Chron

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98 JUL 27 AM 7:36

22 July 1998

7/27/98
Send to Burkhardt
Yes ✓
No ———

President William J. Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. President:

On behalf of the millions of Americans who are personally touched by autoimmune-related diseases and their families, I am writing to urge your support for a special research initiative to reverse and prevent diseases such as multiple sclerosis, Type 1 (or juvenile onset) diabetes, rheumatoid arthritis, and lupus. An additional investment of $150 million over five years would have a significant impact on the health of people who struggle with these diseases.

An increased federal investment in autoimmune-disease research holds the potential to cure and prevent many diseases, since there appears to be a common mechanism linking the various diseases falling under this category. Moreover, scientists are likely to make major advances in recognizing the contribution of autoimmunity to many other common disorders. For example, autoimmune-disease studies may help in the design of cancer therapies. The recent discovery that immune response to tumors is often a response to one's own tissue, together with the development of promising tumor vaccines, has led to the possibility that creation of a destructive tissue-specific autoimmune response may be a viable approach to cancer therapy.

Additional research is needed in order to capitalize on substantial recent progress. Major issues relating to the genetic and environmental factors affecting the development of autoimmune diseases are still unresolved. More needs to be known about the specific environmental agents that are causing onset of the diseases, genetic susceptibility, and how the body regulates the autoimmune response. When the environmental agents are better understood, it might be possible to prevent the occurrence of autoimmune disease in people who are genetically susceptible.

Enclosed is a brief background paper providing the policy and scientific justifications for a special initiative in this area. As always, your interest and careful consideration of our request are appreciated.

Sincerely,

Woody

Robert W. Johnson IV

RWJIV:gg
Enclosure

SUMMARY

Proposal for Federal Funding Initiative in Autoimmune Disease Research

- Autoimmune diseases affect millions of Americans and disproportionately affect women and minorities.

- Common autoimmune diseases include **multiple sclerosis, rheumatoid arthritis, lupus erythematosus and type I juvenile onset diabetes**; less common ones include Graves' disease, Crohn's and colitis, chronic active hepatitis, Sjogren's Syndrome, myasthenia gravis, Guillain Barre, scleroderma, areata alopecia, Addison's disease, pemphigus, and vasculitis.

- The many different diseases with diverse clinical manifestations all have one feature in common: a sudden rearrangement of the immune system that results in destruction of various organs and tissues.

- Opportunities to have a significant impact on improving health in persons with these diseases are especially promising at this time because of enhanced understanding of autoimmune reactions combined with newly developed treatments that can suppress immune responses without toxic side effects.

- By focusing and coordinating the approach to the problem of autoimmune diseases – and coupling that approach with a visionary agenda – scientific and clinical progress will be markedly accelerated.

- The recently created, congressionally-mandated NIH Autoimmune Diseases Coordinating Committee, chaired by Dr. Anthony S. Fauci (Director, NIAID), could be jump started and catalyzed by additional funding.

- This would also serve as an innovative governmental model permitting the many diverse voluntary health organizations to contribute to a coordinated, goal-oriented agenda.

- Such a public/private partnership would leverage and maximize precious resources as well as insure that future resources are wisely spent.

Proposal for Federal Funding Initiative in Autoimmune Disease Research

Proposal

Through additional federal funds, support a special research initiative at the National Institutes of Health (NIH) to reverse and prevent autoimmune disease.

Justification for Additional Funding

Recent research findings show an apparent common mechanism linking the various autoimmune diseases. Thus, an immediate federal investment in an interdisciplinary research initiative in this area holds the potential to cure and prevent *many* diseases. At the same time, an increased federal investment in research has the potential of uncovering autoimmunity's role – both positive and negative – in many other common disorders.

For instance, positively, the creation of a destructive tissue-specific autoimmune response may be a viable cancer therapy (based on recent discovery that the immune response to tumors is often a response to one's own tissue, taken together with the development of promising tumor vaccines). Currently, the genetic and environmental origins of factors affecting autoimmune disease development are still unresolved. To proceed to a cure we need more knowledge about:

- specific environmental agents that cause onset of the diseases
- genetic susceptibility
- how the body regulates the autoimmune response.

Background

Number of Diseases And Those Affected. There are more than 40 autoimmune diseases, and women, children and minorities are affected the most. The more common autoimmune diseases include:

- multiple sclerosis;
- lupus erythematosus;
- Type 1 (juvenile-onset) diabetes; and
- rheumatoid arthritis.

Other autoimmune diseases include, alopecia areata, Graves disease, Guillain-Barre, Crohn's disease and ulcerative colitis, chronic active hepatitis, Sjogren's syndrome, myasthenia gravis, and fibromyalgia-fibromyositis.

Advocacy Groups. A number of organizations representing people affected by autoimmune diseases have been working collectively to increase research support in this area. They include the Multiple Sclerosis Society, the Lupus Foundation of America, the Arthritis Foundation, the Juvenile Diabetes Foundation International, and the Digestive Disease National Coalition.

Known Causation. These disorders are caused by the body's immune system attacking itself, which results in systemic or widespread damage. While the precise mechanism is unknown, scientists believe all these disorders are due to a combination of genetic susceptibility and environmental triggers (either external or internal) which together cause undesirable immune responses.

