUBJECT: Fwd: 19 Grants to Support Programs for Incarcerated Persons...

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

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

Date: Mon, 21 Sep 1998 13:58:27 EDT

From: AOLNews@aol.com

Subject: 19 Grants to Support Programs for Incarcerated Persons...

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

19 Grants to Support Programs for Incarcerated Persons Living with HIV

RESEARCH TRIANGLE PARK, N.C., Sept. 21 /PRNewswire/ -- Glaxo Wellcome Inc. is awarding nearly $400,000 in grants to 19 nonprofit organizations across the country to fund innovative programs focusing on the healthcare needs of incarcerated individuals living with HIV. The grants will be used to link those individuals with a variety of treatment programs while in prison and upon discharge.

The grants will enable recipient organizations to disseminate treatment information and provide necessary support services to incarcerated HIV-positive persons. The grants will support such programs as case management services, outreach services, educational materials and presentations,

hotlines, peer-education programs, transition programs and treatment advocacy services.

"Incarcerated persons with HIV are often an overlooked segment of the population," said Dean Mitchell, general manager of specialty divisions at Glaxo Wellcome. "It is of the utmost importance that the treatment and services these people receive while incarcerated continue after they are released. We are confident that these grants will help to ensure the continued link of incarcerated, HIV-positive persons to these services."

The 19 nonprofit groups and the amount of their grants are as follows: ActionAIDS, Philadelphia, PA, $10,000; AIDS Coalition of Southern New Jersey, Bellmawr, NJ, $30,000; AIDS Council of Northeastern New York, Albany, NY, $10,000; American Civil Liberties Union Foundation, Washington, DC, $15,500; Berks AIDS Network, Reading, PA, $10,000, Gay & Lesbian Community Center, Fort Lauderdale, FL, $30,000; Latino Commission on AIDS, New York, NY, $20,000; Latino Health Institute, Boston, MA, $20,000; Michigan AIDS Fund, Grand Rapids, MI, $20,000; Montrose Clinic, Houston, TX, $30,000; Oasis Clinic, Los Angeles, CA, $40,000; OUTREACH, Atlanta, GA, $25,000; River Region Human Services, Jacksonville, FL, $20,000; Rural Opportunities, Rochester, NY $15,000; Saint Michael's Medical Center, Newark, NJ, $30,000; Spokane AIDS Network, Spokane, WA, $10,500; The Greater Harrisburg AIDS Fund,

Harrisburg,

PA, $7,500; The Osborne Association, New York, NY, $20,000, and Triad

Health

Project, Greensboro, NC, $30,000.

The awardees were selected from 92 proposals that were submitted in

response

to a nationwide request for proposals.

Glaxo Wellcome is the industry leader in HIV research and offers patients

and

physicians a broad portfolio of both investigational and commercially

available anti-HIV therapies.

SOURCE Glaxo Wellcome Inc.

CO: Glaxo Wellcome Inc.

ST: North Carolina

IN: MTC

SU:

09/21/98 13:52 EDT http://www.prnewswire.com

NewsProfiles</A>.

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

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

FOLDER TITLE:
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2018-0758-F
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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-SEP-1998 13:57:45.00

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 22, 1998

GLOBAL CHALLENGES

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#1 AFRICA: Zulu Girls Celebrate Virginity, Prevent HIV

SCIENCE & MEDICINE

==========

#2 AGENERASE: Early Access Program Begins This Week

#3 AIDS THERAPY: Early Treatment Questioned; Merck Cancels Twice-Daily Crixivan Trials

ACROSS THE NATION

==========

#4 AIDS RIDE: 2,450 Raise $6.4M From Boston To Manhattan

MEDIA & SOCIETY

==========

#5 CONDOM CONTROVERSY: T-Shirt With Condom Message Banned From Florida High School

OPINIONMAKERS

==========

#6 TEEN SEX: Decline 'Good News' In Light Of Mixed Cultural Messages

SPECIAL NOTICE

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

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

Phone: 703-518-8725

GLOBAL CHALLENGES

#1 AFRICA: ZULU GIRLS CELEBRATE VIRGINITY, PREVENT HIV

At the Enyokeni Royal Residence in KwaZulu/Natal, South Africa, 2,000 young girls recently took part in an annual ritual celebrating their virginity. "The reed dance is a Zulu and Swazi rite of Spring danced before the King every September," in which the women parade nearly naked as a display of pride. "The proof that a virgin is a virgin is that she is proud of her pure body," the New York Times reports. Beyond a tribal ritual however, the

dance has taken on the practical significance of slowing the spread of AIDS among Zulu women, who have been ravaged by AIDS of late. "Many of the dance groups are run by Flowers of the Nation," a movement begun in 1995 and encouraged by the royal family which stresses the benefits of chastity. Within the program, the girls discuss sex and marriage, and elder women "quiz the boys whom the girls express an interest in." Also, the old Zulu practice of visual virginity checks of young women has been revived, with the blessing of Dr. Nkosazana Zuma, the national Health Minister and a Zulu princess herself. "We are teaching them in traditional ways, not telling people about condoms and whatever," she said. At the festival, the king addressed the girls about their sexuality, reminding them of the dangers of HIV. "Even grandmothers who sleep around can get HIV -- anyone can get HIV. Stick to one man from the beginning until you die," he said. After the girls were addressed, the royal family passed out T-shirts which read, "I am a virgin." However, the Times notes that "[m]any rural women are infected by their husbands, but because the men often work in cities, there were very few youths to be lectured to behave themselves too" (McNeil Jr., New York Times, 9/22). Click here for past Daily Report coverage of AIDS in Africa.

SCIENCE & MEDICINE

#2 AGENERASE: EARLY ACCESS PROGRAM BEGINS THIS WEEK

Glaxo Wellcome announced yesterday that it is accepting AIDS

patients who are failing current protease inhibitor regimens in clinical trials for amprenavir, the company's new protease inhibitor to be marketed as Agenerase. "It is our hope that making Agenerase available through this early access program will enable patients who have failed previous treatment to construct alternative regimens which will fight the virus," Glaxo Wellcome's Dr. Lynn Smiley said. "Furthermore," she explained, "by taking this unique approach to an early access program, we hope to capture some clinical information regarding Agenerase that might help guide future antiretroviral treatment decisions." Qualified patients will receive the drug at no cost through their physicians, and will be counseled regarding dosage, compliance and adverse event reporting. Glaxo reports that preliminary studies with 700 patients receiving Agenerase therapy twice-daily indicate that the drug is well tolerated with few treatment-limiting side effects. In addition to the Agenerase regimen, Glaxo encourages enrolled patients to simultaneously begin at least one additional anti-HIV agent not previously used by the patient, in an attempt to maximize the drug's efficacy. "This early access program for Agenerase will provide treatment experienced patients with a new protease inhibitor to which other investigational compounds can be added in hopes of creating a viable treatment regimen," said Dr. Jeffrey Goodgame of the University of Florida. For more information on enrollment call: 800-248-9757 (Glaxo Wellcome release, 9/21). Click here for previous coverage of amprenavir.

#3 AIDS THERAPY: EARLY TREATMENT QUESTIONED; MERCK CANCELS TWICE-DAILY CRIXIVAN TRIALS

Although "[t]he current consensus among AIDS experts is for early and aggressive antiretroviral treatment for HIV-infected patients," Dr. Jay Levy of the University of California-San Francisco questions this approach in an editorial in the Sept. 19 issue of The Lancet. Emphasizing that he is not referring to HIV patients in the "primary stage of HIV infection, who can greatly benefit from dramatic suppression of viral load," he writes, "In my view early treatment with antiviral drugs starts the clock ticking too soon, limiting future options and making therapy a necessity for the lifetime of the person." Reuters/JAMA reports that Levy advocates reserving potent antiretroviral therapies for the later stages of infection, in part to avoid "the development of drug-resistant virus." He explains that viral "mutations that emerge during antiretroviral drug treatment select for viruses resistant to these drugs." In addition, he argues that while early aggressive antiretroviral treatment "can preserve the immune system ... this overlooks the fact that '... these drugs can be toxic and can be directly detrimental to a natural immune response to HIV, which is present' in most individuals during the asymptomatic phase of infection." Instead, Levy recommends reserving antiretroviral regimens "for those patients who have symptoms or whose CD4 cell counts have dropped substantially" (Reuters/JAMA, 9/18).

THREE DOSES A DAY

After studies indicated that the regimen of 1,200 milligrams

of Crixivan every 12 hours is less effective than the approved dosing of 800 milligrams every eight hours, Merck & Co. Inc. announced Friday that it has discontinued trials of twice-daily dosing regimens of its protease inhibitor Crixivan in combination with reverse transcriptase inhibitors (RTIs). In one study comparing the efficacy of Crixivan in combination with AZT and 3TC, researchers found that at week 24, 91% of patients on the three-times daily regimen had achieved viral levels below 400 copies/mL, compared to 64% of patients on the twice-daily regimen. Dr. Bach-Yen Nguyen, director of clinical research at Merck Research Laboratories, said that "the difference in efficacy between the two treatment arms over time indicates that the [two regimens] are unlikely to reach equivalence." Merck reports that it will continue to study twice-daily dosing of Crixivan in combination trials with other protease inhibitors (Merck release, 9/18). Click here to read past Daily Report coverage of Crixivan.

ACROSS THE NATION

#4 AIDS RIDE: 2,450 RAISE $6.4M FROM BOSTON TO MANHATTAN

The three-day AIDS ride from Boston to Manhattan finished Saturday, with 2,450 bicyclists raising a total of $6.4 million. Beneficiaries of the event are the Fenway Community Health Center in Boston and the Callen-Lorde Community Health Center and the Lesbian & Gay Community Services Center, both in New York. The AP/Bergen Record reports that the 275-mile trip is "one of five

such annual AIDS rides in the country." Sponsored by Tanqueray, the rides "have raised $40 million" since 1994, and "this year's events are expected to add $25 million to the total." About half the money goes to direct services. Other rides this year were from San Francisco to Los Angeles; Raleigh, NC, to Washington, DC; and Minneapolis to Chicago (Dobnik, AP/Bergen Record, 9/20). The next AIDS ride is a first for Texas, a seven-day, 575-mile trip from Austin to Dallas beginning Oct. 5. The San Antonio Express-News reports that "organizers hope [it] will raise a total of $25 million nationally and $5 million in Texas." Ride spokesperson Roland Benavidez said, "I have been told 57 cents of every dollar donated by San Antonio area people will come back to the city." He said, "That money will help AIDS patients live as normal a life as possible. It will not go for research" (McCollough, San Antonio Express-News, 9/20). Click here to read Daily Report coverage of the Raleigh to DC ride.

MEDIA & SOCIETY

#5 CONDOM CONTROVERSY: T-SHIRT WITH CONDOM MESSAGE BANNED FROM FLORIDA HIGH SCHOOL

High school administrators in Tallahassee, FL, banned students from wearing a T-shirt that "features a condom package embroidered on the front pocket outlined in green that says, 'Trojans, expires in 1999.'" The back of the shirt says, "99 percent effective, there's nothing like a good graduation cap." Jibri Knight, the 17-year-old student who designed and sold the

T-shirt to his classmates at Lincoln High School, and who "defends the shirt as a safe-sex message," brought "the T-shirt design to administrators" last week, but they "disapproved and told him to stop printing it." Assistant Principal Randy Pridgeon said, "The shirt is sexually suggestive and it does not follow our dress-code policy." The Tallahassee Democrat reports that last Friday, about 100 high school seniors "protest[ed] the administration's decision to ban" the t-shirt, and Knight was given a two-day suspension "for defiance of authority," and approximately a dozen other students faced disciplinary action "for refusing to remove the T-shirt." Knight however, defended his attempt to increase awareness of contraception. He said, "Sex occurs and everybody knows it. The statistic rates on teen pregnancy are high, when you see 15-year-olds pregnant, something has to be done."

PRAGMATIC PUBLIC

Knight's mother, Clenteria Knight, said "she doesn't see sex on the T-shirt, but talent." She said, "I see comedy and children who are very conscious about what's going on in society." Senior Darin Watson said, "Might as well get a shirt that says to wear a condom, because if you don't, you might get something. Parents and society tell us to do one thing and we are going to do the opposite." High school junior Tiffany Davis said, "It wasn't like they (seniors) were saying, 'Go have sex.' They were saying, 'If you are going to do it, be safe'" (Stewart, Tallahassee Democrat, 9/19).

#6 TEEN SEX: DECLINE 'GOOD NEWS' IN LIGHT OF MIXED CULTURAL MESSAGES

A Los Angeles Times editorial calls the data published in last week's Morbidity and Mortality Weekly Report indicating a decline in teenage sexual activity "very heartening news." The findings are "even more impressive," it says, given that it "occurred against the relentless bump and grind of our sex-drenched popular culture." The Times doesn't speculate as to why the rates have declined. "It seems sensible to credit the effort in recent years by parents, schools and health officials to teach young people about the benefits of postponing sex, and about birth control and safe sex practices if they choose not to." The editorial concludes that "[t]hose efforts must continue, particularly since the parade of provocative images" in our culture "shows no signs of letting up" (Los Angeles Times, 9/21).

SAY 'YES' TO SEX ED

The Arizona Daily Star contends that while nationwide the teen sex rate has declined, the Arizona Legislature has "plunged" the state into the "Dark Ages" because it refuses to mandate sex education in the public schools. It asserts that instead of providing sex education instruction in schools, the state "grabs" federal money for abstinence-only programs "then persists in this incomplete method of combating teen pregnancy and sexually transmitted diseases." The result is that Arizona has the fourth

highest teen pregnancy rate in the country -- leading to an increase in the number of impoverished children in poverty living in homes headed by single parents. "Knowledge is power, and adolescents who know the risks and at least know how to avoid them are acting more responsibly," the editorial concludes. But "[w]ithout instruction on how to protect themselves," teens "will continue the destructive patterns that increase teen births, perpetuate poverty and spread disease" (Arizona Daily Star, 9/20).

