Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From Marie Herb to Todd Summers Re: [No Subject] (1 page)	10/19/1998	Personal Misfile
002. email	From Jarret Yoshida to Todd Summers Re: Drink (1 page)	10/21/1998	Personal Misfile
003. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	10/22/1998	b(7)(C), b(7)(F), b(6)

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

FOLDER TITLE:
[10/14/1998 - 10/23/1998]

2018-0758-F
jn570

RESTRICTION CODES

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

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

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

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

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Sdutta (Sdutta@worldbank.org [UNKNOWN])

CREATION DATE/TIME:14-OCT-1998 15:06:37.00

SUBJECT: Government Address on HIV/AIDS in South Africa

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

TO: Linda Sussman (Linda Sussman <lsussman@usaid.gov> [UNKNOWN])
READ:UNKNOWN

TEXT:
Hello,

The attached is FYI.

Best wishes,

Sheila

Sheila Dutta, PhD, MPH

Health, Nutrition and Population

Human Development Network

The World Bank

Telephone: (202) 473-8390

Fax: (202) 473-8239

---------- Forwarded by Sheila Dutta/Person/World Bank on

10/14/98 10:59 AM ----------

Sheila Dutta

10/14/98 11:03 AM

Extn: 38390 HDNHE

To: Africa Aids Affinity Group

cc:

Subject: News: Government Address on HIV/AIDS in South Africa

Deputy President Mbeki of South Africa delivered a speech on HIV/AIDS on behalf of President Mandela last Friday. News coverage of this event as well as the text of Mbeki's speech are attached for your information.

South Africa, 9 October 1998

Speaking for South African President Nelson Mandela Friday, Deputy President
Thabo Mbeki delivered a speech urging citizens to join him in a "Partnership Against AIDS" and spread the message that people "can save themselves and save the nation, by changing the way we live and how we love."

The AP/Arkansas Democrat-Gazette reports that the speech "was part of a major information campaign that began Friday. Flags flew at half-staff to remember

the estimated 360,000 people who have died of the disease" in South Africa.

In a statement released Friday, National Party health spokesperson Dr.

Kobus Gous said, "We have on our hands an epidemic disease which has the

potential to disrupt and ruin this country socially, economically and health-wise. Aids

needs to be viewed not only as a health issue, but also as an issue that would have an

effect on every sphere of South African society" (ANC Daily News Briefing, 10/9).

Vertical Transmission

Also on Friday, Health Minister Nkosazana Zuma announced that funding for

programs that treat HIV-positive pregnant women with AZT will be cut and said that

"the $14 million appropriated for the government's new campaign to raise AIDS

awareness would be better spent on public education." The move will close five pilot

programs that were to begin dispensing AZT to pregnant women. The AP/Arizona

Daily Star reports that doctors "blasted" the decision and "complained" it will close

five pilot projects. The Sunday Times reports that AZT "can cut the transmission rate of HIV to babies by half." Approximately "200 babies a day" are born with HIV in the country. In her announcement, made at Mbeki's launch of the AIDS awareness campaign, Zuma said AZT "is not cost-effective because we don't have the money. What we are focusing on is trying to get the prevention message across, because ... what will work is when people take precautions and babies are saved because men and women are using condoms." She said that too many women needed to be treated with AZT "to save a relatively small number of babies." Glenda Gray, director of the Perinatal HIV Research Unit at Chris Hani Baragwanath Hospital, said, "Here's a real way we can prevent transmission and the government is not intervening. They prefer incoherent campaigns instead of things that will really turn the tide against AIDS." She added, "Whatever money you put in, you get out, in terms of the costs of treating HIV-positive babies" (Paton, Sunday Times, 10/11).

ADDRESS of DEPUTY PRESIDENT MBEKI on HIV/AIDS

Issued by: Government Communications (GCIS)

President Mandela has asked me to address you on his behalf. I am honoured to be able to do so.

DECLARATION

HIV/AIDS is among us.

It is real. It is spreading

We can only win against HIV/AIDS if we join hands to save our nation.

For too long we have closed our eyes as a nation, hoping the truth was not so real.

For many years, we have allowed the HI Virus to spread, and at a rate in our country which is one of the fastest in the world.

Every single day a further 1 500 people in South Africa get infected. To date, more than 3 million people have been infected.

THE DANGER IS REAL

Many more face the danger of being affected by HIV/AIDS.

Because it is carried and communicated by other human beings, it is with us in our work places, in our classrooms and our lecture halls.

It is there in our church gatherings and other religious functions.

HIV/AIDS walks with us. It travels with us wherever we go. It is there when we play sport. It is there when we sing and dance.

Many of us have grieved for orphans left with no one to fend for them. We have experienced AIDS in the groans of wasting lives. We have carried it in small and big coffins to many graveyards.

At times we did not know that we were burying AIDS victims. At other time we knew, but chose to remain silent.

And when the time comes for each one of us to make a personal precautionary decision, we fall prey to doubt and false confidence. We hope that HIV/AIDS is someone else's problem.

CHANGING OUR WAY OF LIFE

HIV/AIDS is not someone else's problem. It is my problem. It is your problem.

By allowing it to spread, we face the danger that half of our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the healthy will not be able to maintain. Our dreams as a people will be shattered.

HIV spreads mainly through sex.

You have the right to live your life the way you want to.

But I appeal to the young people, who represent our country's future, to abstain from sex for as long as possible.

If you decide to engage in sex, use a condom.

In the same way, I appeal to both men and women to be faithful to each other, but otherwise to use condoms.

PARTNERSHIP

The power to defeat the spread of HIV and AIDS lies in our Partnership - as youth, as women and men, as business people, as workers, as religious people, as parents and teachers, as students, as healers, as farmers and

farm workers, at the unemployed and the professionals, as the rich and the poor - in fact, all of us.

Today, we join hands in this Partnership Against HIV/AIDS, united in our resolve to save the nation.

As Partners Against AIDS, together we pledge to spread the message!

Everyday every night - wherever we are - we shall let our families, friends and peers know that they can save themselves and save the nation, by changing the way we live and how we love. We shall use every opportunity openly to discuss the issue of AIDS.

As Partners Against AIDS, together we pledge to care!

We shall work together to care for those living with HIV/AIDS and for the orphans. They must not be subjected to discrimination of any kind. They can live productive lives for many years.

They are human beings like you and me. When we lend a hand, we build our own humanity, and when we remind ourselves that, like them, each one of us can become infected.

As Partners Against AIDS, together we pledge to pool our resources and to commit our brain power!

There is still no cure for HIV and AIDS. Nothing can prevent infection except our own behaviour.

We shall work together to support medical institutions to search for a vaccine and a cure. We shall mobilise all possible resources to spread the message of prevention, to offer support to those infected and affected, to destigmatise HIV and AIDS and to continue our search for a medical solution.

And so today we join hands in the Partnership, fully aware that our unity is our strength. The simple but practical action that we take today is tomorrow's insurance for our nation.

Accordingly, we pledge that wherever we meet and study, work and sing, play and enjoy one another's company, we will protect ourselves and our partners against HIV and AIDS.

Together, as Partners Against HIV/AIDS, we can and shall win.

I have asked for your time to listen to this urgent message because there is no other moment but the present, to take action.

I thank you for your attention and urge you to act NOW!

9 October, 1998

processed Sat 10 Oct 1998 11:34 SAST.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:14-OCT-1998 17:58:40.00

SUBJECT:

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

TEXT:
To: SARAH (Pager) #BIANCHI

cc:

From: Todd A. Summers

Date: 10/14/1998

Time: 17:56:10

Subject:

Body:

Call Todd - need status of Jeffords/Kennedy demo for - 6-2444

Priority:

Message history for recipient SARAH BIANCHI [Pager]

Wednesday 14 Oct 1998 17:57:42 Eastern Standard Time - Message received

by Pager Gateway

Wednesday 14 Oct 1998 17:58:19 Eastern Standard Time - Message received

by Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: JPalenicek (JPalenicek@hrsa.dhhs.gov (John Palenicek) [UNKNOWN])

CREATION DATE/TIME:14-OCT-1998 16:52:54.00

SUBJECT: Re:Meeting with HCFA and Justice

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

TEXT:
Hey Todd,

I'm your man. Do you have any times or do you want suggestions?

_____Reply Separator_____

Subject: Meeting with HCFA and Justice

Author: Todd_A._Summers@opd.eop.gov

Date: 10/8/98 9:20 AM

I'd like to set up a meeting within the next two weeks with someone from your shop, HCFA (probably Randy Graydon), and Justice/Bureau of Prisons to look at ways we can improve access to care for those leaving incarceration. There are some holes, I think, in the system and some confusion about who can cover what. Also, I think we need to at least understand the basis of, if not alter, the BoP policy of only giving 30days supply of drug (and no care) to those who are in some kind of pre-release situation.

Are you the guy? Let me know if it's you, and if so, when you have time for a 2 hour meeting here in DC over the next 2 weeks.

Thanks,

Todd

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

with SMTP

(IMA Internet Exchange 3.01 Enterprise) id 00035671; Thu, 8 Oct 98

09:35:44

-0400

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

NT

v1.1a) with SMTP id <0.31752530@smtp.psc.dhhs.gov>; Thu, 8 Oct 1998 9:22:38

-0400

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

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

id AA13532; Thu, 8 Oct 1998 09:22:05 -0400

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

85256697.00495D76 ; Thu, 8 Oct 1998 09:21:20 -0400

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: jpalenicek@hrsa.dhhs.gov

Cc: DvonZinkernagel@osophs.dhhs.gov, joneill@hrsa.dhhs.gov

Message-Id: <85256697.0048FD3C.00@LNGATE2.EOP.GOV>

Date: Thu, 8 Oct 1998 09:20:44 -0400

Subject: Meeting with HCFA and Justice

Mime-Version: 1.0

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:14-OCT-1998 19:03:21.00

SUBJECT: Notice of Conference Call

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

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

TO: 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:
Presidential Advisory Council on AIDS

Subcommittee on Prison Issues

Notice of Conference Call

Tuesday, October 20th, 1998 @ 11AM EST

Access # : 888 422 7101 ? ext # : 460626

AGENDA & MINUTES

See attached file.

Please contact Jeremy if you have any problems with the file.

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

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D26]ARMSZZ000TN5F.000 to ASCII,
The following is a HEX DUMP:

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

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

Notice of Conference Call
Tuesday, October 20th, 1998 @ 11AM EST
Access # : 888 422 7101 • ext # : 460626

AGENDA

1. Call to Order

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

3. Guest Speakers (tentative)

4. Other Issues
- PHS Report
- Prison Hotlines
- Amnesty International
- Youth Offenders Update
- Legislative Issues

5. Tentative Agenda for Committee on Prison Issues at Nov. Council Mtg.
- Kathleen Hawk Sawyer Meeting
- ONAP Update
  - Interagency Meeting
  - Prison Site Visit
- Ongoing Committee Issues
  - PHS Report
  - Discharge Planning
  - Legislative Update
  - Incarcerated Youth
  - Amnesty International
- National Meeting on Prisons
  - Invitation to Dr. Satcher
- Report to the Full Council

Please Note: Any materials for the Briefing Book must be to Daniel, ASAP!

6. Proposed Next Conference Call: Tuesday, November 3rd. 11am EST

7. Adjournment

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

Minutes of Conference Call
Tuesday, October 6, 1998

Participants. Stephen Abel, Lynne Cooper, Kathy Gerus, Scott Hitt, Jeremy Landau, Daniel Montoya, Mike Rankin, Emily Seymour.

1. ONAP Update

- National Meeting on Prisons.

Sandy Thurmon & Todd Summers agreed that plans for this activity must proceed. If a response is not forthcoming from Justice by the end of this week, ONAP will continue with planning.

[NOTE: This is the same as the update two weeks ago.]

- No date for meeting with Kathleen Hawk Sawyer
- No report on the Site Visit
- No report on the Interagency Meeting

2. Other Information
   - No Update on Native Americans in Fed. Prisons

3. Committee Update

- Youth Issues
  Jeremy has contactrd David Harvey, David Mariner, and Janet Shalwitz. An update will follow as information is available.
- Prison Hotlines
  Jeremy will follow up with CDC. Steve will follow up with Osborne
- Amnesty Int'l
  Jeremy will follow up to request information on their new initiative.

4. November Meeting

Follow-up will include Discharge Planning, PHS Report, & ONAP issues.

5. Guest Speaker - Susan Moore, Missouri DPH: Case Mgt./Discharge Pl.

Susan Moore reported on her program in Missouri which is a unique cooperation between the state prison system and the Missouri Department of Health (DOH). She is a case manager working for DOH. Program was initiated in 1995. Since 1993 there has been a 50% increase in client population.

The presenting problem was long delays, of up to one year, in getting discharged ex-offenders into case management. This is problematic because in Missouri you must have a case manager to access services funded by Ryan White.

Susan meets with ex-offenders to talk about needs, secondary prevention, and available agencies in the area where they will be living. She also cooperates with the ID nurse. Susan actually sets the appointment with the agency and later follows up to see that the appointment was kept.

A. Barriers to smooth transition include:
1. Short amount of time between parole notification and discharge.
2. Exit antibodies are drawn just two days before release leaving no time to get test results before discharge.
3. In the treatment centers the stay is very short, an average of 180 days, and too many pass through in too short a time to allow adequate testing and planning. Linkeage back to prison facility is sometimes difficult.
4. There is no money in county jails for drugs. Inmates are told their families must provide them. Susan would like to get ADAP funds for drugs in county facilities.
5. Prohibition against condoms -- condoms are considered contraband and are difficult to distribute even upon discharge. There is no funding.

B. Expected outcomes include:
1. Insuring access to care.
2. Increasing adherence.
3. Secondary prevention.
4. Increasing community protection.
5. Increased linkeage to CBOs.

Another issue of importance is the fact that now inmates are tested upon entry and discharge. Long timers were never tested upon entry. ID nurses are swamped and unable to do adequate education. There are no peer counseling groups and no arena for discussion about HIV. Confidentiality is also a concern.

Upon discharge, ex-offenders are given 30 days of drugs if the discharge is announced early enough to allow for the drugs to be ordered and dispensed.

Next Conference Call: October 20th @ 11am EST.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Randolph Graydon (Randolph Graydon <RGraydon@hcfa.gov> [UNKNOWN])

CREATION DATE/TIME:15-OCT-1998 20:06:24.00

SUBJECT: Re[2]:Meeting with HCFA and Justice -Reply

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

TEXT:
Todd,

I hate to be a pain, but I am in travel status most of the next 2 weeks and

really need what days I do have here to do prep work. With the exception

of the

5th of November, the first week in November works most every day.

Randy

>>> <Todd_A._Summers@opd.eop.gov> 10/15/98 01:41pm >>>

Randy -

Can you see if any of these times match your availability?

Thanks,

Todd

---------- Forwarded by Todd A. Summers/OPD/EOP on 10/15/98

01:41 PM ----------

(Embedded

image moved JPalenicek @ hrsa.dhhs.gov (John Palenicek)

to file: 10/15/98 09:40:41 AM

PIC27367.PCX)

Record Type: Record

To: Todd A. Summers/OPD/EOP

cc:

Subject: Re[2]:Meeting with HCFA and Justice

Monday 19th afternoon

Thurs 22 morning

Fri 23 morning (best time -- I will be in DC for an afternoon mtg)

Tues 27th morning

The only other dates are in early Nov.

_____Reply Separator_____

Subject: Re:Meeting with HCFA and Justice

Author: Todd_A._Summers@opd.eop.gov

Date: 10/14/98 4:28 PM

Thanks for getting back to me - can you give me some time slots next week

and the week thereafter?

Thanks,

Todd

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

SMTP

(IMA Internet Exchange 3.01 Enterprise) id 00043037; Wed, 14 Oct 98

16:35:42

-0400

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v1.1a) with SMTP id <0.FF4F8F30@smtp.psc.dhhs.gov>; Wed, 14 Oct 1998

16:30:47

-0400

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

id AA20420; Wed, 14 Oct 1998 16:30:08 -0400

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

8525669D.00709930 ; Wed, 14 Oct 1998 16:29:52 -0400

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: JPalenicek@hrsa.dhhs.gov (John Palenicek)

Message-Id: <8525669D.00706E2B.00@LNGATE2.EOP.GOV>

Date: Wed, 14 Oct 1998 16:28:29 -0400

Subject: Re:Meeting with HCFA and Justice

Mime-Version: 1.0

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:15-OCT-1998 22:07:09.00

SUBJECT: FW: [CDC News] Special Update

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:
i'm sure you already have this, but in case you don't...

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

>From: preventionews@cdcnpin.org [SMTP:preventionews@cdcnpin.org]

>Sent: Thursday, October 15, 1998 5:32 PM

>To:'prevention-news@hattrick.qrc.com'

>Subject: [CDC News] Special Update

>

>The following press release from the Institute of Medicine concerning

>HIV and pregnant women is provided to you as a public service of the CDC

>National Center for HIV, STD and TB Prevention. The full report and

>background documents may be obtained from the World Wide Web at

>http://www2.nas.edu/iom/.

>

>

>Date: Oct. 14, 1998

>Contacts: Dan Quinn, Media Relations Officer

>David Schneier, Media Relations Assistant

>(202) 334-2138; e-mail news@nas.edu

>

>Number of Children With AIDS Still Unacceptably High; Routine HIV

>Testing Needed in Prenatal Care

>

>WASHINGTON -- Testing for the human immunodeficiency virus (HIV) should

>be a routine part of prenatal care, according to a new report from a

>committee of the Institute of Medicine. Health care providers should

>notify women that HIV testing is part of the usual array of prenatal

>tests and women should have an opportunity to refuse. This approach

>could help reduce the number of pediatric AIDS cases and improve

>treatment for mothers with AIDS.

>

>Current federal guidelines were put in place after discovery in 1994 of

>a new therapy that reduces by two-thirds the chance that an infected

>woman will pass HIV to her child. The guidelines advise health care

>providers to give extensive pre-test counseling to all pregnant women,

>educating them about the risks of AIDS and the benefits of being tested.

>These guidelines led to an increase in testing and treatment. But

>because many women are not tested and do not receive treatment, the

>number of children born with HIV is still unacceptably high, the report

>says.

