

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From JKamen@aol.com to Multiple Recipients Re: Giggles for the weary, wacky or just plain bummed (13 pages)	11/03/1998	Personal Misfile
002. email	From MElskowitz@aol.com to Todd Summers Re: No Subject (1 page)	11/03/1998	Personal Misfile
003. email	From JKamen@aol.com to Many Recipients Re: Hail the hero! (2 pages)	11/05/1998	Personal Misfile
004. email	From JKamen@aol.com to Multiple Recipients Re: Party (1 page)	11/06/1998	Personal Misfile
005. email	From JKamen@aol.com to Multiple Recipients Re: Gag making the rounds with some of our mil pals (4 pages)	11/11/1998	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[10/29/1998 - 11/12/1998]

2018-0758-F

in572

RESTRICTION CODES

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

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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]

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.

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

RR. Document will be reviewed upon request.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:29-OCT-1998 20:02:44.00

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 usaid.gov (smtp)... Deferred: Connection timed out during user open
with BARRB0206.usaid.gov

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

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

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

id AA25239; Thu, 29 Oct 1998 10:26:06 -0500

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

id 852566AC.0054C8CA ; Thu, 29 Oct 1998 10:26:04 -0500

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: Sandra_Thurman@opd.eop.gov, pdelay@usaid.gov, aross@usaid.gov

Message-Id: <852566AC.00548CFF.00@lngate3.eop.gov>

Date: Thu, 29 Oct 1998 10:23:59 -0500

Subject: Zimbabwe/AIDS story

Mime-Version: 1.0

Content-Type: multipart/mixed;

Boundary="0__=XZcSEtPH74jvKSFWr4qq49R2KhfsAZsqymes2lDl x3Ql8oajclSfbniz"

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

----- Forwarded by Todd A. Summers/OPD/EOP on 10/29/98

10:25 AM -----

(Embedded image moved to file: PIC03822.PCX)

Jonathan E. Smith

(Embedded image moved to file: PIC15521.PCX)

10/29/98 10:14:50 AM

(Embedded image moved to file: PIC12950.PCX)

Record Type: Non-Record

To: Daniel C. Montoya/OPD/EOP, Todd A. Summers/OPD/EOP

cc:

Subject:

SALON | Oct. 29, 1998

Senator Strongarm

How Al D'Amato threatened African AIDS funding to help a big campaign contributor.

BY WILLIAM KISTNER AND MURRAY WAAS

WASHINGTON, D.C. -- When thenation's largest and most influential gay rights organization, the Human Rights Campaign (HRC), last week endorsed Sen.Alfonse D'Amato, R-N.Y., in New York's closely contested Senate race, it stunned the gay rights community. It also led one HRC board member, Marylouise Oates, to resign in protest, citing Sen. D'Amato's "long record of hostility and indifference to women's issues and to the fundamental issues ofcivil rights to African-Americans and other minorities."

But HRC officials didn't know the whole story about D'Amato's record. Salon has uncovered new details about the New York senator's role in carrying water for a major corporate campaign contributor, a maneuver that jeopardized thousands of AIDS victims in Zimbabwe, a country that suffers from one of the world's worst HIV infectionrates. At the behest of the New York-based multinational insurance conglomerate the American International Group (AIG), D'Amato threatened to introduce an amendment to the Senate foreign operations appropriations bill in 1996 that would have dramatically reduced U.S. aid for Zimbabwe, over a dispute between the Zimbabwe government and an AIG subsidiary. Both the State Department and the Agency for International Development (AID) opposed D'Amato's move. The tale is described in confidential AIG documents.

In the spring of 1996, AIG executives were concerned that its subsidiary in Zimbabwe, Unity Insurance Co., would be forced to sell a majority of its stake to local owners if it wanted to continue to do business there. AIG, which is one of the top 100 political party contributors in the United States, turned to its influential friends in Washington to press the Zimbabwean government to drop its plan. According to the Center for Responsive Politics, AIG, its subsidiaries and its officers gave nearly \$160,000 to Republican and Democratic candidates during the 1995-96 election cycle, as well as \$428,000 in so-called soft money contributions to both parties. In January 1996, AIG gave \$25,000 to the Republican Senatorial Campaign Committee, which D'Amato chaired. The New York senator also has received more than \$20,000 in PAC and individual contributions from AIG since 1991.

AIG's largesse was to be rewarded. On May 30, 1996, Rep. Charles Rangel, D-N.Y., the ranking Democrat on the House Ways and Means Committee, wrote a letter of protest to Zimbabwe Ambassador Amos Bernard Muvengwa Midzi: "As I and other members of Congress continue to promote U.S. investments and trade in Africa, I encourage you to reconsider this policy that may effectively discourage investors," wrote Rangel.

Shortly thereafter, Rep. Benjamin Gilman, R-N.Y., chairman of the House International Relations Committee, and Rep. Ileana Ros-Lehtinen, R-Fla., chair of its subcommittee on Africa, followed up with their own letter of protest to the Zimbabwe ambassador: "A free and open insurance market is a key component to any successful financial system and builds confidence among foreign investors," they wrote on June 3, 1996. "We believe that the

Zimbabwean Government should reconsider this policy and encourage reinvestment instead of disinvestment in its economy."

Despite such pressure, President Robert Mugabe's government stood its ground, informing AIG that he would not grant preferential treatment to AIG over other insurance companies wanting to do business in Zimbabwe. It was then that AIG decided to play hardball, turning to its friends on Capitol Hill.

"Based on our experience in this region, this situation is a form of expropriation," stated one AIG memo dated July 9, 1996. It continued, "After 23 years of investing substantial human and capital resources to build a profitable company, we do not want to be forced to sell our operations and lose management control."

Only three days later, on July 12, 1996, AIG made a \$10,000 donation to an obscure campaign committee called New York Salute 1996, the sponsor of major fund-raising events hosted by D'Amato and New York Gov. George Pataki. The fund-raisers also were attended by then-Republican presidential nominee Bob Dole, whose campaign was co-chaired by D'Amato.

Shortly after making this contribution, AIG executives discussed the Zimbabwe problem with aides to Sen. Mitch McConnell, chairman of the Senate Appropriations Foreign Operations Subcommittee, which oversees the funding of U.S. foreign aid to Zimbabwe. Edmund Lee, AIG's director of international and corporate affairs, wrote to Robin Cleveland, staff director of the Foreign Operations Subcommittee on July 17, 1996:

"Dear Robin, I want to thank you again for taking time out of your schedule to meet with us yesterday afternoon on an extremely important issue to AIG. Attached for your review and consideration, is draft language of the amendment we discussed during our meeting. It would cap AID funding to Zimbabwe in FY 1997 at \$10 million, roughly a 50% cut from 1996 expenditures, unless Zimbabwe waives the localization requirement for U.S.insurance companies."

In an interview, Cleveland said, "I don't remember anything about it," adding, "I don't know anyone from AIG." (Both AIG and Lee declined to respond to inquiries from Salon.) Cleveland insisted that her committee does not accept amendments from corporations and that such amendments are never used in drafting legislation. "I have the same rule I do about having lunch with them," she said. "It never happens."

But documents obtained by Salon contradict those claims.

AIG's corporate affairs staff then drafted its own proposed amendment for McConnell and D'Amato. It read:

"To amend H.R. 3540, as reported on June 27, 1996, by the Committee on Appropriations of the United States Senate, by inserting at Title II a new subheading, entitled 'Zimbabwe' that reads:

"Of the funds appropriated by this Act, the amount available to Zimbabwe or to support activities in that country shall not exceed \$10,000,000 unless

and until the government of Zimbabwe has repealed or permanently waived the application of any and all measures requiring the sale of equity in subsidiaries of US financial services companies located in Zimbabwe to nationals of that country."

In Lee's letter to Cleveland, he downplayed the impact this aid cut would have on the African country. "It is not our intention to deny humanitarian assistance to Zimbabwe or jeopardize US-Zimbabwe bilateral relations. Under our amendment, AID would still have the ability to finance high-priority humanitarian projects with the remaining \$10 million, while Zimbabwe would know it cannot expect more US assistance until such time as it waived the localization requirement."

But U.S. State Department and Agency for International Development officials were concerned about cutting the level of aid to Zimbabwe, which they had proposed at about \$26 million for fiscal year 1997. Zimbabwe has stagnant infant and child mortality rates, and immunization rates have fallen significantly in recent years. The State Department was particularly concerned about the AIDS problem in Zimbabwe:

"USAID is just beginning to play a larger role in helping Zimbabweans face and fight the HIV/AIDS epidemic," U.S. officials wrote in a confidential "talking points" memo prepared by the State Department for congressional staff. "Over 25% of Zimbabwean adults are now HIV seropositive and AID efforts will help motivate other donors to play supporting roles in fighting an epidemic that is out of control and has global implications."

Zimbabwe's skyrocketing incidence of HIV infection is one of the world's highest. According to a working group of the United Nations and the World Health Organization, 90 percent of the 16,000 new HIV infections worldwide occur in developing countries. Zimbabwe has one of the worst rates: More than a quarter of the adult population is infected with HIV and life expectancy is expected to plummet soon to the 40s.

In the talking points memo, State Department and AID officials praised the USAID assistance program to Zimbabwe as "one of the most impressive on the continent, achieving successes in agricultural markets liberalization, advancing low cost housing development, enhancing wildlife conservation, and decreasing population pressures. Cuts to the program proposed by [the] amendment will have a negative impact on the sectors in which USAID works." The memo also suggested that "reliance on US diplomatic channels offers a more reasoned approach to solving this problem than cutting US assistance to Zimbabwe which has been beneficial to the US, Zimbabwe and the region as a whole."

Disregarding the objections of AID and the State Department, congressional sources say, D'Amato played the leading role on behalf of AIG, threatening to insert the amendment restricting aid to Zimbabwe into the final appropriations bill. The government of Zimbabwe received the message. "After the threat of reduction in aid, the government looked at the issue more critically and changed its mind," says Lloyd Sithole, counsel for the Zimbabwe Embassy in Washington. "Our government later agreed it made sense based on a cost-benefit analysis."

McConnell acknowledged Zimbabwe's change of mind on the Senate floor on July 25, 1996. "We congratulate the government of Zimbabwe for its constructive actions and hope there will be no further need for this committee to review this matter nor contemplate action to remedy complaints by U.S. citizens," he said in a floor speech. In this case, of course, the "citizens" were big-time contributors to political war chests.

Sithole defends Zimbabwe's change of mind, but added, "When Congress pushes our government directly, it tends to instill a sense of urgency. American companies are very effective at pushing their representatives." Sithole acknowledges that a greater than 50 percent cut in aid to Zimbabwe would have had drastic repercussions. "It would have had a very serious impact on women and children and AIDS," he says. "The threat worked."

USAID officials agree such a reduction would have had dire consequences. "Certainly a 50 percent cut in funding would have reduced the impact and reduced the effectiveness of these programs," says Maureen Dugan, deputy director of AID's Office of Southern Africa Affairs. "The AIDS problem in Zimbabwe is enormous and one of the fastest growing in the world."

Others in the AIDS community say U.S. assistance is crucial to countries battling HIV infection. "We need to do more, not less, to support programs in African countries, especially in places like Zimbabwe," says Daniel Zingale, executive director of AIDS Action in Washington. "We can't just fight AIDS within our own borders."

D'Amato's office has not returned repeated phone calls from Salon about

this matter. When Time magazine disclosed portions of this story in the fall of 1996, a D'Amato spokeswoman told the publication he was proud to have assisted a New York company "unfairly treated by a foreign country." Les Munson, a legislative aide to Rep. Gilman's International Relations Committee, said "I'm not going to help you with this story," and then abruptly hung up on a Salon reporter.

But Jeanne Mann, a retired State Department legislative officer, remembers when D'Amato raised the threat of cutting aid to Zimbabwe. "The State Department and AID agreed the funding shouldn't be cut," she says. "The issue wasn't that clear-cut." Mann adds that the State Department never took it that seriously since the Zimbabwe government backed down anyway. These kinds of political tactics "are more common than we like," she says. "But the threat occurs more often than the fact."

For D'Amato and his political allies, the political threats had their intended effect. Fortunately, say aid experts, they were never put to the test.

SALON | Oct. 29, 1998

William Kistner is a freelance journalist in Washington, D.C. Murray Waas is Salon's investigative reporter.

--0__=XZcSEtPH74jvKSFWr4qq49R2KhfsAZsqymes2lD1x3Ql8oajclSfbniz

Content-type: application/octet-stream;

name="PIC03822.PCX"

Content-transfer-encoding: base64

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name="PIC15521.PCX"

Content-transfer-encoding: base64

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Content-type: application/octet-stream;

name="PIC12950.PCX"

Content-transfer-encoding: base64

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===== ATTACHMENT 1 =====

ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:

Unable to convert ARMS_EXT:[ATTACH.D28]ARMSZZ000TKDU.000 to ASCII,
The following is a HEX DUMP:

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

===== ATTACHMENT 2 =====

ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:

Unable to convert ARMS_EXT:[ATTACH.D28]ARMSZZ000TKDU.001 to ASCII,
The following is a HEX DUMP:

===== END ATTACHMENT 2 =====

===== ATTACHMENT 3 =====

ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:

Unable to convert ARMS_EXT:[ATTACH.D28]ARMSZZ000TKDU.002 to ASCII,
The following is a HEX DUMP:

===== END ATTACHMENT 3 =====

Clinton Presidential Records Automated Records Management System [EMAIL]

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

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

File Name: p_udkt000z_opd_html_1.pcx

Attachment Number: [ATTACH.D28]ARMSZZ000TKDU.000

Clinton Presidential Records Automated Records Management System [EMAIL]

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

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

File Name: p_udkt000z_opd_html_2.pcx

Attachment Number: [ATTACH.D28]ARMSZZ000TKDU.001

Clinton Presidential Records Automated Records Management System [EMAIL]

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

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

File Name: p_udkt000z_opd_html_3.pcx

Attachment Number: [ATTACH.D28]ARMSZZ000TKDU.002

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:29-OCT-1998 20:01:06.00

SUBJECT: RE: Text of Denise Stokes' comments

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

READ:UNKNOWN

TEXT:

she was amazing. who wrote this speech?

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

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

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

>Sent: Thursday, October 29, 1998 12:45 PM

>To:Zingale, Daniel

>Subject: Text of Denise Stokes' comments

>

> Comments by Denise

Stokes

>

>When we talk about AIDS, we talk a lot about numbers. Numbers that can

be

>overwhelming or intimidating. But we need to look more closely at

the

>numbers ... until we begin to see the real lives they represent.

>

>Today, I'd like to share a few personal numbers with you. The

first

>numbers are 13 and 16. I was infected with HIV at 13 and diagnosed at

16.

>While my peers were planning their futures, I was being harshly that

I

>would not live to see 21. That was the year I realized some children

die

>before they having a chance live.

>

>The next number is 3. That's how many years it took for me to get

the

>information I needed to combat my disease. I didn't learn that HIV was

a

>sexually transmitted disease until I was almost 20. No one in my

community

>was willing to talk to someone else's child about sex - or about AIDS.

I

>suffered greatly with a severe case of unanswered questions. Many

youth

>today are being tragically diagnosed in the prime of their lives because

we

>are too timid to talk candidly about AIDS. We are too afraid to keep

our

>children alive long enough to make healthier choices.

>

>13. That's how many pills I take each day to help sustain my

health.

>Pills that are not easy to take and that leave me feeling nauseated

and

>tired. But they are all I have right now - and they keep me alive, I

am

>happy to have them. But they are pills that are not easy to come by.

Many

>of my peers have no access to the latest medicines. Therefore, they have

no

>access to the hope experienced by many - with each new improvement.

They

>sit by and watch people live longer, healthier lives while they

still

>suffer with preventable infections.

>

>5. That's how many hours I sat on a hospital curb in my own urine

while

>trying to get treatment for an allergy to an AIDS medicine. 5 hours

of

>suffering when I was only a hundred feet from the source that

could

>alleviate the fierce itching and burning was ravaging my swollen body.

But

>no one had the time to help me. It wasn't in anyone's job description

to

>escort a patient to the pharmacy. Especially an undesirable

looking

>patient like I was that day. I experienced the same indifference that

many

>people in my community experience when seeking care. We are not able

to

>walk into hospitals waving insurance cards or cash. We are not able

access

>the good, quality healthcare that all human beings deserve. While

we

>muster the strength and courage to take an active role in our care, we

are

>being stripped of our dignity by the system that's supposed to help us.

>

>1.

>- Look into the eyes of one person being diagnosed with HIV for the

1st

>time.

>- Tell a homeless young man with HIV that he has to wait one more year

to

>get housing because the resources are not yet available.

>- Tell one young woman that you can't fill her prescription for

the

>medicine that will give her life - because she has no money.

>- Tell one child this his mother won't be coming home anymore because

she

>died today of AIDS related complications.

>

>Do any one of these things and you will understand what this 156

million

>dollars means to black and other minority communities. This initiative

is

>important because the moneys allocated and the commitments made here
today

>will positively impact communities in dire need of support services.

And

>just maybe, not one more of these travesties will occur on my home-front.

>

>The last number I want to share with you today is Zero. I demand that
we

>be liable until there are no new infections. That we do what's
necessary

>to save lives and not what's popular. Until there are no more
people

>desperately seeking care only to find the doors closed. Until there are
no

>more people suffering with AIDS, we have to stay committed. Just
as

>committed as the President, The Vice President and The Congressional
Black

>Caucus. Just as committed as Sandra Thurman, Secretary Shalala,
Dr.

>Satcher, The Advisory Council on AIDS and many others who worked
tirelessly

>on this important issue.

>

>Zero is our goal. Because no more can we sit idly by and watch
AIDS

>consume minority communities. We must maintain the momentum that we

have

>gained today - because HIV is maintaining its momentum.

>

>No more addicts needlessly infected with one disease simply because they

>have another one. Addicts should have the services AND the tools they need

>for effective prevention.

>

>No more lives thrown carelessly aside

>No more memorial services

>No more screaming mothers

>No more broken spirits ... or broken hearts.

>No more disparity in minority communities.

>No - more - AIDS.

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Weniger, Bruce ("Weniger, Bruce" <bgw2@cdc.gov> [UNKNOWN])

CREATION DATE/TIME: 29-OCT-1998 19:41:14.00

SUBJECT: FW: 1998-10-28 Remarks by the President on HIV

TO: Abel, Stephen N. ("Abel, Stephen N. (PACHA)" <snabel@mem.po.com> [UNKNOWN])
READ: UNKNOWN

TO: Anderson, Terje ("Anderson, Terje (PACHA)" <terje@worldnet.att.net> [UNKNOWN])
READ: UNKNOWN

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

TO: Aragon, Regina ("Aragon, Regina (PACHA home)" <105050.264@compuserve.com> [UNKNOWN])
READ: UNKNOWN

TO: Billings, Judith ("Billings, Judith (PACHA)" <judtaral@aol.com> [UNKNOWN])
READ: UNKNOWN

TO: Boland, Mary ("Boland, Mary (PACHA)" <bolandmg@umdnj.edu> [UNKNOWN])
READ: UNKNOWN

TO: Bollman, Nick ("Bollman, Nick (PACHA)" <nbollman@irvine.org> [UNKNOWN])
READ: UNKNOWN

TO: Cade, Jerry ("Cade, Jerry (PACHA)" <jerryc@wizard.com> [UNKNOWN])
READ: UNKNOWN

TO: Cooper, Lynne ("Cooper, Lynne (PACHA)" <lynnemc@aol.com> [UNKNOWN])
READ: UNKNOWN

TO: Edelheit, Rabbi Joseph ("Edelheit, Rabbi Joseph (PACHA)" <jedelheit@templeisrael.com> [UNKNOWN])
READ: UNKNOWN

TO: Fogel, Robert ("Fogel, Robert (PACHA)" <BigBob411@aol.com> [UNKNOWN])
READ: UNKNOWN

TO: Fraser-Howze, Deborah ("Fraser-Howze, Deborah (PACHA nblca)" <nblca@aol.com> [UNKNOWN])
READ: UNKNOWN

TO: Fraser-Howze, Debra ("Fraser-Howze, Debra (PACHA mra1019)" <mra1019@aol.com> [UNKNOWN])
READ: UNKNOWN

TO: Gerus, Kathleen ("Gerus, Kathleen (PACHA)" <katgerus@mail.oeonline.com> [UNKNOWN])
READ: UNKNOWN

TO: Greenberger, Phyllis ("Greenberger, Phyllis (PACHA)" <fatema@womens-health.org> [UNKNOWN])
READ: UNKNOWN

TO: Gutierrez, Nilsa ("Gutierrez, Nilsa (PACHA)" <nsg999@msn.com> [UNKNOWN])
READ:UNKNOWN

TO: Hattoy, Bob ("Hattoy, Bob (PACHA)" <bob_hattoy@ios.doi.gov> [UNKNOWN])
READ:UNKNOWN

TO: Henderson, B. Thomas ("Henderson, B. Thomas (PACHA)" <smcadoo@glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TO: Hitt, R. Scott ("Hitt, R. Scott (PACHA)" <scotthitt@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Isbell, Michael ("Isbell, Michael (PACHA)" <isbell@hugheshubbard.com> [UNKNOWN])
READ:UNKNOWN

TO: Johnson, Ronald ("Johnson, Ronald (PACHA)" <ronaldj@gmhc.org> [UNKNOWN])
READ:UNKNOWN

TO: Landau, Jeremy ("Landau, Jeremy (PACHA)" <RAPANUIJER@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Levine, Alexandra ("Levine, Alexandra (PACHA)" <hornor@hsc.usc.edu> [UNKNOWN])
READ:UNKNOWN

TO: Lew, Steve ("Lew, Steve (PACHA)" <SteveLew2@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Milanes, Miguel ("Milanes, Miguel (PACHA)" <miami2000@earthlink.net> [UNKNOWN])
READ:UNKNOWN

TO: Miramontes, Helen ("Miramontes, Helen (PACHA)" <helenmm@itsa.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: Montoya, Daniel ("Montoya, Daniel (WhiteHouse ONAP)" <Montoya_DC@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: Perez, Altagracia ("Perez, Altagracia (PACHA)Juno" <rev_alta@juno.com> [UNKNOWN])
READ:UNKNOWN

TO: Rankin, R. Michael ("Rankin, R. Michael (PACHA)" <navdocsf@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Robinson, Alexander ("Robinson, Alexander (PACHA dpf)" <Robinson@dpf.org> [UNKNOWN])
READ:UNKNOWN

TO: Robinson, Alexander ("Robinson, Alexander (PACHA home)" <harndc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Runions, Debbie ("Runions, Debbie (PACHA)" <debaid@isdnet.net> [UNKNOWN])
READ:UNKNOWN

TO: Sasser, Sean ("Sasser, Sean (PACHA @HIFY)" <Sasser@hify.com> [UNKNOWN])
READ:UNKNOWN

TO: Sasser, Sean ("Sasser, Sean (PACHA)" <mojo1025@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Schatz, Benjamin ("Schatz, Benjamin (PACHA)" <kinseyvi@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Stafford, Rick ("Stafford, Rick (PACHA)" <rwstaff@uswest.net> [UNKNOWN])
READ:UNKNOWN

TO: Stokes, Denise ("Stokes, Denise (PACHA)" <shenovice@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Thurman, Sandra ("Thurman, Sandra (WhiteHouse)" <thurman_s@al.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: Troupe, Charles ("Troupe, Charles (PACHA)" <ctroupe@services.state.mo.us> [UNKNOWN])
READ:UNKNOWN

TO: Weniger, Bruce G. ("Weniger, Bruce G. (PACHA)" <bgw2@cdc.gov> [UNKNOWN])
READ:UNKNOWN

TO: Matthew Murguia (CN=Matthew Murguia/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

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

TEXT:
FYI,

Bruce

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

From: The White House [mailto:Publications-Admin@pub.pub.whitehouse.gov]

Sent: 29-Oct-98 13:52

To: Public-Distribution@pub.pub.whitehouse.gov

Subject: 1998-10-28 Remarks by the President on HIV

THE WHITE HOUSE

For Immediate Release

October 28, 1998

REMARKS BY THE PRESIDENT
ON HIV CRISIS IN MINORITY COMMUNITIES

Old Executive Office Building

5:16 P.M. EST

THE PRESIDENT: Thank you and welcome, every one of you. I'd like to begin by welcoming the Mayor of Baltimore, Kurt Schmoke, and the Mayor of East St. Louis, Gordon Bush. I'd like to thank the members of Congress here behind me who are so responsible for the purpose for which we are called today. (Applause.)