BOSTON HERALD DOUBTS NUMBERS

With Yankee conservatism, an editorial in the Boston Herald skeptically asserts that "[n]umbers never tell the whole story, but they do tell some of it." While it admits that the statistics indicate a decline in teenage sexual activity for "the first time in two decades," the editorial questions whether the numbers are accurate. "No doubt a few [teens] fibbed in this survey as no doubt a few fibbed in previous surveys." It concludes, "But the numbers do reflect a trend that shows teens, who are bombarded with all the wrong kind of messages from pop culture, are listening to other voices too and learning" (Boston Herald, 9/21).

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-SEP-1998 19:18:11.00

SUBJECT: Re: Meeting on Wednesday

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

TEXT:
is it possible to do thursday afternoon? my plane arrives back to dc at 2

and

i have to meet with kennedy at 445 -- what about 3-5 on thursday -- let me

know.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-SEP-1998 20:38:00.00

SUBJECT: RE: Meeting on 10/5

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

TEXT:
sounds good. thanks

>----------

>From:

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

>Sent: Tuesday, September 22, 1998 11:05 AM

>To: Chris Collins

>Cc: Barbara_A._Menard@omb.eop.gov; Melany_Nakagiri@omb.eop.gov

>Subject: Meeting on 10/5

>

>Hey Chris -

>

>Just to confirm that we're meeting on Monday, Oct. 5, from 10 to 11 in

your

>office (2457 Rayburn). Joining us will be Barbara Menard and Melanie

>Nakagiri, the Ryan White and CDC experts (respectively) from OMB.

>

>Thanks.

>

>

>

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. email	From Jeff Trandahl to Todd Summers Re: Dinner (1 page)	09/22/1998	Personal Misfile

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

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

2018-0758-F
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Clinton Presidential Records
Tape Restoration Project [Email]
OPD ([Todd A Summers])
OA/Box Number: 250000

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

2018-0758-F
jn568

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

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:23-SEP-1998 00:13:03.00

SUBJECT: Fwd: Man With HIV Wins Eviction Lawsuit

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

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

Date: Tue, 22 Sep 1998 19:47:56 EDT

From: AOLNews@aol.com

Subject: Man With HIV Wins Eviction Lawsuit

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

Man With HIV Wins Eviction Lawsuit

.c The Associated Press

LINCOLN, Neb. (AP) -- A federal judge Tuesday barred the eviction of an HIV-positive man who claims a public housing official wants him out to avoid ``contamination'' of an apartment complex.

Clayton Rawhouser, the caregiver for George Watters, who has the virus that causes AIDS, is suing the Elm Creek Housing Authority for discrimination at the Maple Manor apartments, a federally subsidized complex.

The lawsuit accuses Marilyn Gruntorad, manager of the housing board, of

telling Rawhouser and Watters they were ``AIDS infested" and she ``didn't want Elm Creek or Maple Manor contaminated with AIDS."

Randall Goyette, her lawyer, wouldn't comment.

AP-NY-09-22-98 1943EDT

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010. email	From Michael Alba to Todd Summers Re: Hey there (1 page)	09/23/1998	Personal Misfile

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

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

2018-0758-F
jn568

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:23-SEP-1998 13:08:15.00

SUBJECT: RE: Meeting on 10/5

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

TEXT:
no prob

happy wednesday

so....is there truth to the rumor that the admin is going to be opposed

to the hold harmless provision in title I ryan white?

>----------

>From:

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

>Sent: Tuesday, September 22, 1998 7:22 PM

>To: Chris Collins

>Subject: RE: Meeting on 10/5

>

>Sorry I missed you :(

>

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:23-SEP-1998 19:05:38.00

SUBJECT: Re: Lancet piece by Dr. Levy

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

TEXT:
let's talk

eric

_____ Reply Separator

_____

Subject: Lancet piece by Dr. Levy

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

Date: 9/22/98 7:19 PM

What's your take??

==========

#3 AIDS THERAPY: EARLY TREATMENT QUESTIONED; MERCK CANCELS TWICE-DAILY CRIXIVAN TRIALS

Although "[t]he current consensus among AIDS experts is for early and aggressive antiretroviral treatment for HIV-infected patients," Dr. Jay Levy of the University of California-San

Francisco questions this approach in an editorial in the Sept. 19 issue of The Lancet. Emphasizing that he is not referring to HIV patients in the "primary stage of HIV infection, who can greatly benefit from dramatic suppression of viral load," he writes, "In my view early treatment with antiviral drugs starts the clock ticking too soon, limiting future options and making therapy a necessity for the lifetime of the person." Reuters/JAMA reports that Levy advocates reserving potent antiretroviral therapies for the later stages of infection, in part to avoid "the development of drug-resistant virus." He explains that viral "mutations that emerge during antiretroviral drug treatment select for viruses resistant to these drugs." In addition, he argues that while early aggressive antiretroviral treatment "can preserve the immune system ... this overlooks the fact that '... these drugs can be toxic and can be directly detrimental to a natural immune response to HIV, which is present' in most individuals during the asymptomatic phase of infection." Instead, Levy recommends reserving antiretroviral regimens "for those patients who have symptoms or whose CD4 cell counts have dropped substantially" (Reuters/JAMA, 9/18).

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011. email	From Jdguzman to Todd Summers Re: Hi (1 page)	09/23/1998	Personal Misfile

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

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:23-SEP-1998 13:37:34.00

SUBJECT: RE: Meeting on 10/5

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

TEXT:
gracias darling.

>----------

>From:

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

>Sent: Wednesday, September 23, 1998 9:25 AM

>To: Chris Collins

>Subject: RE: Meeting on 10/5

>

>not that I know of - I'll double check, though, and let you know!

>

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:23-SEP-1998 13:52:43.00

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 23, 1998

POLITICS & POLICY

==========

#1 TAINTED TRANSFUSIONS: Senate Committee Expected To Take Up Ricky Ray Bill Today

#2 MASSACHUSETTS: Coded Identifier Reporting System Proposed

#3 NIH: Keusch Appointed Associate Director for International Research

PUBLIC HEALTH & EDUCATION

==========

#4 AIDS FUNDING: African Americans, Latinos Face Possible Shortage

#5 INMATE CARE: 19 Nonprofit Organizations Receive Glaxo Grants

GLOBAL CHALLENGES

==========

#6 UGANDA: President Attributes AIDS In Africa To Western Influence

#7 CHINA: 'Alarming Rise' In HIV And Other STDs

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: SENATE COMMITTEE EXPECTED TO TAKE UP RICKY RAY BILL TODAY

The Senate Labor and Human Resources Committee is expected today to resume its discussion on the Ricky Ray Hemophilia Relief Fund Act and report the bill out of committee for Senate floor consideration. Committee action on the bill was abruptly postponed earlier this month because senators could not decide whether the bill should be limited to only hemophiliacs who contracted AIDS through tainted blood-clotting products, or include patients who contracted AIDS through the transfusions.

The AP/Washington Times reports that this would double the cost of the bill from $750 million to $1.7 billion, and advocates for hemophiliacs have argued that such a move will kill any hopes of the bill's passage. Sen. Jim Jeffords (R-VT), who first suggested that the bill cover both groups, is reportedly "working on a proposal to include both groups but give the hemophiliacs first crack at the money in case" full funding "is not budgeted." Jeffords noted that hemophiliacs have a well-organized lobbying effort, but other victims do not, so the issue may disappear from the radar screen once hemophiliacs are compensated. He said, "These people deserve compensation. It's a substantial amount of money. To try and get it for a group that's unorganized will be quite difficult." The AP/Washington Times notes that whatever decision the senators make, the funds must still "be appropriated during normal budgeting, which would not come until next year" (AP/Washington Times, 9/23).

#2 MASSACHUSETTS: CODED IDENTIFIER REPORTING SYSTEM PROPOSED

At a public hearing yesterday, both medical professionals and AIDS activists were able to agree to the state Department of Health's plan to report HIV cases using a coded identifier system (Lasalandra, Boston Herald, 9/23). The new plan, effective January 1, 1999, would mandate that doctors report all HIV-positive patients, including past cases, to the health department via a 17-character code comprising parts of the patient's name, address, birth date and social security number. Only the doctor would know the connection between a code and a

corresponding name. The Boston Globe reports that "more than two dozen medical professionals and advocates for people with HIV and AIDS called" a coded system "a better approach" than a names-based system. Bennett Klein, AIDS law project director for Gay and Lesbian Advocates and Defenders, said, "A non-name-based HIV reporting system responsibly balances the goal of obtaining more accurate and complete information about the HIV epidemic with the critical need to encourage HIV testing." Opponents of the new plan favor a names-based system, citing concerns over accuracy, and argued that "HIV should be treated like any other communicable disease" -- including AIDS, which the state tracks by name. William Breault of the Main South Alliance said of coded reporting, "This is a procedure which compromises, probably fatally, the whole point of instituting tracking." A final decision on the policy is expected by the Public Health Council at an Oct. 27 meeting (Howe, Boston Globe, 9/23) Click here for previous coverage of this issue.

#3 NIH: KEUSCH APPOINTED ASSOCIATE DIRECTOR FOR INTERNATIONAL RESEARCH

The National Institutes of Health Monday announced the appointment of Dr. Gerald Keusch to serve jointly as associate director of NIH for International Research and director of the Fogarty International Center (FIC), the NIH component devoted to advancing health through international scientific cooperation. Keusch is an internationally renowned expert on infectious diseases and vaccine research. He has conducted studies in

Central America, Asia and Africa, where he directed an NIH-supported International Collaboration on AIDS research project on the epidemiology and natural history of chronic diarrhea and wasting syndrome. "I am delighted that Dr. Keusch will be joining us," NIH Director Dr. Varmus said. "We will gain the benefit of his many years of basic and clinical investigation into the health problems such as HIV, malnutrition and diarrheal diseases that exact such a huge human toll, especially abroad," he added. As associate director for international research, Keusch will be a principal adviser to Varmus and senior NIH staff on international research policies and programs. As director of the FIC, he will oversee the institute's international research and training grants and fellowships with more than 80 nations. Keusch is currently at the Tufts University School of Medicine and New England Medical Center where he established a major research and training program on infectious diseases and international health. He also serves as scientific director of the Health Group at the Harvard Institute for International Development. "I hope to pursue several goals, such as bringing more young scientists into the field of international health and promoting interdisciplinary approaches," Keusch said. "My own studies ... have shown me the importance of closely linking basic and clinical research pursuits in international health." Keusch also said he intends to "create new partnerships among institutions involved in international health to help ensure that our research efforts translate into public health tools and interventions" (NIH release, 9/22).

PUBLIC HEALTH & EDUCATION

#4 AIDS FUNDING: AFRICAN AMERICANS, LATINOS FACE POSSIBLE SHORTAGE

With regard to the growing number of black and Latino AIDS patients, the St. Paul Pioneer Press reports that "very soon the stigma of AIDS as a gay men's disease will give way to the equally burdensome weight of race." Dr. Stephen Thomas, director of the Institute for Minority Health Research at the Rollins School of Public Health at Emory University in Atlanta, said, "There's a real concern that as soon as the disease is perceived as a 'black or Hispanic thing,' that all the money we've seen for research and treatment thus far will start to dry up. That's because there's a fear that blacks and Hispanics don't count in this society." Miguelina Maldonado, public policy director of the National Minority AIDS Council, pointed to the Clinton administration's lack of support for government-funded needle exchange programs as evidence of this. She said, "Since good numbers of people of color are at risk from injection drug use, what they have done is turn their backs and basically condemn people of color in the AIDS epidemic." In addition to the prospect of dwindling funds, the Pioneer Press reports that within minority groups, there exist "sizable homosexual population[s] ... seldom acknowledged and less often discussed. ... Higher rates of intravenous drug use, limited access to health services, poor education and complacency" make "minorities

even more vulnerable" (Pugh,

#5 INMATE CARE: 19 NONPROFIT ORGANIZATIONS RECEIVE GLAXO GRANTS

In an effort to improve care for prison inmates with HIV/AIDS, both during and after their incarceration, Glaxo Wellcome, Inc. announced it has awarded approximately $400,000 in grants to 19 nonprofit organizations nationwide. The grants will support outreach and case management services, educational materials and presentations, hotlines, peer-education and transition programs and treatment advocacy services.

AND THE WINNERS ARE

- o Action AIDS, Philadelphia, PA: $10,000.
- o AIDS Coalition of Southern New Jersey, Bellmawr, NJ: $30,000.
- o AIDS Council of Northeastern New York, Albany, NY: $10,000.
- o American Civil Liberties Union Foundation, Washington, DC: $15,500.
- o Berks AIDS Network, Reading, PA: $10,000.
- o Gay & Lesbian Community Center, Ft. Lauderdale, FL: $30,000.
- o Latino Commission on AIDS, New York, NY: $20,000.
- o Latino Health Institute, Boston, MA: $20,000.
- o Michigan AIDS Fund, Grand Rapids, MI: $20,000.
- o Montrose Clinic, Houston, TX: $30,000.
- o Oasis Clinic, Los Angeles, CA: $40,000.
- o OUTREACH, Atlanta, GA: $25,000.

- River Region Human Services, Jacksonville, FL: $20,000.
- Rural Opportunities, Rochester, NY: $15,000.
- Saint Michael's Medical Center, Newark, NJ: $30,000.
- Spokane AIDS Network, Spokane, WA: $10,500.
- The Greater Harrisburg AIDS Fund, Harrisburg, PA: $7,500.
- The Osborne Association, New York, NY: $20,000.
- Triad Health Project, Greensboro, NC: $30,000.

GLOBAL CHALLENGES

#6 UGANDA: PRESIDENT ATTRIBUTES AIDS IN AFRICA TO WESTERN INFLUENCE

Ugandan President Yoweri Museveni said Monday that HIV "spread rapidly through Africa because Africans began imitating the promiscuity of Westerners," the AP/Boston Globe reports. Museveni told participants at an HIV/AIDS conference, "This sexual laxity existing today is a colonial phenomenon. We have lost the traditional values, and yet we do not have a sophisticated health network of the modern world." He mentioned the traditional Ugandan value of keeping sex within marriage, and told of how "one tribe used to poke out the eyes of anyone who had sex before marriage." Museveni also "called on governments in Africa to be more willing to tackle the disease." He said, "African governments must be open and accept the challenge in order to be able to fight the epidemic." The AP/Globe reports that "Uganda now has one of the world's most aggressive programs to contain the disease, and has achieved considerable success."