>

>"We have the tools to prevent HIV infection in newborns. Now we must get
>treatment to everyone who needs it," said committee chair Marie
>McCormick, professor and chair, department of maternal and child health,
>Harvard School of Public Health, Boston. "By making HIV screening a
>routine part of prenatal care for all pregnant women, regardless of
>their risk factors or where they live, we can further lower the number
>of pediatric AIDS cases and help infected women get high-quality
>treatment."
>
>Making prenatal testing routine would help lower many of the barriers
>that keep women from being tested. It would reduce the burden on
>prenatal care givers to provide the extensive pre-test counseling
>required by current guidelines. Providers would no longer have to decide
>whether to encourage some women more than others to be tested, an
>approach that results in many cases being missed. It would lessen the
>stigmatization of groups in which perinatal HIV transmission is now more
>prevalent, which include African American and Hispanic women. And it
>would guard against geographic shifts in the incidence of HIV infection,
>which is more common among women in large cities and in parts of the
>northeastern and southern United States. The costs of routine prenatal
>testing compare favorably with the costs of treating children who have
>HIV.
>
>The committee outlined a series of steps to support routine testing in
>prenatal care, and to meet the needs of pregnant women and health care
>providers. Health care plans should implement policies to facilitate
>routine prenatal testing, and should track their success in conducting

>HIV screening. Businesses and other organizations that purchase health
>care should support routine prenatal testing in their contracts with
>providers. Professional medical organizations should update their
>practice guidelines to recommend such testing. Providers need to be
>educated about the value of prenatal HIV screening, and how to deal
>appropriately with those who test positive. And health officials need to
>improve their outreach to pregnant women, to address concerns about
>testing and treatment.
>
>Testing should be seamlessly linked to treatment for women found to be
>infected, and this care must be coordinated before, during, and after
>delivery, the report says. Providers must take steps, however, to ensure
>that their patient's confidentiality is protected, and that they are not
>forced into taking a test if they object.
>
>Effective Treatment
>
>Researchers determined in 1994 that administering the drug zidovudine
>(ZDV, formerly known as AZT) during pregnancy and childbirth could
>reduce by two-thirds the chance that a mother infected with HIV would
>give birth to an infected child. The finding was one of the most
>important since the beginning of the AIDS epidemic, because 6,000 to
>7,000 HIV-infected women in the United States give birth each year.
>
>After the initial research findings were announced in 1994, federal
>agencies, most states, and a number of professional organizations
>instituted policies, legislation, and guidelines to encourage HIV

>testing for pregnant women. As a result of ZDV treatment and other
>factors, the number of new pediatric AIDS cases dropped by about 43
>percent between 1992 and 1996.
>
>It is critical that federal funding for state and local efforts to
>prevent perinatal HIV transmission be maintained, the report says. The
>committee was not asked to take a position on mandatory testing of all
>newborns, but noted that such testing can only play a limited role in
>preventing transmission of HIV from mother to child. Under the current
>provisions of the Ryan White Comprehensive AIDS Resources Emergency Act
>Amendments of 1996, federal funds for states could become contingent
>upon mandatory testing of newborns. If funds that could be used for
>prevention are directed toward newborn testing, the federal government
>could actually undermine efforts to keep infants from contracting the
>virus.
>
>To boost prevention efforts, the federal government should establish a
>regional system of perinatal HIV prevention and treatment centers. These
>centers would help assure optimal HIV care for all pregnant women and
>newborns, and would help develop and implement strategies to improve HIV
>testing in prenatal care. Federal, state, and local public health
>agencies also should maintain appropriate surveillance data on
>HIV-infected women and children, the report says.
>
>A committee roster follows. This study was funded by the U.S. Department
>of Health and Human Services. The Institute of Medicine is a private,
>non-profit organization that provides health policy advice under a

>congressional charter granted to the National Academy of Sciences.

>

>_____

>*Pre-publication copies of Reducing the Odds: Preventing Perinatal

>Transmission of HIV in the United States are available from the National

>Academy Press at the mailing address in the letterhead; tel. (202)

>334-3313 or 1-800-624-6242. The cost of the report is $48.95 (prepaid)

>plus shipping charges of $4.00 for the first copy and $.50 for each

>additional copy. Reporters may obtain a copy from the Office of News and

>Public Information at the letterhead address (contacts listed above).

>

>This news release is available on the World Wide Web at

>http://www.nas.edu

>

># # #

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: JPalenicek (JPalenicek@hrsa.dhhs.gov (John Palenicek) [UNKNOWN])

CREATION DATE/TIME:15-OCT-1998 13:40:41.00

SUBJECT: Re[2]:Meeting with HCFA and Justice

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

TEXT:
Monday 19th afternoon

Thurs 22 morning

Fri 23 morning (best time -- I will be in DC for an afternoon mtg)

Tues 27th morning

The only other dates are in early Nov.

_____Reply Separator_____

Subject: Re:Meeting with HCFA and Justice

Author: Todd_A._Summers@opd.eop.gov

Date: 10/14/98 4:28 PM

Thanks for getting back to me - can you give me some time slots next week

and the week thereafter?

Thanks,

Todd

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

with SMTP

(IMA Internet Exchange 3.01 Enterprise) id 00043037; Wed, 14 Oct 98

16:35:42

-0400

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

NT

v1.1a) with SMTP id <0.FF4F8F30@smtp.psc.dhhs.gov>; Wed, 14 Oct 1998

16:30:47

-0400

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

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

id AA20420; Wed, 14 Oct 1998 16:30:08 -0400

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

8525669D.00709930 ; Wed, 14 Oct 1998 16:29:52 -0400

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: JPalenicek@hrsa.dhhs.gov (John Palenicek)

Message-Id: <8525669D.00706E2B.00@LNGATE2.EOP.GOV>

Date: Wed, 14 Oct 1998 16:28:29 -0400

Subject: Re:Meeting with HCFA and Justice

Mime-Version: 1.0

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:15-OCT-1998 16:08:53.00

SUBJECT:

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

TEXT:
To: 2168163 @ SkyTel

cc:

From: Todd A. Summers

Date: 10/15/1998

Time: 16:05:47

Subject:

Body:

Recommend holding statement - made revisions per Richard and Chris - call

Todd at 456-2444

Priority:

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

Thursday 15 Oct 1998 16:07:38 Eastern Standard Time - Message received

by Pager Gateway

Thursday 15 Oct 1998 16:08:16 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:15-OCT-1998 11:07:10.00

SUBJECT:

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

TEXT:
To: 2168163 @ SkyTel

cc:

From: Todd A. Summers

Date: 10/15/1998

Time: 11:04:28

Subject:

Body:

Call Todd at 456-2444

Priority:

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

Thursday 15 Oct 1998 11:06:13 Eastern Standard Time - Message received

by Pager Gateway

Thursday 15 Oct 1998 11:06:47 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:15-OCT-1998 16:25:20.00

SUBJECT: perinatal transmission...

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: Kevin DeCock ("'Kevin DeCock (E-mail)'" <kmd2@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

TEXT:
1875 Connecticut Avenue NW

Suite 700

Washington, DC 20009

202-986-1300 (P) 202-986-1345 (F)

For Immediate Release:

Contact: Steven Fisher

October 14, 1998

202-986-1300, ext. 3065

Universal Pregnancy Testing Must Be Implemented Fairly and Humanely

WASHINGTON, D.C. - AIDS Action expressed its support today for the goals laid out in a new report from the Institute of Medicine (IOM) urging universal voluntary testing of pregnant women. However, AIDS Action will work for implementation of the IOM plan that requires pre- and post-test counseling, ensures access to treatment and improves the physician-patient dialogue.

"There is no better time to get tested for HIV, especially if you're pregnant," said Daniel Zingale, executive director of AIDS Action. "The key to making this plan effective is ensuring that it remain voluntary and the key to making it humane is ensuring proper counseling. Hand in hand with fair and effective universal pregnancy testing are counseling and improved access to care."

Under the IOM plan, HIV tests would be included in the standard series of tests administered to all pregnant women. Once HIV-positive pregnant women are identified, treatment could be provided that reduces the risk of transmission to the fetus (perinatal transmission). Treatments such as ZDV (commonly know as AZT) have been instrumental in reducing, by two-thirds, perinatal transmission and the number of infant AIDS cases has fallen by 43 percent between 1992 and 1996. Still, many pregnant women are not tested for HIV and do not have access to counseling and treatment that are proven to reduce perinatal transmission.

AIDS Action is concerned that implementation of the IOM plan, without

adequate safeguards and physician training, could result in abuse and coercion. Since the plan requires HIV testing for pregnant women unless the woman opts out in writing, some physicians may fail to mention this option and some women may avoid care in the first place out of confusion or fear.

"Universal voluntary testing must be implemented thoughtfully and with intent of protecting the health of pregnant women, not tricking them into an HIV test," added Zingale. "AIDS Action is concerned that the 'opt out' only provision of the plan might result in testing coercion and, if enacted, we will work with public health officials and our network of service providers to ensure clarity and education about HIV testing."

AIDS Action strongly supports renewed HIV testing and our Virtual Vaccine prevention plan is designed to ensure that HIV prevention and education efforts receive the same attention as the race to find a medical vaccine.

"There are 300,000 Americans who are HIV-positive yet unaware of this status," said Zingale. "America needs an ambitious plan that gets those at risk into testing, counseling and treatment so they can protect their own health and the health of others."

# # #

AIDS Action is the national voice on AIDS, representing all Americans

affected by

HIV/AIDS and 3,200 community-based organizations that serve them.

Julio C Abreu

Legislative Representative

Government Affairs

202-986-1300 x3021

jabreu@aidsaction.org

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:15-OCT-1998 10:15:27.00

SUBJECT:

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

TEXT:
To: 2168163 @ SkyTel

cc:

From: Todd A. Summers

Date: 10/15/1998

Time: 10:13:00

Subject:

Body:

Call Todd at 456-2444.

Priority:

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

Thursday 15 Oct 1998 10:14:41 Eastern Standard Time - Message received

by Pager Gateway

Thursday 15 Oct 1998 10:15:15 Eastern Standard Time - Message received

by Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:15-OCT-1998 14:02:17.00

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, October 15, 1998

POLITICS & POLICY

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#1 PERINATAL TRANSMISSION: IOM Recommendations Garner Reaction

#2 RICKY RAY: DeWine And Jeffords Engage In Last Minute Wrangling

PUBLIC HEALTH & EDUCATION

==========

#3 SAN FRANCISCO: Young Gay Men Still Engaging In Risky Behavior

GLOBAL CHALLENGES

==========

#4 SOUTH AFRICA: Mining Community Ravaged By AIDS

#5 SINGAPORE: WHO HIV Estimate Four Times Greater Than

Government Count

SCIENCE & MEDICINE

==========

#6 HIV STRAINS: Researchers Discover 'Compartmentalized' Mutations

#7 INDINAVIR: Three-Times Daily Dose Reduces HIV-Induced Weight Loss

WE'RE MOVING!: The editorial offices of The Daily Report are relocating. Effective Monday, October 19 you can reach us at: 600 New Hampshire Ave., NW, Washington, DC 20037; 202/672-5990 (phone), 202/672-5767 (fax). Our toll-free fax line, 800/944-6515, will remain unchanged. Please update our contact information for your files!

POLITICS & POLICY

#1 PERINATAL TRANSMISSION: IOM RECOMMENDATIONS GARNER REACTION

The medical and AIDS advocacy communities yesterday reacted swiftly to the Institute of Medicine's recommendation that pregnant women be routinely screened for HIV. Cathy Wilfert, scientific director of the Elizabeth Glaser Pediatric AIDS Foundation, wholeheartedly endorsed the IOM report. She said, "By making HIV testing a routine part of prenatal care, this new

proposal could further reduce the number of children born with HIV and may even eliminate mother-to-infant transmission in the U.S. altogether." The foundation has conducted its own media campaign since 1994 to encourage pregnant women to request an HIV test, and to persuade health care providers to make prenatal HIV testing the standard of care (Glaser release, 10/14). Rep. Tom Coburn (R-OK), sponsor of a federal HIV-notification bill, said he agreed with the recommendation. "We should have enacted this policy years ago. But because we have put politics above good public health, up to 8,000 babies that could have been saved since 1994 will needlessly suffer and die from the fatal AIDS virus." Coburn proposed legislation in 1995 mandating HIV testing for all newborns, and compromise legislation included in the Ryan White CARE Act established the current voluntary testing policy and set a timetable for states to reduce perinatal transmission or be required to enact mandatory testing (Coburn release, 10/14).

CAVEATS ON COUNSELING

Several groups were more wary of the recommendation -- endorsing its intended outcomes but voicing concerns about the methods that might be used to achieve them. AIDS Action expressed support for the IOM recommendation, but said the group would work for implementation of a plan that requires pre- and post-test counseling, ensures access to treatment and improves the physician-patient dialogue. Executive Director Daniel Zingale said, "Universal voluntary testing must be implemented thoughtfully and with intent of protecting the health of pregnant

women, not tricking them into an HIV test." He cautioned that women may not feel comfortable "opting out" of the test when it is offered, resulting in "test coercion." Zingale added, "The key to making this plan effective is ensuring that it remain voluntary and the key to making it humane is ensuring proper counseling" (AIDS Action release, 10/14). Responding to the report's suggestion that the mandate for pre-HIV test counseling be weakened because they are too time-consuming, some experts were concerned that pregnant women might be tested without being fully informed of the implications of HIV testing and the options that follow. David Harvey, director of the Washington, DC-based AIDS Policy Center for Children Youth & Families, said, "We have concerns about the lack of informed consent, and the whittling away of the pre-test counseling standards. There's a high degree of suspicion and distrust between some patients and health care providers, and the way to build back trust is through the informed consent process" (Brown, Washington Post, 10/15). The Centers for Disease Control and Prevention issued a statement that "it was concerned about the counseling issue" and that "it would study the report's recommendations to see if it should modify its rules" (Leary, New York Times, 10/15).

A STANDARD OF CARE

Marie McCormick of the Harvard School of Public Health, chair of the IOM committee that made the recommendation, said that the more widespread testing is, the less it will be perceived as singling out poor and minority women who are at higher risk for the disease. Prenatal testing, she said, "should

become the standard of care." McCormick "said leaving the HIV test largely to the discretion of the obstetricians leads to stigmatization of the test. If every woman is tested, then the test can't be perceived as related to a doctor's judgement of a patient's HIV risk or lifestyle" (Wen, Boston Globe, 10/15). Click here for previous coverage of prenatal HIV testing and perinatal transmission.

#2 RICKY RAY: DEWINE AND JEFFORDS ENGAGE IN LAST MINUTE WRANGLING

The dispute over the Ricky Ray Hemophilia Relief Fund Act remains unresolved as Sens. Mike DeWine (R-OH) and James Jeffords (R-VT) wrangle over the scope and funding levels in the two existing versions of the bill. The Akron AP/Beacon Journal reports that Jeffords and Dewine "were pushing at the last minute for floor votes on legislation authorizing compensation to people who might have been spared the HIV infection had the government been more aggressive about screening blood and blood products." DeWine is pushing a narrower version of the bill which compensates hemophiliacs infected with the AIDS virus through tainted blood transfusions, while Jeffords supports the broader, more costly version of the bill that encompasses all people who contracted HIV through transfusions. "It becomes a practical question of how you can get done what you need to get done," DeWine said, adding, it was his bill "or nothing at this point." The Jeffords bill is expected to cost double the $750 million DeWine bill. The Beacon Journal reports that DeWine's "strategy"

is to pass the narrower version this year and "return next year to expand the authorization to include" non-hemophiliac transfusion victims. However, Steve Grissom, president of the National Association for Victims of Transfusion Acquired AIDS Inc., said, "Jeffords is really our only hope. They wrote a bill for people who contracted AIDS through contaminated blood products and then they left half of us out." The AP/Beacon Journal reports "DeWine said that if Jeffords holds a hard line -- blocking action on the smaller bill and insisting on the larger one -- neither would come up for a vote" (Rizzo, AP/Beacon Journal, 10/14). Click here for previous coverage of the Ricky Ray Hemophilia Relief Fund Act.

PUBLIC HEALTH & EDUCATION

#3 SAN FRANCISCO: YOUNG GAY MEN STILL ENGAGING IN RISKY BEHAVIOR

The "prevalence of HIV infection, high-risk sexual practices and injection drug use among" young gay men "was no lower in 1994 to 1995, than in 1992 to 1993," according to a study published in the Oct. 1 issue of the Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology. Led by Dr. Mitchell Katz of the San Francisco Department of Public Health, researchers interviewed and tested 675 gay or bisexual men aged 17-22. They found an "unadjusted" HIV infection rate of 6.2%, slightly lower than the 9.4% found in the 1992 study. Once "adjusted" for "age, race/ethnicity, residence and site recruitment" the difference in

the HIV infection rate was negligible. Reuters/JAMA reports that "Katz's group also found no significant decreases in injection drug use or the percentage of young men engaging in risky sexual practices, including unprotected receptive anal intercourse." Katz concluded, "[O]ur data clearly show that the problem of high risk behavior among young" gay men "continues unabated. Implementation of effective prevention interventions is needed as badly now as they were three years ago" (Reuters/JAMA, 10/13). Click here for previous coverage of at-risk behavior.

GLOBAL CHALLENGES

#4 SOUTH AFRICA: MINING COMMUNITY RAVAGED BY AIDS

The mining town of Virginia, South Africa, "established in the '50s after the discovery of the Free State goldfields," is being hard hit by the AIDS epidemic and illustrates the problems in containing the epidemic, the Sunday Times reports. An estimated 20% of the area's 12,000 residents are HIV-positive, with 14% of the entire Free State province infected. Dr. Rhett Kahn, a family practitioner there, estimates that "a third of the sexually active population is infected," but many are not getting treatment. Dr. Tony de Coita, manager of services at the local hospital, said, "Here at the hospital we have two to three people dying every week. ... Most choose to stay here and die because of the poor health facilities back home. They also don't want their families to see them like this." Another doctor, Jana Viljoen, tells the story of an HIV-positive man in town to illustrate the

public health difficulty that HIV poses in South Africa: "He refuses to tell his wife and children, and the doctor can't tell them without his consent. How do I sleep knowing there is a woman who is going to be killed and there is nothing we can do?" de Coita blames the sexual culture of the mines for much of the HIV problem. Most sex "is casual or commercial," he said. Kahn added, "The mines employ a lot of foreign workers, and they come here without their wives and families." While large-scale condom distribution programs have been implemented, "the message doesn't always get across." de Coita said, "I sit here counseling patients about using condoms and I can see they can't wait until I am finished. Then there are those who have told me they want flesh on flesh." Kahn says the government is not doing enough to ameliorate the situation. He said, "There is a 60% chance of an infected mother giving birth to a baby with the disease. We have 200,000 infected pregnant women. There are interventions that can be made, but the government is doing nothing to improve the quality of life of people with AIDS" (Taitz, Sunday Times, 10/11).

#5 SINGAPORE: WHO HIV ESTIMATE FOUR TIMES GREATER THAN GOVERNMENT COUNT

The number of people with HIV in Singapore may be drastically higher than previously estimated, the Singapore Ministry of Health "admitted" yesterday. AP Worldstream reports that "a recent World Health Organization estimate that about 3,100 Singaporeans have contracted HIV ... could be accurate as

many cases here are unreported." The government estimates that there are only 854 people with HIV. Last month the government passed a law that requires all foreign students and workers to undergo HIV testing, and those who test positive must leave the city-state. Health officials said Singapore's HIV-positive citizens are reticent about revealing their status, and "many others who may have been exposed" are "unwilling to test themselves." Most Singaporeans "contract HIV ... through unprotected, heterosexual sex" (AP Worldstream, 10/13).