Treatment. Treatment has traditionally relied upon generalized immunosuppression (an attempt to slow down or stop the immune reactions). Unfortunately, commonly used therapies (steroids and other immunosuppressives) have serious and undesirable side effects.

Next Steps. What is lacking is knowledge of etiologic agents and therapy to abrogate specific immune responses that are also non-toxic to normal cells. However, a well-focused special funding initiative could engage researchers across research disciplines to increase the likelihood of a major breakthrough.

Research Opportunities

Research opportunities to elucidate the cause and the pathogenesis of these disorders are on the horizon. For example, recent investigations into infectious causes lend strong support to the notion that many of these disorders may result from an infectious agent encountering the immune system. With Lyme disease, investigators fairly quickly found the causal agent of what appeared to be a complex form of systemic arthritis. That finding rapidly led to curative therapies and even a vaccine to prevent onset of the disease. Research could lead the way to determining whether other infectious agents are responsible for other autoimmune diseases.

Though long term immunosuppressive drugs remain the treatment of choice for many of these diseases, despite serious negative side effects, a new generation of therapeutic agents (ones which suppress undesirable immune responses without serious side effects) are on the horizon, and in some cases, in clinical trials. These so-called tolerance-inducing agents could prove to be central to attacking the core problem in autoimmune disorders – the underlying abnormal autoimmune reaction.

Clinical Opportunities

Currently, there is no cohesive approach to patients presenting with autoimmune diseases because many different specialties are concerned (e.g., neurologists for multiple sclerosis and myasthenia gravis; rheumatologists for rheumatoid arthritis and lupus erythematosus; endocrinologists for diabetes and thyroiditis; ophthalmologists for uveitis). It is anticipated that clinical progress will be expedited by focusing on the common immunopathogenetic features.

Obstacles

Lack of a coordinated NIH research agenda for autoimmunity led to recent congressional direction to provide guidance. Basic researchers and clinical investigators need to be brought together to collaboratively tackle this group of diseases.

Recent Congressional Action

In addition, recently Congress has taken a strong interest in autoimmune disease research. As part of the FY 1998 Labor-HHS appropriations bill, report language mandated creation of a cross-NIH autoimmune disease research coordinating council. The newly created NIH Autoimmune Diseases Coordinating Committee has been formed, and should provide greater coordination and renewed focus for autoimmunity research on the NIH campus. It is chaired by Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases. The first meeting of the Committee occurred on June 26th. Planning and implementation of additional funding for a special initiative in autoimmune disease research could be accomplished through this Committee.

7/22 Ck Sandy Pres

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MIDDLE EAST PEACE
& ECONOMIC COOPERATION

633 PENNSYLVANIA AVENUE, NW • FIFTH FLOOR • WASHINGTON, DC 20004 • (202)624-0850 • FAX (202)624-0855 • www.centerpeace.org

S. DANIEL ABRAHAM
CHAIRMAN

WAYNE OWENS
PRESIDENT

'98 JUL 27 PM 2:40

7/27/98
Send to NSC?
Yes ✓
No

July 22, 1998

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

I am writing you because of my deep concern regarding developments in the Middle East. It is clear to me that the negotiations have broken down and the peace process faces collapse. I strongly urge you to speak directly to the American people and explain America's vital interests in the Middle East.

As you may know, I am Chairman of Slim Fast Foods and Chairman of the Center for Middle East Peace and Economic Cooperation. In the past 12 years, I have traveled throughout the region and held numerous meetings with Kings, Presidents and Prime Ministers, including: King Hassan, King Hussein, Prime Ministers Shamir, Peres, Rabin, and Netanyahu, President Mubarak, Emir Sheikh Hamad bin Halifa al-Thani of Qatar, King Fahd, Prime Minister Hariri, and President Asad.

Mr. President, I fully support you. If you take the firm steps to advance the Middle East peace process, we will do everything possible - both publicly and privately - to demonstrate support for your efforts. I truly admire you as a strong and courageous leader who can inspire people to reach for their dreams. In this case, it is the dream of peace. I look forward to speaking with you at your convenience.

Sincerely,

Dan

S. Daniel Abraham

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S. DANIEL ABRAHAM
CHAIRMAN

WAYNE OWENS
PRESIDENT

FAX COVER SHEET

DATE: July 22, 1998

TO: Maria Echaveste

FAX: 456-6703

FROM: Sara Ehrman

RE:

Number of pages including cover sheet: (2)

Message

Please pass this to the President.

ADFY

July 16, 1998

President Bill Clinton
White House
1600 Pennsylvania Ave
Washington, D.C. 205

7-27 AM11:38

To Burkhardt for reply?
—yes
—no
Coord w/in ONDCP

Dear President Clinton:

Welcome Home! You , although I imagine your schedul th great interest and was one of a country that I did not know ver

Recently, it was brough al Drug Control Policy is consi bon Celebration. If adopte ed ribbons and distribute them free across the country. ONDCP and CADCA (Community Anti-Drug Coalitions of America) are working together to present this at the CADCA conference in November of 1998 for implementation in October 1999. As you can imagine, this plan would greatly affect the Red Ribbon Celebration.