According to a 1997 World Bank report, in the capital of Kampala, the percentage of women infected with HIV "has fallen to 16% percent from 30% percent in 1991" (AP/Boston Globe, 9/22).

SURVEILLANCE

The Xinhua General News Service reports that approximately one-tenth of Uganda's 20 million people are HIV-positive. Of the 53,306 cumulative AIDS cases reported by the end of 1997, 49,432 were adults and the vast majority of the remainder were children under 12. However, "owing to under-reporting, the true figure is projected five to eight times higher" (Xinhua General News Service, 9/22). Click here for more statistics on HIV/AIDS in Uganda.

#7 CHINA: 'ALARMING RISE' IN HIV AND OTHER STDS

Chinese officials are reporting "an alarming rise in the spread of AIDS and other" STDs. They cited a 22% increase in the number of HIV cases since October 1997, and a 15.8% increase in STD cases, including HIV, from last year. They also reported that "the number of cases of venereal disease had risen 40.53% in the first half of 1998 compared with the same period a year earlier." The AP/Omaha World-Herald reports that the officials pointed to illegal drug use as a cause for the increase in people with HIV, and said that two-thirds of those with HIV "were thought to have acquired the virus" in this way. They also attributed the "swift spread" in STDs in part to China's sex industry. In hopes of keeping the number of those with HIV to under 1.5 million by 2010, China has increased AIDS education.

In addition, it enacted legislation, effective Oct. 1, that bans the sale of blood to donation centers. "About 40% of the blood collected in China" often came from "people at the margins of society most at risk for AIDS, hepatitis and other diseases" (AP/Omaha World-Herald, 9/22).

Click here for past Daily Report coverage of China.

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

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

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:24-SEP-1998 12:04:02.00

SUBJECT: Re: Congressional hearing on Global AIDs issues--Concerns

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

TEXT:
Thanks Todd, see you in November.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. email	From Jarret Yoshida to Todd Summers Re: Hey back (2 pages)	09/24/1998	Personal Misfile

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

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:24-SEP-1998 17:44:00.00

SUBJECT: FW: coburn hearing mtg...

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

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

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

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

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

TEXT:
>-----Original Message-----

>From: Abreu, Julio

>Sent: Thursday, September 24, 1998 1:43 PM

>To:Seth Kilbourn (E-mail); Mikey Shriver (E-mail); Clark Moore

(E-mail);

>Julia Cohen (E-mail); Leah Stevralia (E-mail); BJ Harris (E-mail); Tim

>Westmoreland (E-mail); Regina Aragon (E-mail)

>Cc:Abreu, Julio

>Subject: RE: coburn hearing mtg...

>

>i have found out the witness list for coburn hearing next week:

>

>panel 1

> reps. gary ackerman (d-ny)

> nancy pelosi (d-ca)

> dave weldon, md (r-fl)

>

>panel 2

> helene gayle, md

> cdc

>

>panel 3

> lanny copeland, md (not the state) prez, american academy of family

>physicians

> assemblywoman nettie meyersohn from ny

> robert schwartz, md sw florida aids task force

> cynthia davis program dir, drew university hiv cd, testing and outreach

> lisa shoemaker pwa infected by fl dentist

> monica sweeney, md medical dir, bedford-stuyvesant family health center

> jean mcguire (sp?) mass state aids dir

>

>

>

>ay caramba jca

>

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

>From: Abreu, Julio

>Sent: Wednesday, September 23, 1998 5:12 PM

>To:Seth Kilbourn (E-mail); Mikey Shriver (E-mail); Clark Moore
(E-mail);
>Julia Cohen (E-mail); Leah Stevralia (E-mail); BJ Harris (E-mail); Tim
>Westmoreland (E-mail); Regina Aragon (E-mail)
>Subject: RE: coburn hearing mtg...
>
>today, we met w/ marc wheat and john ? of the commerce cmtee, majority
staff.
> they indicated that 2-3 members of congress would speak in the first
panel
>--- reps. ackerman, pelosi, and x (not sure, more so than not wanting to
>share). helene gayle and the cdc as her own panel. and then a final
panel
>with about 6 md's. the american academy of family practice is one of 'em.
>there will also be an hiv+ woman (who i'm sure undoubtedly got infected
b/c
>of a lack of pn). no idea who the 6 docs would be although it appears
that
>jean, the ma state aids dir, is one of the six panelists.
>
>our substantive conversation went ok, their message was now that you have
>drugs, the #1 priority should be getting as many people tested to get
them to
>treatment. however, there is no mention of providing for or guaranteeing
>that treatment. we raised the issue of all jurisdictions having some pn
>program in place as a condition of receiving federal funds. that the cdc
>will be modifying and issuing a new partner counseling and referral

services

>guidelines making this hearing soo premature (and some would argue

immature).

> we also raised the fact that this precludes states that conduct hiv

surv. by

>ui's, and that it would prescribe names for states despite coburn's

statement

>during the april hearing that he would support ui's, and despite that

states

>are grappling w/ this issue state by state. we also stressed that

>surveillance and pn are two distinct prevention tools and should not be

>interlinked. for example, surv. rolls may have one set of protections,

>security measures that a pn list does not have. this bill also in effect

>does away w/ anonymous testing. and we mentioned that in section h (pg 4

of

>hr4431) it would allow for disclosures w/o civil or criminal penalty so

long

>as the agent acted in good faith. we are working on getting them some

>follow-up materials!

>

>we are mtg w/ dem staff on friday. the hearing (not a mark up) is

scheduled

>to begin tuesday, sept. 29 at 9:30 and go until noon. does that

>summarize/characterize how this mtg went...

>

>gracias jca

>

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

>From: Abreu, Julio

>Sent: Monday, September 21, 1998 10:37 AM

>To:Abreu, Julio; Seth Kilbourn (E-mail); Mikey Shriver (E-mail);

Laquita

>Bowers (E-mail); Julia Cohen (E-mail); Althea Gregory (E-mail); BJ Harris

>(E-mail)

>Subject: RE: coburn hearing mtg...

>

>i need to know who is planning to attend b/c the cmtee wants a list of

names.

> please let me know asap, por favor...

>

>gracias jca

>

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

>From: Abreu, Julio

>Sent: Friday, September 18, 1998 6:50 PM

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

(E-mail);

>Julia Cohen (E-mail); Althea Gregory (E-mail); BJ Harris (E-mail)

>Cc:Abreu, Julio

>Subject: coburn hearing mtg...

>

>hey gang, i have secured a meeting w/ marc wheat of the majority commerce

>cmtee for next week at 10 am on Wednesday, September 23. We'll meet in

Room

>2125 of the Rayburn House

>Office Building (the main Commerce Committee office). did i leave anyone

>off?? i hope to hear from you all soon, so we can strategize about this

>meeting. have a good weekend...

>

>chao jca

>

>Julio C Abreu

>Legislative Representative

>Government Affairs

>202-986-1300 x3021

>

>jabreu@aidsaction.org

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:24-SEP-1998 13:55:41.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Thursday, September 24, 1998

POLITICS & POLICY

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#1 TAINTED TRANSFUSIONS: Senate Committee Passes Two Compensation Bills

#2 MANAGED CARE: Lessons Learned From State Medicaid Programs

PUBLIC HEALTH & EDUCATION

==========

#3 SEXUAL BEHAVIOR: Many Unconcerned About AIDS

#4 TEEN SEX: European Teens Postpone Intercourse Longer Than American Teens

IN THE COURTS

==========

#5 DISCRIMINATION: Judge Blocks Eviction of HIV-Positive Man

SCIENCE & MEDICINE

==========

#6 PREVENTION COUNSELING: Cash Works Wonders For Program Enrollment Rates

SPECIAL NOTICE

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

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

Phone: 703-518-8725

POLITICS & POLICY

#1 TAINTED TRANSFUSIONS: SENATE COMMITTEE PASSES TWO COMPENSATION BILLS

Ending weeks of disagreement, the Senate Labor and Human Resources Committee yesterday passed two bills that would compensate AIDS patients who received the virus through tainted blood products. The committee passed the Ricky Ray Hemophilia Relief Fund Act, which would compensate an estimated 7,200 hemophiliacs who contracted AIDS through contaminated clotting medication with $100,000 each. At committee Chair Sen. Jim Jeffords' (R-VT) urging, the committee also passed an alternative bill that would compensate an additional estimated 10,000 non-

hemophiliacs who contracted AIDS through tainted transfusions. The two versions "were ordered reported by voice vote." CongressDaily/A.M. reports that Jeffords' "substitute bill would make eligible anyone who contracted HIV from contaminated blood or blood products between July 1, 1982 and Dec. 31, 1987." The narrower bill, passed by the House earlier this year, would cost $750 million. Jeffords' bill, however, would cost double that -- about $1.7 billion (CongressDaily/A.M., 9/24). However, the AP/Baltimore Sun reports that Jeffords' measure would give HIV-positive hemophiliacs a six-month head start on applying for the compensation funds. Jeffords will reportedly speak with Rep. Henry Hyde (R-IL), chair of the House Judiciary Committee, "to see if the House would agree to the change" (AP/Baltimore Sun, 9/24). Earlier this month, Senate Labor Committee ranking member Ted Kennedy (D-MA) suggested passing the bill with the higher funding level and reconciling the two versions during conference committee negotiations. Click Ricky Ray to read past Daily Report coverage of the issue.

#2 MANAGED CARE: LESSONS LEARNED FROM STATE MEDICAID PROGRAMS

States are increasingly relying on Medicaid managed care programs to control the costs and standardize the quality of care for people with HIV/AIDS. To date, 35 states and the District of Columbia enroll people with HIV/AIDS in their Medicaid managed care programs. In a new report from the National Academy for State Health Policy, authors Joanne Rawlings-Sekunda and Neva Kaye study six Medicaid managed care programs (Massachusetts, New

Jersey, Tennessee, Texas, San Francisco, and Orange County, CA) to identify the major challenges confronting these programs and lessons learned. The chosen sites reflect "a mix of AIDS incidence rates" among rural and urban areas, Rawlings-Sekunda noted. "We picked New Jersey in particular because they have such a high [HIV/AIDS] incidence with women and children, as opposed to the more traditional male population" reflected in the San Francisco site, she said.

ISSUES LIST

The major issues identified by the plans include the cost of HIV/AIDS drugs, updating drug formularies and other treatment protocols, ensuring that both health plans and physicians are equipped to treat persons with HIV/AIDS, treatment adherence and dealing with the rapid development of new HIV/AIDS treatments. Another issue identified by the states which may compromise care for people with HIV/AIDS is the difficulty of rate forecasting for this population. Although HIV/AIDS patients represent a small portion of any state's Medicaid managed care enrollee population, "any plan that becomes the 'preferred' plan of [people with HIV] runs the risk of losing money." For this reason, states use a risk adjustment system to adjust their capitation rates to compensate for more expensive patients. The adjustment factors, however, are based on demographic factors that "predict little of the costs of populations with more complex needs." And although plans could theoretically receive reimbursement rates based on the number of HIV/AIDS enrollees, states often cannot identify these members to ensure the proper

rate adjustment. In addition, the authors cite the "difficulty of calculating the impact of new drug protocols on cost" and, while "[i]n theory, the [drug] protocols decrease the use of inpatient hospitalization and other costs, such as home health," state's have had a hard time quantifying those savings. The authors report that of those plans interviewed, only the New Jersey plan adjusts the capitation rates to reflect both the costly drug therapies and the expected decrease in cost associated with hospital stays. In response to rate-setting issues, the report identifies risk-sharing strategies as a means to "protect plans" from fluctuating costs and "address the issue of selection bias."

PROVIDER EXPERIENCE

Another challenge facing states is ensuring "access to primary care physicians with HIV experience," especially "as treatment standards become more complex." The authors note that members of the Clinical Affairs Committee of the Infectious Disease Society of America have "assert[ed] that primary care physicians '... la[g] 3 years behind AIDS specialists.'" One study found that patients receiving treatment from the most experienced physicians had a 31% lower death rate than patients cared for "by physicians with the least AIDS experience." The study reports a division between those advocating that only physicians with HIV/AIDS experience should treat infected patients, and those contending that all health professionals should educate themselves in HIV/AIDS treatment. The latter group proposes that specialists should be consulted "for complex"

treatment "decisions." Rawlings-Sekunda said, "Having the primary care physician have AIDS experience means ... better continuity of care" and prevents any issues from "slip[ping] through the cracks."

COORDINATION IS KEY

The authors note that "[o]ne of the promises of managed care is increased coordination" to ensure continuity of care and cost containment. The study investigated managed care plans' case management systems to assess patients' adherence to drug regimens, access to non-medical services and issues surrounding confidentiality. Noting that a significant number of HIV-infected Medicaid patients reported skipping antiretroviral medications, the study proposed that the "most important factor" in maintaining treatment adherence is providing adequate, understandable information about the disease and the consequences of neglecting drug regimens. In addition, it recommended that people with HIV/AIDS, advocates and physicians be included in the process of maintaining up-to-date clinical standards for managed care programs (Morgan, Daily Report, 9/24). For more information or a copy of the NASHP report ($30.00), Emerging Practices and Policy in Medicaid Managed Care for People with HIV/AIDS, contact: The National Academy for State Health Policy at 207-874-6524.

PUBLIC HEALTH & EDUCATION

#3 SEXUAL BEHAVIOR: MANY UNCONCERNED ABOUT AIDS

"Nearly one in five people -- and men more than women -- have sex without worrying about AIDS," according to a condom manufacturer's annual worldwide sexuality survey. Durex surveyed 10,000 people age 16-45 in 14 countries to compile data for this year's survey. The company found that 25% of respondents 16 to 19 years old were "not concerned" about AIDS and 30% used no form of contraception during their first sexual encounter, AFP/Nando Times reports. However, the overall number of people who failed to use contraception during their first sexual encounter climbed to 47% when information from all survey respondents, ages 16 to 45, was considered. Furthermore, the study found that 62% of respondents age 16 to 19 "used [condoms] in the past three months, while only 39% of 30- to 39-year-olds had done so." AFP/Nando Times notes that although "[e]veryone surveyed had heard of AIDS," many respondents were uninformed about other sexually transmitted diseases. "More than half of all respondents -- 65% -- worry about the idea of contracting HIV ... but nearly one in five -- 17% -- had no fears at all, mainly because they do not consider themselves in high-risk categories" (9/22). Other figures released in the 1998 Global Sex Survey:

- o On average, Americans lose their virginity at 16.3 years, more than a full year earlier than the global average of 17.6 (AFP/Nando Times, 9/22).
- o Fifty percent of U.S. respondents admitted "to having more than one sexual relationship at a time."
- o Respondents in Mexico, Spain and South Africa expressed

the most concern about HIV/AIDS.