SCIENCE & MEDICINE

#6 HIV STRAINS: RESEARCHERS DISCOVER 'COMPARTMENTALIZED' MUTATIONS

New evidence suggests that the AIDS virus can mutate into different, drug-resistant strains in a patient's blood and semen, "increasing the chances that an untreatable form of the virus can be spread," the Raleigh News & Observer reports. University of North Carolina-Chapel Hill clinician Dr. Joseph Eron, working with Swiss researchers, "detected the drug-resistant HIV strains in the semen of" 11 men receiving potent AIDS drug therapy (Clabby, Raleigh News & Observer, 10/15). The findings "challenge the widely held belief that a person can harbor only one strain of the AIDS virus," and present new treatment obstacles for physicians (AP/Richmond Times-Dispatch, 10/15). In a study to be published next week in the journal AIDS, Eron and

colleagues conclude that several of the study's patients failed to comply with previous drug regimes, and provided an environment for the "virus to multiply in their bodies, sometimes mutating to forms that drugs can't control" (Raleigh News & Observer, 10/15). The researchers "concluded that the male genitals and the bloodstream act as separate 'compartments.'" Furthermore, they found that protease inhibitors had "great difficulty" reaching the area of sperm production and did not effectively inhibit the viability of the AIDS virus in the sperm.

LOCATION-SPECIFIC DRUGS

The ability of the virus to compartmentalize within the body led researchers to urge for "the development of drugs that attack the blood- and semen-based viruses separately." Dr. Oren Cohen of the National Institute of Allergy and Infectious Diseases said of the results, "It also shows there are potential reservoirs of virus that can persist even when they are at undetectable levels. It's a red flag that we can't become too complacent" (Nowell, AP/Nando Times, 10/15). Study author Eron agreed, saying, "We have to drive down the virus to undetectable levels in patients, not only for the individual's benefit but for the public health." Several health officials attribute the low compliance and resulting mutations to the drugs' cost and the burden of maintaining a strict dosing schedule. "There's a lot of data out there that says any time one has to take a drug more than twice a day, the compliance rate drops from 50% to 60%," said Dr. Charles Van der Horst, an AIDS researcher at UNC (Raleigh News&Observer, 10/15). Click here for previous coverage of AIDS mutations.

#7 INDINAVIR: THREE-TIMES DAILY DOSE REDUCES HIV-INDUCED WEIGHT LOSS

Use of the protease inhibitor indinavir increased body weight and improved body composition for HIV-infected patients, according to a study published in the October 1 issue of AIDS. Lead researcher Dr. Frank Carbonnel of L' Hopital Rothschild in Paris examined the effects of 800 mg doses of indinavir taken three times daily in 214 patients who had lost more than 5% of their body weight before starting the medication. Within 176 days, more than half of the patients had increased their body weight. The findings suggested that indinavir increased the number of CD4+ cells, which either restored "a cytokine balance that favors body weight gain," or eradicated "opportunistic pathogens that can induce wasting." In a parallel trial, researchers conducted a metabolic study of 16 of the patients, noting their appetite levels and food intake. They found that "appetite, protein intake and lipid intake increasedsignificantly." Additionally, before beginning indinavir treatment, nine of the 16 patients had suffered from chronic diarrhea. After starting the treatment, however, the researchers noted that patients' "intestinal permeability was significantly reduced," thus improving overall intestinal function (Reuters/JAMA, 10/14). Click here for previous coverage of indinavir.

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

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

E-mail: report@kff.org

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

-30-

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-OCT-1998 21:42:44.00

SUBJECT: alert time

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: 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: Chris Collins ("'Chris Collins (E-mail)'" <chris.collins@mail.house.gov> [UNKNOWN])
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:
FY99 BUDGET DEAL: RECORD AIDS FUNDING

The budget agreement reached between the White House and Congress on Oct. 15 includes record funding levels for the Ryan White CARE Act, the National Institutes of Health (NIH) as well as for prevention. AIDS Action led the effort to secure this funding and we extend our thanks to House and Senate Appropriations Chairmen John Porter (R-IL) and Arlen Specter (R-PA) as well as ranking members Sen. Tom Harkin (D-IA) and Rep. David Obey (D-WI), the Congressional Black C aucus, Rep. Nancy Pelosi (D-CA) and the Clinton Administration.

Below are the basic funding levels for AIDS programs in the FY99 budget deal. While prevention funding in FY98 was $634.3 million and $629.8 million for FY99, this in fact reflects a $4.9 million increase since a Congressional accounting change has shifted certain administrative funding to a different line-item. These figures do not reflect more than $100 million in additional funding included in the agreement that was secured by the Congressional Black Caucus to help meet the needs of the CBC's declaration of an AIDS State of Emergency in the black community. AIDS Action will release a final AIDS funding chart when the CBC figures are available.

RYAN WHITE CARE ACT

Total

FY98: $1,150.2 million FY99 Budget Deal: $1,399.6 million

Title I (emergency aid to urban areas)

FY98: $464 million FY99 Budget Deal: $500.2 million

Title II (AIDS Drug Assistance Program)

FY98: $257.5 million FY99 Budget Deal: $277.3 million

Title III (grants to community-based organizations)

FY98: $76.3 million FY99 Budget Deal: $91.3 million

Title IV (grants to pediatric, adolescent and family care AIDS programs)

FY98: $41 million FY99 Budget Deal: $44 million

Tital V (AIDS Education and Training Centers (AETC) and dental care)

AETC FY98: $17.3 million FY99 Budget Deal: $18 million

Dental FY98: $7.8 million FY99 Budget Deal: $7.837 million

SAMHSA (Substance Abuse Prevention and Treatment Block Grant)

FY98: $1,310 million FY99 Budget Deal: $1,510 million

HOPWA (Housing for People with AIDS)

FY98: $204 million FY99 Budget Deal: $225 million

NIH (AIDS Research)

FY98 $1,608 million FY99 Budget Deal: $1,792.9 million

MAP(PING) LEADERSHIP

AIDS Action member Minnesota AIDS Project (MAP) has been selected to receive a 1998 Nonprofit Mission Award, a state award for outstanding contributions of nonprofit organizations in four areas: innovation, philanthropy, anti-racism, and advocacy.

Julio C Abreu

Legislative Representative

Government Affairs

202-986-1300 x3021

jabreu@aidsaction.org

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Sean P. Maloney (CN=Sean P. Maloney/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME:16-OCT-1998 13:52:04.00

SUBJECT: Sean P. Maloney/WHO/EOP is out of the office.

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

TEXT:
I will be out of the office from 10/16/98 until 10/17/98.

If your message requires action before Saturday, 10/17, please e-mail Phil

Caplan or David Goodfriend or call the Staff Secretary's office at

extension 6-2702. Thanks.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-OCT-1998 20:33:30.00

SUBJECT: RE: FW: perinatal transmission...

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

TEXT:
he is going to be a loose cannon for rw reauthorization. buckle down...

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

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

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

>Sent: Friday, October 16, 1998 12:57 PM

>To:Abreu, Julio

>Subject: Re: FW: perinatal transmission...

>

>Tom Coburn talking about shameless? Now that's hard ball in the

>greenhouse.

>

>

>

>

>

>

> (Embedded

> image moved "Abreu, Julio" <JAbreu @ AIDSAction.org>

> to file: 10/16/98 11:49:11 AM

> PIC00157.PCX)

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>Record Type: Record

>

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>To: See the distribution list at the bottom of this message

>

>cc:

>Subject: FW: perinatal transmission...

>

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>>

>>Rep. Coburn Praises IOM Recommendation

>>> U.S. Representative Tom A. Coburn, M.D. (R-OK) today praised the

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>>>all pregnant women as a part of routine prenatal care.

>>> Researchers determined in 1994 that administering AZT during

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>>> Between 500 to 2,000 of these babies will contract the virus during
>>>pregnancy and birth. Other infants will become infected via breast
>feeding.
>>> "As a practicing physician who has cared for women and children with
>>>HIV/AIDS, I agree with the IOM's recommendation that HIV testing should
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>>>But because we have put politics above good public health, up to 8,000
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>>> According to the IOM report, the number of children born with HIV is
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>>> In addition to the IOM, the American Medical Association (AMA) has

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>>> The IOM is a private, non-profit organization that provides health

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>>>advice under a congressional charter granted to the National Academy of

>>>Sciences.

>>>Office of Rep. Tom A. Coburn, M.D., 10/14/98

>>

>>

>>Julio C Abreu

>>Legislative Representative

>>Government Affairs

>>202-986-1300 x3021

>>

>>jabreu@aidsaction.org

>>

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>

>

>

>

>Message Sent

> To:_____

>

> Daniel C. Montoya/OPD/EOP

> "'Deborah VonZinkernagel (E-mail)'" <dvonzinkernagel @

> osophs.dhhs.gov>

> "'Michael Iskowitz (E-mail)'" <MEIskowitz @ aol.com>

> "'Tim Westmoreland (E-mail)'" <westmort @ law.georgetown.edu>

> Todd A. Summers/OPD/EOP

>

>

>

>

>

> << File: PIC00157.PCX >>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-OCT-1998 15:49:11.00

SUBJECT: FW: perinatal transmission...

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:
>

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>>Office of Rep. Tom A. Coburn, M.D., 10/14/98

>

>

>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:16-OCT-1998 14:13:12.00

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, October 16, 1998

POLITICS & POLICY

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#1 WASHINGTON: Citizens' Board Endorses Names-Based Reporting

#2 MEDICAL MARIJUANA: On The Ballot In Nevada, Oregon

GLOBAL CHALLENGES

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#3 ZIMBABWE: AIDS Lowering Life Expectancy

#4 VIETNAM: Schedules Anti-AIDS Awareness Month

SCIENCE & MEDICINE

==========

#5 GENDER STUDY: To Investigate Difference Between Men And

Women's Response To AIDS Drugs

MEDIA & SOCIETY

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#6 CONDOM AD: Sparks Controversy At University Of New Hampshire

WE'RE MOVING!: The editorial offices of The Daily Report are relocating. Effective Monday, October 19 you can reach us at: 600 New Hampshire Ave., NW, Washington, DC 20037; 202/672-5990 (phone), 202/672-5767 (fax). Our toll-free fax line, 800/944-6515, will remain unchanged. Please update our contact information for your files!

POLITICS & POLICY

#1 WASHINGTON: CITIZENS' BOARD ENDORSES NAMES-BASED REPORTING

The Washington State Board of Health Wednesday voted 7-0 to "draft a rule that would add HIV to the list of reportable communicable diseases." The Seattle Times reports that the rule would require doctors "to report the names of everyone who tests positive for HIV." The decision differs from the recommendation put forth by Gov. Gary Locke's (D) Advisory Council on HIV/AIDS for a program that utilizes "unique identifier" codes. Under the new rule, patients would still anonymously be tested for HIV, but their names would be forwarded to a government database once they sought treatment. Steven Johnson, communications director for

the Northwest AIDS Foundation, said, "Without a confidential unique identifier system, there's no way to convince folks to move forward and seek treatment." Referring to the amount of "public resistance to the names-reporting system," Johnson said, "The board may have the authority to change the rules, but it takes two to dance in this game, [and] I think public health will be dancing alone." A group known as Resist the List "said it would do everything, including civil disobedience, to protest the policy." The board will review the rule at its Nov. 12 meeting. The Times reports that the King County Board of Health is scheduled today to vote "on a recommendation making HIV a reportable condition in the state" (AP/Seattle Times, 10/15). Click here for previous Daily Report coverage of HIV reporting in Washington.

#2 MEDICAL MARIJUANA: ON THE BALLOT IN NEVADA, OREGON

Nevada voters will vote on Question 9 this Nov. 3, which will determine if marijuana should be legalized for medical purposes, including the treatment of AIDS. The Las Vegas Sun reports that "[w]ith Nevadans focused on high-profile races for governor and Congress," the initiative has not generated much controversy within the state. However, Dan Hart, spokesperson for Nevadans for Medical Rights, said he is "content with internal polls that are 'very encouraging.'" He said, "Ours is more a word of mouth campaign. This is an issue of individual rights, and this is a state where individual rights are prized." Although "the state's major crime-fighting organizations actually

have taken no position," the attorney general opposes the measure. Assistant Attorney General Brooke Nielsen said, "A main issue is the fact that it can never be implemented because federal law will prevent the sale of marijuana in any event. That's a complete hurdle to implementation." To circumvent federal law, "Hart said he is hopeful that either that ban will be lifted or the state agrees to operate its own supply network." The Nevada State Medical Association is against the initiative but "support[s] clinical research to determine whether marijuana does have health benefits. The association doesn't believe that science should be legislated." Dr. Jerry Cade, co-founder of the AIDS unit at University Medical Center, said "many of his patients believe the plant works better than Marinol," the pill containing THC, the active ingredient in marijuana. He said between 10% to 20% of his AIDS patients find that smoking marijuana is effective in stimulating weight gain. Cade said, "At least anecdotally smoking marijuana seems to help a good number of my patients. They have gained weight. With the HIV disease, that's the enemy to us, weight loss" (Kanigher, Las Vegas Sun, 10/14).

"DUCKS" ON POT

The Portland Oregonian reports that a similar initiative, Measure 67, is on the ballot in Oregon, but physicians' disagreement over its effectiveness "is so deep and widespread that the Oregon Medical Association's governing body voted in April to remain neutral on the issue." President Charles Hofmann compared the issue to assisted suicide, on which the association

also took no position. He said, "Those two issues are so similar. The overwhelming arguments in both are compassion and respect for individual rights." He said the OMA's membership mirrors the public at large, in that 60% support Measure 67, though he does not. He said, "I am concerned that the amount of controlled scientific evidence that says smoking is better for these specific conditions" -- AIDS, cancer, glaucoma, seizures, pain, nausea and wasting -- "is lacking." Dr. Richard Bayer, however, says many patients prefer to smoke marijuana than to take other drugs. He tells of one double amputee who "said he liked marijuana better because it didn't give him the hallucinations and constipation of morphine." Bayer worries, however, that more doctors will not stand by him. "Most are afraid to come out of the closet because of fears about the DEA," which may revoke their licenses to practice should they prescribe pot to patients (O'Neill, Oregonian, 10/15).

GLOBAL CHALLENGES

#3 ZIMBABWE: AIDS LOWERING LIFE EXPECTANCY

A U.S. Census Bureau report due out next month reports that in Zimbabwe, the country "worst hit by AIDS," average life expectancy will be halved by 2010, plummeting from 61 to 39 years. The BBC News reports that AIDS will also reduce the average life span by 18 years in Kenya and 22 years in Botswana. In all three countries, nearly one quarter of the population is infected with HIV, according to the United Nations AIDS program.

UNAIDS partly attributes the spread of AIDS in central and southeast Africa to the low status of women and their inability to negotiate safer sex, as well as to poverty and high rates of sexually transmitted disease. Limited awareness of the disease and its modes of transmission also compounds the problem. A UNAIDS spokesperson said one "conservative" estimate found that "nine out of 10 people do not know they are carrying the disease." With regard to intervention efforts, UNAIDS states that "high profile campaigns backed by presidents and health ministries and aimed at the general population are necessary to slow the spread of HIV." The "Partnership Against AIDS" campaign launched Friday in South Africa is an example. Early intervention is also key. UNAIDS cites Uganda as an example of how "government efforts have finally succeeded in lowering infection rates." The country still has a 10% infection rate, however. UNAIDS officials say "Asia is now looking likely to follow the African pattern." In Cambodia, where 6,600 people died of AIDS this year, health ministry officials estimate that 150,000 of the nation's 11 million people have HIV (BBC News, 10/14).

#4 VIETNAM: SCHEDULES ANTI-AIDS AWARENESS MONTH

In response to increasing HIV/AIDS rates in northern Vietnam, the country's national AIDS committee will launch an anti-AIDS awareness month beginning November 1. The Xinhua News Agency reports that the committee will establish "an HIV/AIDS behavioral surveillance system early next year in addition to the

current two HIV/AIDS-related surveillance systems," which monitor patients with sexually transmitted diseases. In an attempt to define appropriate prevention measures, the committee will try to determine the primary methods of HIV transmission in Vietnam. HIV "is spreading quickly in northern Vietnam, especially among youths and working-age people." Officials partly attribute the spread to increased drug use among young people. A government report issued Thursday reports that 10,336 people were infected with HIV as of Oct. 10. Testing among new army recruits revealed a 1.7% infection rate in 1998, up from 1.3% in 1997. HIV prevalence also increased among prostitutes, to an infection rate of 7.3% this year up from 4% last year (Xinhua News Agency, 10/15). Click here to read previous coverage of HIV/AIDS in Vietnam.

SCIENCE & MEDICINE

#5 GENDER STUDY: TO INVESTIGATE DIFFERENCE BETWEEN MEN AND WOMEN'S RESPONSE TO AIDS DRUGS

Due to the limited number of clinical studies addressing the effects of HIV/AIDS treatments on women's health, pharmaceutical company Hoffmann-La Roche yesterday announced a plan for what it is calling the first investigational study ever to examine the difference in drug therapy response between the two genders. The study will enroll 60 women and 20 men, all HIV-positive, and compare their response to the protease inhibitor Fortovase in combination with two nucleoside reverse transcriptase inhibitors.

Dr. Carmen Zorilla, the University of Puerto Rico School of Medicine professor leading the trials, said, "This study is a critical step forward in better understanding the treatment of HIV/AIDS in women. Recent statistics show that women comprise 45% of new HIV infections, but they account for only 9% to 15% of research study participants." The study will determine if gender differences in treatment responses exist. Researchers will measure participants' viral suppression and CD4 cell count. In addition, the study will compare the viral load levels in vaginal secretions to that in blood to determine if viral load levels fluctuate similarly in the two fluids, or if the vaginal area remains an HIV reservoir, hiding the virus from treatment. The trials will also address physicians' concerns regarding appropriate birth control methods to prescribe for HIV-positive patients, and will test the efficacy of both oral contraceptives and Fortovase when used concurrently (Hoffmann-La Roche release, 10/14).

MEDIA & SOCIETY

#6 CONDOM AD: SPARKS CONTROVERSY AT UNIVERSITY OF NEW HAMPSHIRE

A recent condom advertisement in the University of New Hampshire student newspaper has university officials saying it "pushed the edge of decency," rather than the "message of safe sex," the AP/Boston Globe reports. The ad, an insert for Lifestyle condoms, "unfolds into two poster sized images of

scantily clad models and bears the slogan, 'How 2 Have More Fun in Bed.'" Rebecca Mahoney, the newspaper's editor, said the insert is "appropriate for the college audience it targeted," and that college students "are more open-minded to blatant sexual images than the general public." Gregg Sanborn, executive assistant to the university's president, said, "The insert was inappropriate and distasteful. ... It's promoting sex for the sake of sex and, more importantly, while the primary audience is students, we all know the paper is available and could be read by anyone." The newspaper's faculty advisor, Lisa Miller, "didn't see the insert before it went into the paper, but said she supports it." Mahoney said, "If we get a condom insert again, we're going to run it again. It's an act of free speech and free press." Student Janice Freethy said the ad "works because it gets attention" and "gets the point across." She said, "Sex is all around campus whether you want it to be or not. Our (resident assistant) left a bucket of condoms for the hall right outside our door." But Cora Cummings, student body vice president, said, "I thought the insert was a little risque. Promoting safe sex is wonderful, but these pictures are a little sketchy -- it could have been done more tastefully" (AP/Boston Globe, 10/15).