I want to acknowledge Congresswoman Donna Christian Green, Congressman Elijah Cummings, Congresswoman Eleanor Holmes Norton, Congressman Donald Payne. I will say more about Congresswoman Maxine Waters and Representative Lou Stokes in a moment. (Laughter.) But I

want to thank them and all the members of the Congressional Black Caucus, including all the House members and Senator Carol Moseley Braun, for what they did.

And then I would like to offer a special word of appreciation to Senator Arlen Specter and Congresswoman Nancy Pelosi, who helped us so much to get this done. Thank you very much. (Applause.)

I want to thank everyone in our administration who has worked so hard on the issue of HIV and AIDS, beginning with the Vice President who couldn't be here today, but who has worked very hard on all these issues; and Secretary Shalala; our wonderful Surgeon General, David Satcher; the Director of our AIDS Policy Office, Sandy Thurman, who has literally spent months sounding the alarm about the growing crisis in communities of color, and working to help achieve these dramatic funding increases. There is no stronger or more effective advocate. And I think we ought to thank Sandy Thurman for what she's done. (Applause.)

Finally, I want to thank Denise Stokes for being here. As you will hear in a few moments, she has been living with HIV for 15 years, and has been giving so much of herself to educate others. If we are to stop this cruel disease we'll have to have brave people like Denise to reach out with candor and compassion to those at risk. I really admire her very much. And you'll hear from her in a moment, but I think we ought to give her a hand for showing up today. (Applause.)

We have good reason to feel encouraged that so many HIV-positive

men and women are living longer and healthier lives. We should be proud that we've helped to speed the development of lifesaving therapies and nearly tripled to support those with HIV and AIDS.

But the AIDS epidemic is far from over in any community in our country. Today, we're here to send out a word loud and clear:

AIDS is a particularly severe and ongoing crisis in the African American and Hispanic communities and in other communities of color. African Americans represent only 13 percent of our population, but account for almost half the new AIDS cases reported last year. Hispanics represent 10 percent of our population; they account for more than 20 percent of the new AIDS cases. And AIDS is becoming a critical concern in some Native American and Asian American communities, as well.

Like other epidemics before it, AIDS is now hitting hardest in areas where knowledge about the disease is scarce and poverty is high. In other words, as so often happens, it is picking on the most vulnerable among us.

The fact is HIV infection is one of the most deadly health disparities between African Americans, Hispanics, and white Americans. And just as we have committed to help build one America by ending the racial and ethnic disparities in infant mortality and cancer and other diseases, we must use all our power to end the growing disparities in HIV and AIDS.

The AIDS crisis in our communities of color is a national one, and that is why we are greatly increasing our national response. Today I am proud to announce we are launching an unprecedented \$156 million initiative to stem the AIDS crisis in minority communities. (Applause.)

It is one of the greatest victories in the balanced budget law I just signed. It never could have happened without the passionate and compassionate leadership of Maxine Waters, Lou Stokes, and the rest of the Congressional Black Caucus -- (applause) -- or the support of Senator Specter and Congresswoman Pelosi and so many others. (Applause.)

Now, this initiative will allow thousands of cities, churches, schools, and grass-roots organizations to expand prevention efforts and target them to the specific needs of specific minority communities such as young men, students, pregnant mothers. It will allow minority communities to expand treatment for substance abuse. It will increase access to protease inhibitors and other new therapies, because lifesaving therapies cannot be a luxury reserved only for the rich. (Applause.)

It will increase access to skilled doctors and other health care providers. And finally, it will help us to assemble teams of public health experts from the Centers for Disease Control and other federal agencies to visit individual communities and provide whatever technical assistance those communities need. (Applause.)

This new initiative will build on the other historic funding increases in HIV/AIDS funding we won in the new balanced budget, which Secretary Shalala will talk about in greater detail in a moment. I'm also pleased that it will build on our race and health initiative. Congress has taken a first step to fund this initiative, but we must do more. We are not one America when some of our communities lag so far behind in health.

Of course, this room looks nothing like a house of worship except for a few collars I see. (Laughter.) But I'd like to end my remarks today with what I think is quite an appropriate passage from the First Letter of Paul to the Corinthians. "The body is a unit, though it is made up of many parts. And though all its parts are many, they form one body. If one part suffers, every part suffers with it. If one part is honored, every part rejoices with it."

So it is with the body of Americans, and a nation that strives to be one America. Every one of our communities is inextricably linked, in suffering and rejoicing, in sickness and in health. And that is why we must work together in every community to stop this cruel disease. Black or white, gay or straight, rich or poor, you name it, we have to stop it.

Now I'd like to present America's Surgeon General, our nation's family doctor, whose deep commitment to advancing our country's health is embodied in the 200-year-old guiding principle of our public health

service that you best protect the health of the entire nation when you reach out to the most vulnerable people.

Dr. David Satcher. (Applause.)

END

5:30 P.M. EST

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:29-OCT-1998 15:10:51.00

SUBJECT: Todd Summers is out of the office.

TO: Robert B. Johnson (CN=Robert B. Johnson/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:

I will be out of the office from 10/29/98 until 10/31/98.

In Dallas. I am available through signal.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:29-OCT-1998 14:26:26.00

SUBJECT: Re: CBC event

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

READ:UNKNOWN

TEXT:

Todd,

You are incredibly thoughtful to send a note. There's a lot of satisfaction in what's been accomplished, and it's nice for people here to have the experience of pulling together and feeling good about the process and outcome around a second major AIDS issue this year, NEPs being the first. It builds support and history for the next thing we have to work on, and there's always a next thing or next crisis.

We are developing our next steps strategy on the CBC stuff, besides the work of dogging it and making an implementation incredibly real and reportable on a quarterly basis. I am most anxious that Eric and I lay out a really sound media plan/external organizations plan to change the substrate upon which the money will lie upon. Without the changes in attitude, acceptance, knowledge etc within minority communities this money will fall far short of its potential impact. Satcher is amenable to doing whatever, so we are going to try to ride this wave knowing it is always time limited. There's a clear role for ONAP in this too -- once we get our ideas together here we should get your input.

I've not forgotten youth --- what's your schedule next week?

Thanks again for your generous remarks, and forever support!

Deb

Reply Separator

Subject: CBC event

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

Date: 10/28/98 7:54 PM

Just a quick thanks for your help, and that of your staff, on tonight's event. Personally, and professionally, it was wonderful. You, the Secretary, Kevin, Eric, Deborah, Helen, Liz, Marsha -- all of you -- did a great job putting together a real initiative that can make a real difference in this epidemic. Our job now is to figure out how to make it a long-term reality, and I'm enthusiastic about doing that work.

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Stephen Abel (Stephen Abel <snabel@pol.net> [UNKNOWN])

CREATION DATE/TIME:30-OCT-1998 17:28:40.00

SUBJECT: Re: Denise's speech

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

READ:UNKNOWN

TEXT:

thanks for sending the speech. it was pretty remarakble. You, Old

and jaded?????? Young and vibrant! (sure).....have a nice weekend

and on monday or today I want to talk to you about some HCFA issues on

viral load testing reimbursement. try to give me a call at my office

212-724-1032 (today or monday).

----- Reply Separator -----

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

Subject: Denise's speech

Date: 10/28/1998 08:02pm

Here's the text from Denise's speech at today's event. Old and jaded

as I

am, it brought tears to my eyes. I would appreciate your assistance

in

circulating it as widely as possible.

Comments by Denise

Stokes

Comments by Denise

Stokes

When we talk about AIDS, we talk a lot about numbers. Numbers that can be

overwhelming or intimidating. But we need to look more closely at the

numbers ... until we begin to see the real lives they represent.

Today, I'd like to share a few personal numbers with you. The first

numbers are 13 and 16. I was infected with HIV at 13 and diagnosed at 16.

While my peers were planning their futures, I was being harshly that I

would not live to see 21. That was the year I realized some children die

before they having a chance live.

The next number is 3. That's how many years it took for me to
get the

information I needed to combat my disease. I didn't learn that HIV
was a

sexually transmitted disease until I was almost 20. No one in my
community

was willing to talk to someone else's child about sex - or about
AIDS. I

suffered greatly with a severe case of unanswered questions. Many
youth

today are being tragically diagnosed in the prime of their lives
because we

are too timid to talk candidly about AIDS. We are too afraid to
keep our

children alive long enough to make healthier choices.

13. That's how many pills I take each day to help sustain my health.

Pills that are not easy to take and that leave me feeling nauseated and

tired. But they are all I have right now - and they keep me alive, I am

happy to have them. But they are pills that are not easy to come by. Many

of my peers have no access to the latest medicines. Therefore, they have no

access to the hope experienced by many - with each new improvement. They

sit by and watch people live longer, healthier lives while they still

suffer with preventable infections.

5. That's how many hours I sat on a hospital curb in my own urine while

trying to get treatment for an allergy to an AIDS medicine. 5 hours of

suffering when I was only a hundred feet from the source that could

alleviate the fierce itching and burning was ravaging my swollen body.

But

no one had the time to help me. It wasn't in anyone's job description to

escort a patient to the pharmacy. Especially an undesirable looking

patient like I was that day. I experienced the same indifference that many

people in my community experience when seeking care. We are not able to

walk into hospitals waving insurance cards or cash. We are not able access

the good, quality healthcare that all human beings deserve.

While we

must muster the strength and courage to take an active role in our care,

we are

being stripped of our dignity by the system that's supposed to help

us.

1.

- Look into the eyes of one person being diagnosed with HIV for the 1st

time.

- Tell a homeless young man with HIV that he has to wait one more year to

get housing because the resources are not yet available.

- Tell one young woman that you can't fill her prescription for the

medicine that will give her life - because she has no money.

- Tell one child this his mother won't be coming home anymore
because she

died today of AIDS related complications.

Do any one of these things and you will understand what this 156
million

dollars means to black and other minority communities. This
initiative is

important because the moneys allocated and the commitments made here
today

will positively impact communities in dire need of support services.

And

just maybe, not one more of these travesties will occur on my
home-front.

The last number I want to share with you today is Zero. I demand
that we

be liable until there are no new infections. That we do what's necessary

to save lives and not what's popular. Until there are no more people

desperately seeking care only to find the doors closed. Until there are no

more people suffering with AIDS, we have to stay committed. Just as

committed as the President, The Vice President and The Congressional Black

Caucus. Just as committed as Sandra Thurman, Secretary Shalala, Dr.

Satcher, The Advisory Council on AIDS and many others who worked tirelessly

on this important issue.

Zero is our goal. Because no more can we sit idly by and watch

AIDS

consume minority communities. We must maintain the momentum that we have

gained today - because HIV is maintaining its momentum.

No more addicts needlessly infected with one disease simply because they

have another one. Addicts should have the services AND the tools they need

for effective prevention.

No more lives thrown carelessly aside

No more memorial services

No more screaming mothers

No more broken spirits ... or broken hearts.

No more disparity in minority communities.

No - more - AIDS.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-NOV-1998 11:17:25.00

SUBJECT:

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

READ:UNKNOWN

TEXT:

To: MIGUEL (Pager) #BUSTOS

cc:

From: Todd A. Summers

Date: 11/2/1998

Time: 10:38:05

Subject:

Body:

Call Todd at 6-2444

Priority:

Message history for recipient MIGUEL BUSTOS [Pager]

Monday 02 Nov 1998 11:13:01 Eastern Standard Time - Message received by
Pager Gateway

Monday 02 Nov 1998 11:15:12 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: 2-NOV-1998 19:46:23.00

SUBJECT: voting guide for the 105th congress: Great job!

TO: Alishya Mayfield ("Alishya Mayfield (E-mail)" <alishya.mayfield@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Angela Vincent ("Angela Vincent (E-mail)" <Angela.Vincent@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Anne Grady ("Anne Grady (E-mail)" <anne_grady@murray.senate.gov> [UNKNOWN])
READ:UNKNOWN

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

TO: Bettilou Taylor ("Bettilou Taylor (E-mail)" <Bettilou_Taylor@appropriations.senate.gov> [UNKNOWN])
READ:UNKNOWN

TO: Bob Witek ("Bob Witek (E-mail)" <MacWahoo@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Bradley Edgell ("Bradley Edgell (E-mail)" <bradley.edgell@mail.house.gov> [UNKNOWN])
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TO: Brian Appel ("Brian Appel (E-mail)" <brian.appel@mail.house.gov> [UNKNOWN])
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TO: Brian Komar ("Brian Komar (E-mail)" <komar@lccr.org> [UNKNOWN])
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TO: Carl Schmid ("Carl Schmid (E-mail)" <carschmid@aol.com> [UNKNOWN])
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TO: Caroline Fredrickson ("Caroline Fredrickson (E-mail)" <Caroline_Fredrickson@daschle.senate.gov> [UNKNOWN])
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TO: Clifton Cortez ("Clifton Cortez (E-mail)" <ccortez@usaid.gov> [UNKNOWN])
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TO: Colleen Richards ("Colleen Richards (E-mail)" <colleen_richards@labor.senate.gov> [UNKNOWN])
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TO: David Flanders ("David Flanders (E-mail)" <david.flanders@mail.house.gov> [UNKNOWN])
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TO: Deborah VonZinkernagel ("Deborah VonZinkernagel (E-mail)" <dvonzinkernagel@osophs.dhhs.gov> [UNKNOWN])
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TO: Deirdre Martinez ("Deirdre Martinez (E-mail)" <deirdre.martinez@mail.house.gov> [UNKNOWN])
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TO: Donna Crews ("Donna Crews (E-mail)" <donna.crews@mail.house.gov> [UNKNOWN])
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TO: Eliana Loveluck ("Eliana Loveluck (E-mail)" <eloveluck@cossmho.org> [UNKNOWN])
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TO: Ellen Murray ("Ellen Murray (E-mail)" <Ellen_Murray@appropriations.senate.gov> [UNKNOWN])
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TO: Erin Prangley ("Erin Prangley (E-mail)" <USHouse^ErinPrangley@mail.house.gov> [UNKNOWN])
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TO: Frances Lee de Peyster ("Frances Lee de Peyster (E-mail)" <fldl@cdc.gov> [UNKNOWN])
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TO: Gail Pendleton ("Gail Pendleton (E-mail)" <nipgail@igc.org> [UNKNOWN])
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TO: Glenda Booth ("Glenda Booth (E-mail)" <glenda_booth@feinstein.senate.gov> [UNKNOWN])
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TO: Gus Birkhead ("Gus Birkhead (E-mail)" <gsb02@health.state.ny.us> [UNKNOWN])
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TO: Jason Isaak ("Jason Isaak (E-mail)" <jason.isaak@mail.house.gov> [UNKNOWN])
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TO: Kimberly Miller ("Kimberly Miller (E-mail)" <kimberly.miller@mail.house.gov> [UNKNOWN])
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TO: Rose Gonzalez ("Rose Gonzalez (E-mail)" <rgonzale@ana.org> [UNKNOWN])
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TO: Todd Atkinson ("Todd Atkinson (E-mail)" <todd_atkinson@moseley-braun.senate.gov> [UNKNOWN])
READ:UNKNOWN

TO: Tom Keaney ("Tom Keaney (E-mail)" <tom.keaney@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Victor Castillo ("Victor Castillo (E-mail)" <victor.castillo@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Vince Willmore ("Vince Willmore (E-mail)" <vince.willmore@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TO: Winnie Stachelberg ("Winnie Stachelberg (E-mail)" <winnie.stachelberg@mail.hrc.org> [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: Mike Gifford (Mike Gifford <MDGIFF1@aol.com> [UNKNOWN])

READ:UNKNOWN

TEXT:

i wanted you guys to see what a good "amigo" you all have been to us!!

i really do appreciate all the support (again)...

gracias jca

>6 AIDS ACTION: Releases Voter Guide, Survey

>As part of a last-minute grassroots effort to get voters to the polls,

AIDS

>Action Friday released on its website a voter's guide, a voting record for

>the 105th Congress and the results of its candidate HIV prevention survey.

>Calling this year's election the "first major election of the

post-protease

>era," Executive Director Daniel Zingale said, "Americans affected by HIV

and

>AIDS can and should make the difference in pivotal races around the

country

>this Tuesday. ... There are more eligible voters living with HIV and AIDS

>today than in any previous election." He said, "Thanks to the new medical

>treatments, many individuals who were too ill to go to the polls in past

>elections can and will get out to vote this Tuesday." The candidate survey

>asked candidates, "If elected, will you support significant increases in

HIV

>prevention education for FY 2000?" Click here

><<http://www.aidsaction.org/candid.html>> for the results, or click voter's

>guide Congressional record <<http://www.aidsaction.org/elect98.html>> to

visit

>those sites. Zingale concluded, "The stakes are high. AIDS Action Council

is

>urging all Americans to vote against complacency and for continued

vigilance

>in fighting AIDS until it's over" (AIDS Action release, 10/30). (Back to

>Contents)

>

>

>Steven Fisher

>Director of Communications

>AIDS Action

>202-986-1300 x3065

>202-986-1345 (fax)

>sfisher@aidsaction.org

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-NOV-1998 02:39:29.00

SUBJECT: Fwd: City Now Admits \$17 Million Unspent in AIDS Housing...

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

TEXT:

Return-path: <AOLNews@aol.com>

Date: Thu, 29 Oct 1998 13:02:11 EST

From: AOLNews@aol.com

Subject: City Now Admits \$17 Million Unspent in AIDS Housing...

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

City Now Admits \$17 Million Unspent in AIDS Housing Program Doubles Mayor's
Earlier Claim, According to AIDS Healthcare Foundation

Federal Government to Investigate Program

Unspent Sum Almost Two Full Years of Federal Award --

Far Worse Than We Thought' Say Activists

City Survey Documents Two-Thirds with AIDS Went Homeless

LOS ANGELES, Oct. 29 /PRNewswire/ -- City officials yesterday publicly
admitted to amassing \$17 million in unspent federal AIDS emergency housing
funds, while two-thirds of local AIDS residents surveyed reported

homelessness. Meanwhile, federal housing officials have written to advocates indicating their intent to begin an investigation.

"This is even worse than we had thought," said Michael Weinstein, President of AIDS Healthcare Foundation (AHF). "That's well over double the amount they admitted to last week, and almost twice the total annual grant sent to the city by Washington."

"While the bureaucrats sit on this federal money, people with AIDS wait for years in housing lotteries -- it's a crime," said Weinstein.