- Globally, 61% respondents "know someone who has had an abortion;" Russia and Spain topped the charts in this category, with 88% and 73%, respectively.

Durex surveyed equal numbers of men and women in Australia, Britain, Canada, France, Germany, Hong Kong, Italy, Mexico, Poland, Russia, South Africa, Spain, Thailand and the United States. Canadian sex therapist Sue McGarvie attributed unsafe sex practices in her country to "really lousy" sex education. "Every study ... has said that if you educate people about having sex, they tend to wait and they tend to be smarter about it," she said (Tobin, The Canadian Press, 9/22).

Click here to read last week's coverage of the CDC's study about sex education.

#4 TEEN SEX: EUROPEAN TEENS POSTPONE INTERCOURSE LONGER THAN AMERICAN TEENS

Europeans are older at first intercourse than Americans, despite the U.S. emphasis on abstinence, according to a recently completed study tour led by Advocates for Youth and the University of North Carolina-Charlotte. Comprised of community leaders, academics and two teen journalists, the group found that the age of first intercourse in the Netherlands is 17.0 years, 16.2 in Germany and 16.8 in France. The United States' average age is 15.8 years. "It is ironic that the U.S. is the only industrialized nation to have an official government policy of no sex until marriage, yet our teenagers initiate sexual activity at

an earlier age then their European counterparts," Advocates for Youth President James Wagoner said. The organization chose the three countries as part of the study tour because of their low rates of sexually transmitted diseases -- including HIV/AIDS and abortion. "Young people in the Netherlands, Germany and France are taught and believe that they should have 'safe sex or no sex,'" Wagoner said. "Teens in the U.S. are told 'Just Say No,'" he added. As a result, he said, "Our teenagers -- particularly African Americans and Hispanics -- are suffering an AIDS and STD epidemic, while our government supports a gag rule on contraception and the effective prevention of HIV/AIDS."

OTHER FINDINGS

Study tour participants found that research -- not politics or religion -- is the biggest public policy influence on reproductive health and contraception in the three countries. European governments sponsor public health and contraception education campaigns and the mass media is a partner, not a problem. "Instead of encouraging sexual activity, the European openness results in safer and more responsible sexual behavior," Wagoner said (Advocates for Youth release, 9/22). Click here for previous coverage of the Advocates for Youth tour. Click Morbidity and Mortality Weekly Report to access CDC data indicating the percentage of sexually active American teens has reached a 20 year low.

IN THE COURTS

#5 DISCRIMINATION: JUDGE BLOCKS EVICTION OF HIV-POSITIVE MAN

U.S. District Judge Richard Kopf Tuesday issued a preliminary injunction preventing a Lincoln, NE, public housing official from evicting an HIV-positive resident over fears of "contamination." The suit alleges that Marilyn Gruntorad, housing board manager of the Elm Creek Housing Authority, attempted to evict George Watters, who has HIV. In the suit filed by Watters' caregiver Clayton Rawhouser, Rawhouser accuses Gruntorad of telling the two residents "they were 'AIDS infested' and she 'didn't want Elm Creek or Maple Manor contaminated with AIDS'" (AP/Las Vegas Sun, 9/22).

SCIENCE & MEDICINE

#6 PREVENTION COUNSELING: CASH WORKS WONDERS FOR PROGRAM ENROLLMENT RATES

Cash incentives as small as $15 can "enhance enrollment and increase participation in clinic-based HIV/STD prevention counseling," according to Centers for Disease Control and Prevention data published in the August issue of Sexually Transmitted Infections. Thirty-one percent of patients who were offered money participated in "a multi-session HIV/STD risk-reduction intervention trial," compared to 23% of those offered "goods or certificates valued at $15." Fifty-five percent of enrollees in the cash incentive program completed the interventions, compared to 37% who received other incentives.

The authors concluded that "(m)oney may be useful in encouraging high-risk individuals to participate in and complete counselling or other public health interventions." An accompanying editorial from two Emory University researchers "question[s] whether 'the provision of larger monetary incentives (would) result in greater recruitment and participation rates'" (Reuters/JAMA, 9/22).

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

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COLLECTION:
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[09/16/1998 - 10/01/1998]

2018-0758-F
jn568

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

CREATION DATE/TIME:25-SEP-1998 14:08:44.00

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/

Friday, September 25, 1998

POLITICS & POLICY

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#1 ILLINOIS: Health Department OKs Coded HIV Reporting

#2 AIDS LAWS: N.Y. Times Profiles Shift

#3 SUSTIVA: Activists Protest Drug's Price

SCIENCE & MEDICINE

==========

#4 POST-EXPOSURE PROPHYLAXIS: Risks May Outweigh Benefits

PUBLIC HEALTH & EDUCATION

==========

#5 YOUNG ADULTS: POZ Profiles Attitudes Of HIV Positive

GLOBAL CHALLENGES

==========

#6 UGANDA: Houses Africa's First AIDS Clinic

RESEARCH NOTES

==========

#7 AIDS RESEARCH: Chlamydia 'Vaccine' For Mice May Work Against HIV

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Phone: 703-518-8725

POLITICS & POLICY

#1 ILLINOIS: HEALTH DEPARTMENT OKS CODED HIV REPORTING

In a decision hailed as a victory for AIDS advocates, the Illinois Public Health Department voted yesterday to report cases of HIV to local and state health departments by a unique numerical code rather than by the names of infected individuals. The decision is a "complete about-face" for the state, which had earlier released a names-based reporting proposal, only to come under "tremendous pressure from physicians and activists" to scrap the system. The Chicago Tribune reports that Illinois

officials acknowledged the concerns of AIDS organizations that names-based reporting could breach patients' confidentiality and discourage individuals from undergoing HIV testing. They agreed to "a compromise between activists' concerns and their own need to track the disease," however, should the unique-identifier pilot program prove insufficient by July 1, 2001, the state will switch to names-based reporting. State Rep. Sara Feigenholtz (D), who sat on a task force comprised of "advocacy, public health, physician, legal and other groups" charged with hashing out the issue, said, "I think when you discuss the issue of surveillance and the issue of access to treatment, you have to strike a very delicate balance. I think this will strike that balance."

WHAT'S IN A NAME?

Mark Ishaug, executive director of the AIDS Foundation of Chicago commended the new program, but called for officials to also ensure that physicians provide HIV counseling services. "It's about provider education, it's not about collecting names. This is basically what the AIDS community has been arguing we needed to implement for years." Jose Zuniga, deputy director of the International Association of Physicians in AIDS Care, praised the unique identifier program "not only for epidemiological reasons but also when advocating for the expansion of state programs. It's important to have a real number attached to the request rather than to have a best guess." The plan will move to a legislative committee for review; if it is approved it will be launched in July of next year (Parsons/Christian, Chicago

Tribune, 9/25). Click here to read previous coverage of this issue.

#2 AIDS LAWS: N.Y. TIMES PROFILES SHIFT

Today's New York Times profiles the "latest wave" of HIV/AIDS legislation, contending that it "shifts the focus from earlier laws that protected the civil liberties of HIV-infected people to laws that seek to identify certain people with the virus." In the last two years, 29 states have passed laws making it a crime to knowingly expose someone to HIV; more "states are mandating HIV testing for specific segments of the population, mainly prisoners and pregnant women;" a few states have passed laws allowing a "good Samaritan" to ask the HIV status of someone they are helping in an emergency situation; and more states are passing partner notification laws. The Times notes that availability of treatment for AIDS patients has created some of the impetus behind these laws.

BACKLASH

The Times reports that AIDS experts say these laws reveal a "backlash" against the disease. Lawrence Gostin, director of the Georgetown University-John Hopkins University Program on Law and Public Health, said, "The legislative trend is that we've moved from a period where civil rights and civil liberties for a person with HIV prevailed to a compulsory and punitive approach." He added, "We are now treating the disease as more of a problem of criminal law and coercive state powers than one to do with health and medicine." But others contend the change is overdue.

U.S. Rep. Gary Ackerman (D-NY), co-sponsor of federal HIV-notification legislation, said, "We have to get over the hurdle of treating AIDS as if it were a political disease rather than a public health disease." While Ackerman said things have "calmed down" when it comes to AIDS, the Times reports that "the fear associated with HIV may be growing." According to a national survey, in 1997 people were more likely to hold common misconceptions about contracting HIV/AIDS than they did in 1991, as well as "harsher views about the behavior of people with AIDS." Helen Fox Fields of the Association of State and Territorial Health Officials said, "We've gone from feeling compassionate around people with HIV and AIDS to looking at this in a very punitive way."

NEW YORK

The Times takes a more detailed look at the HIV-reporting and partner notification laws recently passed in New York, saying AIDS advocates thought it "more intrusive than they could have imagined." While some advocates blame the tough stance on lawmakers, other advocates -- such as New York Assemblyman Richard Gottfried (D) -- conceded that the activist community has "failed to recognize how deeply the public feels about infected people who do not disclose their status to partners." Michael Isbell, a member of the Presidential Advisory Council on HIV/AIDS, said tough laws like New York's were passed because AIDS advocates didn't involve themselves in the legislative process. "The advocates needed to get in there and make the bill as good as possible," he said. Ackerman agreed, saying, "If they

don't participate in the formulation of the legislation, they will get legislation formulated by others" (Richardson, New York Times, 9/25). Click here for previous coverage of notification and reporting laws.

#3 SUSTIVA: ACTIVISTS PROTEST DRUG'S PRICE

Members of the AIDS activist group ACTUP Philadelphia demonstrated around DuPont Co. headquarters in Wilmington, DE, for about 40 minutes Thursday "to protest the cost of the company's new anti-HIV drug, Sustiva." The protesters shouted, "We die! They make money!" and "spilled a mock coffin full of empty prescription jars onto the sidewalk in front of the offices." Demonstrator Eric Sawyer, one of the 14,500 AIDS patients who participated in the drug's trial program, said that while the drug dropped his viral levels to below detectable levels, his concern was that it is prohibitively expensive. He said, "You can see why we're so concerned because their price of $4,000 and $5,000 a year is making my total drug therapy cost $30,000 a year. Their high prices end up bankrupting the Medicaid system and driving up the cost of private insurance to excessive levels"(Reuters/Nando Times, 9/25). The AP/Delaware State News reports that activists said that the California and Pennsylvania AIDS Drug Assistance Programs recently decided not to pay for Sustiva due to its cost.

PRICE POINT

"DuPont issued only a brief statement" denying the protesters' charges. "Sustiva is priced in the middle of the

range for currently marketed antiretrovirals to treat HIV/AIDS. DuPont Pharmaceuticals had made every effort to assure that the price of Sustiva will not impact patients' access to the drug," the statement read. Dupont also "plans to expand its treatment assistance program for poor patients" (Spangler, AP/Delaware State News, 9/25). Company President Nicholas Teti added that the cost of the drug is only $3,942 per year, not $5,000. Furthermore, the dosage is only one pill per day, dropping the total number of pills for AIDS patients to as low as five per day, which should dramatically improve compliance as well as quality of life for AIDS patients. Teti said, "We feel that the value of Sustiva absolutely warrants the price. Sustiva was shown to be equal to or more efficacious than the standard of care which includes a protease inhibitor and the two nucleosides AZT and 3TC." Teti also noted that DuPont "invests 25% of its several hundred million dollars in revenue each year in research" above the industry average of 15% (Reuters/Nando Times, 9/25). Click here for past Daily Report coverage of Sustiva.

SCIENCE & MEDICINE

#4 POST-EXPOSURE PROPHYLAXIS: RISKS MAY OUTWEIGH BENEFITS

Centers for Disease Control and Prevention officials "warned doctors yesterday that prescribing AIDS drugs as a 'morning after' treatment for people" exposed to HIV through unprotected risky sex or needle-sharing, "carries heavy risks and hasn't been proved successful," the Baltimore Sun reports (9/25). The CDC

findings, published in this week's Morbidity and Mortality Weekly Report assert that post-exposure prophylaxis "should be considered an unproven clinical intervention." The "major potential benefit" of antiretroviral PEP is reducing a person's risk for acquiring HIV. However, the "risks of antiretroviral postexposure prophylaxis include drug toxicity, reduced effectiveness of behavioral HIV-prevention measures" and the development of drug-resistant strains of the virus, MMWR reports. Physicians should weigh these benefits and risks carefully prior to prescribing PEP, and take several factors into consideration, such as the "probability that the source contact is HIV-infected, the likelihood of transmission by the particular exposure, the interval between exposure and initiation of therapy, the efficacy of the drugs(s) used to prevent infection and the patient's adherence to the drug(s) prescribed." The report suggests that since the per-act risk of transmission is low, the cost of PEP is high (approximately $800), and the availability of PEP poses a threat to public health efforts to reduce HIV risk-behaviors, it should be used judiciously (MMWR 9/25 issue). Click here do access the MMWR report. Note: you must have Adobe Acrobat to download a readable version.

PUBLIC HEALTH & EDUCATION

#5 YOUNG ADULTS: POZ PROFILES ATTITUDES OF HIV POSITIVE

The September issue of POZ interviews "eight young HIV

positive activists" about their experiences learning that they were HIV positive and coping with the specter of AIDS. Many of the subjects, who are between the ages of 19-25, describe initial encounters with the public health system that left them ill-prepared to deal with HIV, especially before the advent of new treatment options. Bill Barnes, a special assistant to San Francisco Mayor Willie Brown who has been HIV positive for five years, recalls: "I tested and they were like, 'OK, you're going to die now, so go off and live your life.' It was well-meaning middle-aged people with master's degrees who wanted to make sure I didn't miss out on my life." Others noted their surprise that they contracted AIDS from people as young as 15 or of their unwillingness to practice safe sex even though they were engaging in high-risk sexual activity. Brett VanBenschoten, a project assistant with Health Initiatives for Youth in San Francisco, said, "I'm positive because I was in love. It was more important for me to be close to somebody than care about what might happen to me. What's worse is, I have an ex who is HIV positive now because he thought the same thing I did."