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

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

E-mail: report@kff.org

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

-30-

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RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Wertheimer, Wendy ("Wertheimer, Wendy (OD)" <WERTHEIW@od31em1.od.nih.gov> [UNKNOWN])

CREATION DATE/TIME:16-OCT-1998 18:11:05.00

SUBJECT: RE: Work all done

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

TEXT:
Isn't it awful? We've been pen-pals with a lot of these guys for years.

The

fact that a Nobel prize winner and a member of the National Academy are

part of

this is the worst part. Duesberg actually came and met with Bill Paul

once. I

think what they are doing is criminal, and they are probably responsible

for

killing a lot of people.

From: Todd_A._Summers@opd.eop.gov

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

Sent: Friday, October 16, 1998 1:39 PM

To: Wendyw@nih.gov

Subject: Work all done

You can go home now - looks like we've been victims of a cruel

researcher

hoax.....

"AIDS Dissidents Wage Lonely Battle"

Toronto Globe and Mail (10/13/98) P. D5; Gilbert, Sky

An international AIDS dissident group has recently opened chapters in Toronto and Vancouver, with 500 supporters in the two cities and 10,000 supporters worldwide. The group, Health Education AIDS Liaison (HEAL), asserts that HIV is not the cause of AIDS. Instead, they believe that drug use--both anti-HIV drugs and illegal drugs--may cause AIDS. Others within the group believe that AIDS is a manifestation of syphilis infection. HEAL members assert that no definitive proof has been offered to connect HIV to AIDS. One supporter of the group is Nobel laureate Dr. Kary Mullis, who invented the technology now used to measure HIV quantities in the body. Dr. Peter Duesberg, a distinguished virologist in California, asserts that drug use is to blame for the disease. If the dissidents are right, then many anti-AIDS drugs could be harming patients instead of helping them. HEAL focuses on challenging major drug companies, who they feel are making money off of other people's medical problems.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Mary Beth Donahue (Mary Beth Donahue <mdonahue@os.dhhs.gov> [UNKNOWN])

CREATION DATE/TIME:16-OCT-1998 23:13:50.00

SUBJECT: re: Matthew Murguia

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

TEXT:
I just left a message w/you. Nicole Lurie, principal deputy asst. secy. to

Dr. Satcher approved extending Matthew's time for another two weeks, which

would take him to the end of the month. Dr. Lurie oversees the management

of the Office of Public Health and Science which includes OMH. The person

who gave this inaccurate info to Matthew should be referred to Dr. Lurie at

690-7694.

Original Text

From: <Todd_A._Summers@opd.eop.gov>, on 10/16/98 10:17 AM:

Can you do me a favor and check on this with our friends at OMH?

Thanks!

---------- Forwarded by Todd A. Summers/OPD/EOP on 10/16/98

10:08 AM ----------

Matthew Murguia

10/16/98 08:18:03 AM

Record Type: Record

To: Todd A. Summers/OPD/EOP

cc:

Subject: Me!

OMH has sent me a note saying that they have not been told that I have been extended until the end of the month, and that as far as they are concerned, I am expected back Monday morning. What do you want me to do?

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: JPalenicek (JPalenicek@hrsa.dhhs.gov (John Palenicek) [UNKNOWN])

CREATION DATE/TIME:16-OCT-1998 12:56:54.00

SUBJECT: Re[2]: Re[2]:Meeting with HCFA and Justice -Reply

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

TEXT:
Tues afternoon and Weds do not work for me. Otherwise, I'm open the

remaining

times of the week.

jp

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:16-OCT-1998 19:20:11.00

SUBJECT: new job

TO: Abernethy, Jane ("Abernethy, Jane" <76162.555@compuserve.com> [UNKNOWN])
READ:UNKNOWN

TO: Alvin H. Schulman ("Alvin H. Schulman" <105347.331@compuserve.com> [UNKNOWN])
READ:UNKNOWN

TO: Austin, Brad ("Austin, Brad" <BAUSTIN@SAMHSA.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Barry X. Ball ("Barry X. Ball" <bxball@idt.net> [UNKNOWN])
READ:UNKNOWN

TO: Bowden, Sandi ("Bowden, Sandi" <SBowden@rtp-exchange.fhi.org> [UNKNOWN])
READ:UNKNOWN

TO: Brown, Stuart T. ("Brown, Stuart T." <stub@dhr.state.ga.us> [UNKNOWN])
READ:UNKNOWN

TO: Casadevall, Arturo ("Casadevall, Arturo" <casadeva@aecom.yu.edu> [UNKNOWN])
READ:UNKNOWN

TO: Cates, Ward ("Cates, Ward (2)" <wcates@fhi.org> [UNKNOWN])
READ:UNKNOWN

TO: Cates, Ward ("Cates, Ward" <WCATES@rtp-exchange.fhi.org> [UNKNOWN])
READ:UNKNOWN

TO: Cheek, James ("Cheek, James" <jcheek@SMTP.IHS.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Chin, Kevin ("Chin, Kevin (Home)" <k2chin@msn.com> [UNKNOWN])
READ:UNKNOWN

TO: Cloeren, Marianne ("Cloeren, Marianne" <macloeren@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Cloeren, Marianne ("Cloeren, Marianne" <mcloeren@erols.com> [UNKNOWN])
READ:UNKNOWN

TO: Cobb, Nathaniel ("Cobb, Nathaniel" <NZC0@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Dickinson, Daniel ("Dickinson, Daniel" <DXD1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Dunn, Ruth ("Dunn, Ruth" <RAD3@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Eismann, Marianne ("Eismann, Marianne" <MEISMANN@DEANS.UMD.EDU> [UNKNOWN])
READ:UNKNOWN

TO: Fishman, Ted ("Fishman, Ted" <playfish@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Frieden, Tom ("Frieden, Tom" <IMCEAMS-CDCWONDER_WONDER_TXF2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Galef, David ("Galef, David (office)" <dgalef@sunset.backbone.olemiss.edu> [UNKNOWN])
READ:UNKNOWN

TO: Galef, David ("Galef, David" <eggalef@vm.cc.olemiss.edu> [UNKNOWN])
READ:UNKNOWN

TO: Gerecke, Jeff and Sarah ("Gerecke, Jeff and Sarah" <76557.2747@compuserve.com> [UNKNOWN])
READ:UNKNOWN

TO: Gourevitch, Marc N. ("Gourevitch, Marc N. (Office)" <mgourevi@montefiore.org> [UNKNOWN])
READ:UNKNOWN

TO: Green, Subie ("Green, Subie" <IMCEAMS-NFCDC_NFCDC_seg4@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Heinrich, Jerome ("Heinrich, Jerome" <jheinric@ucla.edu> [UNKNOWN])
READ:UNKNOWN

TO: Heinrich, Richard L. ("Heinrich, Richard L." <RICHARD.L.HEINRICH@HEALTHPARTNERS.COM> [
UNKNOWN])
READ:UNKNOWN

TO: Huang, Philip P., M.D. ("Huang, Philip P., M.D." <IMCEAMS-CDCWONDER_WONDER_PXH4@cdc.gov> [
UNKNOWN])
READ:UNKNOWN

TO: JOHN.TOKOLISH ("JOHN.TOKOLISH" <JOHN.TOKOLISH@BAIN.sprint.com> [UNKNOWN])
READ:UNKNOWN

TO: Kimball, Ann Marie ("Kimball, Ann Marie" <akimball@u.washington.edu> [UNKNOWN])
READ:UNKNOWN

TO: Luby, Stephen ("Luby, Stephen" <IMCEAMS-CDCWONDER_WONDER_SXL2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Marston, Barbara ("Marston, Barbara" <IMCEAMS-CLFT_CIDDAS1_bxm5@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Marston, Barbara ("Marston, Barbara" <IMCEAMS-CLFT_CIDDBD1_bxm5@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: McGowan, John, MD ("McGowan, John, MD" <IMCEAMS-

CDCWONDER_WONDER_MCGO105W@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Mohle-Boetani, Janet ("Mohle-Boetani, Janet" <IMCEAMS-CDCWONDER_WONDER_JXH4@cdc.gov> [UNKNOWN])
READ:UNKNOWN

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

TO: Murguia, Matthew ("Murguia, Matthew" <MMurguia@OSOPHS.DHHS.GOV> [UNKNOWN])
READ:UNKNOWN

TO: Paul MD, William S. ("Paul MD, William S." <IMCEAMS-CDCWONDER_WONDER_WXP1@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Pertowski, Carol ("Pertowski, Carol" <cap4@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Soliz, Bob ("Soliz, Bob" <soliz_r@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: Steinberg, Andrew ("Steinberg, Andrew (AMR)" <Andrew_Steinberg@amrcorp.com> [UNKNOWN])
READ:UNKNOWN

TO: Steinberg, Andrew B. ("Steinberg, Andrew B. (SABRE)" <Andrew_Steinberg@sabre.com> [UNKNOWN])
READ:UNKNOWN

TO: Steinberg, James P., MD ("Steinberg, James P., MD" <IMCEAMS-CDCWONDER_WONDER_STEI104W@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Stern, Jessica ("Stern, Jessica" <"j..stern"@worldnet.att.net> [UNKNOWN])
READ:UNKNOWN

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

TO: VanZee_Kimberly ("VanZee_Kimberly/mskcc_SUR" <"VanZee_Kimberly/mskcc_SUR"@mskmail.mskcc.org> [UNKNOWN])
READ:UNKNOWN

TO: Whisnant, Katharine W. ("Whisnant, Katharine W." <dotlem@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Bill Adams (Bill Adams <badams@bu.edu> [UNKNOWN])
READ:UNKNOWN

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

TO: john tokolish (john tokolish <john.tokolish@bain.com> [UNKNOWN])
READ:UNKNOWN

TO: Kim Van Zee (Kim Van Zee <vanzeek@mskcc.org> [UNKNOWN])
READ:UNKNOWN

TO: luban (luban <luban@cuccfa.ccc.columbia.edu> [UNKNOWN])
READ:UNKNOWN

TO: strambc (strambc@rockvax.rockefeller.edu [UNKNOWN])
READ:UNKNOWN

TEXT:
Dear Friends

I am changing jobs. I will still be at the Centers for Disease Control and Prevention in Atlanta, but I will be moving to the Office of the Director, National Center for Infectious Diseases, to work on issues related to antimicrobial resistance. I will be starting my new job November 2. My work address will be virtually the same, with the mailstop changing to C-12 (currently E-46). Office phone number will be (404) 639-2603 for now; I don't have a private line yet. My e-mail address will remain the same.

Todd

J. Todd Weber, MD, FACP

Prevention Services Research Branch

Division of HIV/AIDS Prevention - Surveillance and Epidemiology

Centers for Disease Control and Prevention (E-46)

1600 Clifton Road, NE

Atlanta, GA 30333

Phone: (404) 639-2085

Fax: (404) 639-2029

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From Marie Herb to Todd Summers Re: [No Subject] (1 page)	10/19/1998	Personal Misfile

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

FOLDER TITLE:
[10/14/1998 - 10/23/1998]

2018-0758-F
jn570

RESTRICTION CODES

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

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

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

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

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:19-OCT-1998 15:54:46.00

SUBJECT: Pre-USCA Meeting

TO: Amy Flemmer (Amy Flemmer <aflemmer@aol.com> [UNKNOWN])
READ:UNKNOWN

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

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

TO: Cornelius Baker (Cornelius Baker <cbaker@napwa.org> [UNKNOWN])
READ:UNKNOWN

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

TO: Jacob Gayle (Jacob Gayle <em_jgayle@worldbank.org> [UNKNOWN])
READ:UNKNOWN

TO: Jairo Pedraza (Jairo Pedraza <BabaluAye@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: John Scott (John Scott <jnshrh@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Ken South (Ken South <aninken@aol.com> [UNKNOWN])
READ:UNKNOWN

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

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

TEXT:
Hello,

As you may be aware, this year marks the first time ever that the US

Conference on AIDS will have an International Track. As the tide of the

AIDS pandemic continues to escalate in unprecedented proportions in the

most econimcally disadvantaged parts of the globe, the Global Health

Council, in collaboration with UNAIDS and USAID, is attempting to create a stronger awareness and dialogue on the role of US ASOs in reaching out to develop global activities. We are excited to be able to sponsor this first International Track, which includes 10 workshops and roundtables, and 15 scholarship recipients from 10 countries.

In order to make this International Track at USCA a success, we are hosting a short meeting on Wednesday, October 21, 1998, at 9:30 a.m. (at the offices of the Global Health Council, 1701 K St., Suite 600) to outline our needs, goals, and priorities for the International Track activities at USCA. This should give you ideas on how you and your institution can become involved in these confernece track activities - but also, this may help us to build greater collaboration in broadening the scope of US ASOs long after the conference.

As a Partner Organization to the USCA and as a leader in the US domestic AIDS agenda, your role in shaping the future of the US Response to AIDS globally is crucial. Please join us as we, along with Paul Kawata of NMAC and the members of the International Track Steering Committee (led by Victor Barnes at CDC), look at using USCA to build stronger global solidarity in addressing the AIDS epidemic.

Please RSVP your attendance at the meeting to Kim Green, Program Officer, Global AIDS Program, Global Health Council.

Warm regards,

Ron MacInnis

****

National Council for International Health / Global Health Council

Global AIDS Program

1701 K Street, NW, Suite 600

Washington, DC 20006

tel: 202-833-5900

fax: 202-833-0075

email: <ncihaids@ncihaids.org>

Program staff:

Ron MacInnis, Director (ext. 209)

Kim Parvez, Program Assistant (ext. 214)

Kim Green, Program Officer (ext. 215)

Meera Vohra, Program Intern (ext. 221)

Patricia S. Fleming, Program Consultant <pfleming@erols.com>

Carol Millier, NCIH Director of Advocacy <cmiller@ncih.org> (ext. 207)

****

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:19-OCT-1998 19:53:35.00

SUBJECT: Re: can we meet with todd wednesday 2:30 on youth directive?

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

TEXT:
FYI

_____ Forward Header

_____

Subject: Re: can we meet with todd wednesday 2:30 on youth directive?

Author: Glen Harelson at ~OPHS_DC

Date: 10/19/98 2:53 PM

Wed. @ 2:30 is good for me.

_____ Reply Separator

_____

Subject: can we meet with todd wednesday 2:30 on youth directive?

Author: Deborah Von Zinkernagel at ~OPHS_DC

Date: 10/19/98 1:21 PM

This is at his request to sit down, works on my schedule if it works

for you.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:19-OCT-1998 19:52:51.00

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, October 19, 1998

POLITICS & POLICY

==========

#1 AIDS VACCINE: Nathanson Outlines Research Priorities

PUBLIC HEALTH & EDUCATION

==========

#2 VERTICAL TRANSMISSION: More HIV-Positive Women Choose Motherhood

SCIENCE & MEDICINE

==========

#3 AIDS THERAPY: HIV Patient Stops Drug Regimen, Tests Efficiency Of Initial Therapy

#4 HEART DISEASE: Study Finds HIV A Risk Factor For Cardiomyopathy

#5 RISK BEHAVIOR: Study Reveals Misperception Of Transmission Risk

WE'VE MOVED!: The editorial offices of The Daily Report have relocated. Effective today, October 19 you can reach us at: 600 New Hampshire Ave., NW, Washington, DC 20037; 202/672-5990 (phone), 202/672-5767 (fax). Our toll-free fax line, 800/944-6515, remains unchanged. Please update our contact information for your files!

POLITICS & POLICY

#1 AIDS VACCINE: NATHANSON OUTLINES RESEARCH PRIORITIES

Dr. Neal Nathanson, director of the National Institutes of Health Office of AIDS Research (OAR), outlined the challenges scientists face as they race to develop an AIDS vaccine in an interview in last week's Journal of the American Medical Association. "Starting from the premise that it's infinitely easier to prevent an infection than to treat it, a vaccine is our single highest priority," Nathanson said, adding, "Since we're concerned not only about the United States but also about the global epidemic, the emphasis has to be, to a great extent, on preventing transmission." The push comes partially in response to the "explosion of HIV/AIDS in developing countries, where more than 90% of infections occur." The United Nations Programme on

HIV/AIDS (UNAIDS) reports that 30 million people are currently infected worldwide, and the number grows daily by 16,000 new cases.

VACCINES AND PREVENTION

Nathanson said NIH officials have established "a new peer-review study section to evaluate vaccine proposals" and they are "comparing dozens of vaccine candidates in a series of large-scale, standardized tests in non-human primates." Traditional vaccines work "by preventing disease, ensuring that the infection will be shorter and milder" in people who have been vaccinated, but with HIV, scientists wonder if "vaccinees who subsequently became infected with HIV [would] be able to contain their infection." Compounding the problem is the fact that HIV has an incubation period of approximately 10 years, making it extremely difficult to conduct timely evaluations of a vaccine's effectiveness. For an HIV vaccine to be safe and effective, it must trigger both cell immunity as well as a "vigorous antibody response." One promising vaccine that may move into Phase III trials within the next year or two actually incorporates two separate vaccines. The first vaccine weaves HIV genetic material into a standard pox-virus vaccine and delivers a "prime boost" to trigger cell-mediated immunity. A subsequent vaccine, such as AIDSVAX, could evoke an antibody response. Until an effective vaccine is developed, however, Nathanson said the OAR will continue to emphasize prevention and "work locally, but think globally." Prevention initiatives include:

o The National Institutes of Health boosted funding for HIV

vaccine research to $180 million in FY 1999, 80% greater than 1995 levels.

- o The OAR has designated microbicide development as a research priority in part because "women in many countries and cultures have little or no power to protect themselves from sexually transmitted HIV," and a microbicide is an inexpensive form of "stealth" prevention.
- o Nearly $233 million has been appropriated for behavioral research, a 36% increase over 1995 funding levels. Previous behavioral research led to effective public health campaigns to increase condom use and decrease needle sharing.
- o Other research projects focus on improving compliance with the complicated triple cocktail therapy regimen. Nathanson cited a recent Centers for Disease Control and Prevention study that found more than 35% of patients fail to stick to their treatment regimen after the first year (Stephenson, JAMA, 10/14 issue). Click here for previous coverage of vaccine research.