AHF organized a 34-hour vigil earlier this month in front of Los Angeles Mayor Riordan's official -- but vacant -- mansion in the city's posh Hancock Park district, protesting city inaction on AIDS housing. Activists decried the threat to individuals who depend on complex prescription drug schedules, but who can't maintain life-saving treatment while homeless.

"When will the mayor finally intervene?" asked Cesar Portillo, AHF's Director of Government Affairs. "The city's own survey found two-thirds of people with AIDS had been homeless, while the housing department used less than half of what Washington sends."

Today's report states the department had spent only \$23 million of the total \$53.7 million awarded to Los Angeles over 7 years. If this money is not used to house people with AIDS it will eventually have to be returned to the federal government.

"The Mayor must get his bureaucrats to protect individual lives, protect public health and provide housing now," said Portillo.

Federal housing authorities, meanwhile, have begun to review the matter.

HUD

Director of HIV/AIDS Housing David Vos, in a letter to AHF, states that he has directed his regional office to review Los Angeles' handling of HOPWA funds "in order to determine what appropriate action might be taken."

In a report to the Los Angeles City Council dated October 22 and made public today, L.A. Housing Department General Manager Garry W. Pinney disclosed \$17.3 million in accumulated funds "not in contract," -- or unspent and uncommitted to programs. The city receives between \$8 million and \$10 million annually from the federal government to shelter poor persons with HIV who need

stable and emergency housing -- meaning that almost two full years of federal grants have gone unspent.

At yesterday's meeting of the city committee overseeing the program, county representative Gunther Freehill grilled City AIDS Coordinator Ferd Eggan on the actual amount unspent. When Freehill asked if indeed \$17 million was unspent, Eggan replied, "yes it is." Freehill further called the lack of any timeline for any use of this money a, "slippery slope."

In a meeting with AHF on October 2, housing chief Pinney promised he would quickly provide detailed information on the status of HOPWA funds -- but failed to do so until after an expose of the program three weeks later in the LA WEEKLY. Miki Jackson, President of Project Return, had joined with AHF to pursue details on spending -- including spreadsheets that were often promised but never forthcoming. "No wonder there was no spreadsheet -- this is incriminating," said Jackson.

According to findings from the city's own AIDS housing survey, nearly two-thirds (65 percent) of those PWAs responding report they were homeless at least two times during the past three years. The report, titled Preliminary Findings on the Housing Study for Persons Living with HIV/AIDS in the City and County of Los Angeles, was prepared for the city by Shelter Partnership,

Inc.

"The mayor's inaction continues to threaten individual lives and public health," said Portillo. "You can't stay on complicated medications if you have no roof over your head and you're wondering where your next meal will come from."

The city survey, the first comprehensive study on housing for persons with AIDS (PWAs) in Los Angeles, consisted of 785 client interviews -- interviews with PWAs who had been assisted by the program in some manner and were thus already in the system (a fact that more likely should have slanted the statistics in favor of the housing program). Remarkably, the survey results present a stinging indictment of the AIDS housing program's shortcomings. Among the statistics:

- * Two-thirds (510 people) of the PWAs interviewed reported being homeless in the previous three years (an average of two times for each person),
- * 45 percent (233 people) of these were currently homeless (almost one-third of the total 785 people surveyed).
- * 68 percent of all those surveyed were people of color, mirroring a general upward trend in AIDS among minorities.

Activists today renewed their call for federal action:

- * Calling for a federal investigation of this 'embarrassment of riches' --

the apparent hoarding of this \$13 million dollar AIDS housing kitty

- * Move this funding out of the jurisdiction of the City Housing Dept. so

that it may be more readily used for its intended purposes

- * Announce the AIDS housing 'Bill of Rights,' encourage input from city

officials

- * Implement a stable 48 hour placement policy (housing beyond a shelter)

for homeless PWAs

AIDS Healthcare Foundation (AHF), the nation's largest HIV/AIDS medical provider, serves over 5,000 Greater Los Angeles patients regardless of their

ability to pay at 4 out-patient health care centers, 2 residential facilities;

the WomensCare Center; through Positive Healthcare (the first AIDS specific managed care program in the nation), through AHF's Research Division (offering

clients the opportunity to participate in state-of-the-art clinical research trials), through AHF's Treatment=Life Division featuring the WEHO Lounge, the nation's first coffee house/HIV testing and information center, and through outreach and HIV testing offered at several of AHF's fourteen fund-raising Out of the Closet thrift stores located throughout Southern California.

SOURCE AIDS Healthcare Foundation

CO: AIDS Healthcare Foundation

ST: California

IN: HEA

SU:

10/29/98 13:00 EST <http://www.prnewswire.com>

To edit your profile, go to keyword NewsProfiles.

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-NOV-1998 02:38:20.00

SUBJECT: Fwd: Minority AIDS Program Unveiled

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

READ:UNKNOWN

TEXT:

Return-path: <AOLNews@aol.com>

Date: Thu, 29 Oct 1998 04:08:25 EST

From: AOLNews@aol.com

Subject: Minority AIDS Program Unveiled

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

Minority AIDS Program Unveiled

.c The Associated Press

By LAURA MECKLER

WASHINGTON (AP) -- Seeking to target ``the most vulnerable among us," the administration is launching a \$156 million program to address the problem of

AIDS among blacks and Hispanics.

``AIDS is now hitting hardest in areas where knowledge about the disease is scarce and poverty is high," President Clinton said Wednesday in announcing

the initiative. "As so often happens, it is picking on the most vulnerable among us."

He noted that while blacks make up just 13 percent of the population, they accounted for nearly half of the new AIDS cases last year. Hispanics are 10 percent of the nation but 20 percent of new AIDS cases.

And while AIDS deaths have dropped overall, they are dropping much more slowly among minorities.

The initiative includes about \$50 million in emergency assistance money allocated by the White House, with the rest included in the 1999 budget.

"We're going where the cases are," said Donna Shalala, secretary of Health and Human Services.

The new program will:

Provide additional grant money for groups serving minority communities.

Some

of the money now available for caring for AIDS patients will be set aside for

cities with a significant number of minority cases.

Offer minority groups technical assistance in applying for other grants.

The
Centers for Disease Control and Prevention will better enforce a
requirement
that states allocate grant money to groups based on the demographics of the
state's AIDS caseload.

Establish teams to help communities set up programs to serve blacks and
Hispanics at risk of AIDS and those who already are infected with HIV.

There
also will be additional money for drug treatment.

Several government AIDS assistance programs already are serving blacks and
Hispanics. The groups make up half the patients in a program that helps pay
for powerful but expensive protease inhibitor drugs.

But administration officials said this new initiative was the first effort
to
reach out to minority communities in a comprehensive way, prodding local
groups to develop new strategies -- and take advantage of the money already
available.

``We know from our experience working with the gay community that effective
responses have to be developed with and in the communities they are
serving,"
said Sandra Thurman, director of the White House Office on AIDS Policy.

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To edit your profile, go to keyword [NewsProfiles](aol://1722:NewsProfiles).

For all of today's news, go to keyword [News](aol://1722:News).

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Weniger, Bruce ("Weniger, Bruce" <bgw2@cdc.gov> [UNKNOWN])

CREATION DATE/TIME: 2-NOV-1998 22:45:25.00

SUBJECT: Forwarded to PACHA and ONAP, FYI

TO: Abel, Stephen N. ("Abel, Stephen N. (PACHA)" <snabel@mem.po.com> [UNKNOWN])
READ:UNKNOWN

TO: Anderson, Terje ("Anderson, Terje (PACHA)" <terje@worldnet.att.net> [UNKNOWN])
READ:UNKNOWN

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

TO: Aragon, Regina ("Aragon, Regina (PACHA home)" <105050.264@compuserve.com> [UNKNOWN])
READ:UNKNOWN

TO: Billings, Judith ("Billings, Judith (PACHA)" <judtaral@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Boland, Mary ("Boland, Mary (PACHA)" <bolandmg@umdnj.edu> [UNKNOWN])
READ:UNKNOWN

TO: Bollman, Nick ("Bollman, Nick (PACHA)" <nbollman@irvine.org> [UNKNOWN])
READ:UNKNOWN

TO: Cade, Jerry ("Cade, Jerry (PACHA)" <jerry@wizard.com> [UNKNOWN])
READ:UNKNOWN

TO: Cooper, Lynne ("Cooper, Lynne (PACHA)" <lynnemc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Edelheit, Rabbi Joseph ("Edelheit, Rabbi Joseph (PACHA)" <jedelheit@templeisrael.com> [UNKNOWN])
READ:UNKNOWN

TO: Fogel, Robert ("Fogel, Robert (PACHA)" <BigBob411@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Fraser-Howze, Deborah ("Fraser-Howze, Deborah (PACHA nblca)" <nblca@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Fraser-Howze, Debra ("Fraser-Howze, Debra (PACHA mra1019)" <mra1019@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Gerus, Kathleen ("Gerus, Kathleen (PACHA)" <katgerus@mail.oonline.com> [UNKNOWN])
READ:UNKNOWN

TO: Greenberger, Phyllis ("Greenberger, Phyllis (PACHA)" <fatema@womens-health.org> [UNKNOWN])
READ:UNKNOWN

TO: Gutierrez, Nilsa ("Gutierrez, Nilsa (PACHA)" <nsg999@msn.com> [UNKNOWN])
READ:UNKNOWN

TO: Hattoy, Bob ("Hattoy, Bob (PACHA)" <bob_hattoy@ios.doi.gov> [UNKNOWN])
READ:UNKNOWN

TO: Henderson, B. Thomas ("Henderson, B. Thomas (PACHA)" <smcadoo@glo.state.tx.us> [UNKNOWN])
READ:UNKNOWN

TO: Hitt, R. Scott ("Hitt, R. Scott (PACHA)" <scotthitt@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Isbell, Michael ("Isbell, Michael (PACHA)" <isbell@hugheshubbard.com> [UNKNOWN])
READ:UNKNOWN

TO: Johnson, Ronald ("Johnson, Ronald (PACHA)" <ronaldj@gmhc.org> [UNKNOWN])
READ:UNKNOWN

TO: Landau, Jeremy ("Landau, Jeremy (PACHA)" <RAPANUIJER@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Levine, Alexandra ("Levine, Alexandra (PACHA)" <hornor@hsc.usc.edu> [UNKNOWN])
READ:UNKNOWN

TO: Lew, Steve ("Lew, Steve (PACHA)" <SteveLew2@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Milanes, Miguel ("Milanes, Miguel (PACHA)" <miami2000@earthlink.net> [UNKNOWN])
READ:UNKNOWN

TO: Miramontes, Helen ("Miramontes, Helen (PACHA)" <helenmm@itsa.ucsf.edu> [UNKNOWN])
READ:UNKNOWN

TO: Montoya, Daniel ("Montoya, Daniel (WhiteHouse ONAP)" <Montoya_DC@a1.eop.gov> [UNKNOWN])
READ:UNKNOWN

TO: Perez, Altragracia ("Perez, Altragracia (PACHA)Juno" <rev_alta@juno.com> [UNKNOWN])
READ:UNKNOWN

TO: Rankin, R. Michael ("Rankin, R. Michael (PACHA)" <navdocsf@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Robinson, Alexander ("Robinson, Alexander (PACHA dpf)" <Robinson@dpf.org> [UNKNOWN])
READ:UNKNOWN

TO: Robinson, Alexander ("Robinson, Alexander (PACHA home)" <harndc@aol.com> [UNKNOWN])
READ:UNKNOWN

TO: Runions, Debbie ("Runions, Debbie (PACHA)" <debaid@isdnet.net> [UNKNOWN])
READ:UNKNOWN

TO: Sasser, Sean ("Sasser, Sean (PACHA @HIFY)" <Sasser@hify.com> [UNKNOWN])
READ:UNKNOWN

TO: Sasser, Sean ("Sasser, Sean (PACHA)" <mojo1025@aol.com> [UNKNOWN])

READ:UNKNOWN

TO: Schatz, Benjamin ("Schatz, Benjamin (PACHA)" <kinseyvi@aol.com> [UNKNOWN])

READ:UNKNOWN

TO: Stafford, Rick ("Stafford, Rick (PACHA)" <rwstaff@uswest.net> [UNKNOWN])

READ:UNKNOWN

TO: Stokes, Denise ("Stokes, Denise (PACHA)" <shenovice@aol.com> [UNKNOWN])

READ:UNKNOWN

TO: Thurman, Sandra ("Thurman, Sandra (WhiteHouse)" <thurman_s@al.eop.gov> [UNKNOWN])

READ:UNKNOWN

TO: Troupe, Charles ("Troupe, Charles (PACHA)" <ctroupe@services.state.mo.us> [UNKNOWN])

READ:UNKNOWN

TO: Weniger, Bruce G. ("Weniger, Bruce G. (PACHA)" <bgw2@cdc.gov> [UNKNOWN])

READ:UNKNOWN

TO: Matthew Murguia (CN=Matthew Murguia/OU=OPD/O=EOP [OPD])

READ:UNKNOWN

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

READ:UNKNOWN

TEXT:

Dear PACHA colleagues,

FYI, see below. In a recent public discussion of these new priorities, the point was made that the first priority was to do scientific research that would provide the basis for taking public health action, and not just conducting research for the sake of knowledge as the end in itself.

Bruce

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

> From: OD Announcements

> Sent: 2-Nov-98 17:29

> To: All - CDC (E)

> Subject: INVITATION FROM CDC DIRECTOR/ATSDR ADMINISTRATOR

> Importance: High

>

> Dear Friends, Old and New:

>

> Thank you for the warm welcome you've given me on my return to CDC. It's

> great to be back home. I'm proud to be part of this wonderful agency

> again, and even prouder to be given the honor of working with all of you.

>

> Before I rejoined CDC in October, I met with CIO directors and other

> senior staff to begin learning about their goals, both for their

> individual programs and for the agency as a whole. Since my return, I

> have continued to meet with them and other staff. You have shared your

> insightful ideas about new directions and exciting opportunities in

public

> health. I've considered this advice and counsel in developing a set of

> priorities for CDC/ATSDR, which are attached to this e-mail, along with

> the underlying principles.

>

> I had three goals in developing these priorities:

>

> They have to make sense to CDC/ATSDR and engage employees' intellect and

> passion for public health.

> They have to make sense to the people we serve--the public.

> They have to present a unified picture of what CDC/ATSDR hopes

to

> achieve. They cannot be a patchwork of special interests.

>

> It is important that these are CDC/ATSDR priorities, and not merely

> Director's priorities. I hope each of you will see how your work fits

> into these priorities, and that these will serve as important touchstones

> for you as you strive every day to help free the public of unnecessary

> injury, disease, disability, and death.

>

> Toward this end, I will convene an All Hands Meeting on Tuesday, November

> 10, from 1:30 to 2:30 p.m. in Auditorium B at Clifton Road. I anticipate

> discussing these priorities, as well as other aspects of our work. In

the

> meantime, I'll continue visiting each of the CIOs.

>

> I look forward to discussing our priorities at the All Hands Meeting, and

> I plan to talk soon with people outside CDC/ATSDR about these priorities

> as we begin to take our agency's messages to our partners, the media,

> stakeholders, decision-makers, and the public.

>

> Information on Envision sites, the teleconference bridge, and buses will

> be provided under separate cover shortly.

>

> I applaud your hard work and your vital, daily contributions to public

> health, and I encourage you to join me in this important discussion of

our

> priorities.

>

>

> Jeffrey P. Koplan, M.D., M.P.H.

>

> -----

>

> CDC/ATSDR Priorities

>

> ? Strengthen science for public health action. CDC/ATSDR is only
as

> strong as its science. But science is only the first step. We must use

> our science to make real, measurable differences in people's lives. To
do

> that, we must have a strong, flexible, and supportive public health

> infrastructure. It should promote strong science, including laboratory,

> epidemiologic, social, behavioral, and biomedical prevention research,
and

> health systems research to direct public health action. It should
develop

> and maintain a skilled and highly effective workforce, able to put that

> science to best use. And it should build integrated information and

> surveillance systems to ensure that progressive science is not squandered

> and that interventions are evaluated for effectiveness.

>

> ? Collaborate with healthcare partners for prevention. CDC/ATSDR
and

> those involved in health care delivery-including medical organizations,

> managed care organizations, Medicare and Medicaid, State and local health

> departments, and large corporations that buy health care for employees

and

- > their families-have similar interests in prevention. Because of that,
- > CDC/ATSDR has a tremendous opportunity to include prevention and health
- > promotion in Americans' health care. We should capitalize on that
- > opportunity in all our programs.

>

- > ? Promote healthy living at every stage of life. As a whole,
- > Americans are getting older and living longer than they ever have.

That's

- > why it's more important than ever to help avert the burdens of
- preventable
- > disease and disability, at every stage of life. To do that, we must
- think
- > of people's entire lives-not just their chronological lives, but how and
- > where they live those lives-and look for points at every stage of life to
- > interject prevention. It means we have to look at ways that people's
- > communities can help support healthy living and safety. And it means we
- > have to take a measured look at racial and ethnic disparities in health
- > and act to reduce or eliminate those disparities wherever possible.

>

- > ? Work with partners to improve global health. Today, with
- health

- > disparities among developed, newly developed, and developing nations
- ever
- > more glaring, and with disease just a plane ride away, we must work more
- > closely with both familiar and with new global partners to help shape the
- > science, design the policy, and provide the support to promote global

> public health.

>

> Operating Principles

>

> Five operating principles underlie CDC/ATSDR's priorities. The
priorities

> are the what. The principles are the how. They serve as a foundation
for

> how CDC/ATSDR goes about its work of preventing unnecessary injury,

> disease, disability, and death here at home and around the globe:

>

> ? CDC/ATSDR uses science as a basis for decision-making and public

> health action.

> ? CDC/ATSDR expands the quest for social equity through public
health

> action.

> ? CDC/ATSDR efforts are outcome oriented.

> ? CDC/ATSDR is accountable.

> ? CDC/ATSDR performs enthusiastically and effectively as a service

> organization.

>

> -----

> Attachment:

> <<ATTACH.WPD>>

>

>

TEXT:

Unable to convert ARMS_EXT:[ATTACH.D77]ARMSZZ000V8BP.000 to ASCII,
The following is a HEX DUMP:

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

CDC/ATSDR Priorities

- **Strengthen science for public health action.** CDC/ATSDR is only as strong as its science. But science is only the first step. We must use our science to make real, measurable differences in people's lives. To do that, we must have a strong, flexible, and supportive public health infrastructure. It should promote *strong science*, including laboratory, epidemiologic, social, behavioral, and biomedical prevention research, and health systems research to direct public health action. It should develop and maintain a *skilled and highly effective workforce*, able to put that science to best use. And it should build *integrated information and surveillance systems* to ensure that progressive science is not squandered and that interventions are evaluated for effectiveness.
- **Collaborate with healthcare partners for prevention.** CDC/ATSDR and those involved in health care delivery—including medical organizations, managed care organizations, Medicare and Medicaid, State and local health departments, and large corporations that buy health care for employees and their families—have similar interests in prevention. Because of that, CDC/ATSDR has a tremendous opportunity to include prevention and health promotion in Americans' health care. We should capitalize on that opportunity in all our programs.
- **Promote healthy living at every stage of life.** As a whole, Americans are getting older and living longer than they ever have. That's why it's more important than ever to help avert the burdens of preventable disease and disability, at every stage of life. To do that, we must think of people's entire lives—not just their chronological lives, but how and where they live those lives—and look for points at every stage of life to interject prevention. It means we have to look at ways that people's communities can help support healthy living and safety. And it means we have to take a measured look at racial and ethnic disparities in health and act to reduce or eliminate those disparities wherever possible.
- **Work with partners to improve global health.** Today, with health disparities among developed, newly developed, and developing nations ever more glaring, and with disease just a plane ride away, we must work more closely with both familiar and with new global partners to help shape the science, design the policy, and provide the support to promote global public health.

Operating Principles

Five operating principles underlie CDC/ATSDR's priorities. The priorities are the *what*. The principles are the *how*. They serve as a foundation for how CDC/ATSDR goes about its work of preventing unnecessary injury, disease, disability, and death here at home and around the globe:

- CDC/ATSDR uses *science* as a basis for decision-making and public health action.
- CDC/ATSDR expands the quest for *social equity* through public health action.
- CDC/ATSDR efforts are *outcome oriented*.
- CDC/ATSDR is *accountable*.
- CDC/ATSDR performs enthusiastically and effectively as a *service* organization.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-NOV-1998 14:09:34.00

SUBJECT: Fwd: Virus

TO: annette (annette@islandinstitute.org [UNKNOWN])
READ:UNKNOWN

TO: babrady (babrady@crosslink.net [UNKNOWN])
READ:UNKNOWN

TO: BourdonSE (BourdonSE@msx.upmc.edu [UNKNOWN])
READ:UNKNOWN

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

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

TO: eam1 (eam1@cdc.gov [UNKNOWN])
READ:UNKNOWN

TO: feldblum (feldblum@law.georgetown.edu [UNKNOWN])
READ:UNKNOWN

TO: gjones1 (gjones1@os.dhhs.gov [UNKNOWN])
READ:UNKNOWN

TO: hmathis (hmathis@os.dhhs.gov [UNKNOWN])
READ:UNKNOWN

TO: mdonahue (mdonahue@os.dhhs.gov [UNKNOWN])
READ:UNKNOWN

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

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

TO: paul.kim (paul.kim@mail.house.gov [UNKNOWN])
READ:UNKNOWN

TO: seth.kilbourn (seth.kilbourn@hrc.org [UNKNOWN])
READ:UNKNOWN

TO: vmitchell (vmitchell@pacificcoast.net [UNKNOWN])
READ:UNKNOWN

TEXT:

Content-ID: <0_910006805@inet_out.mail.aol.com.1>

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

fyi

Forward Header

Subject: Fwd: Virus

Author: SUZIBEACH@aol.com at INTERNET

Date: 11/2/98 6:40 AM

PLEASE READ, VERY IMPORTANT!!!