BIG CHOICES AT A YOUNG AGE

They also discussed the decisions of whether or not to disclose their HIV status and whether to begin taking medications. With regard to taking medications, the consensus among many was that it was better to hold off until they really needed it for fear of developing resistance to the available treatments. They also noted that side effects and the strict regimen necessary for current treatments were a big deterrent,

especially to young people. VanBenschoten noted, "I've got no problem with the concept of medications -- it's the taking them. I've always got to have a backpack. I've always got to have my pill container with me. I could leave it at home, but I'm sorry, I'm 25 years old, I don't always know that I'm going to be sleeping at my house." Barnes noted: "People want to force folks on meds, especially young people. And at some point, you have to accept about HIV that there is no answer. Most of the time, people die with this thing. I don't want to say people who are taking meds are in denial, but do meds prolong people's lives in a quality way?" (O'Leary, POZ, 9/98 issue).

GLOBAL CHALLENGES

#6 UGANDA: HOUSES AFRICA'S FIRST AIDS CLINIC

The "first specialist" AIDS clinic in Africa will "open its doors to the public" in October, and patients already have been lining up "for days," the BBC News reports. Located in Kampala, Uganda, the clinic is operated by the British charity Mildmay. The clinic will maintain a staff of 40 and could serve as many as 200 people a day. At the clinic, doctors will be provided with training and patients will be offered "a holistic approach to treatment." ¡One in six Ugandans is HIV-positive, and in the slums outside Kampala, one in four has the virus. The clinic recently received a "royal opening" by Princess Anne, who stood in for the deceased Princess Diana, who was originally scheduled to open the facility (BBC News, 9/23).

RESEARCH NOTES

#7 AIDS RESEARCH: CHLAMYDIA 'VACCINE' FOR MICE MAY WORK AGAINST HIV

Using a new method of immunization, a team of scientists have immunized mice against chlamydia, and are hopeful that the same approach might work to vaccinate humans against HIV. Harlan Caldwell and his colleagues at the Rocky Mountain Laboratory of the National Institute of Allergy and Infectious Diseases cultured dendritic cells from the bone marrow of female mice by adding interleukin-4. Dendritic cells recognize foreign molecules and recruit other cells from the immune system to attack invaders. The researchers then added heat-killed chlamydia to the culture to sensitize the dendritic cells to the bacterium and put the cells back in the mice. Although this technique is already used against some cancers, this is the first time it has been used to immunize against an infectious disease, Caldwell said. The researchers report that when the immunized mice were later exposed to live chlamydia, their response was "as vigorous" as that of mice immune to the disease due to a prior infection, and that none developed signs of the disease. The researchers note that a human version would rely on culturingdendritic cells from blood samples, rather than bone marrow. No clinical trials in humans have yet begun, though testing in primates is under way.

TOO COSTLY AND COMPLEX?

Some experts warn that the approach may be too expensive for

mass use, and Robert Brunham, an infectious disease researcher at the University of Manitoba, said, "This would be a very complex way to vaccinate." But Caldwell says his research may eventually lead to effective conventional vaccines. Since his experiments show that dead chlamydia carry molecules on their surface that can provoke an immune response, researchers may be able to identify those molecules and develop a vaccine. Caldwell said, "Now we can tear the system apart and hopefully develop more conventional ways to do it." But "even the unconventional approach may be worth the effort and expense." Dr. Anthony Fauci, director of NIAID, said several laboratories are already trying to use isolated dendritic cells to stimulate immunity to HIV (New Scientist release, 9/23).

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-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:28-SEP-1998 13:49:29.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Monday, September 28, 1998

POLITICS & POLICY

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#1 NEEDLE-EXCHANGE PROGRAMS: Kansas AG Declares Illegal

CAMPAIGN '98

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#2 MARYLAND: Glendening Promises New AIDS Funding

GLOBAL CHALLENGES

==========

#3 SOUTH AFRICA: Unveils Vaccine Research Project

#4 AFRICA: AIDS Slowing Population Growth

SCIENCE & MEDICINE

==========

#5 STDs: Vaginal Cream Could Protect Women From Herpes

#6 VIRACEPT: Stronger, Fewer Doses Fight HIV

#7 AIDS RESEARCH: Cornell Investigates Researcher For Alleged Fraud

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 NEEDLE-EXCHANGE PROGRAMS: KANSAS AG DECLARES ILLEGAL

Needle exchange programs in Kansas risk violating a state law "that makes it a misdemeanor to possess or deliver drug paraphernalia," Kansas Attorney General Carla Stovall (R) wrote Friday in a non-binding legal opinion. The AP/Wichita Eagle reports that Stovall's opinion, requested by state Rep. Nancy Kirk (D), "could be an invitation to district and county attorneys to prosecute" individuals operating needle exchange programs. In her opinion, Stovall wrote that Kansas law "contains no exception for needle exchange programs." She concluded, "We know of no statutes or rules that address the

establishment of needle exchange programs in Kansas." Don Brown, spokesperson for the Kansas Department of Health, said the "state does not operate or help finance" such programs. Kirk noted, however, that needle exchange programs "do exist" in Kansas, but have "been handled very quietly" to "avoid attention from prosecutors." Sherry Baer, director of the Topeka AIDS project, would not comment on the existence of local programs, and noted that Stovall's "opinion does not say outright" that needle exchange programs are illegal, and challenged a "courageous state legislator to offer a bill" to legalize them (Hanna, AP/Wichita Eagle, 9/26). Click here for previous coverage of needle exchange programs.

CAMPAIGN '98

#2 MARYLAND: GLENDENING PROMISES NEW AIDS FUNDING

During a Sunday visit to a Baltimore health clinic, Maryland Gov. Parris Glendening (D) pledged to earmark state funds for "any additional costs to the state's AIDS treatment programs resulting from development of the next generation of drugs," the Baltimore Sun reported. Glendening's pledge follows his $500,000 appropriation this year for "the unanticipated costs of an earlier generation of improved AIDS drugs," which "dramatically" reduced mortality from HIV but put a strain on the state's AIDS budget. David Shippee, executive director of the Chase-Brexton Health Services Clinic, hailed Glendening's pledge, noting that he "was the first U.S. governor to commit to covering the cost of

new AIDS drugs." Glendening said that if re-elected, his AIDS policies "would be guided by 'common sense and compassion,'" and cited "Baltimore's controversial needle-exchange program as an example of his administration's AIDS initiatives." The Sun reports that Glendening is in the midst of a "tough" campaign with Republican nominee Ellen Sauerbrey. A Sauerbrey spokesperson said there was "no conflict" between the two candidates' positions on AIDS issues, and "said Sauerbrey supports the full funding of the Maryland Drug Assistance Program, which helps cover the costs of AIDS treatment for patients who can't afford it" (Dresser, Baltimore Sun, 9/28). Click here for previous coverage of the governor's race.

GLOBAL CHALLENGES

#3 SOUTH AFRICA: UNVEILS VACCINE RESEARCH PROJECT

South African scientists are putting together a collaborative vaccine research project in order to maximize its "window of opportunity" in the fight against the HIV/AIDS epidemic. The project is being evaluated by the South African "Department of Health, science councils and research bodies in South Africa and abroad" and various insurance companies to determine "how it can best be supported," the Mail and Guardian/Africa News reported. Once the government provides "decisive input," the scientists can proceed to secure funding and "get the project up and running." One of South Africa's leading virologists, Dr. Walter Prozesky, said, "Traditional

prevention efforts can slow the spread of HIV/AIDS, but only an accessible vaccine can bring an end to the epidemic." He added, "We in this country have the expertise to deal with every stage of development of an HIV/AIDS vaccine." Prozesky said that the group remains "in close contact" with other countries conducting vaccine research, including the U.S.(Barrell, Mail and Guardian/Africa News, 9/25).

#4 AFRICA: AIDS SLOWING POPULATION GROWTH

AIDS is one of the major reasons "several African countries may achieve zero population growth in just a few years," the AP/Philadelphia Inquirer reports. According to Lester Brown, president of World Watch and author of a new report on world population problems, "A lot of countries will not see expected population increases because of rising death rates." Experts for the U.N., whose revised population growth projections are due next month, "confirm that the effects of AIDS in some African countries will be dramatic, even 'unbelievable.'" The population in Zimbabwe, for example, which had been projected to roughly double by 2050 according to 1996 estimates, is now predicted to "stop growing and possibly begin declining in just four years," due to an HIV infection rate as high as 25%. Demographers are also keeping an eye on HIV rates in countries "such as India, which has more than 4 million of the world's estimated 30 million people now infected by the virus." The AP/Inquirer reports that "[i]ronically, alarm over the impact of AIDS on the population of the worst-hit countries comes as the spread of the virus has

leveled off or declined in the United States and other wealthier countries." The virus is "slowing even in some poorer countries -- Thailand, Brazil and Uganda, for example." The AP/Inquirer reports that "[f]amily planners [who] have been trying for decades to halt the population explosion ... did not want it to happen this way." Amy Coen, president of Population Action International, said, "We must not let people think that an epidemic is going to solve problems. It's going to worsen them" (Briscoe, AP/Philadelphia Inquirer, 9/27).

SCIENCE & MEDICINE

#5 STDS: VAGINAL CREAM COULD PROTECT WOMEN FROM HERPES

A new medicine containing an anti-herpes compound was found to be 100% effective in preventing the transmission of herpes in mice when given before exposure to the virus and 50% effective when given after, leading scientists to speculate that an over-the-counter, "anti-herpes vaginal cream to be used before -- or possibly even after -- having sex could be available within five years." The Cincinnati Enquirer reports that researchers with Cincinnati's Children's Hospital Medical Center presented the results of the study of the compound CTC-96 Friday at a conference of the American Society for Microbiology in San Diego. Dr. Lawrence Stanberry, director of infectious diseases at Children's Hospital, said, "I've been in this business for 16 years and these results were striking. This compound has properties we have never seen before." Scientists hope to begin

human testing within two years. Twenty percent of Americans over age 12 are infected with herpes; 90% do not know they are infected.

CONTAGIOUS SUCCESS?

Scientists hope the findings can be applied to other STDs, such as chlamydia, syphilis, gonorrhea and HIV, which collectively account for 12 million new cases of STDs each year, according to the American Social Health Association. Stanberry said, "The idea is to make something that will protect women from a lot of different sexually transmitted diseases, not just herpes" (Bonfield, Cincinnati Enquirer, 9/26). Lead researcher Dr. Nigel Bourne noted that the new medicine would allow "a female-initiated method of protection against STD acquisition" -- one that could be used without a partner's knowledge. Claudia Stewart, vice president of research for Redox Pharmaceutical Corp, the manufacturer of CTC-96, said the compound "was being tested against other STDs, including HIV," but that the company could not discuss the results because it is "in the process of patenting" (Fox, Reuters/Nando Times, 9/27).

#6 VIRACEPT: STRONGER, FEWER DOSES FIGHT HIV

Preliminary findings released Friday indicate that 80% of patients taking a stronger twice-daily dosage of the protease inhibitor Viracept can achieve low levels of HIV "comparable" to those patients taking the standard three-times-daily dosage. The twice-daily dose "makes it easier for patients to take their medicine on time," the San Diego Daily Transcript reported.

Sponsored by Agouron Pharmaceuticals Inc., Viracept's manufacturer, the study includes 238 patients in Europe and the U.S. who took the drug as part of a "cocktail" of anti-HIV medications for 48 weeks (San Diego Daily Transcript, 9/25). Initial findings indicate that the only significant side effect from the stronger dosage was a higher incidence of diarrhea (Agouron release, 9/25). Only the three-times-daily dosage is currently approved by U.S. regulators, but Agouron announced it plans to file an application "by the end of the year" seeking approval for its twice-daily dosage (Daily Transcript, 9/25). For more information, visit Agouron's website at www.agouron.com, or call 1-888-VIRACEPT. Click here for past Daily Report coverage of Viracept.

#7 AIDS RESEARCH: CORNELL INVESTIGATES RESEARCHER FOR ALLEGED FRAUD

Dr. David L. Ho, head of one of Cornell University's largest immunology and AIDS-related research labs, and a recipient of over $2 million in federal grants, is under investigation by the university for "scientific misconduct," the New York Times reports. Ho, who heads the Joan and Sanford Weill Medical College and Graduate School of Medical Sciences of Cornell, is viewed "as an up-and-coming immunologist" and sits on the peer review committees of the American Heart Association and the National Institutes of Health. The Times notes that he is not to be confused with the "better-known AIDS researcher Dr. David Ho, who directs the Aaron Diamond AIDS Research Center, also located

in New York." University officials refused to give details, but the Times uncovered several allegations from interviews with lab employees, accusing Ho of:

- o "ordering subordinates to falsify data in one research grant application";
- o "knowingly using false claims to obtain another federal grant for $1.5 million";
- o "publishing a paper based on falsified experiments"; and
- o "threatening or punishing members of the lab who discovered damaging evidence."Dr. Dominic Falcone, who is leading the investigation for Cornell, said "some, but not all, of the allegations had been supported by other people." If Falcone finds them "sufficiently substantive" during his 60-day inquiry, Cornell will notify the National Institutes of Health and begin a formal investigation. Ho said, "My guilt or innocence has to be evaluated in the context of the whole current investigation," and added, "I don't believe I have intentionally conducted scientific misconduct" (Bernstein, New York Times, 9/26).

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:28-SEP-1998 15:01:30.00

SUBJECT: FW: hotwire

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

TO: Melissa Shepherd ("'Melissa Shepherd (E-mail)'" <mhs3@cdc.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:
fyi...