PUBLIC HEALTH & EDUCATION

#2 VERTICAL TRANSMISSION: MORE HIV-POSITIVE WOMEN CHOOSE MOTHERHOOD

A growing number of HIV-positive women are considering motherhood because of the dramatically improved life spans made possible by powerful new anti-AIDS drugs. The Los Angeles Times

reports that "[a]s recently as four years ago, doctors routinely urged [HIV-infected women] to have an abortion." Then, a woman's chance of transmitting HIV to her baby was one in four, but today treatment advances have lowered the odds to only 4% in "big city hospitals." Beginning in 1994, the U.S. Public Health Service began recommending the routine use of "AZT during pregnancy and delivery" for mothers infected with HIV. As a result, the number of newborns receiving prophylactic AZT treatment increased from 5% to 76% "within a few years." The Times reports, however, that the increasingly optimistic outlook for pregnancies in HIV-positive women has raised new ethical concerns: "Isn't it just as valid for a woman with HIV or AIDS to have a baby as for medical science to enable a woman to give birth at age 60? Or, "what if the AIDS virus develops resistance to the current available mix of medications that stave off the disease? Are we allowing parents to plan families on false hopes?" University of California-Los Angeles professor of pediatrics and infectious diseases Dr. Paul Krogstad said, "I'm not surprised to hear people say, 'It's a horrible thing to do to a child.' On the other hand, if a woman may live another two decades or more, why shouldn't she have an opportunity for something normal like being a parent?" In addition, the long-term impact of anti-AIDS drugs on children who received them in-utero and in the first few months of life is unknown, leading parents to worry that the very drugs they took to prevent transmission of the virus may end up to "be viewed as the equivalent of DES," a fertility drug used to prevent miscarriage that led to reproductive health problems the

children whose mothers took it (Zamichow, Los Angeles Times, 10/17).

SCIENCE & MEDICINE

#3 AIDS THERAPY: HIV PATIENT STOPS DRUG REGIMEN, TESTS EFFICIENCY OF INITIAL THERAPY

A man who began triple drug treatment immediately after being infected with HIV 18 months ago has "been taken off drugs to determine whether his system can continue fighting the infection without them," the AP/Boston Globe reports. Researchers from Massachusetts General Hospital believe that T-cells capable of fighting HIV are killed early in the infection, rendering the immune system defenseless, but hope that by beginning treatment immediately the cells can fight HIV before they are destroyed. The patient will be monitored carefully and drug therapy will resume "immediately" if his HIV levels rise. The experiment was initiated, in part, after reports of a German man whose viral load has remained undetectable for two years after six months of initial therapy. The AP/Globe reports that the researchers "also studied patients who had been infected with HIV but did not get sick." They "found that the HIV level dropped" and T-cell levels rose "in patients who began treatment soon after they were infected." The AP/Globe reports that if the scientists' hunch proves correct, patients would need the drugs for a shorter period of time, thus "reducing the costs and debilitating side effects." Moreover, a reduced time frame would

make the drug therapies more feasible in developing countries, where AIDS drugs are "prohibitively expensive" (AP/Boston Globe, 10/19). Click here for previous coverage of promising treatment strategies.

#4 HEART DISEASE: STUDY FINDS HIV A RISK FACTOR FOR CARDIOMYOPATHY

Italian researchers have determined that HIV/AIDS patients are prone to dilated cardiomyopathy, "a ballooning of the walls of the heart that interferes with the ability to pump blood," Reuters reports. In a study of 952 HIV-positive individuals over five years found that 8% of patients developed dilated cardiomyopathy, and 76% of those had detectable levels of HIV in the myocardium (Reuters, 10/15). The team from the University of Sapienza in Rome found that the condition "may be related either to a direct action of HIV on the myocardial tissue or to an autoimmune process induced by HIV, possibly in association with other cardiotropic viruses." They found that patients with low CD-4 levels were more likely to have the disorder (Barbaro, et al., New England Journal of Medicine, 10/15 issue). The authors concluded that "heart function in HIV-infected patients should be assessed early on, even if there are no obvious heart problems." They added, "Conventional treatment with digoxin, diuretics and converting-enzyme inhibitors may help improve cardiac function, even in asymptomatic HIV-positive patients" (Reuters, 10/15).

BUT WAIT, THERE'S MORE

In an accompanying Journal editorial, Dr. Steven Lipshultz

of the University of Rochester pointed out that anti-retroviral drug therapy, malnutrition and wasting are all possible causes of heart disease that were not examined in the Italian study. He agreed, however, that "HIV-infected patients with heart disease represent one of the fastest-growing groups with acquired heart disease." He concluded, "Further study of the role of HIV-associated cardiac complications may advance our understanding ... and provide the basis for rational therapeutic strategies and improved care (NEJM, 10/15 issue).

#5 RISK BEHAVIOR: STUDY REVEALS MISPERCEPTION OF TRANSMISSION RISK

A recent study found that "a small but significant proportion of more people with HIV believes that safe sex is less important for those receiving antiretroviral therapy." The study, published in the Oct. 1 issue of Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, questioned 147 people infected with HIV about their perceptions of the need for safe sex practices and the risk of transmission. The study found that for those receiving protease inhibitor therapy, 19% of respondents believed there was less need for safe sex practices, and 20.4% of respondents felt the risk of transmission was reduced. For those receiving reverse transcriptase inhibitors, 9.5% believed safe sex was less important and 10.2% perceived a reduced risk of transmission. For those receiving no therapy, 98.6% of respondents thought anal sex was "very risky," and 96.6% thought vaginal sex was "very risky." But for patients receiving

protease inhibitors, the percentage of respondents who believed anal sex was very risky fell to 90.9%, and only 86% believed vaginal sex was very risky. Lead author Dr. Stephen Kravcik of Ottawa General Hospital said the findings suggest that transmission of HIV may increase "if changes in knowledge and attitudes toward HIV risk lead to a change in sexual and drug use behaviors and practices." He concluded, "HIV researchers, pharmaceutical manufacturers and marketers, and the media must take great care in reporting the results of clinical trials, and reconsider the use of terms such as 'undetectable' and 'eliminated' to describe virologic responses to antiretroviral therapies" (Reuters/JAMA, 10/15).

==========

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

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

E-mail: report@kff.org

EDITOR-IN-CHIEF: Patricia Miller

ASSOCIATE EDITORS: Amy Paulson, Rosalee Sanchez

CONTRIBUTING EDITOR: Russ Walker

STAFF WRITERS: Kathleen Donohue, Jeff Dufour, Rachel Kennedy,

Allison Morgan, Adam Pasick

==========

If at anytime you wish to discontinue e-mail delivery of the

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

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

-30-

:

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:19-OCT-1998 14:51:04.00

SUBJECT: RE: new job

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

TEXT:
Todd

Yes, I am taking this job voluntarily. It could be considered a promotion (at least I am considering it a promotion), although I am losing direct control over studies and personnel. It is a growth area (unfortunately, and pardon the pun) and high profile and I am likely to be making many visits to DC to work with FDA, Agriculture, and the congress (senate has shown a lot of interest in this lately), among others. I am looking forward to it, although it is with reluctance that I am leaving HIV work. HIV resistance will be a part of my job, however, among the many other resistant microbes.

I met the new chief of CDC at a reception the other evening. His reputation is sterling, as I am sure you know, and he is quite personable and has a great sense of humor. I hope you get to meet him soon.

I hope that you, Sandy, Sarah, Daniel and Matthew (if he is still there), are all doing well.

jtw

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

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

> Sent: Monday, October 19, 1998 9:11 AM

> To: jtw5@cdc.gov

> Subject: Re: new job

>

> Message Creation Date was at 19-OCT-1998 09:11:00

>

> Congratulations (I hope?!). Is this a good move for you? Having been

> here for

> a while, I'm sure you know a lot about resistance.

>

> Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:20-OCT-1998 14:58:56.00

SUBJECT: FW: detail

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

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

>From: Chris Collins

>Sent: Tuesday, October 20, 1998 10:45 AM

>To: 'Abreu, Julio'; 'Shriver, Mike'; 'Hopkins, Ernest'; 'Harris,

B.J.';

>'Aragon, Regina'

>Subject: detail

>

>some line by lines -- note that CBC funding is folded into these lines,

and

>that the $10 baby aids money is folded into CDC (not HRSA)

>

>CARE (CBC $ folded in)

>

>Title I 505.2

>Title II 738 (ADAP is 461 of this)

>Title III 94.3

>Title IV 46

>AETCs 20

>Dental 7.8

>Total 1,411.3

>

>CDC

>

>--total HIV 657

>--of that, program is 534.96, salaries and expen is 122.0

>--the 657 is 629 regular approp, 10 for prenatal counseling and testing

>(Coburn "baby aids"), and 18 new CBC funds

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Paul Kawata (Paul Kawata <pkawata@nmac.org> [UNKNOWN])

CREATION DATE/TIME:20-OCT-1998 09:56:29.00

SUBJECT: USCA: Thank You Reception

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

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

TEXT:
On Behalf Of The Partners Of

The United States Conference on AIDS

You Are Cordially Invited To

A Private Reception

To Say THANKS FOR YOUR HELP!!!

Wednesday, October 28, 1998

8:30 PM to 10:00 PM

37th Floor/Majestic VI

Adam's Mark Hotel

400 North Olive

Dallas, Texas

RSVP

pkawata@nmac.org

- att1.htm========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
<HTML>
<HEAD>

<TITLE>USCA: Thank You Reception</TITLE>
</HEAD>
<BODY BGCOLOR="#FFFFFF">
<FONT SIZE="5">On Behalf Of The Partners Of</FONT>
<FONT COLOR="#FF0000"><FONT SIZE="6">The United States Conference on AIDS</FONT
></FONT>

<FONT SIZE="5">You Are Cordially Invited To
A Private Reception
To Say <FONT COLOR="#FF0000"><B><I>THANKS FOR YOUR HELP!!!</I></B></FONT>

Wednesday, October 28, 1998
8:30 PM to 10:00 PM
37th Floor/Majestic VI
Adam's Mark Hotel
400 North Olive
Dallas, Texas

RSVP
<FONT COLOR="#0000FF">pkawata@nmac.org
</BODY>
</HTML>

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Patrick Burnett (Patrick Burnett <patrickb@intekom.co.za> [UNKNOWN])

CREATION DATE/TIME:20-OCT-1998 15:15:49.00

SUBJECT: National Aids Policy

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

TEXT:
Dear Mr Summers,

I am a reporter with East Cape News in Grahamstown, South Africa. I have

been in touch with Aletta de Villiers, whom I believe you know. She

referred me to you.

Basically, what I am trying to establish is whether a grant for 10 million

dollars to combat HIV/AIDS in South Africa is going ahead. The grant was

spoken about by your National Policy on AIDS director Sandy Thurman during

her visit here earlier this year. I have heard information that it is not

going ahead and would like to confirm this.

If the grant is not going ahead, I would also like to know why this is so

and what your feelings are on the issue.

Best Regards,

Patrick Burnett

-

Patrick Burnett

East Cape News Reporter

Grahamstown, South Africa

Tel: (046) 636 1928

e-mail: patrickb@intekom.co.za

-

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: JONeill (JONeill@hrsa.dhhs.gov (Joseph O'Neill) [UNKNOWN])

CREATION DATE/TIME:20-OCT-1998 22:21:15.00

SUBJECT: Re:Meeting with HCFA and Justice

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

TO: jpalenicek (jpalenicek@hrsa.dhhs.gov [UNKNOWN])
READ:UNKNOWN

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

TEXT:
todd

sounds like a good opportunitity. i will be happy to attend if possible but

would ask that john palenicek take the lead on this for hrsa.

joe

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:20-OCT-1998 16:23:36.00

SUBJECT: Agenda & Minutes

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:
Presidential Advisory Council on AIDS

Subcommittee on Prison Issues

Notice of Conference Call

Tuesday, November 3rd, 1998 @ 11AM EST

Access # : 888 422 7101 ? ext # : 460626

AGENDA

This meeting will last less than 1 hour

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

PLEASE CALL INTO THIS MEETING PREPARED WITH QUESTIONS YOU WOULD LIKE TO SEE POSED TO: KATHLEEN HAWK SAWYER, DAVID SATCHER, NEIL NATHANSON, JEFF KOPLAN!

1. Call to Order

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

3. Tentative Agenda for Committee on Prison Issues at Nov. Council Mtg.

   9:00am -- 10:30am November 18, 1998

   - ? Kathleen Hawk Sawyer Meeting (1/2 hour)
   - ? ONAP Update (1/4 hour)
     - Interagency Meeting
     - Prison Site Visit
   - ? Ongoing Committee Issues (1/4hour)

"Public Health Corrections..." Report

Discharge Planning

Legislative Update

? National Meeting on Prisons (1/2 hour)

Invitation to Dr. Satcher

? Conference Call Schedule for 1999

? Report to the Full Council

Prison Site Visit -- Thursday afternoon: Nov. 19, 1998

4. Other Issues

? Prison Hotlines

? Amnesty International

? Youth Offenders Update

? Legislative Issues

5. Adjournment

Presidential Advisory Council on AIDS

Subcommittee on Prison Issues

Minutes of Conference Call

Tuesday, October 6, 1998

Participants. Stephen Abel, Judith Billings, Jerry Cade, Lynne

Cooper,

Scott Hitt, Jeremy Landau, Daniel Montoya, Emily Seymour.

1. ONAP Update

? National Meeting on Prisons.

Plans for this activity are now proceeding in conjunction with DoJ.

? No date for meeting with Kathleen Hawk Sawyer

? Site Visit is schedduled for the afternoon of 11/19/98 - Agenda needed

? No further report on the Interagency Meeting

? Daniel asked us to review reports for collaborative issues & questions for meetings.

3. Postponed due to ill health of speaker.

4. Committee Update

Youth Issues - continued contact with David Harvey and David Mariner have yielded

no new info. An update will follow as information is available.

Prison Hotlines - still pending

Jeremy will follow up with CDC. Steve will follow up with Osborn Asso.

Amnesty Int'l - still pending

Jeremy will follow up to request information on their new

initiative.

5. November Meeting

The agenda was reviewd and agreed upon.

Next Conference Call: November 3rd. @ 11am EST.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-OCT-1998 17:06:38.00

SUBJECT: coburn alert

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

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

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

TO: Paul Kim ("'Paul Kim (E-mail)'" <paul.kim@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

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

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

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

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

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

TEXT:
fyi...

>>----------

>>From: Foster, Roland

>>Sent: Wednesday, October 21, 1998 10:56 AM

>>

>> Issue 56

>> October 21, 1998

>>

>>HIVupdate

>>

>>

>>HIV/AIDS Funding Increases Included in Congressional FY '99 Budget

>> The Fiscal Year 1999 budget passed by Congress this week

includes an

>>"unprecedented" increase of $350 million in funds for the prevention and

>>treatment of HIV infection. A total of $1.6 billion will be provided

>>through

>>the Ryan White Care Act, including a 61 percent increase for the AIDS

Drug

>>Assistance Program, which funds state programs to provide drugs to

>>HIV-positive individuals with inadequate insurance. The Centers for

Disease

>>Control and Prevention will also get approximately $630 million for HIV

>>prevention programs. In addition, the new congressional budget has

targeted

>>$130 million for HIV/AIDS prevention and treatment in the minority

>>community,

>>which currently has a disproportionate 44 percent of all new cases of HIV

>>infection. These funds will be used specifically for prevention programs

in

>>high-risk communities and to increase patient access to the latest

>>anti-retroviral drugs, along with other HIV/AIDS treatments.

>> The FY 99 budget also includes a provisions requiring HIV

testing of

>>federal

>>inmates at the request of correction officers and prohibiting the use of

>>federal and District of Columbia funds for needle exchange programs.

>>Reuters, 10/19/98

>>

>>Budget Includes $10 Million For Baby AIDS Program

>> At the urging of Reps. Tom Coburn, M.D. (R-OK) and Gary Ackerman

(D- NY),

>>the $500 billion Fiscal Year 1999 omnibus appropriations bill contains

$10

>>million for the previously unfunded Baby AIDS program contained in the

Ryan

>>White Care Act to assist states in reducing the perinatal transmission of

>>HIV. The Baby AIDS program was authorized by the Ryan White CARE Act

>>Amendments of 1996 but was not previously funded. The amendment contains

>>language to provide funding for states that develop counseling and

outreach

>>programs to pregnant women who are at high risk of contracting HIV. The

>>language would also provide funding for states that choose to enact

either a

>>voluntary HIV testing program for pregnant women or a mandatory HIV

testing

>>program for newborns. Both Coburn and Ackerman assert that the amendment

>>would not mandate HIV testing. They say it would merely provide states

with

>>the funding to implement testing and counseling programs which they

believe

>>would best reduce perinatal HIV transmission. However, some advocacy
groups
>>opposed the measure. AIDS Action Executive Director Daniel Zingale said
>>Coburn is "out of step" and that this policy "doesn't make sense
medically
>>to
>>me."
>>The Kaiser Daily HIV/AIDS Report, 10/21/98
>>
>>Washington State May Require Reporting Names of People With HIV
>> To help the government track the AIDS virus, a citizens' board
that sets
>>state health policy in Washington state has indicated it will require
>>doctors
>>to report the names of everyone who tests positive for HIV. Proponents
say
>>such a plan would help track the disease while protecting the sexual
>>partners
>>of those infected with HIV. But many AIDS advocates fear the program
would
>>discourage people worried about their privacy from being tested for the
>>virus. With two members abstaining, the Washington State Board of Health
>>voted 7-0 Wednesday to draft a rule that would add HIV to the list of
>>reportable communicable diseases, according to Karen Valenzuela, a health
>>planner for the board. The board plans to review the draft rule at its
>>November 12 meeting in SeaTac, she said. The state currently uses names
to

>>keep records of people with AIDS, but it does not require those who test

>>positive for HIV to provide their names to public health officials.

>>Associated Press, 10/15/98

>>

>>CNN Survey: Pregnant Women Should Be Tested for HIV

>> More than four in five participants (81 percent) in a CNN

on-line poll

>>agreed that all pregnant women should be tested for HIV/AIDS. Over 2,200

>>individuals cast votes in the survey which was conducted October 14- 16

>>following the release of the Institute of Medicine's report recommending

>>universal HIV screening for all pregnant women.

>>CNN Interactive, 10/16/98

>>

>>Giant Step for Babies

>> The following editorial was printed in the October 19th edition

of the New

>>York Daily News:

>>

>> A special committee of the Institute of Medicine has made a

stunning

>>recommendation- HIV tests should be part of routine pre-natal care for

>>pregnant women. While the privacy-rights extremists are sure to see this

as

>>a

>>setback, the proposal actually is another breathtaking advancement in the

>>fight against AIDS.