If you receive an email titled "WIN A HOLIDAY" DO NOT open it.

It will erase everything on your hard drive. Forward this

letter out to as many people as you can. This is a new,

very malicious virus and not many people know about it.

This information was announced yesterday morning (Thurs.,

Sept 30th) from Microsoft; please share it with everyone

that might access the internet.

Content-ID: <0_910006805@inet_out.mail.aol.com.2>

Content-type: message/rfc822

Content-transfer-encoding: 7bit

Content-disposition: inline

This looks a little frightening!

Content-ID: <0_910006805@inet_out.mail.aol.com.4>

Content-type: message/rfc822

Content-transfer-encoding: 7bit

Content-disposition: inline

Content-ID: <0_910006805@inet_out.mail.aol.com.6>

Content-type: message/rfc822

Content-transfer-encoding: 7bit

Content-disposition: inline

PLEASE READ, VERY IMPORTANT!!!

If you receive an email titled "WIN A HOLIDAY" DO NOT open it.

It will erase everything on your hard drive. Forward this

letter out to as many people as you can. This is a new,
very malicious virus and not many people know about it.

This information was announced yesterday morning (Thurs.,
Sept 30th) from Microsoft; please share it with everyone
that might access the internet.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-NOV-1998 03:03:06.00

SUBJECT: Nat'l Prison Meeting

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

READ:UNKNOWN

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

READ:UNKNOWN

TEXT:

Good to see you both in Dallas. I wanted to get this off to you, before I collapse between trips, having just walked into my home.

I would like us to set a date for the National Meeting in our Conference

Call

on Tuesday.

If this is not easily done with DoJ, it could serve as a positive gesture which, of course, could be changed.

This would also serve to move our agenda forward as we prepare for the

Council

meeting in two weeks.

Thanks, Jeremy

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Paul Delay (Paul Delay <pdelay@usaid.gov> [UNKNOWN])

CREATION DATE/TIME: 2-NOV-1998 19:10:25.00

SUBJECT: re: Vice President Gore's letter to Deputy President Mbeki

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

READ:UNKNOWN

TEXT:

Paul De Lay will be out of the office on November 2nd. If you have urgent business with the Division please contact Mr. Alan Getson at 202 712 5712.

Original Text

From: Todd_A._Summers@opd.eop.gov, on 11/2/98 11:56 AM:

To: <ncih aids@ncih aids.org>, <aross@usaid.gov>, <pdelay@usaid.gov>

Here is the text of the letter sent by Vice President Gore to Deputy President Mbeki (dated October 20, 1998). Please disseminate this to those who might have interest.

Thanks!

Todd Summers

Deputy Director

Office of National AIDS Policy

October 20, 1998

His Excellency
Thabo Mkeki
Executive Deputy President
of the Republic of South Africa
Pretoria

Dear Thabo:

I read with great interest and a sense of shared concern your declaration on the occasion of the launching of the Partnership Against AIDS. Your call to attention is not only important for South Africa, but also as an inspiration for all of Africa.

Over the last fifteen years, our nation has worked diligently to stop the spread of this devastating disease, to support research for effective HIV therapeutics and a preventative vaccine, and to remind all citizens that, together, we must combat this epidemic. Educators and activists, members of religious and civic groups, business and labor organizations, and tens of thousands of other men and women with a shared concern have all been a part of our response to this disease. I am confident that your address to the people of South Africa helped to generate the same broad societal support that has been essential to our own advances.

As you recall, in July 1997, within the framework of the Binational Commission, we announced a \$10 million USAID funded project to support the Ministry of Health's AIDS program. It is our hope that this project will

significantly contribute to the attainment of the goals of your finalized national AIDS strategy. In addition, the President recently asked Sandra Thurman, our National AIDS Policy Coordinator, to travel to South Africa, at your government's convenience, to discuss the manner in which the United States can further support South Africa's efforts.

I join with you in mourning the lives of so many who have already been lost and look forward to our continued work together to protect those who remain at risk.

Sincerely,

Al Gore

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-NOV-1998 17:50:36.00

SUBJECT: RE: Board chair

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

TEXT:
can you guys send a white house invitation to our reception or do we
just stick with my notice to them?

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

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

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

>Sent: Monday, November 02, 1998 12:26 PM

>To:Zingale, Daniel

>Subject: Board chair

>

>What's the name of your current board chair? Isn't he from Dallas?

>Sandy's speaking to HRC dinner there this weekend and I wanted her to

>mention him in her speech. I was going to have her make a little joke

>about he and the other guys I took on the White House tour ogling the

>secret service officers. Is that cool?

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-NOV-1998 03:08:55.00

SUBJECT: Recommendation

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:

Greetings colleagues from a weary traveller passing through my own home

like a

stranger!

As you know, we anticipate the Council meeting with the President in

December.

We are also moving forward regarding the national meeting on Prisons.

I would therefore like to formalize our previous, informal discussions regarding a recommendation which I would present in skeletal form, as follows:

The Council recommends that the President establish a National Council (or Task Force) on Prison Health, to be composed of prison officials and experts, health care providers, community activists and ex-offenders. The purpose of such a Council would be to serve as a bridge between the Attorney General, Secretary of Health and Human Services concerning issues of inmate access to health care and ex-offenders transitioning back into communities.

I look forward to discussing this in our conference call, this tuesday.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-NOV-1998 17:49:52.00

SUBJECT: RE: Board chair

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

READ:UNKNOWN

TEXT:

john gonzalez is the board chair & he is the guy you took on a tour of

secret service agents, but he's from houston. our board member in

dallas/ft.worth is mike mckay, e.d. of aids outreach center.

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

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

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

>Sent: Monday, November 02, 1998 12:26 PM

>To:Zingale, Daniel

>Subject: Board chair

>

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>about he and the other guys I took on the White House tour ogling the

>secret service officers. Is that cool?

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 2-NOV-1998 22:03:17.00

SUBJECT: Re: Invoices

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

READ:UNKNOWN

TEXT:

Manana y mil gracias!

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Robin J. Bachman (CN=Robin J. Bachman/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME: 2-NOV-1998 09:50:39.00

SUBJECT: Robin Bachman 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 10/30/98 until 11/03/98.

I will be back in the office Tuesday, November 3rd. If you need to reach

someone in Research, please call 202-456-6238.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From JKamen@aol.com to Multiple Recipients Re: Giggles for the weary, wacky or just plain bummed (13 pages)	11/03/1998	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[10/29/1998 - 11/12/1998]

2018-0758-F

jn572

RESTRICTION CODES

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

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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.

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

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	From MElskowitz@aol.com to Todd Summers Re: No Subject (1 page)	11/03/1998	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[10/29/1998 - 11/12/1998]

2018-0758-F

jn572

RESTRICTION CODES

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 3-NOV-1998 15:20:27.00

SUBJECT: Re: BoP Guidelines

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

READ:UNKNOWN

TEXT:

Thanks, Todd -- I am planning to send someone over to pick up a copy
as a back-up strategy, and will also share them with you if I secure
them!

Reply Separator

Subject: BoP Guidelines

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

Date: 11/3/98 9:54 AM

Hi -

HR2070 refers in several places to BoP guidelines - do you have a copy?

can we request them ASAP so that we can review them? HHS also wants a copy

before it formulates its opinion on the legislation.

Thanks,

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 3-NOV-1998 16:49:30.00

SUBJECT: Prison 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.oonline.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

Minutes of Conference Call

Tuesday, November 3, 1998

-- COPY ATTACHED AS TEXTFILE --

Participants. Charles Blackwell, Jerry Cade, Lynne Cooper,

Jeremy Landau, Matthew Murguia, Emily Seymour.

1. ONAP Update

? National Meeting on Prisons.

Plans are proceeding to be reported at our November meeting.

? No date for meeting with Kathleen Hawk Sawyer

? Site Visit is scheduled for 11/19/98 - Final decision, today.

? Interagency Meeting - Friday, 11/6/98 - Matthew will report back.

2. Council - Prison Issues Agenda: Weds 11/18 @ 9:00am -- 10:30am

? ONAP Update (1/2 hour)

Interagency Meeting

Prison Site Visit

Kathleen Hawk Sawyer Meeting

? Ongoing Committee Issues (1/2 hour)

"Public Health Corrections..." Report

Discharge Planning

Legislative Update

Native Americans

? National Meeting on Prisons (1/2 hour)

Invitation to Dr. Satcher

Date to be set for event

? Conference Call Schedule for 1999

? Report to the Full Council

3. Committee Update

? Youth Issues - Does not appear to be a pressing federal

issue.

- ? Prison Hotlines - still pending
- ? Amnesty Int'l - still pending
- ? Native Americans - Charles will pursue this issue
- ? Legislative - probably tabled until 1999

4. Proposed Recommendation

[This is on-hold pending further information from Matthew & Jeremy.]

The Council recommends that the President establish a National Council (or Task Force) on Prison Health, to be composed of prison officials and

experts,

health care providers, community activists and ex-offenders. The purpose of

such a Council would be to serve as a bridge between the Attorney General, Secretary of Health and Human Services concerning issues of inmate access to

health care and ex-offenders transitioning back into communities.

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

Minutes of Conference Call
Tuesday, November 3, 1998

Participants.

Charles Blackwell, Jerry Cade, Lynne Cooper,
Jeremy

Landau, Matthew Murguia, Emily Seymour.

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(1/2 hour)

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"Public Health

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Legislative

Update

Native Americans

? National

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Human Services concerning issues of inmate access to health care and

ex-offenders transitioning back into communities.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 4-NOV-1998 16:47:42.00

SUBJECT: Re: Development of an Integrated Housing, Health, and Support...

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

READ:UNKNOWN

TEXT:

----- Forwarded by Jacquie M. Lawing/SECY/HUD/GOV on

11/03/98 06:48 PM -----

<Todd_A._Summers@opd.eop.gov> AT internet on 11/03/98 06:16:41 PM

To: Jacquie M. Lawing, David Vos, Jeanne_Lambrew@opd.eop.gov AT

internet@CCMAILDOM, Ursula_J._Sanville@ondcp.eop.gov AT

internet@CCMAILDOM, DvonZinkernagel@osophs.dhhs.gov AT

internet@CCMAILDOM

cc:

Subject: Development of an Integrated Housing, Health, and Support

Todd,

Jacquie forwarded your note, below, to me. I am somewhat

familiar with this effort. It is actually quite impressive.

I think the findings will be useful.

I was unable to open the computer file you sent over
wity your e-mail...or I was able to open it but all it
contained was small boxs and random segments of the
alphabet. It there anyway you can fax me the file. My fax
number is 202/708-3336.

Thanks.

Fred

Interesting - it will be interesting to see what CSH is able to
document.

Todd

----- Forwarded by Todd A. Summers/OPD/EOP on

11/03/98

06:17 PM -----

Barbara A. Menard 11/03/98 05:44:16 PM

(Embedded image moved to file: PIC00829.PCX)

Record Type: Record

To: Jennifer M. Forshey/OMB/EOP, Todd A. Summers/OPD/EOP

cc:

Subject: Development of an Integrated Housing, Health, and Support
Services Network for Disabled Adults

Thought you might be interested...

----- Forwarded by Barbara A. Menard/OMB/EOP on

11/03/98

05:44 PM -----

Farooq Khan

11/03/98 05:25:03 PM

Record Type: Record

To: Anne E. Tumlinson/OMB/EOP@EOP, Cynthia M. Smith/OMB/EOP@EOP,
Barbara A. Menard/OMB/EOP@EOP

cc:

Subject: Development of an Integrated Housing, Health, and Support

Services Network for Disabled Adults

Development of an Integrated Housing, Health, and Support Services
Network

for

Disabled Adults

Corporation for Supportive Housing

Oakland, California

Principal Investigator: Carla Javits

Grant Period: July 1995 - June 1998

Award Amount: \$740,001

A demonstration grant to develop a managed care model for the delivery

and

financing of integrated

health care, mental health and substance abuse treatment services in

conjunction with

service-enriched housing for approximately 750 homeless, single adults

who

have HIV/AIDS,

chronic mental illness, and/or substance abuse disorders. A

public-private

partnership that currently

includes two county public health departments and more than a dozen

non-profit community-based

service organizations. These organizations are collaborating to

implement

interdisciplinary Integrated
Services Teams that deliver primary health care, client-centered
treatment
for mental illness and
substance abuse, and other health and support services, including
employment opportunities, all
linked to a stable, affordable place to live. The project seeks to
establish capitation rates, reduce
categorical funding limitations, and document the cost-effectiveness
of the program.

- 27 A===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D9]ARMSZZ000VWLU.000 to ASCII,
The following is a HEX DUMP:

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Miguelina Maldonado (Miguelina Maldonado <mmaldona@nmac.org> [UNKNOWN])

CREATION DATE/TIME: 4-NOV-1998 01:14:05.00

SUBJECT: Re: Presidential Announcement of New HIV/AIDS Initiative

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

READ:UNKNOWN

TEXT:

TODD:

I CAN'T READ THE ATTACHMENT. CAN YOU FAX IT TO ME. THANKS MIGUELINA

202-483-1135

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

> Subject: Presidential Announcement of New HIV/AIDS Initiative

> Date: Wed, 28 Oct 1998 11:57:05 -0500

>

>Attached is the briefing paper on today's event. It's a good day!!!!

>

>

>(See attached file: TPOCT28.WPD)

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 4-NOV-1998 00:18:21.00

SUBJECT: Re: Sorry

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

READ:UNKNOWN

TEXT:

We're going to have a good ole time on thurs night!

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 4-NOV-1998 15:59:59.00

SUBJECT: Re: Sorry

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

READ:UNKNOWN

TEXT:

Todd,

We asked for the hold harmless to avoid future replays of the Wisconsin and Virginia debacles of recent years. Given the increase in HOPWA funding this year, the impact on current grantees is minimal -- especially since those states who qualify for the hold harmless are at relatively low levels of funding.

As you know, we too, are in the negotiation stages of this year's budget, but we are asking for \$275 million in HOPWA and \$1.45 billion for homelessness assistance (including \$286 million for Section 8 vouchers targeted to homeless persons).

Call me at 202/708-1506 (x-4621) if you need more info or clarification.

Hope all is well with you.

Fred

Can you please send a e mail to todd and me with the answers? Thanks.

<Todd_A._Summers@opd.eop.gov> AT internet on 11/03/98 07:16:27 PM

To: Jacquie M. Lawing

cc:

Subject: Re: Sorry

I was just reading FY99 report language and noticed that a "hold harmless" on State HOPWA grants had been added - have you figured out if this is going to cost you a lot of money/cut grants to entitled areas?

Also, Sandy and I are pitching our FY00 budget tomorrow with OMB - what are you wanting us to push? do you have a HOPWA number? McKinney?

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 5-NOV-1998 14:24:06.00

SUBJECT: cops & neps

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

READ:UNKNOWN

TEXT:

>i just left you a message asking for you to send us letters of support of

>neps from the police commissioners in baltimore, boston, and new haven --

>also a letter from the african american cops group.

>

>gracias jca

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	From JKamen@aol.com to Many Recipients Re: Hail the hero! (2 pages)	11/05/1998	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[10/29/1998 - 11/12/1998]

2018-0758-F

jn572

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

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

RR. Document will be reviewed upon request.

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

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

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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004. email	From JKamen@aol.com to Multiple Recipients Re: Party (1 page)	11/06/1998	Personal Misfile
------------	---	------------	------------------

COLLECTION:

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

FOLDER TITLE:

[10/29/1998 - 11/12/1998]

2018-0758-F
jn572

RESTRICTION CODES

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

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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.

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

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 7-NOV-1998 01:30:17.00

SUBJECT: Fwd: China's HIV Cases Could Hit 1M

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

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

Date: Fri, 6 Nov 1998 07:29:22 EST

From: AOLNews@aol.com

Subject: China's HIV Cases Could Hit 1M

MIME-version: 1.0

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

Content-transfer-encoding: 7BIT

China's HIV Cases Could Hit 1M

.c The Associated Press

BEIJING (AP) -- The number of Chinese infected with the virus that causes AIDS could reach one million by 2000 unless more effective action is taken to prevent the disease from spreading, the state-run China Daily reported today.

The number of Chinese infected with HIV may be as high as 300,000 and is increasing rapidly, the newspaper said.

Officially, China's Health Ministry had confirmed only 11,170 carriers of

HIV

nationwide as of September, a 4.6 percent increase from the number of confirmed cases as of June, the report said.

Of that number, 338 had developed AIDS and 184 had died, it said.

But official statistics are widely believed to vastly understate the extent of the problem in China.

The government plans to announce a new program designed to stem the rise in cases of AIDS and other sexually transmitted diseases, the report said. It hopes to keep the number of people found to be HIV positive to less than 1.5 million by 2010.

AP-NY-11-06-98 0727EST

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To edit your profile, go to keyword [NewsProfiles](aol://1722:NewsProfiles).

For all of today's news, go to keyword [News](aol://1722:News).

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 8-NOV-1998 01:06:30.00

SUBJECT: HCFA & Viral Load Testing

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

READ:UNKNOWN

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

READ:UNKNOWN

CC: Coates, Tom ("Coates, Tom" <tcoates@psg.ucsf.edu> [UNKNOWN])

READ:UNKNOWN

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

READ:UNKNOWN

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

READ:UNKNOWN

TEXT:

Please see the e-mail message from Brenda Lien from Project Inform

below. This sounds like a significant problem that could be fixed by

the Administration. Please let me know what can be done.

Thank you for your consideration of this request.

Steve Morin, Ph.D.

UCSF AIDS Research Institute

74 New Montgomery Street, Suite 600

San Francisco, California 94105

415-597-9228 (phone)

415-597-9202 (fax)

smorin@psg.ucsf.edu (e-mail)

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

> From: Brenda Lein [SMTP:blein@projinf.org]

> Sent: Friday, November 06, 1998 6:18 PM

> To: Brenda Lein

> Subject: URGENT!!!

> Importance: High

>

> URGENT

>

> Here's the deal, in a nutshell. The Health Care Finance

> Administration

> (HCFA) has been holding a series of meetings regarding

> Medicare/Medical

> coverage of diagnostic and monitoring tests. I'll try to be brief.

>

> Essentially what is being recommended is that a National Policy

> recommendation is being made that ONLY FDA-approved tests are covered

> by

> Medicare. What this means is that ONLY the Roche PCR less sensitive

> test

> will be reimbursed. Currently states have been given codes to cover

> HIV

> RNA monitoring and testing, that they can use at their discretion.

> The new

> policy will ONLY reimburse for the Roche test.

>

> How this will effect people:

- > People who are following standard of care guidelines (even the DHHS
- > guidelines are being revised) and using more sensitive HIV RNA
- > monitoring
- > tests (e.g. limit of detection 50) will no longer be able to use these
- >
- > tests, or if they do they will have to pay out of pocket, if Medicare
- > is
- > their source for reimbursement. Although this is a cost neutral
- > issue,
- > whether someone is using the Chiron, Roche or OT more sensitive tests,
- > they
- > will no longer be covered.
- > For people who have been monitoring at labs that use technology other
- > than
- > the Roche PCR less sensitive test (Amplicore), baselines will have to
- > be
- > redrawn if they have to switch.
- > Some county labs have been trained and equipped to run the Chiron bDNA
- >
- > tests, and county labs will have to convert to the Roche technology and
- >
- > retrain staff. This may cause some delays and will certainly have a
- > cost
- > impact on county labs not using the older version of the Roche
- > technology.
- >
- > What you can do:

> This is NOT the only time to impact this issue, but anyone able to

> WRITE a

> letter to HCFA so that it is received BEFORE NOVEMBER 11 should make

> their

> voice heard. There will be other opportunities to impact this

> decision and

> we will keep you posted on opportunities to do so. I am writing this

> today

> (Friday 6 November, 1998) because the posting from the committee was

> only

> made LAST NIGHT. I was expecting something, but didn't know when the

> recommendation was coming down or what it would look like for sure. I

> was

> under the impression that once the recommendations were posted we

> would be

> given 11 days for public comment. They posted the recommendations

> late and

> didn't extend the public comment period. Many leaders in the HIV/AIDS

>

> research community have been weighing in on this issue, including Dr.

> Volberding, Dr. Ho, Dr. Saag, and others. It's important that

> Medicare

> make the technology available (e.g. ultrasensitive HIV RNA testing)

> that is

> currently being recommended in revised Federal Guidelines for

> treatment of

> HIV Infection. Again, this is a cost neutral issue.

>

> If you would like to see the recommendations, if you have access to

> the

> web, you can see them posted on the following website:

>

> <http://www.hcfa.gov/quality/qlty-8a.htm>

>

> They are also attached here for your convenience. I noticed that

> there

> were also some new recommendations for Hepatitis Panels, and encourage

>

> those working on Hep to take a look at those. I haven't had a chance

> to

> read them yet. Again? public comment on the new guidelines cannot be

> emailed and must be received via snail mail BY NOV. 11. The address

> is:

>

> Judy Ballard & Nancy Rubenstein

> DHHS Departmental Appeals Board

> Hubert H. Humphrey

> Building, Room 637D

> 200 Independence Avenue, S.W.