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

>From: Fisher, Steven

>Sent: Friday, September 25, 1998 3:53 PM

>To:Fragomeni, Francesca; Joseph, Mark; Abreu, Julio

>Subject: hotwire

>

>

>

>Steven Fisher

>Director of Communications

>AIDS Action

>202-986-1300 x3065

>202-986-1345 (fax)

>sfisher@aidsaction.org

>

- SEPT25.DOC========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D36]ARMSZZ000STPI.000 to ASCII,
The following is a HEX DUMP:

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

until it's over
AIDS ACTION

HOTWIRE

September 25, 1998...www.aidsaction.org...Contact: Steven Fisher –202-986-1300 x3065 – media@aidsaction.org

HOUSE ACCELERATES TESTING DECELERATION ACT

AIDS Action will be on the Hill in full force September 29 when Reps. Tom Coburn (R-OK) and Gary Ackerman (D-NY) hold hearings on H.R. 4431, which we call the "HIV Testing Deceleration Act."

At a time when the public is clamoring for more medical privacy, not less, Coburn and Ackerman propose a system to collect and maintain lists of every single person with HIV. Enactment of nationwide names reporting would not only discourage people at risk for HIV from getting tested, but also would do nothing to improve access to care or enhance HIV prevention efforts, two of the most significant challenges of the AIDS crisis.

AIDS Action's federal AIDS policy team, the largest in the nation, will be at the hearing to ensure that the need for increased testing and improved HIV prevention are addressed.

LIVING WITH HIV: HELP WANTED

A new "Employment Survey" study released by AIDS Action member **AIDS Project Los Angeles** in mid-September demonstrates that people living with HIV continue to face serious challenges in the effort to join or stay in the workforce. The study involved 1,350 people living with HIV in Los Angeles County, and out of every 100 respondents, 37 are working, 32 are unemployed or disabled but intend to return to work, 10 are unemployed or disabled and don't intend to return to work, and 21 are retired or completely disabled.

ACCESS TO CARE REMAINS BIGGEST CHALLENGE About two-thirds of the unemployed survey participants said that access to health care and treatment issues were their primary obstacles to returning to work. About half were concerned about being able to maintain their treatment regimen at work, and 80% were concerned about their day-to-day health affecting their ability to work.

GMHC'S BRIDGE BUILDING

At a House International Relations Committee hearing in mid-September, AIDS Action member **Gay Men's Health Crisis** (GMHC) called on Congress to double its contribution to the global fight against AIDS. Noting a recent United Nations report indicating that twice as many people may be infected with HIV worldwide than previously estimated, GMHC's Ronald Johnson called for increased resources to fight the escalating worldwide epidemic. Sixteen thousand people are infected with HIV every day, according to the U.N. report. AIDS Action and GMHC applaud Committee Chairman Ben Gilman (R-NY) for his leadership in convening this hearing.

ALSO ON THE HOTWIRE...

The appropriations stagnation continues. With AIDS funding bills stalled in Congress over several controversial issues, AIDS Action executive director Daniel Zingale told *The Washington Blade* that "both the White House and the Republicans in Congress should be doing more to constructively negotiate their differences." (9/25/98) ... Congratulations to Jackson Hicks, Texas State Representative Garnett Coleman and Chase Bank of Texas who were awarded AIDS Action Leadership awards at a Houston ceremony September 25.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:29-SEP-1998 12:01:28.00

SUBJECT: Todd Summers is out of the office.

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

TEXT:
I will be out of the office from 09/28/98 until 09/30/98.

In Boston. I am available through signal.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:29-SEP-1998 14:03:16.00

SUBJECT: Kaiser Daily HIV/AIDS Report

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

TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

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

Tuesday, September 29, 1998

POLITICS & POLICY

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#1 METHADONE: McCaffrey To Propose Expanded Treatment Plan

ACROSS THE NATION

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#2 AIDS WALKS: Chicago, Detroit Events 'Buck Trend Toward Apathy'

#3 IDAHO: Rise In STDs Partly Attributed To Lax Attitudes

SCIENCE & MEDICINE

==========

#4 MANAGED CARE: HIV Care Costs Stabilized Between 1995 and 1997

OPINIONMAKERS

==========

#5 AIDS LAWS: New York Times Profile Draws Criticism

SPECIAL NOTICE

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

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Phone: 703-518-8725

POLITICS & POLICY

#1 METHADONE: MCCAFFREY TO PROPOSE EXPANDED TREATMENT PLAN

White House Drug Czar Barry McCaffrey today is expected to announce new government policy "to expand the availability of methadone to all those who need it," despite New York Mayor Rudolph Giuliani's (R) "criticism of the drug as simply exchanging one addiction for another," the New York Times reports. After consultation with substance abuse specialists and government agency officials, McCaffrey is expected to "recommend that for the first time, doctors be allowed to administer methadone to patients in the privacy of their offices." The new program, expected to go into effect this December, will expand access to methadone, transfer its regulation from the Food and Drug Administration to the Substance Abuse and Mental Health

Services Administration, and create an accreditation system to analyze the quality of clinics' methadone treatment programs. The expansion policy modifies current procedures making methadone available only at special clinics, often at times that conflict with recovering addicts' job schedules. It also aims to provide methadone to a substantially increased number of the country's 810,000 opiate addicts -- only 115,000 addicts currently undergo methadone treatment. The Times notes, however, that states have control over methadone programs, which could thwart the federal government's expansion efforts. Several states -- New Hampshire, Vermont, West Virginia, Mississippi, North Dakota, South Dakota, Montana and Idaho -- prohibit methadone clinics, forcing recovering addicts to travel across state lines. Backers of the new program hope the government's "stronger endorsement of methadone's efficacy" will encourage states to establish or expand methadone programs. Mayor Giuliani's main criticism is that methadone programs "simply exchang[e] one addiction for another," and are "tantamount to enslavement." However, McCaffrey, "in an implicit reference to the Mayor's criticism ... cautioned against engaging in 'shoot-from-the-lip policy analysis.'"

PUSHING CHANGE

Proponents of the policy change cite a recent National Academy of Sciences study that found methadone to be the most effective therapy currently available. Mark Kleiman of the University of California-Los Angeles noted that the new federal policy "sound[ed] very much like the recommendations made by the

panel of specialists" from the study. "Everybody in the field agreed that the panel got it right," he said, adding, "If what the panel said is going to be policy, I can only say, 'Hurray'" (Wren, New York Times, 9/29).

RANGEL WEIGHS IN

An op-ed written by U.S. Rep. Charles Rangel (D-NY) in today's New York Daily News asserts that Mayor Giuliani's get tough, 90-day treatment policy for methadone addicts is "on target as far as the past is concerned." He notes that McCaffrey's goal "is to bring real order to the delivery of methadone services." Rangel concludes that the "new effort holds much promise. It should be the position of all responsible public officials in our city to support it" (Rangel, New York Daily News, 9/29).

Click here to read previous coverage of methadone.

ACROSS THE NATION

#2 AIDS WALKS: CHICAGO, DETROIT EVENTS 'BUCK TREND TOWARD APATHY'

AIDS walks in Chicago, IL, and Detroit, MI, Sunday raised record amounts of money and saw high levels of participation, the Chicago Tribune reports. At the annual AIDS Walk Chicago, over 25,000 walkers raised a "record amount of money -- an estimated $1.7 million, a figure that could reach more than $2 million as pledges trickle in over the coming months." The money will go to 16 AIDS service agencies. AIDS Walk spokesperson

Russell Milligan said the "strong show of support breaks a recent trend in other major cities, such as Boston, New York and Los Angeles, where similar walks have seen dramatic declines in pledges." Since 1990, AIDS Walk Chicago has raised $9.7 million (Chiem, Chicago Tribune, 9/28). On a smaller scale, the Detroit Free Press reports that the annual AIDS Walk Michigan-Detroit was also a "record-breaking procession -- both in participation and money raised," with over 4,000 walkers raising "about $202,000 in pledges and corporate donations." The money will go to "24 metro Detroit agencies that provide direct care for AIDS patients." The walk was "held simultaneously with 10 other AIDS walks throughout Michigan." Statewide, the walks "were expected to bring out 13,000 walkers and raise $300,000 ... but those estimates probably have been surpassed based on the strong showing" of the Detroit walk (Ballou, Detroit Free Press, 9/28).

#3 IDAHO: RISE IN STDS PARTLY ATTRIBUTED TO LAX ATTITUDES

Idaho health officials "fear" that a jump in the number of cases of sexually transmitted diseases may be partly due to "a declining concern about the risks of sex" and waning concern about sexually transmitted diseases. The AP/Spokane Spokesman-Review reports that a state Health and Welfare Department report released this summer "showed that in 1997, more people contracted four sexually transmitted diseases than in 1996." Most of those infected were teenagers or those under 25. Anne Williamson, manager of the state's STD/AIDS program, said, "It's somewhat

alarming. People don't envision themselves at risk." The state's chlamydia rate increased by 13%, gonorrhea "jumped" 63% and syphilis "rose slightly." Although AIDS cases were up 43%, the HIV rate was down 25%. Genital herpes was also down 7%. The AP/Spokesman-Review reports that the increases "stand in contrast to drops in the early and mid-1990s." Dr. Robert LeBow, medical director of Nampa-based clinics for low-income people, "said the increases could be a one-year blip caused by a few promiscuous people," but "[o]ne infected person with numerous partners could spread a disease to two or three dozen people ... and could influence the numbers in any one year." He added, "It doesn't take a whole lot of people to have a mini-epidemic" (AP/Spokane Spokesman-Review, 9/25).

SCIENCE & MEDICINE

#4 MANAGED CARE: HIV CARE COSTS STABILIZED BETWEEN 1995 AND 1997

A trend analysis of HIV treatment costs recently found that average monthly costs of care for people with HIV in California and Texas managed care settings stabilized between 1995 and 1997 -- the same period protease inhibitors and triple cocktail therapy became widely prescribed. Diane Lapins, vice president of Strategic Services, Clinical Partners, Inc., a San Francisco-based company that provides data support and HIV case management services to managed care organizations, said, "Although the introduction of triple combination therapy led to a

rise in patient-per-month drug costs from $200 to $1,100, this increase was accompanied by a corresponding decrease in average monthly non-drug costs from almost $1,300 to about $200, including hospital, professional, laboratory and home care services." The bottom line was a stabilized monthly per patient cost of about $1,400. Lapins said, "In fact, the overall average monthly cost of treating HIV patients held stable at about $1,300 over the last 14 months of this 36-month study." The analysis, conducted by Clinical Partners in collaboration with Merck & Co., Inc., also found that over the same two-year period, quarterly mortality rates dropped from almost 5% to less than 1%. The analysis studied HIV-positive non-Medicaid and non-Medi-Cal adults enrolled in various capitated, non-capitated and preferred provider health care plans managed by Clinical Partners in the two states. Lapins concluded, "As many managed care organizations tend to view drug budgets and drug costs independently of other operational costs, these data underscore the need for viewing the per patient cost of HIV care as a whole. It is important to recognize that HIV care encompasses many other components of care, such as indirect costs to community services, employers, friends and families." The study was presented Sunday at the 38th Interscience Conference on Antimicrobial Agents and Chemotherapy (Merck release, 9/27).

OPINIONMAKERS

#5 AIDS LAWS: NEW YORK TIMES PROFILE DRAWS CRITICISM

Today's

New York Times contains three letters to the editor responding to its Sept. 25 profile of HIV/AIDS laws nationwide, and an overview of New York's recently passed partner notification and names-based reporting laws. Michael Kink, legislative counsel to the AIDS advocacy group Housing Works, pointed out that during the debate over partner notification in Albany, "middle ground" positions existed but simply did not prevail. A compromise bill was drafted, he said, "[y]et the bill was eventually killed," and "Assemblywoman Nettie Mayersohn's [D] more radical legislation" became law. With regard to the public's shifting perception of the disease, Haytham Bahoora of Berkeley, CA, asserted, "We must not allow the politics of fear to prevail over rational measures that prevent the spread of this disease." Margaret Masch of San Francisco said, "Instead of passing laws generated by fear and driving awareness of HIV underground, we should insure the dissemination of information, social support and medical services necessary to bring AIDS into the open, where it can be addressed, prevented and treated" (New York Times, 9/29).

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:29-SEP-1998 20:50:26.00

SUBJECT: FW: coburn - ackerman hearing

TO: Cecilia Gutierrez ("'Cecilia Gutierrez (E-mail)'" <cgutierrez@osophs.dhhs.gov> [UNKNOWN])
READ:UNKNOWN

TO: Chad Martin ("'Chad Martin (E-mail)'" <cgm8@cdc.gov> [UNKNOWN])
READ:UNKNOWN

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)'" <hdg1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Melissa Shepherd ("'Melissa Shepherd (E-mail)'" <mhs3@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

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

CC: Tim Westmoreland ("'Tim Westmoreland (E-mail)'" <westmort@law.georgetown.edu> [UNKNOWN])
READ:UNKNOWN

TEXT:
i thought the first two panels went well today, the opening comments and

questions by our allies really shaped the hearing for us. i don't think

it ever got the traction that coburn wanted. the public health,

domestic violence, and local control messages all were coherently laid

out. the last panel contained the compelling testimony of an hiv victim

but otherwise wasn't too damaging. i thought helene's testimony negated

the third panel.

below is our press release. the hearing did have a few press folks but

not many (8-9 press folks).

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

>From: Fisher, Steven

>Sent: Tuesday, September 29, 1998 2:44 PM

>To:Abreu, Julio

>Subject:

>

>

>

>Steven Fisher

>Director of Communications

>AIDS Action

>202-986-1300 x3065

>202-986-1345 (fax)

>sfisher@aidsaction.org

>

- COBURN2.DOC========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D96]ARMSZZ000SMBC.000 to ASCII,
The following is a HEX DUMP:

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

until it's over
AIDS ACTION

1875 Connecticut Avenue NW
Suite 700
Washington, DC 20009
202-986-1300 (P) 202-986-1345 (F)

FOR IMMEDIATE RELEASE:
September 29, 1998

CONTACT: STEVEN FISHER
202-986-1300, ext. 3065

Coburn Plan Is a Recipe for Reduced HIV Testing and Increased Infection

AIDS Action calls Virtual Vaccine prevention plan the best way to stop HIV

WASHINGTON, D.C. – At a Congressional hearing on HIV names reporting today, AIDS Action denounced H.R. 4431, a bill sponsored by Reps. Coburn (R-OK) and Ackerman (D-NY) that would require all fifty states to establish new bureaucracies to collect and maintain the names of everyone with HIV as well as implement an oxymoronic mandatory partner notification measure.