>> The rationale for this humane policy can be found in the first

sentence of
>>the report from the Committee on Prevention of Perinatal Transmission of
>>HIV:
>>"One of the most promising victories in the battle against AIDS was the
>>finding, in 1994, that administration of [AZT] during pregnancy and
>>childbirth could reduce the chance that the child of an HIV-positive
mother
>>would be infected by about two-thirds." That discovery contributed to
the
>>43% drop in the number of pediatric AIDS cases from 1992 to 1996. Now is
the
>>time to go the next step- to make sure the threat of AIDS is reduced even
>>further among children.
>> To that end, and to insure that every child- and mother- has a
fighting
>>chance against this scourge, testing of pregnant women must become
routine.
>>Testing for hepatitis B, syphilis and tuberculosis already is routine for
>>moms-to-be. That AIDS has been exempted is due almost solely to politics
>>rather than medical science. That misguided distinction must end.
>> The panel also urged employers to insist that the tests be
covered by
>>insurance. The $3 cost would be negligible compared with the vast sums
>>needed
>>to care for infected children.
>> Activists surely will get their dander up over the proposal to
scale back

>>the counseling requirements. The committee reports that providers it talked
>>to said "the extensive pre-test counseling called for in standard HIV
>>protocols is simply too onerous." In addition, the counseling requirement >>was
>>cited as a major reason why women might not be tested. Seems that the
>>counseling too often backfired- it ended up scaring the women away. But by
>>making HIV testing universal, doctors could be more flexible in the
>>counseling they give, making it less scary.
>> These recommendations- made for the federal Department of Health and Human
>>Services- are just advisory. It is now up to HHS and the medical community
>>to
>>adopt them. And there is no compelling reason for either not to do so.
>> As this page has said, AIDS is not the disease it used to be. Thank
>>goodness. The silence and hostility that once greeted the epidemic have been
>>replaced with aggressive treatment that has turned AIDS into a manageable
>>disease for many. But the Institute of Medicine's recommendations signal >>the
>>next front. The war against AIDS is moving from the battlefield of politics
>>to that of medicine. From the testing of all newborns to Gay Men's Health
>>Crisis' courageous stance in favor of HIV reporting, AIDS' protected

>>pedestal

>>is crumbling.

>> It's about time.

>>

>> More HIV-Positive Women Choose Motherhood

>> A growing number of HIV-positive women are considering

motherhood because

>>of

>>the dramatically improved life spans made possible by powerful new

anti-AIDS

>>drugs. As recently as four years ago, doctors routinely urged

HIV-infected

>>women to have an abortion. Then a woman's chance of transmitting HIV to

her

>>baby was one in four, but today treatment advances have lowered the odds

to

>>only 4 percent in big city hospitals. Beginning in 1994, the U.S. Public

>>Health Service began recommending the routine use of AZT during pregnancy

>>and

>>delivery for mothers infected with HIV. As a result, the number of

newborns

>>receiving prophylactic AZT treatment increased from 5 to 76 percent

within

>>a

>>few years. However the increasingly optimistic outlook for pregnancies in

>>HIV-positive women has raised new ethical concerns. University of

>>California-Los Angeles professor of pediatrics and infectious diseases

Dr.

>>Paul Krogstad said, "I'm not surprised to hear people say, 'It's a

horrible

>>thing to do to a child.' On the other hand, if a woman may live another

two

>>decades or more, why shouldn't she have an opportunity for something

normal

>>like being a parent?"

>>Los Angeles Times, 10/17/98

>>

>>New York Attorney General Race: Who Deserves Credit for Baby AIDS Law?

>> Who deserves credit for New York state's successful Baby AIDS

law has

>>become

>>the latest issue in the race for Attorney General between Republican

>>incumbent Dennis Vacco and his Democratic opponent Eliot Spitzer. Vacco

has

>>called on Spitzer to retract a ``misleading" television advertisement in

>>which Spitzer claims to have worked to change state law which prevented

>>mothers from learning the results of their newborns' HIV test. ``He's

>>taking

>>credit for something I accomplished," said Vacco, who claims he

spearheaded

>>the state effort to change the law. To back up his claim, he brought

along

>>Republican state Sen. Guy Velella, who sponsored the bill in the Senate,

and

>>Gretchen Buckenholz, an advocate who sued the state over the newborn testing
>>policy. Later Tuesday, the Spitzer camp released documents they claim
>>``prove Vacco wrong again'' and show Spitzer's early involvement in the
>>debate over newborn HIV testing through his role as a board member on the
>>American Alliance for Rights and Responsibilities. The documents include a
>>newspaper opinion piece Spitzer co-authored, a legal briefing on the issue
>>provided to Gov. George Pataki and state Health Commissioner Barbara
>>DeBuono,
>>and a friend of the court brief filed on the issue. The Vacco camp said the
>>papers showed only that Spitzer had spoken on the issue, not that he had
>>enacted change. Bill Viscovich, a spokesman for Democratic Assemblyman
>>Nettie Mayersohn, who sponsored the baby AIDS bill in the Assembly, said
>>both
>>men ``deserve credit for the baby AIDS law'' Vacco, for pushing the
>>legislative changes through, and Spitzer as an early and outspoken advocate.
>>Association Press, 10/21/98
>>
>>Defendant Offering Guilty Plea in HIV Case
>> An HIV-positive man accused of having sex with a woman without telling her
>>of his infection will plead guilty to the misdemeanor charge, his lawyer
>>said. A bench trial was for John David Martin, 39, of Indianapolis was

>>averted when Martin's lawyer, Ann Gordon, asked for a guilty plea
hearing.
>>Judge Wayne A. Sturtevant set a plea hearing for November 30. No plea
>>agreement has been formalized between Martin and the Hamilton County
>>prosecutor's office, said Prosecutor Sonia Leerkamp. Gordon said Martin
>>will
>>plead guilty as charged in Noblesville. She said she and the
prosecutor's
>>office are negotiating a sentence. The maximum penalty is six months in
>>jail,
>>but Martin wants a deal with prosecutors that would allow him to do
>>community
>>service. Martin was charged in July with failure to warn a person at
risk,
>>a
>>Class B misdemeanor. He is accused of having sex without warning his
partner
>>he had tested positive for HIV. The woman, Mary Ellen Peters, said she
had
>>been involved with Martin for months before finding out about his medical
>>condition in 1996 after looking in his medicine cabinet. Peters has
tested
>>negative for HIV. She has sued Martin in Hamilton Superior Court. Martin
>>also
>>faces a misdemeanor charge of failure to warn and two felony counts of
>>criminal recklessness in Marion County, alleging he had sex with Peters
and

>>Marla Roberts in Indianapolis without telling the women he carried the
>>virus.
>> Roberts also has tested negative for HIV.
>> ``In Marion County, there are two additional charges that are
more
>>complicated and will take more research to determine if those charges are
>>valid," Gordon said of the felony counts. If convicted of the felony
>>charges in Marion County, Martin faces up to three years in prison on
each
>>count.
>>Associated Press, 10/15/98
>>
>>Arguments Begin in Trial of Doctor Accused of Giving AIDS Injection
>> Time and again, Janice Trahan Allen said she tried to end her
affair with
>>Dr. Richard Schmidt. He'd promise he would leave his wife and marry her.
>>Once, he allegedly threatened to keep her from graduating from medical
>>school. Another time, she said he threatened to make public photographs
he'd
>>taken of her having sex, putting them up at the hospital where she
worked as
>>an intensive care nurse. In 1994, two weeks after her final announcement
>>that the 10-year relationship was over, the gastroenterologist showed up
at
>>her home and gave her a shot of what he said was vitamin B-12.
Authorities
>>say he was actually trying to kill her with an injection of AIDS-tainted

>>blood. She now has the AIDS virus, HIV.

>> Schmidt, 52, has been charged with attempted second-degree murder, which

>>carries a punishment of up to life in prison. The trial began October 15 in

>>Louisiana. ``He stabbed her with a loaded syringe,'' prosecutor Keith

>>Stutes

>>said during opening statements. Mrs. Allen, 34, told jurors that even

>>though

>>she had told him their affair was over for good, she left her door unlocked:

>>Schmidt had told her he was coming over. ``I was in bed, with our son. I

>>was

>>half asleep. His arrival woke me up,'' said Mrs. Allen, who has remarried.

>>She testified that Schmidt, who had given her a series of vitamin B-12 shots

>>during the previous month, told her he was going to give her another. She

>>told him she didn't want it, she said. ``He came over to the bed. I thought

>>he was spending the night. Before I knew it, he had given me the shot,''

>>she

>>said. ``It hurt. It hurt. All the way down my arm. I thought he had hit a

>>nerve was my first thought.'' Then he was gone. About five weeks later,

>>Mrs. Allen saw an eye doctor who recognized possible symptoms of HIV

>>infection but told Schmidt rather than his patient, Stutes said. Three

>>months

>>later, a second doctor also recognized the symptoms, ordered tests and
told
>>Mrs. Allen. Mrs. Allen had sex with other men during her off-again,
>>on-again
>>relationship with Schmidt, but they all checked clean of HIV.
>> Defense lawyer Michael Fawer argued that the case cannot be
proved.
>>Associated Press, 10/16/98
>>
>>Police Seek American Suspected of Infecting Swedes with HIV
>> Police in Sweden are searching for a 40-year-old American
>>suspected of picking up women at Stockholm nightspots and having
unprotected
>>sex even though he knew he was infected with the AIDS virus. Authorities
>>also were trying to locate 190 women listed in the man's address book.
The
>>search was the top story on national radio news and in afternoon
newspapers,>>prompting about 100 women to call authorities, said Ulla Andersson, an
>>assistant in the investigation. Andersson identified the man as James
>>Patric
>>Kimball. She said she did not know his hometown in the United States,
adding
>>that he has been living in Sweden since 1992. ``This is a lethal man on
the
>>loose in society," prosecutor Jan Frykman said on Swedish TV. ``To
spread a
>>deadly sickness in this way shows a murderer's instinct." A Stockholm

>>court

>>on Tuesday ordered him taken into custody on suspicion of rape and

assault.

>>

>> Kimball came to police attention two weeks ago after a woman

said

>>she went home with him and was given what she believed to be a drink

laced

>>with drugs. Under police questioning, the man said he was carrying HIV.

>>Prosecutors said they did not have sufficient evidence to hold him at the

>>time. But an investigation turned up an address book in which the man

>>reportedly listed the names of 190 women, with marks indicating he had

>>sexual

>>intercourse with at least 16 of them. The man reportedly met many women

in

>>bars and told them he was a party-arranger. At least eight people in

Sweden

>>have been convicted of assault for engaging in unprotected sex while

>>knowingly being HIV-positive, including a man who infected his wife.

>> In Finland last year, former New Yorker Stephen Thomas, a rap

>>singer and nightclub doorman, was sentenced to 14 years in prison on 17

>>counts of attempted manslaughter for having unprotected sex with women

>>without telling them he was HIV-positive.

>> In the United States, it is a crime in at least 29 states to

>>knowingly infect someone with HIV.

>>Associated Press, 10/20/98

>>

>>Study Reveals Misperception Of Transmission Risk

>> A recent study found that "a small but significant proportion of
>>people with HIV believes that safe sex is less important for those receiving
>>antiretroviral therapy." The study, published in the October 1 issue of
>>Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology,
>>questioned 147 people infected with HIV about their perceptions of the need
>>for safe sex practices and the risk of transmission. The study found that
>>for
>>those receiving protease inhibitor therapy, 19 percent of respondents
>>believed there was less need for safe sex practices, and 20.4 percent of
>>respondents felt the risk of transmission was reduced. For those receiving
>>reverse transcriptase inhibitors, 9.5 percent believed safe sex was less
>>important and 10.2 percent perceived a reduced risk of transmission. For
>>those receiving no therapy, 98.6 percent of respondents thought anal sex was
>>"very risky," and 96.6 percent thought vaginal sex was "very risky." But for
>>patients receiving protease inhibitors, the percentage of respondents who
>>believed anal sex was very risky fell to 90.9 percent, and only 86 percent
>>believed vaginal sex was very risky. Lead author Dr. Stephen Kravcik of
>>Ottawa General Hospital said the findings suggest that transmission of HIV

>>may increase "if changes in knowledge and attitudes toward HIV risk lead
to
>>a
>>change in sexual and drug use behaviors and practices." He concluded,
"HIV
>>researchers, pharmaceutical manufacturers and marketers, and the media
must
>>take great care in reporting the results of clinical trials, and
reconsider
>>the use of terms such as 'undetectable' and 'eliminated' to describe
>>virologic responses to anti-retroviral therapies."
>>Reuters/JAMA, 10/15/98
>>
>>Hepatitis C Epidemic Lurks in the Afflicted, as Blood Tracing Lags
>> A "look back" program to investigate and track people who
received
>>hepatitis
>>C virus-infected blood transfusions has been delayed six months by the
Food
>>and Drug Administration, pushing it back to March 1999. The delay is
meant
>>to allow hospitals and blood banks time to get ready for the task of
>>notifying up to 400,000 people who may have received tainted blood
between
>>1988 and 1992. Some advocates argue that the tracing campaign should
>>investigate even earlier possible infections. The FDA has said, however,
>>that more time is needed for the tracking. Hepatitis C is now the most

>>common blood-borne disease in the United States, infecting about four
times
>>as many people as HIV and causing some 10,000 deaths associated with the
>>disease annually in the United States. Unlike hepatitis B, there is no
>>vaccine against hepatitis C. About 80 percent of infected people develop
>>chronic infections, with 10 percent to 20 percent developing cirrhosis
and 1
>>percent to 5 percent developing liver cancer, according to the Centers
for
>>Disease Control and Prevention. The CDC launched on Friday the first
part
>>of
>>a hepatitis C education campaign geared toward both physicians and the
>>public. The agency supports the tracing of everyone who had a blood
>>transfusion prior to 1992, as well as those who received organ
transplants,
>>long-term kidney-dialysis recipients, and hemophiliacs who received
clotting
>>factor produced before 1987. Still, although transfusions were a
potential
>>source of infection, intravenous drug use is the major cause of
infection,
>>with 60 percent of hepatitis C cases associated with IV drug use. The
CDC
>>has advised that anyone who has ever injected recreational drugs be
screened
>>for the hepatitis C virus.

>>Wall Street Journal, 10/19/98; P. B1

>>

>>AIDS Has Killed 250,000 Kenyans, 5 percent of Population Infected with

HIV

>> AIDS has killed at least 256,750 Kenyans since 1980, Kenya's

health

>>ministry

>>reported on Tuesday. The ministry's National AIDS Control Programme

said a

>>further 1.5 million Kenyans- about five percent of the population- are

>>estimated to be suffering from AIDS or HIV.

>>Reuters, 10/10/98

>>_____

___

>>_

>>

>>HIVupdate is compiled from various news sources.

>>For additional information contact Roland Foster at (202) 225-2701

>>or via e-mail at roland.foster@mail.house.gov

>>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-OCT-1998 13:03:49.00

SUBJECT: Re: S1754 - Health Professions Education Partnerships Act of

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

TEXT:
I haven't seen it here.

_____ Reply Separator

Subject: S1754 - Health Professions Education Partnerships Act of 199

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

Date: 10/20/98 7:19 PM

I got this HUGE bill, which includes OMH authorization. Have you seen it?

We've been asked for comments. Seems like there could be a little more

emphasis on encouraging minorities to work on HIV/AIDS care and research.

Thanks,

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-OCT-1998 20:10:10.00

SUBJECT: RE: OMB

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

TEXT:
beautiful. thanks

>----------

>From:

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

>Sent: Wednesday, October 21, 1998 4:05 PM

>To: Chris Collins

>Subject: Re: OMB

>

>yes, sir, but they're in the middle of FY00 preparation so it may be a

>little bit - I'll send them a note and ask when they might be available,

>ok?

>

>ciao,

>

>Todd

>

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-OCT-1998 00:25:58.00

SUBJECT: Re: CBC event

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

TEXT:
Thanks for the note. I think the dc idea is a good one -- i'll check

it out with him. Thanks!

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-OCT-1998 20:06:31.00

SUBJECT: RE: Re[2]:Meeting with HCFA and Justice -Reply

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

TEXT:
Todd - I can attend the meeting on November 6, at 10:00 a.m., and I have a

call into BOP to request that it send someone as well. On the responses,

I'm still working on the one issue we discussed. Thanks. Matt.

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

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

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

Sent: Tuesday, October 20, 1998 6:52 PM

To: Nosanchuk Mathew; Randolph Graydon; jpalenicek@hrsa.dhhs.gov@inetgw;

DvonZinkernagel@osophs.dhhs.gov@inetgw

Subject: Re: Re[2]:Meeting with HCFA and Justice -Reply

TO: Randolph Graydon (HCFA)

John Palenicek (HRSA)

Deborah vonZinkernagel (HHS)

Matt Nosanchuck (Justice)

Can we shoot for Friday, November 6th, at 10:00 here (736 Jackson Place)

for this meeting? Matt, can you get someone from BoP to attend?

Let me know if there's a problem with scheduling for any of you!

Thanks,

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-OCT-1998 20:06:48.00

SUBJECT: OMB

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

TEXT:
hey cutie

can we reschedule the OMB meeting sometime?

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	From Jarret Yoshida to Todd Summers Re: Drink (1 page)	10/21/1998	Personal Misfile

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

FOLDER TITLE:
[10/14/1998 - 10/23/1998]

2018-0758-F
jn570

RESTRICTION CODES

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

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

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

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

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:21-OCT-1998 16:43:55.00

SUBJECT: FW: Chris -- Please post (w/link to chart). thanks.

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:
can you believe congress is out?? yahoooo!!!!!!

>

>

>

>Julio C Abreu

>Legislative Representative

>Government Affairs

>202-986-1300 x3021

>

>jabreu@aidsaction.org

>

>

- FY99FC.DOC========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D7]ARMSZZ000TIEU.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:
October 20, 1998

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

Record AIDS Funding Won in FY99 Budget

Eight hundred million dollar increase will help modernize arsenal in fight against AIDS

WASHINGTON, D.C. – AIDS Action praised record AIDS funding in the Fiscal Year 1999 omnibus budget package expected to be passed by Congress Tuesday night. These funding levels will help modernize AIDS programs to better serve those affected by the new era of the epidemic. In particular, $110 million secured by the Congressional Black Caucus (CBC) will help fight the epidemic in the African-American community and help address the CBC's declared "State of Emergency" on AIDS.

An increase in prevention funding that is more than both the President's request as well as funding passed by the House and Senate earlier this year sends a strong message of support for FY2000 funding levels that can launch a reinvigorated national prevention effort. AIDS Action called this summer for a 25% increase in prevention funding to help fight both rising infection rates and complacency among those at risk; the budget package increases prevention by about 5%, twice last year's increase.

"These are extraordinary funding levels that meet extraordinary changes in the AIDS epidemic," said Daniel Zingale, AIDS Action's executive director. "These levels of funding will help support better deployment of new AIDS drugs, improved care, better physician training as well as the development of better and less expensive drugs and treatments."

The budget package includes $4.087 billion for AIDS research, treatment and prevention, including $261 million in increases for Ryan White funding, $184.9 million more for AIDS research and $225 million more for the Housing Opportunities for People with AIDS Program (HOPWA). AIDS and AIDS-related funding for FY99 is about $800 million more than what was appropriated in FY98, including $297 million more for substance abuse prevention and treatment programs.