> Washington, D.C. 20201

>

> For those without Web access, I've attached a copy of the

> recommendations

> from the site. I hope this is readable. If you can act on this,

> please do

> so! I'll be in on Monday if you have other questions, or feel free to

> call

> me over the weekend and I can tell you what I know about this issue.

> My

> home phone is 415-861-4827.

>

> There will be other opportunities to influence this decision in the

> future.

> One place is at a meeting being held in Washington DC on November 20,

> another will be public comment in the Federal Register if the

> recommendation continues to go forward as is.

>

> Certainly, we must pressure the company's developing these

> technologies to

> get their material submitted to the FDA and then pressure the FDA to

> review

> these materials quickly. However, despite formal FDA approval

> sensitive

> HIV RNA testing is considered optimal monitoring. It would be wrong

> for

> HCFA to deny the underinsured and uninsured access to these tests. It

> is a

> cost neutral issue. The more sensitive tests do not cost more than

> the

> less sensitive tests so HCFA saves no \$\$ in creating this difficulty

> for

> people.

>

> -Brenda Lein

> Project Inform

> 415-558-8669 x207

>

>

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

TEXT:

Unable to convert ARMS_EXT:[ATTACH.D33]ARMSZZ000VS6B.000 to ASCII,
The following is a HEX DUMP:

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

<http://www.hcfa.gov/quality/qlty-8a5.htm>

Coverage Policies

Clinical Diagnostic Laboratory Tests

Recommended Medicare National Coverage Policy for Human Immunodeficiency Virus Testing (Prognosis Including Monitoring)

[NOTE: This document is a working draft. It is a recommended policy that was developed by a Workgroup formed under the Negotiated Rulemaking Committee on Clinical Diagnostic Laboratory Tests. The Committee will consider and may potentially modify and adopt this policy as part of a proposed rule on national coverage and administrative policies for clinical diagnostic laboratory tests. Committee meetings are open to the public; the meeting schedule is at <http://www.hcfa.gov/quality/qlty-8a3.htm>.

COMMENTS: Members of the public are invited to submit written comments on this draft policy for the Committee's consideration. Any comments must be submitted under the following guidelines:

1. Comments must be submitted in writing to the facilitators of the Negotiated Rulemaking Committee at the following address: Judy Ballard & Nancy Rubenstein, DHHS Departmental Appeals Board, Hubert H. Humphrey Building, Room 637D, 200 Independence Avenue, S.W., Washington, D.C. 20201.
2. **Comments must be received no later than November 11, 1998.**
3. Comments must include the name of the individual making the submission and should indicate whether the commenter represents an organization or association. Commenters should also indicate their expertise.
4. Submissions should include citations to any relevant literature supporting the comments.
5. Comments should offer alternative language if they identify a problem with the draft language and should explain the reasons why the alternative is being offered.
6. Readers of this draft policy should be aware that the following is one of the possible reasons for denial of Medicare coverage under existing HCFA policy:

Tests that require an FDA approval will be denied as not reasonable and necessary if FDA approval has not

been obtained, except for Category B Investigational Device Exemption (IDE) or other exceptions.
Coverage of
Category B IDE devices is left to contractor discretion.]

RECOMMENDED MEDICARE NATIONAL COVERAGE POLICY FOR HUMAN
IMMUNODEFICIENCY
VIRUS TESTING (Prognosis including monitoring)

OTHER NAMES/ABBREVIATIONS: HIV-1 or HIV-2 quantification or viral load

POLICY NUMBER:

DESCRIPTION:

HIV quantification is achieved through the use of a number of different assays which measure the amount of circulating viral RNA. Assays vary both in methods used to detect viral RNA as well as in ability to detect viral levels at lower limits. However, all employ some type of nucleic acid amplification technique to enhance sensitivity, and results are expressed as the HIV copy number.

Quantification assays of HIV plasma RNA are used prognostically to assess relative risk for disease progression and predict time to death, as well as to assess efficacy of antiretroviral therapies over time.

HIV quantification is often performed together with CD4+ T cell counts which provide information on extent of HIV induced immune system damage already incurred.

HCPCS CODES (alpha numeric, CPT © AMA):

Code: Descriptor:

87536 Infectious agent detection by nucleic acid (DNA or RNA), quantification; HIV-1

87539 HIV-2

INDICATIONS:

1. Regular periodic measurement of plasma HIV RNA levels are essential to determine risk for disease progression in an HIV-infected individual and to determine when to initiate or modify antiretroviral treatment regimens.

2. In clinical situations where the risk of HIV infection is significant and initiation of therapy is anticipated, a baseline HIV quantification should be performed. These situations include:

- a. Persistence of borderline or equivocal serologic reactivity in an at risk individual.
- b. Signs and symptoms of acute retroviral syndrome characterized by fever, malaise, lymphadenopathy and rash in an at risk individual.

LIMITATIONS:

1. Viral quantification is appropriate for prognostic use including monitoring of response to therapy. Use as a diagnostic test method is not indicated.

2. Measurement of plasma HIV RNA levels should be performed at the time of

Page 1 of 3

establishment of an HIV infection diagnosis. For an accurate baseline, 2 specimens in a 2 week period are appropriate.

3. For prognosis including antiretroviral therapy monitoring, regular, periodic measurements are appropriate. The frequency of viral load testing should be consistent with current guidelines for use of antiretroviral agents in adults and adolescents or pediatrics.

4. Because differences in absolute HIV copy number are known to occur using different assays, plasma HIV RNA levels should be measured by the same analytical method. A change in assay method may necessitate re-establishment of a baseline.

5. Nucleic acid quantification techniques are representative of rapidly emerging and evolving new technologies.

As such, users are advised to remain current on FDA-approval status.

ICD-9-CM CODES COVERED BY MEDICARE PROGRAM:

[This section includes covered codes--those where there is a presumption of medical necessity, but the claim is subject to postpayment review to see if the test was in fact reasonable and necessary.]

Code: Description:

042 HIV Disease

V08 Asymptomatic HIV infection status

795.71 Nonspecific serologic evidence of HIV

079.53 HIV-2 infection

ICD-9-CM CODES DENIED:

[Codes that are never covered--tests would automatically be billed to the patient because they are services that are not covered by statute, such as screening services not within an exception. HCFA will produce a list of codes.]

Code: Description:

ICD-9-CM CODES THAT DO NOT SUPPORT MEDICAL NECESSITY (SUBJECT TO ABN):

[Non-covered codes for which there are only limited exceptions, so it would be appropriate to get an ABN, but for which additional documentation would support a determination of medical necessity in certain circumstances.]

Code: Description:

Any ICD-9-CM code not listed in either of the ICD-9-CM sections above.

SOURCES OF INFORMATION:

CDC. 1998. Guidelines for the use of antiretroviral agents in HIV-infected adults and adolescents. MMWR 47 (RR-5).

Page 2 of 3

CDC. 1998. Guidelines for the use of antiretroviral agents in pediatric HIV infection. MMWR 47 (RR-4).

CDC. 1998. Public Health Service Task Force recommendations for the use of antiretroviral drugs in pregnant women infected with HIV-1 for maternal health and for reducing perinatal HIV-1 transmission in the United States. MMWR 47 (RR-2).

Carpenter, C.C., M.A. Fischl, S.M. Hammer, et al. 1998. Antiretroviral therapy for HIV infection in 1998. Updated recommendations of the international AIDS society-USA panel. J.A.M.A. 280:78-86.

Saag, M.S., M. Holodniy, D.R. Kuritzkes, et al. 1996. HIV viral load markers in clinical practice. Nature Medicine 2(6): 625-629.

CODING GUIDELINES:

1. Any claim for a test listed in "HCPCS CODES" above must be submitted with an ICD-9-CM diagnosis code or comparable narrative. Codes that describe symptoms and signs, as opposed to diagnoses, should be provided for reporting purposes when a diagnosis has not been established by the physician. (Based on Coding Clinic for ICD-9-CM, Fourth Quarter 1995, page 43.)

2. (HCFA is developing a coding guideline on screening.)

3. A three-digit code is to be used only if it is not further subdivided. Where fourth-digit and/or fifth-digit subclassifications are provided, they must be assigned. A code is invalid if it has not been coded to the full number of digits required for that code. (From Coding Clinic for ICD-9-CM. Fourth Quarter, 1995, page 44.)

4. Diagnoses documented as "probable," "suspected," "questionable," "rule-out," or "working diagnosis" should not be coded as though they exist. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such

as signs, symptoms, abnormal test results, exposure to communicable disease or other reasons for the visit. (From Coding Clinic for ICD-9-CM, Fourth Quarter 1995, page 45.)

5. Specific coding guidelines:

- a. Temporary code G0100 crosswalks to code 87536 effective January 1, 1998.
- b. CPT codes for quantification should not be used simultaneously with other nucleic acid detection codes for HIV-1 (i.e., 87534, 87535) or HIV-2 (i.e., 87537, 87538).

DOCUMENTATION REQUIREMENTS:

Appropriate CPT-4 and ICD-9-CM codes must be submitted.

OTHER COMMENTS:

Assessment of CD4+ T cell numbers is frequently performed in conjunction with viral load determination. When used in concert, the accuracy with which the risk for disease progression and death can be predicted is enhanced.

Page 3 of 3

[Return to Quality of Care Home Page](#)

Last Updated 11/04/98

Coverage Policies

Clinical Diagnostic Laboratory Tests

Recommended Medicare National Coverage Policy for Human Immunodeficiency Virus Testing (Diagnosis)

[NOTE: This document is a working draft. It is a recommended policy that was developed by a Workgroup formed under the Negotiated Rulemaking Committee on Clinical Diagnostic Laboratory Tests. The Committee will consider and may potentially modify and adopt this policy as part of a proposed rule on national coverage and administrative

policies for clinical diagnostic laboratory tests. Committee meetings are open to the public; the meeting schedule is at <http://www.hcfa.gov/quality/qlty-8a3.htm>.

COMMENTS: Members of the public are invited to submit written comments on this draft policy for the Committee's consideration. Any comments must be submitted under the following guidelines:

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2. Comments must be received no later than November 11, 1998.

3. Comments must include the name of the individual making the submission and should indicate whether the commenter represents an organization or association. Commenters should also indicate their expertise.

4. Submissions should include citations to any relevant literature supporting the comments.

5. Comments should offer alternative language if they identify a problem with the draft language and should explain the reasons why the alternative is being offered.

6. Readers of this draft policy should be aware that the following is one of the possible reasons for denial of Medicare coverage under existing HCFA policy:

Tests that require an FDA approval will be denied as not reasonable and necessary if FDA approval has not been obtained, except for Category B Investigational Device Exemption (IDE) or other exceptions. Coverage of Category B IDE devices is left to contractor discretion.]

RECOMMENDED MEDICARE NATIONAL COVERAGE POLICY FOR HUMAN
IMMUNODEFICIENCY
VIRUS TESTING (Diagnosis)

OTHER NAMES/ABBREVIATIONS: HIV, HIV-1, HIV-2, HIV1/2, HTLV III, Human T-cell lymphotropic virus, AIDS, Acquired immune deficiency syndrome

POLICY NUMBER:

DESCRIPTION:

Diagnosis of Human Immunodeficiency Virus (HIV) infection is primarily made through the use of serologic assays. These assays take one of two forms: antibody detection assays and specific HIV antigen (p24) procedures. The antibody assays are usually enzyme immunoassays (EIA) which are used to confirm exposure of an individual's immune system to specific viral antigens. These assays may be formatted to detect HIV-1, HIV-2, or HIV-1 and 2 simultaneously and to detect both IgM and

IgG. When the initial EIA test is repeatedly positive or indeterminate, an alternative test is used to confirm the specificity of the antibodies to individual viral components. The most commonly used method is the Western Blot.

The HIV-1 core antigen (p24) test detects circulating viral antigen which may be found prior to the development of antibodies and may also be present in later stages of illness in the form of recurrent or persistent antigenemia. Its prognostic utility in HIV infection has been diminished as a result of development of sensitive viral RNA assays, and its primary use today is as a routine screening tool in potential blood donors.

In several unique situations, serologic testing alone may not reliably establish an HIV infection. This may occur because the antibody response (particularly the IgG response detected by Western Blot) has not yet developed (i.e., acute retroviral syndrome), or is persistently equivocal because of inherent viral antigen variability. It is also an issue in perinatal HIV infection due to transplacental passage of maternal HIV antibody. In these situations, laboratory evidence of HIV in blood by culture, antigen assays or preferably viral RNA assays is required to establish a definitive determination of HIV infection.

HCPCS CODES (alpha numeric, CPT © AMA):

Code: Descriptor:

86689 HTLV or HIV antibody, confirmatory test (e.g., Western Blot)

86701 Qualitative or semiquantitative immunoassays performed by multiple step methods; Antibody; HIV-1

86702 Antibody; HIV-2

86703 Antibody; HIV-1 and HIV-2, single assay

87390 Infectious agent by antigen detection, qualitative or semiquantitative, multiple step; HIV-1

87391 HIV-2

Page 1 of 7

87534 Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique

87535 HIV-1, amplified probe technique

87537 HIV-2, direct probe technique

87538 HIV-2, amplified probe technique

INDICATIONS:

Diagnostic testing to establish HIV infection is indicated when there is a strong clinical suspicion supported by one or more of the following clinical findings:

1. The patient has a documented, otherwise unexplained, AIDS-defining or AIDS-associated opportunistic infection.
2. The patient has another documented sexually transmitted disease which identifies significant risk of exposure to HIV and the potential for an early or subclinical infection.
3. The patient has documented acute or chronic hepatitis B or C infection which identifies a significant risk of exposure to HIV and the potential for an early or subclinical infection.
4. The patient has a documented AIDS-defining or AIDS-associated neoplasm.
5. The patient has a documented AIDS-associated neurologic disorder or otherwise unexplained dementia.
6. The patient has another documented AIDS-defining clinical condition, or a history of other severe, recurrent, or persistent conditions which suggest an underlying immune deficiency (e.g., cutaneous or mucosal disorders).
7. The patient has otherwise unexplained generalized signs and symptoms suggestive of a chronic process with an underlying immune deficiency (e.g., fever, weight loss, malaise, fatigue, chronic cough, hemoptysis, shortness of breath, lymphadenopathy).
8. The patient has otherwise unexplained laboratory evidence of a chronic disease process with an underlying immune deficiency (e.g., anemia, leukopenia, pancytopenia, lymphopenia, low CD4+ lymphocyte count).
9. The patient has signs and symptoms of acute retroviral syndrome with fever, malaise, lymphadenopathy, and skin rash.
10. The patient has documented exposure to blood or body fluids known or suspected to be capable of transmitting HIV, and antiviral therapy is initiated or anticipated to be initiated.

For a comprehensive tabulation of AIDS-defining and AIDS associated conditions, refer to information source document #5.

LIMITATIONS:

1. HIV antibody testing in the United States is usually performed using HIV-1 or HIV 1/2 combination tests. HIV-2 testing is indicated only if clinical circumstances suggest HIV-2 is likely (i.e., compatible clinical findings and HIV-1 test negative).
2. The Western Blot test should be performed only after documentation that the initial EIA tests are repeatedly positive or equivocal on a single sample.
3. The HIV antigen tests currently have no defined diagnostic usage.

4. Direct viral RNA detection may be performed in those situations where serologic

Page 2 of 7

testing does not establish a diagnosis but strong clinical suspicion persists (e.g., acute retroviral syndrome, nonspecific serologic evidence of HIV, perinatal HIV infection).

5. If initial serologic tests are HIV EIA negative and there is no indication for confirmation of infection by viral RNA detection, the interval prior to retesting is 3-6 months.

6. Screening for evidence of HIV infection using serologic methods is medically appropriate in situations where there is a risk of exposure to HIV. However, in the absence of a documented AIDS defining or HIV associated disease, or an HIV associated sign or symptom, the testing is not covered by Medicare (e.g., history of multiple blood component transfusions, exposure to blood or body fluids not resulting in consideration of therapy, history of transplant, history of illicit drug use, multiple sexual partners, same-sex encounters, prostitution or contact with prostitutes).

7. The CPT Editorial Panel has issued a number of codes for infectious agent detection by direct antigen or nucleic acid probe techniques that have not yet been developed or are only being used on an investigational basis. Laboratory providers are advised to remain current on FDA-approval status for these tests.

ICD-9-CM CODES COVERED BY MEDICARE PROGRAM:

[This section includes covered codes--those where there is a presumption of medical necessity, but the claim is subject to postpayment review to see if the test was in fact reasonable and necessary.]

Code: Description:

003.1 Salmonella septicemia

007.2 Coccidiosis (Isosporiasis)

007.4 Cryptosporidiosis

007.8 Other specified protozoal intestinal diseases

010.0-010.9 Primary tuberculous infection

011.0-011.9 Pulmonary tuberculosis

012.0-012.8 Other respiratory tuberculosis

013.0-013.9 Tuberculosis of meninges and central nervous system

014.0-014.8 Tuberculosis of intestines, peritoneum and mesenteric glands

015.0-015.9 Tuberculosis of bones and joints

016.0-016.9 Tuberculosis of genitourinary system
017.0-017.9 Tuberculosis of other organs
018.0-018.9 Miliary tuberculosis
027.0 Listeriosis
031.0-031.9 Diseases due to other mycobacteria
038.2 Pneumococcal septicemia
038.43 Septicemia (Pseudomonas)
039 Actinomycotic infections (includes Nocardia)
041.7 Pseudomonas infection
042 HIV disease (Acute retroviral syndrome, AIDS-related complex)
046.3 Progressive multifocal leukoencephalopathy
052.0-052.8 Chickenpox (with complication)
053.0-053.9 Herpes zoster
Page 3 of 7
054.0-054.9 Herpes simplex
055.0-055.8 Measles (with complication)
070.20-070.23 Viral hepatitis B with hepatic coma
070.30-070.33 Viral hepatitis B without mention of hepatic coma
070.40-070.42 Other specified viral hepatitis with hepatic coma
070.44-070.49 Other specified viral hepatitis with hepatic coma
070.50-070.52 Other specified viral hepatitis without mention of hepatic coma
070.54 Other specified viral hepatitis without mention of hepatic coma
078.0 Molluscum contagiosum
078.1-078.19 Viral warts
078.3 Cat-scratch disease
078.5 Cytomegaloviral disease
078.88 Other specified diseases due to Chlamydiae
079.88 Other specified chlamydial infection

085.0-085.9 Leishmaniasis

088.0 Bartonellosis

090.0-090.9 Congenital syphilis

091.0-091.9 Early syphilis symptomatic

092.0-092.9 Early syphilis, latent

093.0-093.9 Cardiovascular syphilis

094.0-094.9 Neurosyphilis

095.0-095.9 Other forms of late syphilis, with symptoms

096 Late syphilis, latent

097.0-097.9 Other and unspecified syphilis

098.0-098.89 Gonococcal infections

099.0 Chancroid

099.1 Lymphogranuloma venereum

099.2 Granuloma inguinale

099.3 Reiter's disease

099.40-099.49 Other nongonococcal urethritis

099.50-099.59 Other venereal diseases due to Chlamydia trachomatis

099.8 Other specified venereal disease

099.9 Venereal disease unspecified

110.1 Onychomycosis

111.0 Pityriasis versicolor

112.0-112.9 Candidiasis

114.2-114.4 Coccidioidomycosis

115.0-115.9 Histoplasmosis

116.0-116.2 Blastomycotic infection

117.3 Aspergillosis

117.5 Cryptococcosis

118 Opportunistic mycoses

127.2 Strongyloidiasis

130.0-130.9 Toxoplasmosis

132.2 Phthirus pubis

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133.0 Scabies

136.2 Specific infections by free living amebae

136.3 Pneumocystosis

176.0-176.9 Kaposi's sarcome

180.0-180.9 Malignant neoplasm of cervix uteri

200.20-200.28 Burkitt's tumor or lymphoma

200.80-200.88 Lymphosarcoma, other named variants

201.00-201.98 Hodgkin's disease

280.0-289.9 Iron deficiency anemias

285.9 Anemia, unspecified

287.3 Primary thrombocytopenia

288.0 Agranulocytosis

288.8 Other specified disease of white blood cells

294.8 Other specified organic brain syndromes (chronic)

322.2 Chronic meningitis

336.9 Unspecified disease of spinal cord

348.3 Encephalopathy unspecified

354.0-354.9 Mononeuritis of upper limbs and multipley

356.8 Other specified idiopathic peripheral neuropathy

425.4 Other primary cardiomyopathies

473.0-473.9 Chronic sinusitis

481 Pneumococcal pneumonia

482.0-482.9 Other bacterial pneumonia

484.1 Pneumonia in cytomegalic inclusion disease

512.8 Other spontaneous pneumothorax

516.8 Interstitial lymphoid pneumonia

528.2 Oral aphthae

528.6 Leukoplakia of oral mucosa

530.2 Ulcer of esophagus

583.9 Nephropathy with unspecified pathological lesion in kidney

588.8 Other specified disorders resulting from impaired renal function

682.0-682.9 Other cellulitis and abscess

690.10-690.18 Seborrheic dermatitis

696.1 Other psoriasis

698.3 Prurigo nodularis

704.8 Other specified diseases of hair and hair follicles

706.0-706.9 Diseases of sebaceous glands

780.6 Fever

780.79 Other malaise and fatigue

782.1 Rash and other nonspecific skin eruption

783.2 Abnormal loss of weight

783.4 Lack of expected normal physiological development

784.0 Headache

785.0 Tachycardia, unspecified

785.6 Enlargement of lymphnodes

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786.05 Shortness of breath

786.2 Cough

786.3 Hemoptysis

787.2 Dysphagia

787.91 Diarrhea

790.92 Abnormal coagulation profile

ICD-9-CM CODES DENIED:

[Codes that are never covered--tests would automatically be billed to the patient because they are services that are not covered by statute, such as screening services not within an exception. HCFA will produce a list of codes.]