AIDS Action denounced the names reporting proposal as a bureaucratic scheme that could act as a disincentive to HIV testing at a time when there are as many as 300,000 HIV-positive people in America who are unaware of their status. AIDS Action supports reinvigorated voluntary HIV testing efforts, including better access to rapid testing.

"If Coburn ran a theater, he'd try to attract crowds with tear gas," said Daniel Zingale, executive director of AIDS Action. "We don't need lists and an HIV police force. We need an effective plan to encourage people at risk for HIV to get tested, get counseled and get the tools to protect their health and the health of others."

Not only would the Coburn-Ackerman plan act as a disincentive to encouraging testing, but the plan also fails to address deficiencies in access to health care as well as new life-prolonging AIDS drugs. Currently, Medicaid, the federal health program for the poor, is not eligible to low-income people with HIV until they develop AIDS.

"It's the Titanic all over again. We're counting up all the passengers but not providing enough lifeboats," added Zingale. "Our voluntary testing and prevention structure would be decimated if people fear that getting a positive test could mean their name is reported to the government and they would be denied access to life-prolonging drugs and adequate care."

Instead of enacting the Coburn-Ackerman names listing bureaucracy, AIDS Action is urging Congress to pass its Virtual Vaccine prevention plan, which is designed to ensure that HIV prevention and education efforts receive the same attention as the race to find a medical vaccine.

Included in the Virtual Vaccine plan are a twenty-five percent increase in funding at the Centers for Disease Control and Prevention; treatment on request to help stem the twin epidemics of substance abuse and AIDS; a national effort for better access to rapid HIV testing; creation of a Web site featuring anonymous E-mail with prevention counselors; condom ads on television programs rated "S" for sexual content; and a national testing referral database.

- MORE -

The mandatory partner notification provisions of the Coburn-Ackerman bill are simply oxymoronic since effective partner notification requires the full cooperation and participation of people with HIV in consultation with health care professionals. To be effective, partner notification must be voluntary, consensual and run by experienced, trusted health care professionals, not a new government police force.

"If Coburn wins and passage of effective HIV prevention fails, people with HIV could once again be driven underground, people at-risk for infection might avoid testing and we could witness a tragic new crisis in the epidemic, just as we are beginning to make progress," added Zingale.

# # #

AIDS Action is the national voice on AIDS, representing all Americans affected by HIV/AIDS and 3,200 community-based organizations that serve them.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
014. email	From Jarret Yoshida to Todd Summers Re: Hey back (2 pages)	09/30/1998	Personal Misfile

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

FOLDER TITLE:
[09/16/1998 - 10/01/1998]

2018-0758-F
jn568

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
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P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:30-SEP-1998 14:15:10.00

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 30, 1998

POLITICS & POLICY

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#1 NAMES-BASED REPORTING: Congressional Hearing Held On Proposed Legislation

#2 WHO: New Director Addresses Global AIDS Issues

#3 METHADONE: McCaffrey's Proposal Generally Applauded

PUBLIC HEALTH & EDUCATION

==========

#4 HIV TESTS: Faster, Cheaper and Coming Soon

#5 TEEN HEALTH: D.C. Clinic for Poor, Minority Teens Closes

SCIENCE & MEDICINE

==========

#6 SUSTIVA: Preliminary Data Show Success In Treating Kids

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 NAMES-BASED REPORTING: CONGRESSIONAL HEARING HELD ON PROPOSED LEGISLATION

The House Commerce subcommittee on health and environment yesterday held a hearing on the HIV Partner Protection Act, H.R. 4431, sponsored by Reps. Tom Coburn (R-OK) and Gary Ackerman (D-NY), and patterned after New York's recently enacted names-based reporting law. Some of the outstanding issues considered during the hearing were:

- o the necessity of mandating names reporting;
- o how names reporting will improve public health;
- o the advantages and effectiveness of names reporting over a coded-identifier system;
- o exemptions from civil and criminal penalties for "good faith" errors;
- o how the bill will impact anonymous testing;

- o should insurers be prohibited from taking "adverse actions" against HIV-positive policyholders? and
- o how the change in medical technology and federal law has altered the perspectives of those working in the area of HIV partner notification and counseling.

The legislation expands the Ryan White funding requirement to include "past and present partner" notification. It requires physicians to "confidentially" report "positive test results ... and any other information necessary for carrying out a system of partner notification, as is presently done for diseases such as syphilis," to their state's public health department. Public health workers are required to contact any partners to "offer referral for testing and counseling," and to obtain names of other partners potentially infected with HIV. The bill does not impose criminal or civil penalties for non-compliance, and authorizes $10 million for state implementation (Subcommittee memorandum, 9/25).

SPONSORS SPEAK

Testifying before the subcommittee, Coburn said he believed that "this legislation is long overdue" and "may be the only bill passed by Congress this year that actually saves lives." He pointed out that new drug developments allow HIV-positive individuals to "lead longer and healthier lives," which has caused "many who initially opposed" partner notification to "reconside[r]." Coburn noted that partner notification is "standard public health procedure for curtailing the spread of virtually all other sexually transmitted diseases," and stressed

that it "is extremely important to disease control because it is the only timely way to alert those in danger of infection," especially women (Coburn statement, 9/29). Ackerman said that the bill's purpose "is not to penalize but to protect the infected and their partners." He added that he "believe[d] that we can take the same sober, pragmatic approach to treating HIV as we do with other diseases without harming anybody's privacy or inviting discrimination" (Ackerman statement, 9/29).

GUIDELINES VS. LEGISLATION

Dr. Helene Gayle, director of the Centers for Disease Control and Prevention's National Center for HIV, STD and TB Prevention, testified that the CDC has recently released "updated guidance" on HIV partner counseling and referral services (PCRS). The proposed legislation and the updated guidance "share important goals of notifying partners," Gayle noted. However, she asserted that the legislation would deter and "drastically reduce" anonymous testing. "Our goal is to prevent HIV infection by reducing behaviors likely to transmit the virus and assisting individuals at risk or already infected in gaining access to prevention services, medical care and other needed services" as part of a "comprehensive strategy," Gayle said. Anonymous testing "is integral" to that strategy, she said, because people are more likely to be tested earlier, while they are still asymptomatic. She also noted that trust in the public health system is a key issue for maintaining the viability of a comprehensive anti-HIV effort and expressed concern that such trust might be undermined if potentially infected persons knew

that partner notification would be mandatory. She pointed out that because HIV is a "life-long issue" for infected individuals, "PCRS for HIV differs from partner services for other STDs" (Gayle testimony, 9/29). Gayle said that while she did not oppose the bill, she felt that CDC guidelines should be implemented prior to enacting any laws (Daily Report sources, 9/29).

NOT SO FAST

The bill was strongly denounced, however, by AIDS Action as "a bureaucratic scheme that could act as a disincentive to HIV testing at a time when there are as many as 300,000 HIV positive people in America who are unaware of their status." AIDS Action Executive Director Daniel Zingale said, "We don't need lists and HIV police force. We need an effective plan to encourage people at risk for HIV to get tested" (AIDS Action release, 9/29).
Click here for previous coverage of names-based reporting.

#2 WHO: NEW DIRECTOR ADDRESSES GLOBAL AIDS ISSUES

Dr. Gro Harlem Brundtland, the new director-general of the World Health Organization, spoke yesterday about her agency's commitment to curb infectious diseases during an interview with PBS NewsHour's Susan Dentzer. Brundtland, like Jonathan Mann, the former head of WHO's global AIDS effort, said she recognizes the importance of eliminating the disparity in AIDS care and services between people in affluent and impoverished countries. She said she will work toward providing pregnant women worldwide with access to anti-AIDS drug regimens,

in an effort to curb vertical HIV transmission. Furthermore, she asserted that an emphasis on research will lead to less expensive drugs, "so that we can make ... a major effort" to provide similar care to all economic groups worldwide. In conclusion, Brundtland said that all nations have a responsibility to address global health issues. "Presidents, prime ministers and finance ministers are, indeed, health ministers" and influence policies impacting global health," she said (9/29).

#3 METHADONE: MCCAFFREY'S PROPOSAL GENERALLY APPLAUDED

Physicians and "other addiction specialists generally welcomed the federal government's plan to make methadone more accessible," announced yesterday by White House Drug Czar Barry McCaffrey, the New York Times reports (Wren, 9/30). McCaffrey said, "We have reasonably sound data that says methadone is an effective tool. We're standing behind it," (NPR, "All Things Considered," 9/29). McCaffrey recommended "the easing of restrictions on methadone use, improving the quality of methadone clinics, and allowing selected doctors to prescribe the heroin blocker for their patients." The New York Times reports that McCaffrey "compared methadone to other drugs that have been effective in treating serious illnesses." He said, "We simply can't have an approach to medicine that is so dissimilar from the tools we have brought to bear on heart disease and cancer and diabetes and other major social-medical problems affecting our society." McCaffrey said that oversight of methadone would move from the Food and Drug Administration to the Substance Abuse and

Mental Health Services Administration, and that federal funding for drug treatment would increase 38% over the next five years. He noted that the "proper" administration of methadone to addicts decreases their heroin use by 70%, their drug-related crime by 57% and increases their "gainful employment" by 24% (Wren, 9/30). Further, experts say methadone also "curbs the risk of HIV from infected needles" ("All Things Considered," 9/29).

NO SOUP FOR YOU!

As McCaffrey outlined his new policy at the American Methadone Treatment Association yesterday in New York City, his remarks "immediately drew the wrath" of city Mayor Rudolph Giuliani (R), who recently called for ending the city's methadone program (Lombardi, New York Daily News, 9/30). "I think that morally, philosophically and practically, it's a bad question for America to say, 'Let's double the number of people on methadone,'" the mayor said (New York Times, 9/30). Jim Pasco, executive director of the Fraternal Order of Police, questioned, "Where is the wisdom in substituting one drug for another one? This is a system that, however well-meaning, has already failed in other countries." However, Ethan Nadelman, founder of the Lindesmith Center, said, "McCaffrey's announcement is an important move forward that reflects the scientific evidence. The challenge now will be overcoming the entrenched interests of some methadone providers who are more concerned with monopolizing access to this medicine than with expanding its availability" (USA Today, 9/30).

#4 HIV TESTS: FASTER, CHEAPER AND COMING SOON

Several HIV tests that promise results in as little as 10 minutes may be available to consumers within a year for as little as $5, "offering consumers far more control over learning HIV status than ever before," Centers for Disease Control and Prevention physician Bernard Branson said yesterday at the annual Wisconsin AIDS/HIV conference. The availability of rapid results "'will change the face of [HIV/AIDS] counseling' because people will need advice before they take the test and on the spot when they get results," Wisconsin chief medical officer Jeff Davis said. Branson said a CDC study coming this fall "reveals that half of people using HIV home testing kits had never been tested for the virus before," indicating "the popularity and consumer acceptance of this method." He cautioned that although the tests are accurate in ruling out HIV infection, most will require a second "confirmatory test" to eliminate the possibility of a false positive (Marchione, Milwaukee Journal Sentinel, 9/30).

#5 TEEN HEALTH: D.C. CLINIC FOR POOR, MINORITY TEENS CLOSES

N.E. Place, a Washington, D.C., outpatient clinic for poor, minority teenagers, closed yesterday under pressure from administrators at its parent institution, the Hospital for Sick Children, who cite budget woes and dwindling patient loads. Concerned about the rapid spread of HIV among urban minority

teenage girls, N.E. Place was launched in 1994 with $10.4 million in federal grants. Located in the hospital, the clinic's purpose "was to encourage patients ages 9 to 18 to bond with clinic doctors, undergo HIV testing and enroll in clinical trials if they were found to be HIV positive." To attract patients, the clinic also offered free general health care. Explaining the move to close the clinic, Hospital for Sick Children CEO Thomas Chapman said that "in four years N.E. Place served only 631 patients and enrolled seven" in clinical trials. He also contended that the clinic "should have been" in Washington's Southeast area, "where most of the young people live," instead of Northwest. Chapman said that to keep the clinic open, the hospital would have to provide $4.2 million over the next three years to draw down needed federal matching dollars. According to the Washington Post, closing the clinic is part of Chapman's overall effort to revamp the hospital's new mission toward providers "services to homes and schools."

NCI 'REBUTTAL'

The National Cancer Institute, which funded the clinic's activities, issued a "detailed rebuttal" yesterday to dispute Chapman's statements. The NCI took issue with Chapman's assertion that it cost $15,000 per patient to provide care through N.E. Clinic. NCI's Lauren Wood said the government "has no idea" how that estimate was made. In addition, Wood said the clinic actually treated 3,565 patients in the past four years, and enrolled "10 HIV positive teenagers in clinical studies." Kenneth Hickey, the hospital's former board chair, also defended

the clinic. "It was an open-door clinic. Any teenager could come in with any complaint and be served. It had the highest accolades in the community," he said (Goldstein, Washington Post, 9/30).

SCIENCE & MEDICINE

#6 SUSTIVA: PRELIMINARY DATA SHOW SUCCESS IN TREATING KIDS

A recent pediatric study of the non-nucleoside reverse transcriptase inhibitor (NNRTI) efavirenz -- marketed by DuPont Pharmaceuticals as Sustiva -- indicates that the drug suppresses HIV replication over a 20-week period in most children when used in combination with other antiretroviral drugs. According to an interim analysis conducted by the National Institute of Allergy and Infectious Diseases and the National Institute of Child Health and Human Development, 66.7% of 57 children under age 16 who took the combination therapy achieved low virus levels (less than 400 copies/ml) at week 20. The children had not been previously treated with protease inhibitors or other NNRTIs. Side effects included rash (28.1%), diarrhea (15.8%) and abnormally low levels of a type of white blood cell (8.8%). Dr. Anthony Fauci, NIAID director, said the drug "offers another choice for treating HIV-infected children who currently have fewer treatment options than adults." Presently, 12 drugs are approved for adults, and seven drugs, including efavirenz, are approved for children. A National Institutes of Health release says the "study directly contributed to accelerated Food and Drug

Administration approval earlier this month of efavirenz as a treatment option for HIV-infected children" (see Daily Report, 9/21). The authors of the study indicate that "[a]dditional follow-up through the full 48-week course of the study will be important to determine if the drop in viral load is long-lasting and if the regimen will be well-tolerated in children over time" (NIAID release, 9/29).