The spending package brings total prevention funding in FY99 to $657.8 million, $32.9 million more than FY98 and about $25 million more than what President Clinton requested. While this increase falls far short of what's necessary for a reinvigorated HIV prevention effort, it nonetheless sends a strong message for better prevention funding in the FY2000 budget.

"This year, the President and Congress reinvented AIDS spending to better meet the needs of increasing numbers of people living with HIV and AIDS. Next year, we must adapt to meet the needs of those at risk for infection," added Zingale.

AIDS Action also expressed deep concern about the bill's inclusion of language barring federal funds to District of Columbia organizations that operate needle exchange programs, even if those programs are operated with local or private money. AIDS Action will fight for creative solutions that allow continuation of needle exchange programs in D.C.

FUNDING CHART FOLLOWS

FY99 Appropriations Levels for Federal AIDS Programs

(as of October 20, 1998; increases or decreases from FY 98 numbers are shown in parentheses)

PROGRAM	FY 98 FINAL	FY 99 President's Budget Request 2/2/98	FY 99 House Mark Labor/HHS Full committee 7/14/98 VA/HUD Final 10/6/98	FY 99 Senate Mark Labor/HHS Full committee 9/3/98 VA/HUD Final 10/7/98	FY 99 FINAL[3] 10/20/98
CDC: Prevention	$634.3m	$632.3m (-$2m)	$624.9m[1] (+0m)	$631.7m[1] (+$6.8m)	$657.8m[1] (+$32.9m)
HRSA: Ryan White CARE Act Total	$1,150.2m	$1,315.2m (+$165m)	$1,331m (+$181.1m)	$1,218.4m (+$68.2m)	$1,411.6m (+$261.4m)
Title I	$464.8m	$489.8m (+$25m)	$500.2m (+$35.4m)	$478m (+$13.2m)	$505.2m (+$40.4m)
Title II: Care Services	$257.5m	$284.5m (+$27m)	$284.5m (+$27m)	$277.3m (+$19.8m)	$277.3m (+$19.8m)
Title II: ADAP	$285.5m	$385.5m (+$100m)	$385.5m (+$100m)	$311m[2] (+$25.5m)	$461.0m (+$175.5m)
Title III	$76.3m	$86.3m (+$10m)	$91.3m (+$15m)	$82m (+$5.7m)	$94.3m (+$18m)
Title IV	$41m	$44m (+$3m)	$44m (+$3m)	$44m (+$3m)	$46m (+$5.1m)
Title V: AETCs	$17.3m	$17.3m (+0)	$17.3m (+$84,000)	$18.0m (+$784,000)	$20.0m (+$2.7m)
Title V: Dental Reimbursement	$7.8m	$7.8m (+0)	$7.8m (+$37,000)	$7.8m (+$37,000)	$7.8m (+$37,000)
NIH: AIDS Research	$1,608m	$1,732m (+$124m)	9.1% NIH increase overall; OAR increase uncertain	15% NIH increase overall; OAR increase uncertain	$1,792.9m (+$184.9m)
SAMHSA (Substance Abuse Prevention & Treatment Blockgrant)	$1,310m	$1,510m (+$200m)	$1,585m (+$275m)	$1,310m (+0m)	$1,607m (+$297m)
HUD: HOPWA	$204m	$225m (+$21m)	$204m (+0m)	$225m (+$21m)	$225m (+$21m)

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

[1] New number ($624.9m) reflects a Congressional accounting change. In the past, amount going directly to the office of the CDC director was included in the CDC total ($634.3m). This change does not represent any loss in money for prevention programs.

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

[3] The final totals reflect $52 of $110 million dollars secured by the Congressional Black Caucus. The remaining $58 million is allocated for emergency spending to eliminate racial and ethnic health disparities and the Office of Minority Health.

# # #

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Carolyn Bartholomew (Carolyn Bartholomew <Carolyn.Bartholomew@mail.house.gov> [UNKNOWN])

CREATION DATE/TIME:21-OCT-1998 20:41:07.00

SUBJECT: RE: World Bank/India meeting

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

TEXT:
Todd:

Thank you for the invitation.

Barring any unanticipated crises, I'll be there!

Carolyn

>----------

>From:

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

>Sent: Wednesday, October 21, 1998 4:21 PM

>To: Carolyn Bartholomew

>Subject: World Bank/India meeting

>

>We're hosting a meeting next Tuesday from 10:30 to 12:00 with

>representatives of the World Bank and the new head of India's HIV Control

>progam. Also coming will be about 10-12 representatives of international

>NGOs. Do you have any interest in attending?

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-OCT-1998 15:26:01.00

SUBJECT: RE: Meeting with Chris Collins

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

TEXT:
I can't make the image do anything fun...it looks like a yellow line.

what am I missing.

as for my dance card, I am free day and night following my return to DC

on nov 9

peace

>----------

>From:

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

>Sent: Thursday, October 22, 1998 11:20 AM

>To: Chris Collins

>Subject: Re: Meeting with Chris Collins

>

><<File: PIC01292.PCX>>

>Let me know your schedule post Nov. 6, ok??

>

>Thanks,

>

>Todd

>---------- Forwarded by Todd A. Summers/OPD/EOP on 10/22/98

>11:21 AM ----------

>

>

>

>Barbara A. Menard 10/22/98 10:45:26 AM

>(Embedded image moved to file: PIC01292.PCX)

>

>Record Type: Record

>

>

>

>To: Todd A. Summers/OPD/EOP

>

>cc: Melany Nakagiri/OMB/EOP

>Subject: Re: Meeting with Chris Collins (Document link not converted)

>

>We'll probably have to wait until after Director's Review for this. Our

DR

>is scheduled for November 6th, so maybe the second week of November or so.

>

>They are on recess until January, so I would imagine that his schedule

then

>is pretty open.

>

>Thanks for the follow-up.

>

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Alex Ross (Alex Ross <aross@usaid.gov> [UNKNOWN])

CREATION DATE/TIME:22-OCT-1998 18:31:05.00

SUBJECT: fwd: [Fwd: [219] Re: South Africa AZT/MCT decision - Health ...

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

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

TEXT:
FYI

Alex

Original Text

From: Paul Delay@G.PHN.HN@AIDW, on 10/22/98 1:40 PM:

To: Alex Ross@AFR.SD.ROS@AIDW, David Stanton@G.PHN.HN@AIDW, Linda

Sussman@G.PHN.HN@AIDW

fyi

Paul R. De Lay, Chief, HIV-AIDS Division

Tel:202 712 0683; FAX 202 216 3046;

Internet: pdelay@usaid.gov

From: Kristen L. Marsh@G.PHN.HN@AIDW, on 10/22/98 11:19 AM:

To: internet[chuck@igc.org], internet[claudia_morrissey@jsi.com],

internet[connerg@gunet.georgetown.edu], internet[core@ghn.org],

internet[disbrow@mlode.com], internet[dmtfi@guate.net],

internet[e.b.marsh1@jsc.nasa.gov], internet[earmstr@erols.com],

internet[ijshorr@erols.com], internet[jcapps@erols.com],

internet[Judy@mayanet.hn], internet[lutterch@paho.org],

internet[manoffgroup@compuserve.com], internet[mcnulty@care.org],

internet[melworld@yahoo.com], internet[mgebs@aol.com],

internet[scyoshida@ucdavis.edu], internet[ShamaR@uihbi.org],

internet[thandy@erols.com], internet[yleung@hsd.co.contra-costa.ca.us],

internet[zaksabry@uclink.berkeley.edu], Eunyong Chung@G.PHN.HN@AIDW, Mary Ellen Stanton@G.PHN.HN@AIDW, Miriam Labbok@G.PHN.HN@AIDW, Molly Gingerich@G.PHN.HN@AIDW, Patricia Stephenson@G.PHN.HN@AIDW, Samuel Kahn@G.PHN.HN@AIDW, Susan Anthony@G.PHN.HN@AIDW

Cc: PHN Breast Feeding Cluster List@G.PHN.MLIST@AIDW, PHN Contacts Other Bureaus@G.PHN.MLIST@AIDW, PHN Mail List@G.PHN.MLIST@AIDW, Shelley Snyder@G.PHN.POP@AIDW, Virginia Vitzthum@G.PHN.POP@AIDW

From: Jay Ross <jay.ross@ns.sympatico.ca>, on 10/22/98 12:28 AM:

To: "Anne McArthur" <jmcarthu@aed.org>, "Barbara Jones" <bajones@smtp.aed.org>, "Beth Preble" <mnraker@ix.netcom.com>, "Bob Porter" <rporter@smtp.aed.org>, "Ellen Piwoz" <epiwoz@smtp.aed.org>, "Francois Lagarde" <flagarde@accent.net>, "Jay Ross" <jayross@aed.org>, "Jean Baker" <jbaker@smtp.aed.org>, "Kim Winnard" <kwinnard@smtp.aed.org>, "Luann Martin" <lmartin@aed.org>, "Mary Lung'aho" <mlungaho@catholicrelief.org>, "Mihira Karra" <mkarra@usaid.gov>, "Miriam Labbok" <mlabbok@usaid.gov>, "Nomajoni Ntombela" <nntombel@smtp.aed.org>, "Peggy Parlato" <mparlato@aed.org>, "Sambe Duale" <sduale@aed.org>, "Sandy Huffman" <slhuffman@aol.com>, "Susan Anthony" <santhony@usaid.gov>, "Victor Aguayo"

<vaguayo@smtp.aed.org>, "Victoria Quinn" <vquinn@smtp.aed.org>, "Shelly Snyder" <ssnyder@usaid.gov>, "Tony Schwarzwalder" <aschwarz@smtp.aed.org>, "Kirk Dearden" <kdearden@aed.org>, "Audrey Naylor" <Naylor@wellstart.org>, "Maryanne Stone-Jim+nez" <mstone@smtp.aed.org>, "Kristen Marsh" <kmarsh@usaid.gov>, and others...

A response from the South African Minister of Health defending position not to fund AZT therapy to reduce MTCT. --Jay

---

Message-ID: <md5:407F2651D2F5DB7B2AD9B481B22A39C2>

Return-Path: <treatment-access-admin@hivnet.ch>

Received: from hivnet.unige.ch ([192.33.214.13]) by jubilee.ns.sympatico.ca
(Post.Office MTA v3.1.2 release (PO203-101c)
ID# 607-45892U60000L60000S0) with SMTP id AAA14209
for <jay.ross@ns.sympatico.ca>; Wed, 21 Oct 1998 17:24:22 -0300

Date: Wed, 21 Oct 1998 19:57:19 GMT

Errors-To: <treatment-access-admin@hivnet.ch>

Return-path: <treatment-access-admin@hivnet.ch>

From: Treatment-access forum <treatment-access@hivnet.ch>

To: <treatment-access@hivnet.ch>

Subject: [219] Re: South Africa AZT/MCT decision - Health Minister responds [202]

MIME-Version: 1.0 (Generated by Carolina 1.0)

Content-Type: text/plain

Content-Transfer-Encoding: Quoted-Printable

The South African Health Minister has responded in today's issue of the

_Su=

nday Times_, (Joburg) quite reasonably to the critics of her decision to

re=

fuse sponsoring AZT for HIV+ pregnant women. I must say, I admire her guts.

Udo Schuklenk

Email: Udo.Schuklenk@arts.monash.edu.au

NB. Thanks for passing this article on to the forum Udo - Mod.

Awareness is the only cure for the spread of AIDS

IT GLADDENS me to find the Sunday Times speaking out on behalf of "the

poor=

est and most vulnerable" as it did in its editorial "Don't turn your back

w=

hen lives are at stake" (October 11).

Such a pity, then, that it had to be on an issue like that of

mother-to-chi=

ld transmission of HIV and the efficacy of using the drug AZT, because

fact=

s were hugely distorted.

As such, the Sunday Times missed a crucial opportunity to take forward

what=

has emerged as a national campaign based on national consensus. It failed

=

to reflect in any meaningful way on the Partnership Against AIDS launched

t=

wo days earlier.

The main thrust of the government's strategy is prevention through better

e=

ducation and information. The implications of a treatment (AZT) which

allow=

s for the possible reduction in the transmission of HIV from mother to

chil=

d is being investigated by the Health Department alongside other

alternativ=

es.

Related to this are ethical issues to be confronted when taking this route.

Let us start with some of the basic facts.

First, as I put it to your reporter, the government's strategy is focused

o=

n the prevention of the spread of the virus, care for those who are

affecte=

d and no discrimination against people living with AIDS.

While our starting point is that there is no cure for AIDS, we are

encourag=

ing initiatives leading us in that direction.

As Deputy President Thabo Mbeki said in his address to the nation on Octobe= r 9, there is no cure for HIV or AIDS. The only cure is to prevent the infe= ction in the first place.

For this reason, we have a public-health responsibility to focus on raising= awareness and getting people to take responsibility for their behaviour. T= his will have to be done within the limited health budget at our disposal.

This is what the R80-million is earmarked for - to give effect to that stra= tegy.

The key aspects of the National AIDS Programme include:

- The spread of life-skills programmes aimed at the youth;
- Improved management of people with sexually transmitted diseases;
- Improved access to barrier methods;
- Appropriate care, counselling and support for people infected and affecte= d; and
- Engaging in public awareness campaigns.

These include setting up partnerships, engaging in advocacy work and mobili= sing the various sectors.

In implementing this programme, the government last year:

- Trained more than 10 000 secondary school teachers and launched the

life-=

skills programme;

- Initiated the first phase of the Beyond Awareness Campaign, which served

=

to link affected people with the available resources;

- Appointed three traditional healer consultants to train traditional

heale=

rs in the management of STD and HIV;

- Distributed 140 million condoms and began developing an introductory

stra=

tegy for the female condom; and

- Initiated lay counselling and mentorship programmes to strengthen

counsel=

ling services.

The October 9 event was aimed not only at signalling the political

authorit=

ies' commitment but at initiating a partnership of various sectors against

=

AIDS. Second, the possibility of an AZT-related programme has not been

dism=

issed.

It has been proven that about 20 percent of pregnant, affected mothers

pass=

on the HIV infection to their children during late pregnancy or during

del=

ivery, while another 14 percent do so through breast-feeding. Thus the

over=

all risk is that about one third of expectant women could pass on the

virus=

.

The AZT treatment will have a limited effect on the epidemic, as we are

tar=

geting individuals already infected.

The Sunday Times report is silent on how that one third is to be

identified=

. We have arrived at a figure of R80-million on the assumption that it is

a=

dministered to all HIV-infected pregnant women. Trials in Thailand have

sho=

wn that a 51 percent reduction in mother-to-child transmission is possible

=

when the mother is treated with AZT during the last four weeks of

pregnancy=

and she is not breast-feeding. Thus the R80-million will be used to solve

=

one part of the epidemic - it'll certainly not be putting an end to the

spr=

ead of HIV.

The third point to be made is that research into AZT is being carried out

h=

ere. The R80million includes the cost of the drug, counselling, testing
and=
providing mothers with formula milk for babies.

As your editorial correctly points out, it is the poorest who need this
tre=
atment most - and they are the ones who would otherwise have been entirely
=
dependent on breast-feeding.
Thus the state will have to provide the alternative formula feed for at
lea=
st the first six months of the child's life to reduce transmission.

The fourth point which the government will have to weigh is that of the
eth=
ical, legal and constitutional issues which arise if we commit our country
=
to the AZT path.
While a successful intervention can possibly save a baby, it is not going
t=
o help the mother infected by HIV.

We need to plan and acquire resources for additions to the already 200
000-=
strong population of "AIDS orphans".
This burden, which will also require a societal response, costs more than
t=

he R80-million touted in your editorial.

Because of the above reasons, the Department of Health has decided against
=
implementing the short-course AZT regimen. It will continuously evaluate
th=
e decision as new scientific information on cost-effective interventions
ap=
propriate to our situation in South Africa become available.

We hope that the Sunday Times, like all other major newspapers, will, in
ti=
me, play a meaningful role in the Partnership Against AIDS.

Nkosazana Zuma is the Minister of Health

- A posting from treatment-access@hivnet.ch
- For anonymous postings, add the word "anon" to the subject line
- To join or leave this forum, add the word join or leave to the subject
li=
ne
- Browse postings at: http://www.hivnet.ch:8000/treatment-access/tdm

---

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-OCT-1998 17:36:14.00

SUBJECT: RE: CBC AIDS - Problem in bill language

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

TEXT:
someone...I will if no one else... should let Fredette West w/Rep.

Stokes know about this when you know what is going on.

xoxo

>----------

>From: Chris Collins

>Sent: Thursday, October 22, 1998 1:33 PM

>To: 'Todd_A._Summers@opd.eop.gov'

>Subject: RE: CBC AIDS - Problem in bill language

>

>that's a problem

>Mark M is the first one to talk to.

>the "appropriators" did (last I was told) intend to plus up $8 M in HHS in

>this account.

>

>----------

>From:

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

>Sent: Thursday, October 22, 1998 1:16 PM

>To: Chris Collins

>Subject: CBC AIDS - Problem in bill language

>

><<File: PIC18780.PCX>>

>Do you have any info on this, my friend??

>

>

>---------- Forwarded by Todd A. Summers/OPD/EOP on 10/22/98

>01:17 PM ----------

>

>

>

>Barbara A. Menard 10/22/98 12:40:00 PM

>(Embedded image moved to file: PIC18780.PCX)

>

>Record Type: Record

>

>

>To: Todd A. Summers/OPD/EOP

>

>cc: Sarah A. Bianchi/OPD/EOP

>Subject: CBC AIDS - Problem in bill language

>

>Just to let you know, we have recently become aware that there is a

>discrepancy between the report and bill language on the CBC AIDS money in

>the HHS Office of the Secretary. The report language states that $8

>million has been added to the Office of the Secretary / Office of Minority

>Health as part of the CBC AIDS initiative, but the bill language and

>accompanying tables contain no such add.

>

>Although it seems as if the appropriators intended to include the $8

>million as a plus-up, they did not technically do so, and we may not be

>able to claim $110 million in "new money." As it stands, the $8 million

>for OMH is merely an earmark.

>

>We are currently checking with Mark Mioduski (House approps) to clarify -

>we will let you know what we hear.

>

>

>

>

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Alex Ross (Alex Ross <aross@usaid.gov> [UNKNOWN])

CREATION DATE/TIME:22-OCT-1998 18:31:05.00

SUBJECT: fwd: [Fwd: [219] Re: South Africa AZT/MCT decision - Health ...