Code: Description:

ICD-9-CM CODES THAT DO NOT SUPPORT MEDICAL NECESSITY (SUBJECT TO ABN):

[Non-covered codes for which there are only limited exceptions, so it would be appropriate to get an ABN, but for which additional documentation would support a determination of medical necessity in certain circumstances.]

Code: Description:

Any ICD-9-CM code not listed in either of the ICD-9-CM sections above.

SOURCES OF INFORMATION:

1. CDC. 1993. Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 41 (No. RR17).
2. CDC. 1994. Revised classification system for human immunodeficiency virus infection in children less than 13 years of age.
3. CDC. 1998. Guidelines for treatment of sexually transmitted diseases. MMWR 47 (RR1):11-17.
4. Piatak, M., M.S. Saag, L.C. Yang, et al. 1993. High levels of HIV-1 in plasma during all stages of infection determined by competitive PCR. Science 259:1749-1754.
5. Rham, R.S. 1994. Acquired immunodeficiency syndrome, p. 628-652. In Infectious Diseases; P.D. Hoeprich, M.C. Jordan, and A.R. Ronald (J.B. Lippincott Co., Philadelphia).
6. Vasudevachari, M.D., R.T. Davey, Jr., J.A. Metcalf, and H.C. Lane. 1997. Principles and procedures of human immunodeficiency virus serodiagnosis. In Manual of Clinical Laboratory Immunology (Fifth ed.); N.R. Rose, E.C. de Macario, J.D. Folds, H.C. Lane, and R.M. Nakamura (ASM Press, Washington, DC).

CODING GUIDELINES:

1. Any claim for a test listed in "HCPCS CODES" above must be submitted with an ICD-9-CM diagnosis code or comparable narrative. Codes that describe symptoms and signs, as

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opposed to diagnoses, should be provided for reporting purposes when a diagnosis has not been established by the

physician. (Based on Coding Clinic for ICD-9-CM, Fourth Quarter 1995, page 43.)

2. (HCFA is developing a coding guideline on screening.)

3. A three-digit code is to be used only if it is not further subdivided. Where fourth-digit and/or fifth-digit subclassifications are provided, they must be assigned. A code is invalid if it has not been coded to the full number of digits required for that code. (From Coding Clinic for ICD-9-CM, Fourth Quarter, 1995, page 44.)

4. Diagnoses documented as "probable," "suspected," "questionable," "rule-out," or "working diagnosis" should not be coded as though they exist. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as signs, symptoms, abnormal test results, exposure to communicable disease or other reasons for the visit. (From Coding Clinic for ICD-9-CM, Fourth Quarter 1995, page 45.)

5. Specific coding guidelines:

a. CPT 86701 or 86703 is performed initially. CPT 86702 is performed when 86701 is negative and clinical suspicion of HIV-2 exists.

b. CPT 86689 is performed only on samples repeatedly positive by 86701, 86702, or 86703.

c. CPT 87534 or 87535 is used to detect HIV-1 RNA where indicated. CPT 87537 or 87538 is used to detect HIV-2 RNA where indicated.

DOCUMENTATION REQUIREMENTS:

Appropriate HCPCS/CPT codes must be used as described.

Documentation to support medical necessity of confirmation or further investigation of initial EIA results should be maintained in a manner compatible with the OIG Compliance Program Guidelines for Clinical Laboratories or Hospitals with regard to the reflex testing.

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Last Updated 11/04/98

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Federal Register
Notice of Intent to Form Negotiated Rulemaking Committee
and Notice of Meetings

[Federal Register: June 3, 1998 (Volume 63, Number 106)]
[Proposed Rules]
[Page 30166-30173]
From the Federal Register Online via GPO Access [wais.access.gpo.gov]
[DOCID:fr03jn98-39]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Chapter IV

[HCFA-3250-NOI]
RIN 0938-AI92

Medicare Program; Coverage and Administrative Policies for
Clinical Diagnostic Laboratory Tests; Intent to Form Negotiated
Rulemaking Committee

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice of Intent to Form Negotiated Rulemaking Committee and
Notice of Meetings.

SUMMARY: The Balanced Budget Act of 1997 requires the Secretary to establish a Negotiated Rulemaking Committee under the Negotiated Rulemaking Act and the Federal Advisory Committee Act. The Negotiated Rulemaking Committee's (the Committee) purpose will be to negotiate national coverage and administrative policies for clinical diagnostic laboratory tests under Part B of the Medicare program as required by the Balanced Budget Act of 1997 (BBA). The Committee will consist of representatives of interested parties that are likely to be significantly affected by the proposed rule. The Committee will be assisted by a neutral facilitator.

The BBA outlines the scope of issues to be negotiated by the Committee. We specifically request public comment as to whether we have identified the interests that will be affected by key issues listed below.

DATES: Comments and requests for representation or for membership on the

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Committee will be considered if we receive them at the appropriate address provided below, no later than 5 p.m. on July 6, 1998.

The first meeting will be held at Turf Valley Hotel in Ellicott City (Baltimore) at 9 a.m. on July 13, 14, and 15, 1998; (410) 465-1500.

ADDRESSES: Mail written comments and requests for representation or for membership on the Committee, or nominations of another person for membership on the Committee (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-3250-N, P.O. Box 26688, Baltimore, MD 21207-5187.

Mail a separate copy of written comments to the following address: Grant Bagley, M.D., Director, Coverage and Analysis Group, Office of Clinical Standards and Quality, Mail Stop S3-02-01, Health Care Financing Administration, 7500 Security Blvd., Baltimore, Maryland 21244-1850.

If you prefer, you may deliver your written comments, applications, or nominations (1 original and 3 copies) to one of the following addresses:

Room 309-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201, or
Room C5-09-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

For information on electronic filing, see SUPPLEMENTARY INFORMATION.

FOR FURTHER INFORMATION CONTACT:

Grant Bagley, M.D., (410) 786-7176, or Jackie Sheridan (410) 786-4635, for general issues related to clinical diagnostic Laboratory tests.
Judy Ballard, (202) 690-7419, or Nancy Rubenstein, (202) 690-8246, Conveners.

SUPPLEMENTARY INFORMATION: Comments may also be submitted electronically to the following e-mail address: (filecode hcfa3250noi)hcfa.gov. E-mail comments must include the full name and address of the sender, and must be submitted to the referenced address in order to be considered. All comments must be incorporated in the e-mail message because we may not be able to access attachments. Electronically submitted comment will be available for public inspection at the Independence Avenue address, below. Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA-3250-NOI. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309-G of the Department's offices at 300 Independence Avenue, SW, Washington, DC., on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690-7890).

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I. Balanced Budget Act of 1997

Section 4554(b)(1) of the Balanced Budget Act of 1997 (BBA), Public Law 105-33, mandates adoption, by January 1, 1999, of national coverage and administrative policies for clinical diagnostic laboratory tests under Part B of title XVIII of the Social Security Act using negotiated rulemaking. Section 4554(b)(2) provides that these national policies must be "designed to promote program integrity and national uniformity and simplify administrative requirements with respect to clinical diagnostic laboratory tests" payable under Part B in connection with the following:

- <bullet> Beneficiary information required to be submitted with each claim or order for laboratory tests;
- <bullet> The medical conditions for which a laboratory test is reasonable and necessary;
- <bullet> The appropriate use of procedure codes in billing for a laboratory test, including the unbundling of laboratory services;
- <bullet> The medical documentation that is required by a Medicare contractor at the time a claim is submitted for a laboratory test;
- <bullet> Recordkeeping requirements in addition to any information required to be submitted with a claim, including physicians' obligations regarding such requirements;
- <bullet> Procedures for filing claims and for providing remittances by electronic media; and
- <bullet> Limitation on frequency of coverage for the same tests performed on the same individual.
- <bullet> The legislative history of BBA suggests that section 4554 was enacted in response to variations among carriers' requirements for laboratories filing claims for payment.

II. Negotiated Rulemaking Process

Section 4554 of the BBA provides that these negotiations take place within the framework of the Negotiated Rulemaking Act (Pub. L. 101-648, 5 U.S.C. 561-570). Under the Negotiated Rulemaking Act, the head of an agency generally must consider whether--

- <bullet> There is a need for a rule;
- <bullet> There are a limited number of identifiable interests that will be significantly affected by the rule;
- <bullet> There is a reasonable likelihood that a committee can be

convened with a balanced representation of persons who--

- + Can adequately represent the interests identified; and
- + Are willing to negotiate in good faith to reach a consensus on

the proposed rule;

<bullet> There is a reasonable likelihood that a committee will reach a consensus on the proposed rule within a fixed period of time;

<bullet> The negotiated rulemaking procedure will not unreasonably delay the notice of proposed rulemaking and the issuance of a final rule;

<bullet> The agency has adequate resources and is willing to commit such resources, including technical assistance, to the Committee; and

<bullet> The agency, to the maximum extent possible, consistent with the legal obligations of the agency, will use the consensus of the Committee with respect to the proposed rule as the basis for the rule proposed by the agency for notice and comment.

Negotiations are conducted by a Committee chartered under the Federal Advisory Committee Act (FACA) (5 U.S.C. App. 2). The Committee includes

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an agency representative and is assisted by a neutral facilitator. The goal of the Committee is to reach consensus on the language or content of a rule. If consensus is reached, it is used as the basis of the agency's proposal. The process does not affect otherwise applicable procedural requirements of the FACA, the Administrative Procedure Act, and other statutes.

The Negotiated Rulemaking Act permits (but does not require) an agency to use the services of an impartial convener to assist the agency in identifying interests that will be significantly affected by the proposed rule, including residents of rural areas, and conducting discussions with persons representing the identified interests to ascertain whether the establishment of a negotiated rulemaking committee is feasible and appropriate in the particular rulemaking. At the agency's request, the convener also ascertains the names of persons who are willing and qualified to represent interests that will be significantly affected by the rule. The agency may also ask the convener to recommend a process for the negotiations. The convener submits a written report, which is available to the public. Pursuant to this procedure authorized by the Negotiated Rulemaking Act, we asked Judy Ballard and Nancy Rubenstein, who are with the Departmental Appeals Board (DAB) to act as convener for the negotiated rulemaking on laboratory policies. Over the last several months, they met with a wide range of organizations that were identified as having a possible interest in this negotiated rulemaking. They submitted to HCFA a report based on those convening interviews, which serves as a basis for this notice. This report lists the proposed representatives on the Committee. The convening report is a public document and may be found on the HCFA Internet website at <http://www.hcfa.gov/quality/qlty-8a>.

III. Subject and Scope of the Rule

A. General

During the convening process, a number of issues were presented by the interested parties for negotiations as described below. We believe

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it is important to have an opportunity to engage in discussions with the interested parties on the issues that were presented. Many of these issues need clarification and a common understanding before regulations can be developed. We believe it is important that the Committee meetings include ample opportunity for such clarifications.

Many of the issues raised by identified interested parties were based on the current laboratory coverage policies and claims processing systems. It is important to take into consideration how these current processes have been affected by the changes mandated by other subsections of section 4554 of the BBA. This provision of the law likely will mitigate some of the problems identified. For example, the law permits a carrier to develop and implement interim policies for laboratory services when there is a demonstrated need for a policy due to aberrant utilization or provision of unnecessary tests. The law provides that interim national policies developed by carriers are effective for no more than two years when no national policies exist, and provides an opportunity for public participation in the biennial review of national policies.

As outlined in section 4554(b) of the BBA, the scope of the rule will be the development of coverage and administrative policies for clinical laboratory services that are designed to promote program integrity and national uniformity while simplifying administrative requirements. Consensus related to administrative simplification for laboratory services must comply with the limitations imposed by the administrative simplification provisions in section 261 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires the Secretary to establish standards and requirements for the electronic transmission of claims and other information that will be used throughout the health insurance industry.

Given that there are limited time and resources for these negotiations, it is critical that a process for coverage policy concerning laboratory tests be developed. Clearly, time constraints may prevent the development of test-specific policies for all laboratory tests. HCFA, therefore, proposes that the Committee negotiate a process for coverage and administration capable of uniform application throughout the country that takes into account the statutory boundaries within which HCFA must administer the Medicare program.

Many of the issues identified during the convening interviews related to administrative policies associated with claims submission, documentation, and recordkeeping. These administrative issues will be negotiated to the extent that they are within the framework of section 4554(b) of the BBA as discussed below.

B. Issues and Questions to be Resolved

1. Beneficiary Information on Claims

Under current Medicare policy, laboratory tests furnished in physicians' offices and by independent laboratories are reported on a HCFA-1500, while hospital laboratory services are reported on a UB-92 form. Virtually all claims from independent clinical laboratories, hospital laboratories, and a substantial number of claims for laboratory services performed in physician office laboratories are submitted using electronic versions of these forms.

During the convening process, interested parties raised issues regarding application of general Medicare coverage and administrative policies to the laboratory industry. Two specific issues interviewees

wished to negotiate concerned the documentation necessary to substantiate that skilled nursing care patients were in beds certified as skilled nursing facilities for Medicare purposes (and consequently, subject to rebundling), and the use of the standard form HCFA-1500 for submitting Medicare claims for laboratory services. To the extent that these issues are directly related to the categories of items delineated in section 4554(b)(2) of the BBA, they are within the scope of the negotiations. Thus, the applicability of general Medicare policies regarding beneficiary information required on claims for laboratory services is within the framework of these negotiations.

2. Medical Conditions for Which a Laboratory Test is Covered

Section 4554 of the BBA mandates that HCFA use the negotiated rulemaking process to develop national coverage and administrative policies for clinical diagnostic laboratory tests under Medicare Part B. While HCFA and the clinical laboratory industry understand and support the need for national uniformity in terms of policy, both recognize the practical difficulty of addressing and developing coverage policies for all laboratory tests within the time provided in the negotiated rulemaking process. As a result, the Committee will focus on negotiating the medical conditions for which specific tests are covered for a subset of tests that have been identified as priorities by the Committee members after the process for making this determination has been negotiated.

In the interest of expediting this phase in the negotiation process, HCFA proposes that the facilitator work with Committee members prior to the first meeting to develop a recommended list of tests that will be specifically discussed during the negotiations. We

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expect that those tests designated as priorities by the Committee will likely fulfill at least one of the following criteria:

- <bullet> It is subject to wide divergence in coverage among local Medicare carriers,
- <bullet> It is a high-volume test, or
- <bullet> Its medical utility or clinical effectiveness is considered controversial.

The Committee will negotiate and reach consensus on a list of priority tests. Using a process developed by the Committee, the Committee will then negotiate and attempt to reach consensus on the medical condition for which these specific tests will be covered.

3. Use of Appropriate Procedure Codes in Billing

Laboratory services are reported to HCFA using the HCFA Common Procedure Coding System (HCPCS). A major component of this system is the American Medical Association's Current Procedural Terminology (CPT). In addition, HCFA requires diagnosis reporting on all claims. Diagnosis is coded using the International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9-CM).

Medicare contractors that process claims are charged with the development of local medical review policies to apply safeguards against inappropriate expenditures of program funds. Local policies are a means of applying local coverage decisions where national policies do not exist. Unlike most national coverage policies, which are generally narrative statements, nearly all local medical review policies are at the code-specific level.

We recognize that the level of understanding of coding conventions

is not uniform among the laboratory industry, community physicians ordering clinical diagnostic testing, and our contractors. Clearly, there is some confusion and misunderstanding among the parties with regard to application of the coding guidelines to specific circumstances. For example, during convening, interviewees reported that historically there have been problems with coding multichannel automated testing.

This is an issue of application of general Medicare policies to the laboratory industry. HCFA believes that it is appropriate for the Committee to discuss specific coding guidelines to seek clarification as part of the development of specific national coverage and administrative policies for laboratory tests identified as priorities. Thus, for example, it may be appropriate for the Committee to negotiate policies for automated multichannel testing, including clarification of coding guidelines. To the extent that coding issues are related to the coverage policies under discussion, they are within the scope of the negotiations.

4. Medical Documentation Required with Claim

During the convening interviews, interested parties identified issues with respect to the medical documentation required on a claim. One issue dealt with the documentation the physician should submit to the laboratory in order for the laboratory to submit the claim. Another issue concerned assuring consistent action by the contractors when the documentation submitted with the claims is insufficient.

We believe the first issue of medical documentation requirements would be an inherent part of the negotiations of individual coverage policies. That is, if the Committee determines that coverage policy for a given tests should be developed on a diagnosis code-specific level, then reporting of the diagnosis code would be required for that policy. In other situations, the Committee could determine that a code was not satisfactorily specific for the coverage policy, so alternative documentation may be required. The Committee may also determine that coverage policy should be established more broadly using a narrative format rather than a detailed policy developed on a code-specific level. Clearly, this issue will be discussed in depth as part of the negotiations on the national coverage policies.

The second issue concerning contractor actions in response to insufficient documentation was suggested as an issue for negotiation. A broad view of the language of section 4554(b) of the BBA places this issue within the scope of the negotiations. Therefore, we are willing to have this matter brought before the Committee for discussion.

5. Recordkeeping Requirements in Addition to Claims Information

During the convening interviews, the issue of recordkeeping and retention by laboratories and physicians who order laboratory tests was raised. We believe that it is appropriate to negotiate with respect to the types of records that should be maintained, who bears responsibility for maintaining documentation, and the period of time that records should be stored. In this regard, we are currently working under an initiative to reduce paperwork burden on the public, including clinical laboratories. We share the sentiment expressed by many interested parties that the recordkeeping requirements should be nationally uniform, simple, consistent with patient confidentiality requirements, and that a balance should be developed between program integrity concerns and the burden placed on the provider.

6. Procedures for Filing Claims and Providing Remittances Electronically

Electronic claims submission is within the scope of these negotiations as outlined by section 4554(b)(2) of the BBA. Consensus related to administrative simplification must comply with section 261 of HIPAA. Two specific issues were presented in regard to this topic. First, interested parties have voiced concern about the lack of uniformity among the carriers in the way claims are reviewed. For example, there is variation in how many and in what order the ICD-9-CM diagnosis codes are reviewed to determine if they justify medical necessity. Second, there is a concern that there may be a future requirement for electronic filing of claims. While cost laboratories already file claims electronically, small laboratories, including physician office laboratories, are concerned that such electronic filing may become mandatory in the future and would be burdensome.

With regard to the lack of uniformity in the way in which carrier systems review claims, we acknowledge that differences exist in the way contractor systems analyze claims and that these differences do result in inconsistencies that are particularly problematic for the Laboratory industry. We note that the two events will significantly improve this situation over the next several years. First, under section 4554(b), we will be implementing new national laboratory coverage and administrative policies that will be negotiated by this Committee. Second, Medicare contractors will be moving to a single standard carrier claims processing system and a single standard fiscal intermediary claims processing system over the next several years. It is our intention that modifications to the local standard systems will be minimal and based on need. Use of uniform claims processing systems will significantly increase the uniformity in claims review.

Laboratories within a carrier jurisdiction will be informed of the transition as it becomes imminent in the area so that they can prepare for the change. HCFA believes that it is important for the interested parties to be well informed about the transition. We

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appreciate the opportunity to discuss this further with the interested parties.

It should be noted that there have been several legislative proposals over recent years that would require electronic claims filing or provide for a service fee for processing of paper claims. However, we are not adverse to discussing the possibility of administrative policies related to mandatory electronic claims filing.

7. Limitations on Frequency of Coverage

Several of the interested parties raised the issue of disclosure of utilization parameters used as a trigger to perform medical review as a topic for negotiation. They believe that some contractors are using utilization parameters as a frequency limit on coverage, which makes them de facto coverage policies and subject to negotiations. They noted the lack of uniformity among the contractors complicates this issue further because providers may be submitting claims to more than one contractor and have no assurances that these claims will be similarly reviewed. A test that may be paid by one contractor may not be paid by another.

We recognize that differences among Medicare contractors in frequency limits on coverage pose difficulties, especially for large national laboratories that deal with a variety of Medicare contractors. We expect that frequency limits as they apply to coverage policies will

be negotiated by the interested parties as part of the discussions.

It should be noted that the Department of Health and Human Services, which includes HCFA and the Office of the Inspector General (OIG), has concerns related to disclosure of utilization parameters and its impact on our ability to assure program integrity and manage program expenditures. Nonetheless, we acknowledge that section 4554(b)(2) of the BBA does require negotiations related to frequency limitations. We appreciate the opportunity to discuss alternatives for meeting the needs of the program to assure program integrity while also addressing the industry's concerns.

Moreover, section 4554(b)(4) provides: "the Secretary shall permit any carrier to develop and implement interim policies of the type described in paragraph (1) [coverage and administrative policies under negotiation], in accordance with guidelines established by the Secretary, in cases in which a uniform national policy has not been established under this subsection and there is a need for a policy to respond to aberrant utilization or provision of unnecessary tests."