Click here for past coverage of Sustiva. See the NIAID and DuPont websites for more information:

- o www.niaid.nih.gov
- o www.dupont.com.

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

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-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 1-OCT-1998 15:44:43.00

SUBJECT: Conf. Call Reminder

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

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

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

TO: judtaral (Judtaral@aol.com [UNKNOWN])
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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:
Presidential Advisory Council on AIDS

Subcommittee on Prison Issues

Notice of Conference Call

Tuesday, October 6th, 1998 @ 11AM EST

Access # : 888 422 7101 ? ext # : 460626

AGENDA

This meeting will last approximately 1 hour

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

1. Call to Order

2. ONAP Update
   - ? October National Prison Meeting
   - ? Kathleen Hawk Sawyer Meeting
   - ? November Site Visit
   - ? Interagency Meeting Follow Up

3. Guest Speakers: Discharge Planning - Susan Moore

   (See Description, below)

4. Pending Issues
   - ? Youth Offenders
   - ? PHS Report
   - ? Prison Hotlines

5. Set Up Next Conference Calls

6. Adjournment

HIV+ Offender Release Program The goal of this program is to link HIV+ offenders to an HIV/AIDS care case manager prior to release to ensure a coordinate transition from incarceration to the community. The outcome is to assure access for continuity of care, adherence to combination therapy medications, increase prevention education, and increase community protection.

The goals of service coordination are to provide continutiy of quality care to clients, enhance quality of life for persons living with HIV/AIDS and maximize cost effectiveness through resource utilization.

Susan Moore began her HIV/AIDS career as a community volunteer in 1984 when her brother was diagnosed HIV+. She has worked as a Clinical Social Work Practitioner for the last eight years providing HIV case management and developing services in the more remote rural areas of northwest Missouri. In 1995, she developed a Colaborative Linkage to Community Care Project that connects incarcerated HIV+ individuals with case management prior to their release. On July 1, 1998, Susan was promoted to Program Manager with the Missouri Bureau of HIV/AIDS Care and Prevention Services. She is working with the Service Coordination program, expanding the HIV+ Offender Release Program, and providing consultation to rural areas of the state who are working to develop care and support systems for people living with HIV.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Morin, Steve ("Morin, Steve" <SMorin@psg.ucsf.edu> [UNKNOWN])

CREATION DATE/TIME: 1-OCT-1998 00:37:30.00

SUBJECT: FW: AB 1663 Vetoed; Other HIV bills update

TO: Bindman, Andy ("'Bindman, Andy'" <bindman@itsa.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: Charlebois, Edwin ("'Charlebois, Edwin (SFGH)'" <edwin@cygnus.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: Cogorno, Rob ("'Cogorno, Rob'" <Robert.Cogorno@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Collins, Chris ("'Collins, Chris'" <Chris.Collins@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Franks, Pat ("'Franks, Pat'" <pfranks@itsa.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: Goosby, Eric ("'Goosby, Eric'" <EGoosby@osophs.dhhs.gov> [UNKNOWN])
READ:UNKNOWN

TO: Hecht, Rick ("'Hecht, Rick'" <rhecht@sfaids.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: Merson, Mike ("'Merson, Mike'" <MersonMH@MASPO1.MAS.YALE.EDU> [UNKNOWN])
READ:UNKNOWN

TO: Palacio, Herminia ("'Palacio, Herminia'" <herminia_palacio@dph.sf.ca.us> [UNKNOWN])
READ:UNKNOWN

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

TO: von Zinkernagel, Deborah ("'von Zinkernagel, Deborah'" <dvonzinkernagel@osophs.dhhs.gov> [UNKNOWN])
READ:UNKNOWN

TO: Westmoreland, Tim ("'Westmoreland, Tim'" <WESTMORT@wpgate.law3.georgetown.edu> [UNKNOWN])
READ:UNKNOWN

TO: Zingale, Daniel ("'Zingale, Daniel'" <dzingale@aidsaction.org> [UNKNOWN])
READ:UNKNOWN

TO: Chesney, Margaret ("Chesney, Margaret" <MChesney@psg.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: Coates, Tom ("Coates, Tom" <TCoates@psg.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: Lo, Bernie ("Lo, Bernie" <bernie@itsa.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: Rutherford, George ("Rutherford, George" <GRutherford@psg.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: Stryker, Jeff ("Stryker, Jeff" <stryker@psg.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

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

CC: Gayle, Helene D ("'Gayle, Helene D'" <hdg1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

CC: Janssen, Rob ("'Janssen, Rob'" <rxj1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TEXT:
FYI.

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

> From: Dillon, Fred [SMTP:fdillon@sfaf.org]

> Sent: Wednesday, September 30, 1998 5:14 PM

> To: 'Barnes, Bonita'; 'Bau, Ignatius'; 'Bobrowsky, Joshua';

'Clary,

> Ryan'; 'Conner, Tomiko'; 'Donnelly, Anne'; 'Dunn, Pat';

> 'Dunn-Mortimer, John'; 'Etzel, Mark'; 'Forbes, Anna'; 'Katz, Mitch';

> 'Kilbourn, Seth'; 'Kwong, Sophia'; 'McCormick, Ellen'; 'Montgomery,

> Michael'; Morin, Steve; Murchison, Chris; 'Shalson, Axel'; 'Small

> Navarro, Valerie'; 'Swenson, Karl'; 'Thomas, Laura'; 'Zollman, Steve';

> 'fredjason@earthlink.net'

> Subject: AB 1663 Vetoed; Other HIV bills update

>

> We just received word that the Governor vetoed AB 1663 (Migden), the

> HIV

> non-names based reporting bill, despite broad statewide support for

> this
> critical public health measure. It is terribly disappointing that the
> Governor chose to veto this bill and missed out on the opportunity to
> enact a sound HIV reporting system that had the support of the HIV
> community and the mainstream medical groups. We will try to fax out
> the
> Governor's veto message to you as soon as possible. Here is the text
> of
> the Coalition and SFAF's press releases on the Governor's action.
>
>
> FOR IMMEDIATE RELEASE: Wednesday,
> September 30, 1998
> Contact: Fred Dillon, Regina Aragón, SF AIDS
> Foundation: 415/487-3080
>
> AIDS Advocates Denounce Governor's Veto of
> HIV Reporting Bill
>
> California Misses Out on Critical Opportunity to Better Track HIV
> Epidemic,
> Warn Health Officials and San Francisco AIDS Foundation
>
> SAN FRANCISCO, CA - A bill that would have established a statewide
> mechanism for reporting new cases of HIV in California was vetoed by
> Governor Pete Wilson today despite solid bipartisan support in the
> State

> Legislature. Without this new tracking tool, health officials will
> find
> it increasingly difficult to effectively plan and target HIV services
> and prevention education efforts, public health officials and AIDS
> advocates warned today.
>
> "Governor Wilson's veto of AB 1663 is both harmful and short-sighted.
> It
> leaves our state without a comprehensive HIV reporting system, and
> squanders a unique opportunity to implement an HIV reporting system
> that
> has the strong support of both mainstream medical groups, such as the
> California Medical Association, as well as other HIV advocates," said
> San Francisco AIDS Foundation (SFAF) Executive Director Pat Christen.
>
> Local health officials, who endorsed the bill, were dismayed by the
> Governor's veto. "This bill would have enabled California to modernize
> its AIDS case reporting system to incorporate HIV cases, without
> driving
> individuals away from HIV testing and medical care" said Dr. Mitchell
> Katz, the Director of Health for the City and County of San Francisco.
> "AB 1663 represented a sound public health approach to HIV reporting,
> and deserved the Governor's support."
>
> Authored by Assemblywoman Carole Migden (D-San Francisco), AB 1663
> would
> have established an HIV reporting system that used "unique identifier"

> codes to track new HIV cases instead of names--a distinction that the
> San Francisco AIDS Foundation (SFAF) believes is crucial. "By avoiding
> the use of names, AB 1663 would have enhanced public health and
> protected patient confidentiality, ensuring that individuals were not
> deterred from seeking HIV testing and early treatment," said Fred
> Dillon, State Policy Director for the San Francisco AIDS Foundation.
> In
> a 1996 survey conducted at Los Angeles HIV testing centers, 86% of
> respondents said they would not have been tested if they knew their
> names were released to the government. A similar survey in San
> Francisco yielded comparable results.
>
> California would have joined several other states - including
> Maryland,
> Illinois, Massachusetts and Hawaii - that have already adopted a coded
> system of HIV reporting. "Our hope is that in 1999, a new state
> Legislature and Governor will undo the harm Governor Wilson has done
> in
> vetoing this important public health measure," said Dillon.
>
> The San Francisco AIDS Foundation is a non-profit community-based AIDS
> service organization that has been at the forefront of the battle
> against HIV disease for fifteen years.
>
> ###
> 8california HIV surveillance coalition 3
>

> FOR IMMEDIATE RELEASE

> Contact: Eileen Hansen, 415/291-5472

>

> Governor Wilson Vetoes Critical HIV Reporting Bill

>

> Public Health Officials, Health Care Providers, and HIV Advocates

> Denounce Decision to Veto Public Health Measure

>

> <Wednesday, September 30, 1998> Governor Wilson today vetoed AB 1663,

> a

> bill that would have enabled public health officials to better track

> the

> spread of HIV by requiring that HIV infections be reported throughout

> California. Authored by Assemblywoman Carole Migden (D-SF), AB 1663

> would have protected public health and patients' confidentiality by

> requiring that the reporting system be based on unique code numbers

> rather than individuals' names, thereby minimizing the extent to which

> individuals are deterred from seeking HIV testing and appropriate

> medical care.

>

> "We are dismayed that Governor Wilson chose to veto this critical

> public

> health measure that enjoyed bipartisan support in the State

> Legislature," said Eileen Hansen, Co-Chair of the California HIV

> Surveillance Coalition and Public Policy Director for the AIDS Legal

> Referral Panel. "As a result of his action, California will continue

> to

> have no system of HIV reporting, leaving public health officials
> unable
> to appropriately monitor the HIV epidemic and better target scarce HIV
> prevention and care resources. It is clear that the Governor chose
> politics over sound public health policy."
>
> AB 1663 represented a remarkable compromise between HIV advocates-who
> have long opposed HIV reporting of any kind-and mainstream medical
> groups that have traditionally supported reporting the names of those
> who are HIV-positive. As a result of this compromise, the bill was
> ultimately supported by a broad coalition of public health officials,
> health care providers, and people living with HIV, including both the
> California Medical Association (CMA) and the California Conference of
> Local Health Officers (CCLHO).
>
> "It is extremely unfortunate that the Governor ignored the unique and
> exciting opportunity AB 1663 represented for California," said Fred
> Dillon, also Co-Chair of the California HIV Surveillance Coalition and
> the State Policy Director for the San Francisco AIDS Foundation.
> "After
> years of contentious debate on the issue of HIV reporting, this was
> the
> first time that public health officials, health care providers, and
> HIV
> advocates in California were able to agree on a reporting system that
> would best meet the specific needs of our state. Despite this
> broad-based consensus, the Governor chose to block progress on this

> critical issue."

>

> Public health officials also criticized Governor Wilson for vetoing AB

> 1663. "This legislation would have provided much-needed information

> about the full scope of the epidemic without deterring individuals at

> highest risk for HIV infection from the health care setting," said Dr.

> Mitchell Katz, the Director of Health for the City and County of San

> Francisco. "In addition, it would have allowed health departments to

> continue to notify the partners of those who are infected, when

> appropriate, as we currently do. It is unfortunate that the Governor

> chose to reject such a reasonable public health measure."

>

> California would have joined several states-including Maryland,

> Massachusetts, Illinois, Hawaii, Washington, and Connecticut-in moving

> toward or exploring a non-names based approach to HIV reporting.

> "Given the other states that have recently moved in this direction as

> well as the broad support for AB 1663 throughout the state, the

> Governor

> had every reason to sign this bill into law and enact, for the first

> time, an HIV reporting system in California," said Hansen. "This

> struggle is far from over and the California HIV Surveillance

> Coalition

> fully intends to build on this year's accomplishments when the

> Legislature reconvenes in 1999. We certainly hope that California's

> next Governor will recognize the importance of implementing a

> non-names

> based HIV reporting system that best serves the needs of people living

> with HIV, local health officials, and the public health."

> ###

>

>

> In other related news, the Governor has signed the following bills

> into

> law:

>

> * SB 844 (Burton, D-San Francisco)--Red Ribbon License Plate: By

> authorizing an HIV/AIDS special interest license plate, this new law

> will generate fees to be used to establish an AIDS License Plate Fund.

> This funding will be used to support HIV/AIDS research efforts in

> California.

>

> * SB 705 (Rainey, R-Walnut Creek)--Criminalization of Intentional

> Exposure to HIV: This law creates a new felony crime for those who

> intentionally try to infect others with HIV. The criminal offense

> would

> apply only to those cases in which it can be proven that the

> individual

> specifically intended to infect his/her partner with HIV. Although the

> AIDS Foundation believes that such atrocious acts of intentional

> transmission should be punished, we also believe that criminal laws

> (such as assault with a deadly weapon and attempted homicide) already

> exist to prosecute such rare incidents and that an HIV-specific law

> such

> as SB 705 is unnecessary. The bill will likely be signed into law in

> the near future.

>

> * AB 1208 (Migden, D-San Francisco)--Safe Needle Bill: This law

> requires the State Occupational Safety and Health Standards Board to

> adopt regulations to require health care employers to use safety

> needles

> (i.e., self-sheathing needles that help prevent occupational exposures

> to bloodborne pathogens, including HIV) or methods that do not require

> needles; this law is meant to reduce needlestick injuries in health

> care

> settings.

>

> That's all the news for now. Feel free to give me a call if you have

> any questions (415/487-3081).

>

>

>

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> State Policy Director

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 1-OCT-1998 12:35:23.00

SUBJECT: monday

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

TEXT:
how are you, precious?

can you remind me of the names of the two OMBers for monday?

thanks