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

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

TEXT:
FYI

Alex

Original Text

From: Paul Delay@G.PHN.HN@AIDW, on 10/22/98 1:40 PM:

To: Alex Ross@AFR.SD.ROS@AIDW, David Stanton@G.PHN.HN@AIDW, Linda

Sussman@G.PHN.HN@AIDW

fyi

Paul R. De Lay, Chief, HIV-AIDS Division

Tel:202 712 0683; FAX 202 216 3046;

Internet: pdelay@usaid.gov

From: Kristen L. Marsh@G.PHN.HN@AIDW, on 10/22/98 11:19 AM:

To: internet[chuck@igc.org], internet[claudia_morrissey@jsi.com],

internet[connerg@gunet.georgetown.edu], internet[core@ghn.org],

internet[disbrow@mlode.com], internet[dmtfi@guate.net],

internet[e.b.marsh1@jsc.nasa.gov], internet[earmstr@erols.com],

internet[ijshorr@erols.com], internet[jcapps@erols.com],

internet[Judy@mayanet.hn], internet[lutterch@paho.org],

internet[manoffgroup@compuserve.com], internet[mcnulty@care.org],

internet[melworld@yahoo.com], internet[mgebs@aol.com],

internet[scyoshida@ucdavis.edu], internet[ShamaR@uihbi.org],

internet[thandy@erols.com], internet[yleung@hsd.co.contra-costa.ca.us],

internet[zaksabry@uclink.berkeley.edu], Eunyong Chung@G.PHN.HN@AIDW, Mary

Ellen Stanton@G.PHN.HN@AIDW, Miriam Labbok@G.PHN.HN@AIDW, Molly

Gingerich@G.PHN.HN@AIDW, Patricia Stephenson@G.PHN.HN@AIDW, Samuel

Kahn@G.PHN.HN@AIDW, Susan Anthony@G.PHN.HN@AIDW

Cc: PHN Breast Feeding Cluster List@G.PHN.MLIST@AIDW, PHN Contacts Other

Bureaus@G.PHN.MLIST@AIDW, PHN Mail List@G.PHN.MLIST@AIDW, Shelley

Snyder@G.PHN.POP@AIDW, Virginia Vitzthum@G.PHN.POP@AIDW

From: Jay Ross <jay.ross@ns.sympatico.ca>, on 10/22/98 12:28 AM:

To: "Anne McArthur" <jmcarthu@aed.org>, "Barbara Jones"

<bajones@smtp.aed.org>, "Beth Preble" <mnraker@ix.netcom.com>, "Bob Porter"

<rporter@smtp.aed.org>, "Ellen Piwoz" <epiwoz@smtp.aed.org>, "Francois

Lagarde" <flagarde@accent.net>, "Jay Ross" <jayross@aed.org>, "Jean Baker"

<jbaker@smtp.aed.org>, "Kim Winnard" <kwinnard@smtp.aed.org>, "Luann

Martin" <lmartin@aed.org>, "Mary Lung'aho" <mlungaho@catholicrelief.org>,

"Mihira Karra" <mkarra@usaid.gov>, "Miriam Labbok" <mlabbok@usaid.gov>,

"Nomajoni Ntombela" <nntombel@smtp.aed.org>, "Peggy Parlato"

<mparlato@aed.org>, "Sambe Duale" <sduale@aed.org>, "Sandy Huffman"

<slhuffman@aol.com>, "Susan Anthony" <santhony@usaid.gov>, "Victor Aguayo"

<vaguayo@smtp.aed.org>, "Victoria Quinn" <vquinn@smtp.aed.org>, "Shelly Snyder" <ssnyder@usaid.gov>, "Tony Schwarzwalder" <aschwarz@smtp.aed.org>, "Kirk Dearden" <kdearden@aed.org>, "Audrey Naylor" <Naylor@wellstart.org>, "Maryanne Stone-Jim+nez" <mstone@smtp.aed.org>, "Kristen Marsh" <kmarsh@usaid.gov>, and others...

A response from the South African Minister of Health defending position not to fund AZT therapy to reduce MTCT. --Jay

---

Message-ID: <md5:407F2651D2F5DB7B2AD9B481B22A39C2>

Return-Path: <treatment-access-admin@hivnet.ch>

Received: from hivnet.unige.ch ([192.33.214.13]) by jubilee.ns.sympatico.ca
(Post.Office MTA v3.1.2 release (PO203-101c)
ID# 607-45892U60000L60000S0) with SMTP id AAA14209
for <jay.ross@ns.sympatico.ca>; Wed, 21 Oct 1998 17:24:22 -0300

Date: Wed, 21 Oct 1998 19:57:19 GMT

Errors-To: <treatment-access-admin@hivnet.ch>

Return-path: <treatment-access-admin@hivnet.ch>

From: Treatment-access forum <treatment-access@hivnet.ch>

To: <treatment-access@hivnet.ch>

Subject: [219] Re: South Africa AZT/MCT decision - Health Minister responds [202]

MIME-Version: 1.0 (Generated by Carolina 1.0)

Content-Type: text/plain

Content-Transfer-Encoding: Quoted-Printable

The South African Health Minister has responded in today's issue of the

_Su=

nday Times_, (Joburg) quite reasonably to the critics of her decision to

re=

fuse sponsoring AZT for HIV+ pregnant women. I must say, I admire her guts.

Udo Schuklenk

Email: Udo.Schuklenk@arts.monash.edu.au

NB. Thanks for passing this article on to the forum Udo - Mod.

Awareness is the only cure for the spread of AIDS

IT GLADDENS me to find the Sunday Times speaking out on behalf of "the

poor=

est and most vulnerable" as it did in its editorial "Don't turn your back

w=

hen lives are at stake" (October 11).

Such a pity, then, that it had to be on an issue like that of

mother-to-chi=

ld transmission of HIV and the efficacy of using the drug AZT, because

fact=

s were hugely distorted.

As such, the Sunday Times missed a crucial opportunity to take forward

what=

has emerged as a national campaign based on national consensus. It failed

=

to reflect in any meaningful way on the Partnership Against AIDS launched

t=

wo days earlier.

The main thrust of the government's strategy is prevention through better

e=

ducation and information. The implications of a treatment (AZT) which

allow=

s for the possible reduction in the transmission of HIV from mother to

chil=

d is being investigated by the Health Department alongside other

alternativ=

es.

Related to this are ethical issues to be confronted when taking this route.

Let us start with some of the basic facts.

First, as I put it to your reporter, the government's strategy is focused

o=

n the prevention of the spread of the virus, care for those who are

affecte=

d and no discrimination against people living with AIDS.

While our starting point is that there is no cure for AIDS, we are

encourag=

ing initiatives leading us in that direction.

As Deputy President Thabo Mbeki said in his address to the nation on

Octobe=

r 9, there is no cure for HIV or AIDS. The only cure is to prevent the

infe=

ction in the first place.

For this reason, we have a public-health responsibility to focus on

raising=

awareness and getting people to take responsibility for their behaviour.

T=

his will have to be done within the limited health budget at our disposal.

This is what the R80-million is earmarked for - to give effect to that

stra=

tegy.

The key aspects of the National AIDS Programme include:

- The spread of life-skills programmes aimed at the youth;

- Improved management of people with sexually transmitted diseases;

- Improved access to barrier methods;

- Appropriate care, counselling and support for people infected and

affecte=

d; and

- Engaging in public awareness campaigns.

These include setting up partnerships, engaging in advocacy work and

mobili=

sing the various sectors.

In implementing this programme, the government last year:

- Trained more than 10 000 secondary school teachers and launched the

life-=

skills programme;

- Initiated the first phase of the Beyond Awareness Campaign, which served

=

to link affected people with the available resources;

- Appointed three traditional healer consultants to train traditional

heale=

rs in the management of STD and HIV;

- Distributed 140 million condoms and began developing an introductory

stra=

tegy for the female condom; and

- Initiated lay counselling and mentorship programmes to strengthen

counsel=

ling services.

The October 9 event was aimed not only at signalling the political

authorit=

ies' commitment but at initiating a partnership of various sectors against

=

AIDS. Second, the possibility of an AZT-related programme has not been

dism=

issed.

It has been proven that about 20 percent of pregnant, affected mothers

pass=

on the HIV infection to their children during late pregnancy or during

del=

ivery, while another 14 percent do so through breast-feeding. Thus the

over=

all risk is that about one third of expectant women could pass on the

virus=

.

The AZT treatment will have a limited effect on the epidemic, as we are

tar=

geting individuals already infected.

The Sunday Times report is silent on how that one third is to be

identified=

. We have arrived at a figure of R80-million on the assumption that it is

a=

dministered to all HIV-infected pregnant women. Trials in Thailand have

sho=

wn that a 51 percent reduction in mother-to-child transmission is possible

=

when the mother is treated with AZT during the last four weeks of

pregnancy=

and she is not breast-feeding. Thus the R80-million will be used to solve

=

one part of the epidemic - it'll certainly not be putting an end to the

spr=

ead of HIV.

The third point to be made is that research into AZT is being carried out

h=

ere. The R80million includes the cost of the drug, counselling, testing
and=
providing mothers with formula milk for babies.

As your editorial correctly points out, it is the poorest who need this
tre=
atment most - and they are the ones who would otherwise have been entirely
=
dependent on breast-feeding.
Thus the state will have to provide the alternative formula feed for at
lea=
st the first six months of the child's life to reduce transmission.

The fourth point which the government will have to weigh is that of the
eth=
ical, legal and constitutional issues which arise if we commit our country
=
to the AZT path.
While a successful intervention can possibly save a baby, it is not going
t=
o help the mother infected by HIV.

We need to plan and acquire resources for additions to the already 200
000-=
strong population of "AIDS orphans".
This burden, which will also require a societal response, costs more than
t=

he R80-million touted in your editorial.

Because of the above reasons, the Department of Health has decided against
=
implementing the short-course AZT regimen. It will continuously evaluate
th=
e decision as new scientific information on cost-effective interventions
ap=
propriate to our situation in South Africa become available.

We hope that the Sunday Times, like all other major newspapers, will, in
ti=
me, play a meaningful role in the Partnership Against AIDS.

Nkosazana Zuma is the Minister of Health

- A posting from treatment-access@hivnet.ch
- For anonymous postings, add the word "anon" to the subject line
- To join or leave this forum, add the word join or leave to the subject
li=
ne
- Browse postings at: http://www.hivnet.ch:8000/treatment-access/tdm

---

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-OCT-1998 17:33:38.00

SUBJECT: RE: CBC AIDS - Problem in bill language

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

TEXT:
that's a problem

Mark M is the first one to talk to.

the "appropriators" did (last I was told) intend to plus up $8 M in HHS

in this account.

>----------

>From:

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

>Sent: Thursday, October 22, 1998 1:16 PM

>To: Chris Collins

>Subject: CBC AIDS - Problem in bill language

>

><<File: PIC18780.PCX>>

>Do you have any info on this, my friend??

>

>

>---------- Forwarded by Todd A. Summers/OPD/EOP on 10/22/98

>01:17 PM ----------

>

>

>

>Barbara A. Menard 10/22/98 12:40:00 PM

>(Embedded image moved to file: PIC18780.PCX)

>

>Record Type: Record

>

>

>To: Todd A. Summers/OPD/EOP

>

>cc: Sarah A. Bianchi/OPD/EOP

>Subject: CBC AIDS - Problem in bill language

>

>Just to let you know, we have recently become aware that there is a

>discrepancy between the report and bill language on the CBC AIDS money in

>the HHS Office of the Secretary. The report language states that $8

>million has been added to the Office of the Secretary / Office of Minority

>Health as part of the CBC AIDS initiative, but the bill language and

>accompanying tables contain no such add.

>

>Although it seems as if the appropriators intended to include the $8

>million as a plus-up, they did not technically do so, and we may not be

>able to claim $110 million in "new money." As it stands, the $8 million

>for OMH is merely an earmark.

>

>We are currently checking with Mark Mioduski (House approps) to clarify -

>we will let you know what we hear.

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-OCT-1998 15:29:22.00

SUBJECT: RE: Meeting with Chris Collins

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

TEXT:
us neither

>----------

>From:

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

>Sent: Thursday, October 22, 1998 11:24 AM

>To: Chris Collins

>Subject: RE: Meeting with Chris Collins

>

>the image is just an artifact of Lotus Notes, which tries to send along

the

>shitty internet logo it places on mail. It was not intended to be funny

or

>stimulating. We don't do that here anymore.

>

>

>

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	From WAVES_CONF to Todd Summers Re: WAVES Confirmation [Personally Identifiable Information] [partial] (2 pages)	10/22/1998	b(7)(C), b(7)(F), b(6)

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

FOLDER TITLE:
[10/14/1998 - 10/23/1998]

2018-0758-F
jn570

RESTRICTION CODES

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

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

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

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

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-OCT-1998 23:36:20.00

SUBJECT: WAVES Confirmation

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

TEXT:
ADDRESSEES: TODD_A._SUMMERS

SUBJECT: CONFIRMATION: APPT. REQUEST FOR JOHNSON, ROBERT

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

[003]

Date: 10-22-1998

Time: 19:33:03

This message serves as confirmation of an appointment for the

visitors listed below.

Appointment With: JOHNSON, ROBERT

Appointment Date: 10/23/98

Appointment Time: 9:00:00 AM

Appointment Room: OEOB122

Appointment Building: OEOB

Appointment Requested by: SUMMERS TODD

Phone Number of Requestor: 62437

WAVES APPOINTMENT NUMBER: U12659

If you have any questions regarding this appointment,

please call the WAVES Center at 456-6742 and have the

appointment number listed above available to the

Access Control Officer answering your call.

****

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1

****

MARTIN, MARSHA (b)(6)

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-OCT-1998 02:30:31.00

SUBJECT: Fwd: House OKs Prison-HIV Test Bill

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

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

Date: Wed, 21 Oct 1998 20:11:52 EDT

From: AOLNews@aol.com

Subject: House OKs Prison-HIV Test Bill

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

House OKs Prison-HIV Test Bill

.c The Associated Press

WASHINGTON (AP) -- Federal inmates whose bodily fluids come into contact

with

corrections officers would have to be tested for the AIDS virus under a

bill

the House passed without dissent on its final day of business Wednesday and

sent to the White House.

The measure cleared the Senate by voice vote a day earlier, and President

Clinton was expected to sign it.

The bill also would require testing of ``high-risk" federal inmates.

Results would be released to the facility's administrator and the inmate who
was tested.

The sponsor, retiring Rep. Gerald Solomon, R-N.Y., said such a law will provide ``much-needed peace of mind" for corrections and other officers who
work with prisoners.

``Potential exposure to the deadly HIV virus is a truly serious matter that should not ride on the consciences of our correctional and law enforcement officers and their families," he said.

The bill is H.R. 2070.

AP-NY-10-21-98 2011EDT

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-OCT-1998 15:30:37.00

SUBJECT: 1. WASH POST INFO 2. AP STORY TODAY

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

TEXT:
T-Man:

1. Please ask NEOB LIBRARIAN to make us a best quality copy of the

Style

section piece on SLT in April 25th 1998 WashPost.

2. Group: NYPD Withheld HIV Medicine

By Donna De La Cruz

Associated Press Writer

Thursday, October 22, 1998; 7:26 a.m. EDT

NEW YORK (AP) -- Being arrested and then jailed for nearly 19 hours didn't

worry John Irizarry. Finding

himself denied access to the medicine he takes to battle AIDS, however,

left

the 27-year-old man petrified.

``By the time I had missed my second dose of medication, I was just really

scared for my life,'' Irizarry said

Wednesday.

Irizarry had followed a strict medical regimen for six years and had never missed a dose until Monday night when he was arrested at a massive anti-bias demonstration on Manhattan's Fifth Avenue.

At least five of the roughly 100 people arrested were denied access to HIV or AIDS medication, according to the New York City Gay & Lesbian Anti-Violence Project.

Such patients cannot miss even one dose of medication because the virus can break through and weaken their immune systems, said Dr. Paul Curtis Bellman, an HIV specialist who treats Irizarry.

``This is a young man who's been living most of his adult life with AIDS, struggling on a daily basis to fight it,'' Bellman said. ``He has survived this long by being so diligent in taking all of his medications. The missed doses cannot be replaced.''

According to New York Police Department policy, when someone is taken into custody and has prescription medicine with them, that medicine is vouchered, said Sgt. Nick Vreeland, a police spokesman.

Over-the-counter medication is taken away and police do not dispense any kind of medication. If someone needs to take a prescription, they are given the option of transferring to

a

hospital where they are evaluated,

he said.

Irizarry, who also has kidney disease, said he was arrested for disorderly

conduct at 6:30 p.m. Monday and

released after his 1 p.m. arraignment Tuesday. He takes 22 pills twice a

day.

When he told police he had AIDS and needed to take his medicine, Irizarry

said, ``They told me my only

option was to go to the hospital but no one could bring me my medication.

They

said that was policy."

Irizarry, who is taking some medicine still in clinical trials, said he

knew

hospital officials would not be able to

help him, so he just continued to ask for someone to call his doctor.

Police

refused, he said.

Jon Jordan, who is infected with the AIDS virus, also was arrested and

opted

to be taken to Bellevue Hospital.

When he arrived, however, a doctor there said he could not help him, he

said.

Bellevue officials did not

immediately return a telephone call seeking comment. Jordan, 29, was in

police

custody for 20 hours.

``I am very angry that a peaceful candlelight vigil could end with my life being threatened," he said.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:22-OCT-1998 17:55:15.00

SUBJECT: RE: Re[2]:Meeting with HCFA and Justice -Reply

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

TEXT:
Todd - I heard back from Newton Kendig. He has a conflict on the 6th, but

Donna Olive (sp?), the nurse who works with him, can attend if the meeting

time can't be changed. Kendig said that BOP is "very enthusiastic" about

resolving this issue and definitely wants to participate in the meeting.

Thanks.

Matt.

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

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

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

Sent: Tuesday, October 20, 1998 6:52 PM

To: Nosanchuk Mathew; Randolph Graydon; jpalenicek@hrsa.dhhs.gov@inetgw;

DvonZinkernagel@osophs.dhhs.gov@inetgw

Subject: Re: Re[2]:Meeting with HCFA and Justice -Reply

TO: Randolph Graydon (HCFA)

John Palenicek (HRSA)

Deborah vonZinkernagel (HHS)

Matt Nosanchuck (Justice)

Can we shoot for Friday, November 6th, at 10:00 here (736 Jackson Place)

for this meeting? Matt, can you get someone from BoP to attend?

Let me know if there's a problem with scheduling for any of you!

Thanks,

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:23-OCT-1998 18:51:22.00

SUBJECT: Returned mail: Cannot send message for 4 hours

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

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

421 cdc.gov (smtp)... Deferred: Connection timed out during user open with

mcdc-us-bisgate.cdc.gov

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

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

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

id AA31133; Fri, 23 Oct 1998 10:46:44 -0400

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

id 852566A6.0051228D ; Fri, 23 Oct 1998 10:46:12 -0400

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

Message-Id: <852566A6.00509AFF.00@LNGATE2.EOP.GOV>

Date: Fri, 23 Oct 1998 10:38:48 -0400

Subject: FW: Helene's Speech to the Congressional Black Caucus

Mime-Version: 1.0

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

Apparently-To: <tjn1@cdc.gov>

Return Receipt

Your document: FW: Helene's Speech to the Congressional Black Caucus

was received by: Todd A. Summers/OPD/EOP

at: 10:40:25 AM Today