C. Other Issues and Questions

Section 4554(b)(2) of the BBA and the Negotiated Rulemaking Act provide the framework for determining the scope of issues to be negotiated. Issues that are not included within the seven issues directly specified in section 4554(b)(2), such as Food and Drug Administration (FDA) approval of laboratory tests, Medicare payment policies, and Clinical Laboratory Improvement Act (CLIA) matters are not within the scope of these negotiations. Based on a review of the BBA and the Negotiated Rulemaking Act, we have concluded that the following issues specifically raised in the convening report are not within the scope of the negotiated rulemaking mandated by Congress, and thus will not be subject to negotiations by the Committee.

1. Use of Requisition Forms

During the convening interviews, some of the interested parties raised the issue of a standard requisition form for ordering laboratory services as a means of standardizing information exchange. If the laboratory community believes that standardized requisition forms are needed, HCFA would appreciate the opportunity to provide input in developing these forms to assure that the information collected on the standard requisitions meets all the Medicare claim requirements.

However, we believe that the Medicare program's interest is limited to information necessary to allow a determination regarding Medicare benefits and does not extend to how information is exchanged among providers, physicians and suppliers.

2. Enforcement of Physician Reporting

The interested parties suggested discussing sanctions or other enforcement mechanisms for physicians who do not provide the required documentation to the laboratory. We do not believe this is within the areas authorized for rulemaking outlined under section 4554 (b)(2) of the BBA. Moreover, we do not believe the law authorizes such enforcement. That is, section 4317 of the BBA requires physicians and other practitioners to include diagnostic information with their laboratory orders when such information is required by HCFA or a contractor in order for the laboratory performing the test to get paid. However, the statute does not expressly authorize sanctions for violations of this requirements. Further, HCFA does not have the resources to monitor and develop the necessary record to pursue

sanctions or other disciplinary mechanisms.

3. Advance Beneficiary Notice

When a determination is made under section 1862(a)(1) that a service is not reasonable or necessary, a beneficiary may have liability waived under section 1879 of the Social Security Act. The beneficiary will be liable, however, if he or she has received written notice of noncoverage in advance of receiving the service. These provisions are already in regulations at 42 CFR 411.404. The written notice is called advance beneficiary notice (ABN).

Interested parties to these negotiations told the convener that there is a wide divergence in practices regarding when ABNs are obtained for noncovered laboratory services. Moreover, since laboratories seldom have direct patient contact, they have little to no control over the information that is provided to the beneficiary.

Although we are also concerned about this issue, we do not believe that the policies related to ABNs are within the scope of these negotiations. It does not appear related to the provisions identified in Section 4554(b)(2) of the BBA. However, we understand there appears to be significant confusion related to the ABN policies. We agree that it would be beneficial to the negotiations to provide time for clarification of these policies and discuss their applicability to the laboratory industry. As a result, we would be agreeable to a discussion on ABNs if the Committee requests it.

4. Elimination of Local Coverage Policy

Most of the interested parties contacted raised the issue of consistency in local coverage policies for laboratory services as an area for negotiation. Some strongly believe that local policies should not be permitted as they are inconsistent with the goal of promoting national uniformity. Other interested parties believe there may be local practice patterns or other conditions that would justify differences in evaluating medical necessity.

Section 4554(b) clearly authorizes local coverage policies as necessary to assure program integrity. Specifically, section 4554(b)(4) states: "After the date the Secretary first implements such national policies, the Secretary shall permit any carrier to develop and implement interim policies * * *, in cases in which a uniform national policy has not been established under this subsection and there is a demonstrated need for a policy to

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respond to aberrant utilization or provision of unnecessary tests."

Since the statute clearly authorizes local policies when there is a demonstrated need to respond to aberrant utilization or the provision of unnecessary tests, we believe it would be inappropriate to open the issue of eliminating local policies to negotiation.

We are confident that the policies resulting from these negotiations and the provisions in section 4554(b) of the BBA will be extremely beneficial in mitigating the inconsistencies in laboratory coverage policies throughout the country. Since one of the likely criteria for prioritization of laboratory tests for discussion is the extent of national inconsistency, we believe that the negotiation on specific laboratory tests will likely address tests where there is currently the greatest variation in coverage among local carriers. However, we also believe the statute is clear in its intent to provide the authority for carriers to institute local policies in areas where

there is demonstrated need to respond to potential abuse.

5. Screening Tests

Section 1862(a)(7) of the Act prohibits payment for routine physical checkups. In addition, section 1862(a)(1)(A) of the Act prohibits payment for services that are not reasonable and necessary for the treatment of illness or injury. HCFA has interpreted these provisions as supporting the exclusion of coverage for general screening services under the Medicare program. Historically, HCFA has interpreted "screening" as those services furnished in the absence of signs or symptoms indicating potential illness or injury. We believe the Congress' actions in adding coverage of specific screening services, such as pap smears, mammography, colorectal screening, through legislation rather than extending coverage to all screening services, supports its continuing intent to exclude other screening services from Medicare coverage.

Several of the interested parties reported during the convening process that HCFA's policy on what constitutes screening is unclear and misunderstood. For example, one representative suggested distinguishing screening tests from those tests used to establish a baseline value, tests for a population that is susceptible to a particular condition, tests used to rule out a condition, and tests used to monitor medication. Other representatives cited coding conventions and testing results as complicating issues.

HCFA acknowledges that there has been confusion and inconsistency among the contractors in interpreting the policy regarding screening testing. For example, baseline testing is not considered screening where an illness or injury is identified and baseline testing is necessary prior to initiation of therapy to monitor the effectiveness of the treatment. Similarly, testing used for monitoring the effectiveness of a medication that the patient is taking would not be considered screening.

The issue of interpretive guidelines for screening services involves a broader consistency of the medical community than the interested parties identified for this clinical laboratory negotiated rulemaking. For example, radiologists may be affected by any provision that would be negotiated regarding screening tests, yet not have a sufficient interest in this rulemaking proceeding to be included on this Committee. We believe that it would be inappropriate to engage in negotiation without the participation of all parties that would be significantly affected. Given that the Committee for this negotiated rulemaking does not include the full complement of interested parties for development of a rule related to screening services and that this item is not within the guidelines explicit in section 4554(b)(2) of the BBA, we do not believe that screening services should be included within the scope of the negotiations.

In determining that the general interpretation of screening services is not within the scope of these negotiations, we do not intend to preclude the development of individual laboratory coverage policies related to specific screening testing. If the Committee decides to develop laboratory coverage policy that distinguishes between screening and diagnostic uses of a specific test, that action would be within the scope of these negotiations.

IV. Affected Interests and Potential Participants

In addition to our participation on the Committee, the Conveners

have proposed and we agree to accept representatives from the following organizations as negotiation participants, some of which are coalitions of two or more groups:

- <bullet> American Association of Bioanalysts
- <bullet> American Association for Clinical Chemistry
- <bullet> American Association of Retired Persons
- <bullet> American Clinical Laboratory Association
- <bullet> American Health Information Management Association
- <bullet> American Medical Association
- <bullet> American Medical Group Association
- <bullet> American Society of Clinical Pathologists
- <bullet> American Society of Internal Medicine
- <bullet> College of American Pathologists
- <bullet> Clinical Laboratory Management Association
- <bullet> Health Industry Manufacturers Association
- <bullet> Medical Group Management Association
- <bullet> National Medical Association

We have determined that various types of laboratories, laboratory managers, physicians, and Medicare beneficiaries are likely to be significantly affected by the rule. These groups would be significantly and directly affected by coverage policies for clinical diagnostic laboratory tests, as well as by documentation and administrative policies for such tests. Group practices would be affected both because they operate laboratories and because they would be subject to any physician documentation or recordkeeping requirements imposed. Coding and recordkeeping issues also affect medical record specialists. Finally, to the extent that coverage of new tests will be affected by this rule to be negotiated, manufacturers of clinical diagnostic laboratory tests are like to be significantly affected.

We would also like to note that Medicare contractors, which are those entities that adjudicate claims in local regions, will provide technical information to the negotiator representing HCFA. Since we consider the contractors to be agents of HCFA, we believe that they are most efficiently and effectively utilized in this manner rather than as negotiators in the process.

This document gives notice of this process to other potential participants and affords them the opportunity to request that they be considered for membership on the Committee. Persons who will be significantly affected by this rule may apply for or nominate another person for membership on the Committee to represent such interests by submitting comments to this notice. Any application or nomination must include:

- <bullet> The name of the applicant or nominee and a description of the interests such person represents;
- <bullet> Evidence that the applicant or nominee is authorized to represent parties related to the interests the person proposes to represent;
- <bullet> A written commitment that the applicant or nominee will actively participate in the negotiations in good faith; and
- <bullet> The reasons that the applicant or nominee believe that their interests are

sufficiently different from the persons or entities listed above so as not to be adequately represented on the Committee as currently proposed.

Individuals representing the proposed organizations and health industry sectors should have practical experience, be recognized in their particular community, have the ability to engage in negotiations that lead to consensus, and be able to fully represent the views of the interests they represent. We reserve the right to refuse representatives who do not possess these characteristics. Given the limited time frame for the development of this rule, we expect that the negotiations will be intensive. Representatives must be prepared and committed to fully participate in the negotiations in an attempt to reach consensus on the issues discussed. We are establishing an Internet site on our home page (<http://www.hcfa.gov/quality>), which will carry the names of Committee members as well as other meeting information. We invite public comment on this list of negotiation participants.

The intent in establishing the Committee is that all interests are represented, not necessarily all parties. We believe this proposed list of participants represents all interests associated with adoption of national coverage and administrative policies for clinical diagnostic laboratory tests. In determining whether a party had a significant interest and was represented, we considered groups who have and will continue to actively represent the main provider groups. Lastly, while we are obligated to assure that all interests that are significantly affected are adequately represented, it is critical to the Committee's success that it be kept to a manageable size, particularly because of the short time frame in which the Committee must complete its task.

V. Schedule for the Negotiations

We have set a deadline of six months beginning with the date of the first meeting for the Committee to complete work on the proposed rule.

The first meeting of the negotiated rulemaking Committee is scheduled for July 13, 14, and 15, 1998, at Turf Valley Hotel in Ellicott City (Baltimore) beginning at 9 a.m. The purpose of this meeting will be to discuss in detail how the negotiations will proceed and how the Committee will function. The Committee will agree to ground rules for Committee operations, will determine how best to address the principal issues, and, if time permits, will begin to address those issues.

A second meeting is scheduled for July 28, 29, and 30, 1998 at the Turf Valley Hotel in Ellicott City (Baltimore). Again, the meetings will begin at 9 a.m. We expect that by this meeting the Committee can complete action on any procedural matters remaining from the organizational meeting and either begin or continue to address the issues. Six subsequent meetings will be held as follows: August 25, 26, and 27 at the Phoenix Park Hotel in Washington, DC (1-800-824-5419); September 14, 15, and 16 in Washington, DC; October 6, 7, and 8 at the Turf Valley Hotel in Ellicott City (Baltimore); October 26, 27, and 28 at the Turf Valley Hotel in Ellicott City; November 18, 19, and 20 at the Phoenix Park Hotel in Washington, DC and December 8, 9, and 10 at the Phoenix Part Hotel in Washington, DC.

All meetings will begin at 9 a.m. and end at approximately 5 p.m. During these meetings, the Committee will continue to address the issues within the scope of the negotiations as described in this

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document. More detailed agenda for each meeting will be available on the HCFA Internet Home Page (<http://www.hcfa.gov/quality/qlty-8a>) preceding each meeting date.

VI. Formation of the Negotiating Committee

A. Procedure for Establishing an Advisory Committee

As a general rule, an agency of the Federal Government is required to comply with the requirements of FACA when it establishes or uses a group that includes non-Federal members as a source of advice. Under FACA, an advisory committee begins negotiations only after it is chartered. This process is underway.

B. Participants

The number of participants in the group is estimated to be 15 and should not exceed 25 participants. A number larger than this could make it difficult to conduct effective negotiations within the timeframe required by the statute. One purpose of this notice is to determine whether the proposed rule would significantly affect interests not adequately represented by the proposed participants. We do not believe that each potentially affected organization or individual must necessarily have its own representative. However, each interest must be adequately represented. Moreover, the group as a whole should reflect a proper balance of mix of interests.

C. Requests for Representation

If, in response to this notice, an additional individual or representative of an interest requests membership or representation on the Committee, we will determine, in consultation with the conveners, whether that individual or representative should be added to the Committee. We will make that decision based on whether the individual or interest--

- <bullet> Would be significantly affected by the rule, and
- <bullet> Is already adequately represented in the negotiating group.

D. Establishing the Committee

After reviewing any comments on this Notice and any requests, applications or nominations for representation, we will take the final steps to form the Committee.

VII. Negotiation Procedures

The following procedures and guidelines will apply to the Committee, unless they are modified as a result of comments received on this notice or during the negotiating process.

A. Facilitator

We will use a neutral facilitator. The facilitator will not be involved with the substantive development or enforcement of the regulation. The facilitator's role will be to--

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- <bullet> Chair negotiating sessions in an impartial manner;
- <bullet> Help the negotiation process run smoothly;
- <bullet> Help participants define issues and reach consensus; and
- <bullet> Manage the keeping of the Committee's minutes and records.

We propose to use Judy Ballard and Nancy Rubenstein of the HHS Departmental Appeals Board as the facilitators.

B. Good Faith Negotiations

Participants must be willing to negotiate in good faith and be authorized to do so. We believe this may best be accomplished by selecting senior officials as participants. We believe senior officials are best suited to represent the interests and viewpoints of their organizations. This applies to us as well, and we are designating Grant Bagley, M.D., Director of the Coverage and Analysis Group, in our Office of Clinical Standards and Quality to represent HCFA.

C. Administrative Support

We will supply logistical, administrative, and management support. We will provide technical support to the Committee in gathering

[[Page 30173]]

and analyzing additional data or information as needed.

D. Meetings

Meetings will be held in the Baltimore/Washington area at either the Phoenix Park Hotel in Washington, DC, or at the Turf Valley Hotel in Ellicott City (Baltimore area) on the dates noted above. More detailed agenda for each meeting will be publicly available on the HCFA Home Page of the Internet (<http://www.HCFA.gov/quality/qlty-8a>). Unless announced otherwise, meetings are open to the public.

E. Committee Procedures

Under the general guidance and direction of the facilitator, and subject to any applicable legal requirements, the members will establish the detailed procedures for Committee meetings that they consider most appropriate.

F. Defining Consensus

The goal of the negotiating process is consensus. Under the Negotiated Rulemaking Act, consensus generally means that each interest concurs in the result unless the term is defined otherwise by the Committee. We expect the participants to fashion their working definition of this term.

G. Failure of Advisory Committee to Reach Consensus

If the Committee fails to reach consensus, the Committee may transmit a report specifying any areas on which consensus was reached, and may include in the report any information, recommendations, or other materials that it considers appropriate. Additionally, any

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Committee member may include such information in an addendum to a report.

If any Committee member withdraws, the remaining Committee members will evaluate whether the Committee should continue.

H. Record of Meetings

In accordance with FACA's requirements, minutes of all committee meetings will be kept. The minutes will be placed in the public rulemaking record and Internet site on our home page.

I. Other Information

In accordance with the provisions of Executive Order 12866 this notice was reviewed by the Office of Management and Budget.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare--Hospital Insurance; and Program No. 93.774, Medicare--Supplementary Medical Insurance)

Dated: May 1, 1998.
Nancy-Ann Min DeParle,
Deputy Administrator, Health Care Financing Administration.

Approved: May 28, 1998.
Donna E. Shalala,
Secretary.
[FR Doc. 98-14798 Filed 6-2-98; 8:45 am]
BILLING CODE 4120-01-M

Return to Clinical Diagnostic Laboratory Tests

Last updated 6/10/98

**Tape Restoration Project
Hex-Dump Conversion**

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME: 9-NOV-1998 17:43:40.00

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: 11/9/1998

Time: 16:40:26

Subject:

Body:

Call Todd at (202) 456-2444

Priority:

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

Monday 09 Nov 1998 16:42:53 Eastern Standard Time - Message received by

Pager Gateway

Monday 09 Nov 1998 16:43:26 Eastern Standard Time - Message received by

Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Marcy Wilder (Marcy Wilder <mwilder@os.dhhs.gov> [UNKNOWN])

CREATION DATE/TIME: 9-NOV-1998 19:20:28.00

SUBJECT: re: L/G Appointees - Health Committee Notes

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

READ:UNKNOWN

TEXT:

I've not heard about a meeting next week. When and where?

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Marcy Wilder (Marcy Wilder <mwilder@os.dhhs.gov> [UNKNOWN])

CREATION DATE/TIME: 9-NOV-1998 20:38:21.00

SUBJECT: re: Appointees Meeting

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

READ:UNKNOWN

TEXT:

thanks.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Holly Grant (Holly Grant <hgrant@ahc.org> [UNKNOWN])

CREATION DATE/TIME:10-NOV-1998 20:35:56.00

SUBJECT: Re: ProVisions

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

READ:UNKNOWN

TEXT:

Hi Todd,

Sounds great. I won't be arriving until Thursday morning, so maybe Thursday or Friday evening? Let's touch base there and see what works out best.

Take care,

Holly

At 02:21 PM 11/10/98 -0500, you wrote:

>Hi -

>

>We can meet afterwards, or I'll be arriving later on Wednesday night - let

>me know what works for you - it'll be nice to chat!

>

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-NOV-1998 15:05:34.00

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: 11/10/1998

Time: 15:01:35

Subject:

Body:

Scheduling needs memo for World AIDS Day by close of business tomorrow.

You may have to return tomorrow night. Call me. Todd

Priority:

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

Tuesday 10 Nov 1998 15:04:16 Eastern Standard Time - Message received by

Pager Gateway

Tuesday 10 Nov 1998 15:04:53 Eastern Standard Time - Message received by

Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Holly Grant (Holly Grant <hgrant@ahc.org> [UNKNOWN])

CREATION DATE/TIME:10-NOV-1998 20:51:23.00

SUBJECT: Re: ProVisions

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

READ:UNKNOWN

TEXT:

Todd,

That would be great. Shall we just touch base Thursday morning?

Holly

At 03:33 PM 11/10/98 -0500, you wrote:

>I'm heading out Thursday afternoon - the only option (is it still an
option

>then?) is lunch on Thursday.

>

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Holly Grant (Holly Grant <hgrant@ahc.org> [UNKNOWN])

CREATION DATE/TIME:10-NOV-1998 21:38:47.00

SUBJECT: Re: ProVisions

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

READ:UNKNOWN

TEXT:

buena suerte!

At 03:56 PM 11/10/98 -0500, you wrote:

>you'll see me - I'll be the one at the podium making a fool of myself

>

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Whitescarver, Jack ("Whitescarver, Jack (OD)" <WHITESCJ@od31em1.od.nih.gov> [UNKNOWN])

CREATION DATE/TIME:10-NOV-1998 18:49:03.00

SUBJECT: RE: Research spread

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

CC: Adderly, Donna ("Adderly, Donna (OD)" <ADDERLYD@od1em1.od.nih.gov> [UNKNOWN])
READ:UNKNOWN

TEXT:

Todd, nice talking with you today. I have alerted HV's office through Dr.

Beaven that HV may hear from Chris Jennings today about the Director of
the VRC.

I will also discuss with NN our conversation and ask that he telephone you
directly about comments on Gallo's statement re: vaccines. There are

several

things that might be considered for the White House to react: VCR ground
breaking, vaccine update, but most activities associated with an HIV

vaccine

would evoke the same problematic issue, the naming of the VRC Director.

By copy of this e-mail, I will ask Donna Adderly, who is responsible for
the

HIV/AIDS budget to fax you the 98 and 99 budget estimates for the five
scientific areas of emphasis according to the NIH AIDS plan as well as an

estimate for microbicide support in 99. The latter will require a little
time

to contact the relevant ICs for updated figures after the conference

bill. Let

me know if there is anything else we can do for you. Many thanks for your support.

From: Todd_A._Summers@opd.eop.gov

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

Sent: Tuesday, November 10, 1998 12:33 PM

To: JW14Z@nih.gov

Subject: Research spread

Thanks for agreeing to send up the HIV/AIDS research breakout -
you can

email it or fax it to (202) 456-2438.

Thanks,

Todd

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Holly Grant (Holly Grant <hgrant@ahc.org> [UNKNOWN])

CREATION DATE/TIME:10-NOV-1998 18:03:51.00

SUBJECT: ProVisions

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

READ:UNKNOWN

TEXT:

Hi Todd,

I hope this finds you well. Linda and I are going to be at the ProVisions conference next week (we're giving workshops) in Springfield, MA and see that you are going to speak. Just wondering if you might have time to get together for a meal or a drink at some point to catch up?? It'll be great to see you!

Holly

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:10-NOV-1998 22:45:47.00

SUBJECT: FW: FYI.The Official Spin

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

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

TEXT:
>-----

>From: Hopkins, Ernest[SMTP:ehopkins@sfaf.org]

>Sent: Tuesday, November 10, 1998 5:38 PM

>To: Chris Collins; 'Al Ballesteros'; 'Alvin Quamina'; 'Anne
Donnelly';

>'Barbara Smith'; 'Ben Schatz'; 'Bryan Glover'; 'Carmen Balentine'; 'Cary
Alan

>Johnson'; 'Christopher Bates'; 'Clark Moore'; 'Colin Crawford'; 'Darrel

>Cummings'; 'Debra Fraser-Howze'; 'Debra Von Zinkernagel'; 'Dick Pabich';
'Don

>Maison'; 'Doretha Williams-Fournoy'; 'Duane Poe'; 'Earl Fowlkes, JR';

>'Earnest Hite'; 'Errol Chin-Loy'; 'Gene Copello'; 'George Bellinger'; 'Gil

>Gerald'; 'Gina Quattrocchi'; 'Ginny Foat'; 'Grayson Fowler'; 'Harold Cox';

>'Harold Phillips'; 'Henia Handler'; 'Ivan Torres'; 'Jacque Muther'; 'Ivan

>Torres'; 'James Earl Hardy'; 'Jane Silver'; 'Jeremy Landau'; 'Jerry Ford';

>'Joe Pressley'; 'Joey Wynn'; 'John Gressman'; 'John Moore'; 'Julio Abreu';

>'Keith Boykin'; 'Ken Lowry'; 'Kristen LaEace'; 'Laura Thomas'; 'Leo
Rennie';

>'Linda Frank'; 'Lynne Cooper'; 'Mandy Carter'; 'Marc Hauptert'; 'Mark

>Pickering'; 'Marty Martinez'; 'Matthew McClain'; 'Miguelina Maldonado';

'Mike

>Shriver'; 'Moises Agosto'; 'Papaya Mann'; 'Patricia Dunn'; 'Peter Ralin';

>'Phill Wilson'; 'Randy Miller'; 'Randy Russell'; 'Rick Rosendall'; 'Ron

>Simmons'; 'Ronald Johnson'; 'Sandy Thurman'; 'Stephen Tierney'; 'Steve

Lew';

>'Sue Geissler'; 'Suzi Rodriguez'; 'Tim Westmoreland'; 'Todd Summers';

'Toni

>Young'; 'Tony Teano'; 'Traci Fischman'; 'Tracie Gardner'; 'Victoria

>Horsford'; 'Yvette Flunder'

>Subject: FYI.The Official Spin

>

>DECONSTRUCTING D'AMATO: WHY HRC'S ENDORSEMENT WAS ON TARGET

>By Winnie Stachelberg

>Political Director, HRC

>Every election year, the Human Rights Campaign endorses roughly 200

>congressional candidates, and this year was no exception. HRC backed 190

>candidates who stood for election Tuesday -- 173 Democrats, 16

>Republicans and

>one independent -- 90 percent of whom won. Coming in every region of the

>country, these victories highlight the public's increasing support for

>gay and

>lesbian equality.

>

>The Human Rights Campaign played a pivotal role in races across the

>nation by

>providing campaign contributions, strategic advice and staff. HRC's PAC

>contributed nearly \$1 million to fair-minded candidates, political
>parties and
>allied PACs for this election cycle -- \$823,407 to Democrats, \$95,425
>to
>Republicans, \$2,500 to an independent, and \$64,600 to other PACs. HRC
>members also privately raised an estimated \$1.5 million dollars for
>candidates who support gay and lesbian equality.
>Of those 190 endorsements, one generated great controversy, both within
>the Human Rights Campaign and in the larger LGBT community. Jumping into
>perhaps the most acrimonious race in the nation, HRC's board voted to
>endorse incumbent New York Republican Sen. Alfonse D'Amato, in
>recognition of his solid record on gay and lesbian issues. On Tuesday,
>D'Amato lost to Democratic Rep. Chuck Schumer.
>We knew this endorsement would be troubling to many HRC members and
>friends,
>especially in New York. Both D'Amato and Schumer could have warranted an
>HRC
>endorsement. Schumer has an excellent record over a longer period of
>time on
>issues of special significance to gays and lesbians. D'Amato's record on
>gay and
>lesbian issues improved over the past several years. But in making its
>decision,
>HRC stood by its time-tested criteria.
>
>As the steward of the nation's largest gay and lesbian bipartisan
>political

>action committee, HRC has a rigorous endorsement process. Maintaining a
>respected PAC is an important responsibility and ensures that gay and
>lesbian
>issues are well-represented on Capitol Hill. Since our PAC is an
>instrument for
>advancing a federal legislative agenda, HRC favors supporting incumbents
>who
>have backed pro-gay legislation. It is not only pragmatic but essential
>that HRC
>stand by incumbents of both parties who have supported our issues in
>Congress.
>To do otherwise would undermine our legislative goals, the integrity of
>our
>process and ultimately our credibility as advocates.
>
>As a Republican in a Republican-controlled Senate, D'Amato took some
>politically
>unpopular positions in defense of the dignity, rights and contributions
>of gay
>and lesbian Americans. For these positions, he paid a price and, in our
>estimation, earned HRC's endorsement. For HRC to change its rules or to
>withhold support of D'Amato because his opponent was also a friend of
>our cause would have met the test not of honor but of hypocrisy.
>HRC is a pro-choice institution, and more than 97 percent of
>HRC-endorsed
>candidates are also pro-choice. D'Amato's anti-choice position clearly
>clashed

>with our own. However, there is no single litmus test on which we judge
>candidates. Both candidates disappointed HRC with their positions on the
>Defense of Marriage Act. On balance, therefore, given his incumbency and
>HRC's belief that single endorsements are more strategic, the HRC board
>endorsed D'Amato.

>Because so much of the political opposition to gay and lesbian rights
>has either
>come from or been sanctioned by Republican leadership, we recognize that
>it is
>imperative for us to provide support and political protection for any
>Republican
>candidate who faces down the leadership's ignorance and prejudice. No
>matter
>which party is in the majority, we believe bipartisan support of
>candidates is
>necessary to make progress on pro-gay legislation. And the need for our
>support
>is greatest where the attacks are keenest: in the ranks of the
>Republicans.

>

>In many ways, this endorsement was about much more than the New York
>Senate
>race. At a time when Republican leadership itself has aggressively
>demeaned gay
>and lesbian people, this endorsement has told all Republican candidates
>and
>elected officials that if they oppose the bigotry, extremism and

>ignorance of

>their leadership, they can look to the Human Rights Campaign for

>support. We

>will not turn from them on partisan grounds. But neither will we offer

>our

>endorsement without expectation. We will call on Republican leadership

>to show

>the same degree of respect for our concerns that we have shown for their

>candidate.

>

>Schumer's victory does not mean that HRC's decision was wrong. As we

>have made

>clear, Chuck Schumer is an excellent member of Congress who enjoys-and

>deserves-the widespread support of the gay community. We applaud his

>leadership on so many critical issues to our community including the

>Hate Crimes

>Prevention Act. HRC has had a long, productive relationship with

>Representative

>Schumer; we now look forward to continuing that relationship with

>Senator

>Schumer. Already we have received calls from moderate Republicans in

>Congress who had previously not supported the Employment

>Non-Discrimination Act, hate crimes legislation and other issues of

>concern to the gay community.

>The passion of the hour and the strategic principles by which HRC makes

>its

>candidate endorsements brought us, as an organization, to a position

>that we

>believe was right even though we knew it would be painful. Especially

>now,

>endorsing a Republican who earned our support as an incumbent, will, in

>the long run, strengthen both our integrity and our cause.

>

>

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:11-NOV-1998 13:07:32.00

SUBJECT:

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

READ:UNKNOWN

TEXT:

To: SARAH (Pager) #BIANCHI

CHRISTA (Pager) #ROBINSON

cc:

From: Todd A. Summers

Date: 11/11/1998

Time: 13:04:15

Subject:

Body:

Call Todd at 6-2444

Priority:

Message history for recipient SARAH BIANCHI [Pager]

Wednesday 11 Nov 1998 13:06:49 Eastern Standard Time - Message received

by Pager Gateway

Wednesday 11 Nov 1998 13:07:27 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:11-NOV-1998 14:01:52.00

SUBJECT:

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

READ:UNKNOWN

TEXT:

To: PHILLIP (Pager) #DUFOUR

cc:

From: Todd A. Summers

Date: 11/11/1998

Time: 13:58:08

Subject:

Body:

Page me through signal if you're available.....Todd

Priority:

Message history for recipient PHILLIP DUFOUR [Pager]

Wednesday 11 Nov 1998 14:00:28 Eastern Standard Time - Message received

by Pager Gateway

Wednesday 11 Nov 1998 14:01:03 Eastern Standard Time - Message received

by Paging Service

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:11-NOV-1998 21:25:47.00

SUBJECT: Re: FYI.The Official Spin

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

READ:UNKNOWN

TEXT:

i know, i know.

but we won, d'amato lost and getting eggg off one's face should have been a
private matter, no?

i miss you.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:11-NOV-1998 21:32:35.00

SUBJECT: Re: help

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

READ:UNKNOWN

TEXT:
page me!

888-242-8695

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	From JKamen@aol.com to Multiple Recipients Re: Gag making the rounds with some of our mil pals (4 pages)	11/11/1998	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[10/29/1998 - 11/12/1998]

2018-0758-F

jn572

RESTRICTION CODES

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

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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]

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.

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

RR. Document will be reviewed upon request.

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

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

CREATION DATE/TIME:12-NOV-1998 18:58:35.00

SUBJECT: Re: HIV surveillance

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

READ:UNKNOWN

TEXT:

Hi, Todd--

different subject -- could you share the scheduling request for World

AIDS day?

I liked your memo on HIV surveillance a lot.

Reply Separator

Subject: HIV surveillance

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

Date: 11/12/98 11:14 AM

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

----- Forwarded by Todd A. Summers/OPD/EOP on 11/12/98

11:16 AM -----

Devorah R. Adler

11/09/98 07:44:25 PM

Record Type: Record

To: Sandra Thurman/OPD/EOP, Todd A. Summers/OPD/EOP

cc:

Subject: HIV surveillance

Hello --

Attached is a summary of the HIV surveillance idea I wrote up for Chris.

It's a pretty basic, inexpensive idea.

Thanks for taking a look at it. Please call if you have questions -- I'll
do my best to answer them.

Devorah

(See attached file: hivsurv.wpd)

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: LSMTP for Windows NT v1.1a ("LSMTP for Windows NT v1.1a" <postmaster@smtp.psc.dhhs.gov> [UNKNOWN])

CREATION DATE/TIME:12-NOV-1998 21:20:22.00

SUBJECT: Undelivered mail

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

TEXT:

An error was detected while processing the enclosed message. A list of the affected recipient follows. This list is in a special format that allows software like LISTSERV to automatically take action on incorrect addresses; you can safely ignore the numeric codes.

--> Error description:

Error-for: DvonZinkernagel@osophs.dhhs.gov

Error-Code: 3

Error-Text: Mailer boris.psc.dhhs.gov said:

"553 unauthorized recipient: rejected"

Error-End: One error reported.

----- Original message

Received: from gatekeeper.eop.gov by smtp.psc.dhhs.gov (LSMTP for Windows NT v1.1a) with SMTP id <0.57DAF1B0@smtp.psc.dhhs.gov>; Thu, 12 Nov 1998 16:20:20 -0500

Received: from lngate3.eop.gov by gatekeeper.eop.gov;
(5.65v3.2/1.1.8.2/17Oct95-0424PM)

id AA06940; Thu, 12 Nov 1998 16:19:42 -0500

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

id 852566BA.00752A81 ; Thu, 12 Nov 1998 16:19:45 -0500

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: DvonZinkernagel@osophs.dhhs.gov (Deborah Von Zinkernagel)

Message-Id: <852566BA.0074E277.00@lngate3.eop.gov>

Date: Thu, 12 Nov 1998 16:17:20 -0500

Subject: Re: HIV surveillance

Mime-Version: 1.0

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

SCHEDULING REQUEST Date: 11/11/98

☐ ACCEPT ☐ REJECT ☐ PENDING

TO: Stephanie Streett, Assistant to the President and Director
 of Scheduling

FROM: Bruce Reed, Assistant to the President for Domestic Policy
 Minyon Moore, Assistant to the President and Director of
Public Liaison

Sandra L. Thurman, Director, Office of National AIDS Policy

REQUEST: Meeting with youth and signing of World AIDS Day Proclamation.

PURPOSE: Commemoration of World AIDS Day and to amplify Administration's commitment to fighting HIV and AIDS among young people.

BACKGROUND: To commemorate the 10th anniversary of World AIDS Day the President would meet with youth peer educators from HIV prevention programs, HIV positive youth, and involved parents, and sign the World AIDS Day Proclamation. The President may also be able to announce new policy initiatives at this time.

World AIDS Day is sponsored by the World Health Organization and was first observed on December 1, 1988. The 1998 World AIDS Day theme, "Force for Change: World AIDS Campaign with Young People" challenges people around the world to contemplate the long-term repercussions of the AIDS pandemic, and not lose sight that AIDS affects everyone.

In recent years, there has been a significant shift in the demographics of the AIDS epidemic, with new infections in youth rising dramatically. Today, one out of every four new infections in the United States is an adolescent. Every hour another two teenagers are infected. To commemorate

World AIDS Day, the President has a unique opportunity to call on parents, teachers, governments, churches, businesses, and young people themselves to build a healthy future for our youth.

PREVIOUS

PARTICIPATION: A Presidential Proclamation has been released on World AIDS

Day every year. In 1993 the President spoke at Georgetown University. In 1994 the Office of National AIDS Policy arranged an Oval Office meeting with the President and HIV positive youth. In 1995, a Presidential video message was produced and the historic White House Conference on HIV/AIDS was held. In 1996 the President met with NIH, CDC, and HHS representatives for a scientific research briefing in the Oval Office. In 1997, the President signed the World AIDS Day Proclamation and an Executive Order that urged Federal agencies serving youth to improve access the HIV prevention and care services.

DATE & TIME: Tuesday, December 1, 1997 (World AIDS Day)

DURATION: Forty-five minutes (event)

Ten minutes (briefing)

LOCATION: Oval Office

PARTICIPANTS: The President

Sandra Thurman, Director Office of National AIDS Policy

Youth Peer Educators (3)

HIV-positive youth (3)

Affected Parents (2)

HIV-prevention service providers (2)

OUTLINE OF

EVENT: The President will make remarks (to be provided by speech writing) before the press. He would then hold a private meeting with participants to hear from them on issues and concerns of young people living with HIV/AIDS or at risk of infection.

REMARKS: Yes.

MEDIA: Open pool press for President's remarks. Closed press for meeting.

FIRST LADY: No.

VICE

PRESIDENT: No.

RECOMMENDED

BY: Bruce Reed, Minyon Moore, Sandra Thurman

CONTACT: Todd Summers 6-2444 or Christa Robinson 6-5165

or Richard Socarides 6-1611

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: LSMTP for Windows NT v1.1a ("LSMTP for Windows NT v1.1a" <postmaster@smtp.psc.dhhs.gov> [UNKNOWN])

CREATION DATE/TIME:12-NOV-1998 20:57:45.00

SUBJECT: Undelivered mail

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

TEXT:

An error was detected while processing the enclosed message. A list of the affected recipient follows. This list is in a special format that allows software like LISTSERV to automatically take action on incorrect addresses; you can safely ignore the numeric codes.

--> Error description:

Error-for: DvonZinkernagel@osophs.dhhs.gov

Error-Code: 3

Error-Text: Mailer boris.psc.dhhs.gov said:

"553 unauthorized recipient: rejected"

Error-End: One error reported.

----- Original message

Received: from gatekeeper.eop.gov by smtp.psc.dhhs.gov (LSMTP for Windows NT v1.1a) with SMTP id <0.0D216EE0@smtp.psc.dhhs.gov>; Thu, 12 Nov 1998 15:20:59 -0500

Received: from lngate3.eop.gov by gatekeeper.eop.gov;
(5.65v3.2/1.1.8.2/17Oct95-0424PM)

id AA27894; Thu, 12 Nov 1998 15:20:24 -0500

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

id 852566BA.006FBA3F ; Thu, 12 Nov 1998 15:20:21 -0500

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

To: DvonZinkernagel@osophs.dhhs.gov (Deborah Von Zinkernagel)

Message-Id: <852566BA.006F7C58.00@lngate3.eop.gov>

Date: Thu, 12 Nov 1998 15:17:54 -0500

Subject: Re: HIV surveillance

Mime-Version: 1.0

Content-Type: multipart/mixed;

Boundary="0__=YPwuZzzxa6cQqJJZhVVeKr5ZulhEVp8clSk8klpCl82dZsDnd3FVvzfw"

--0__=YPwuZzzxa6cQqJJZhVVeKr5ZulhEVp8clSk8klpCl82dZsDnd3FVvzfw

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

(See attached file: Wad98.wpd)

--0__=YPwuZzzxa6cQqJJZhVVeKr5ZulhEVp8clSk8klpCl82dZsDnd3FVvzfw

Content-type: application/octet-stream;

name="Wad98.wpd"

Content-transfer-encoding: base64

=

--0__=YPwuZzzxa6cQqJJZhVVeKr5ZulhEVp8clSk8klpCl82dZsDnd3FVvzfw--

===== ATTACHMENT 1 =====

ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:

Unable to convert ARMS_EXT:[ATTACH.D40]ARMSZZ000VD0Y.000 to ASCII,

The following is a HEX DUMP:

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

SCHEDULING REQUEST

Date: 11/11/98

☐ ACCEPT

☐ REJECT

☐ PENDING

TO: Stephanie Streett, Assistant to the President and Director
of Scheduling

FROM: Bruce Reed, Assistant to the President for Domestic Policy
Minyon Moore, Assistant to the President and Director of
Public Liaison

Sandra L. Thurman, Director, Office of National AIDS
Policy

REQUEST: Meeting with youth and signing of World AIDS Day
Proclamation.

PURPOSE: Commemoration of World AIDS Day and to amplify
Administration's commitment to fighting HIV and AIDS
among young people.

BACKGROUND: To commemorate the 10th anniversary of World AIDS Day the President
would meet with youth peer educators from HIV prevention programs,
HIV positive youth, and involved parents, and sign the World AIDS Day
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World AIDS Day is sponsored by the World Health
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Change: World AIDS Campaign with Young People"

challenges people around the world to contemplate the long-term repercussions of the AIDS pandemic, and not lose sight that AIDS affects everyone.

In recent years, there has been a significant shift in the demographics of the AIDS epidemic, with new infections in youth rising dramatically. Today, one out of every four new infections in the United States is an adolescent. Every hour another two teenagers are infected. To commemorate World AIDS Day, the President has a unique opportunity to call on parents, teachers, governments, churches, businesses, and young people themselves to build a healthy future for our youth.

PREVIOUS

PARTICIPATION: *A Presidential Proclamation has been released on World AIDS Day every year. In 1993 the President spoke at Georgetown University. In 1994 the Office of National AIDS Policy arranged an Oval Office meeting with the President and HIV positive youth. In 1995, a Presidential video message was produced and the historic White House Conference on HIV/AIDS was held. In 1996 the President met with NIH, CDC, and HHS representatives for a scientific research briefing in the Oval Office. In 1997, the President signed the World AIDS Day Proclamation and an Executive Order that urged Federal agencies serving youth to improve access the HIV prevention and care services.*

DATE & TIME: *Tuesday, December 1, 1997 (World AIDS Day)*

DURATION: *Forty-five minutes (event)
Ten minutes (briefing)*

LOCATION: *Oval Office*

**Tape Restoration Project
Hex-Dump Conversion**

PARTICIPANTS: *The President*

Sandra Thurman, Director Office of National AIDS Policy

Youth Peer Educators (3)

HIV-positive youth (3)

Affected Parents (2)

HIV-prevention service providers (2)

OUTLINE OF

EVENT: *The President will make remarks (to be provided by speech writing) before the press. He would then hold a private meeting with participants to hear from them on issues and concerns of young people living with HIV/AIDS or at risk of infection.*

REMARKS: *Yes.*

MEDIA: *Open pool press for President's remarks. Closed press for meeting.*

FIRST LADY: *No.*

VICE

PRESIDENT: *No.*

RECOMMENDED

BY: *Bruce Reed, Minyon Moore, Sandra Thurman*

CONTACT: *Todd Summers 6-2444 or Christa Robinson 6-5165
or Richard Socarides 6-1611*

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: LSMTP for Windows NT v1.1a ("LSMTP for Windows NT v1.1a" <postmaster@smtp.psc.dhhs.gov> [UNKNOWN])

CREATION DATE/TIME:12-NOV-1998 20:57:44.00

SUBJECT: Undelivered mail

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

TEXT:

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--> Error description:

Error-for: DvonZinkernagel@osophs.dhhs.gov

Error-Code: 3

Error-Text: Mailer boris.psc.dhhs.gov said:

"553 unauthorized recipient: rejected"

Error-End: One error reported.

----- Original message

Received: from gatekeeper.eop.gov by smtp.psc.dhhs.gov (LSMTP for Windows NT v1.1a) with SMTP id <0.FF6B7430@smtp.psc.dhhs.gov>; Thu, 12 Nov 1998 15:20:36 -0500

Received: from lngate3.eop.gov by gatekeeper.eop.gov;
(5.65v3.2/1.1.8.2/17Oct95-0424PM)

id AA27641; Thu, 12 Nov 1998 15:20:00 -0500

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

id 852566BA.006FB29A ; Thu, 12 Nov 1998 15:20:02 -0500

X-Lotus-Fromdomain: EOP

From: Todd_A._Summers@opd.eop.gov

Message-Id: <852566BA.006FA874.00@lngate3.eop.gov>

Date: Thu, 12 Nov 1998 15:17:36 -0500

Subject: Re: HIV surveillance

Mime-Version: 1.0

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

Apparently-To: <DvonZinkernagel@osophs.dhhs.gov>

Return Receipt

Your Re: HIV surveillance

document:

was Todd A. Summers/OPD/EOP

received

by:

at: 03:19:36 PM Today