In 1985, Enrique Camarena, a DEA agent, was brutally murdered in Mexico trying to prevent drugs from reaching America. Concerned parents in California and Florida started wearing red ribbons to raise awareness around the senseless destruction of drugs on our communities. In 1988, the National Federation of Parents for Drug Free Youth (NFP), founded in 1980 by parents concerned about the drug problem among our youth, assumed the leadership of the first National Red Ribbon Week. As you may remember, you were one of a few State Governors who stepped forward and supported this grassroots effort. NFP coordinated the National Red Ribbon Celebration for 10 years, providing assistance to state and community groups across our country.

In Arkansas, we saw community groups come together to plan Red Ribbon Week activities which served as a catalyst for forming community coalitions to plan prevention programs and activities all year long. We estimate that in 1997, over 750,000 Arkansans were involved in Red Ribbon Week through ADFY's efforts and those of community coalitions in every county. ADFY reaches the

ARKANSANS FOR DRUG FREE YOUTH
2020 West Third Street, Suite 1C
Little Rock, AR 72205
(501) 375-1338 *tel* (501) 376-3747 *fax*
www.adfy.org

July 16, 1998

President Bill Clinton
White House
1600 Pennsylvania Ave.
Washington, D.C. 20500

'98 JUL 27 AM11:38

Dear President Clinton:

Welcome Home! You certainly deserve some days "off" in Arkansas, although I imagine your schedule is very full. I followed your trip to China with great interest and was one of those Americans grateful for the spotlight on a country that I did not know very well.

Recently, it was brought to my attention that the Office of the National Drug Control Policy is considering a plan to assume the National Red Ribbon Celebration. If adopted, the National Guard would produce all the red ribbons and distribute them free across the country. ONDCP and CADCA (Community Anti-Drug Coalitions of America) are working together to present this at the CADCA conference in November of 1998 for implementation in October 1999. As you can imagine, this plan would greatly affect the Red Ribbon Celebration.

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corporate community as well as the schools, churches, hospitals, state and local government entities, the media, senior citizens and service organizations with the drug free message.

In March, 1998, NFP closed their national office due to financial upheaval. They will continue to network with parent/grassroots coalitions across the country, however they elected not to provide red ribbon products for sale through NFP. Every State was authorized to provide red ribbon supplies for their own state, thereby continuing the tradition of being a major fund-raiser for grassroots organizations. In 1998, ADFY raised $75,000 from corporations to be designated as red ribbon sponsors. In addition, we raised $185,000 from the sale of red ribbon products. These figures make up 2/3 of our annual budget. In Arkansas, there are no state drug prevention dollars. All our prevention money comes from the federal government through the State. Losing the revenue through Red Ribbon would be a major blow to ADFY.

Separate from my concern over finances is my alarm over "institutionalizing" a *grassroots* people campaign that has grown by leaps and bounds with little federal investment. The National Guard has played a major role in Arkansas red ribbon week activities by providing logistical support for our parade and rally, etc. States could learn from the Arkansas National Guard on how to support and provide resources for the grassroots movement. Many communities do not have a National Guard presence and consequently they would be left out entirely.

There are many ways that we can all work together on Red Ribbon Week to make it an even bigger expression of hope for the future - a drug free future for our youth. I hope that you will take my comments into consideration if efforts are made to take red ribbon away from the people. Thank you for all you have done in combating the drug problem in America. God Bless You.

Sincerely,

Betty

Betty Herron
Executive Director

7-27-98

copied
Lew
COS
Emanuel

THE WHITE HOUSE
WASHINGTON

July 23, 1998

MR. PRESIDENT:

As you requested, Jack Lew has presented options for releasing Low Income Home Energy Assistance Program (LIHEAP) funds to help States suffering from extreme heat.

The Heat. There are 11 States where the weather has been much hotter than normal (TX, AR, LA, SC, OK, GA, FL, AL, TN, NC, MS). There is a clear break between the unusual temperatures in these States and the next 3 warmest (KS, MO, MI). Another 8 States are only somewhat warmer than normal (WI, KY, OH, NH, OR, WA, NM, IN). The other 28 States are actually cooler than normal.

LIHEAP. In FY98, LIHEAP still has $300M available for release. There are two ways to release funds: (i) a targeted release to specific States; or (ii) a general release to all States based on their share of the LIHEAP appropriations. In the past, you have released both targeted and general funds for cold weather help; only once have you released funds because of hot weather -- $100M to 19 targeted States in FY95.

Options/Views. *Jack* presents three options: (1) release $100M to the 11 hottest States; (2) release $150M to the 11 hottest States; (3) release $150M to the 14 hottest States. *All of your advisers support* Option 1, which would provide $5M to $18M to each of the 11 hardest-hit States.

Option 1 ✓ (recommended) Option 2 ___ Option 3 ___

Phil Caplan
Sean Maloney

7-27-98

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

THE DIRECTOR

July 22, 1998

'98 JUL 22 PM10:44

MEMORANDUM FOR THE PRESIDENT

From: Jacob J. Lew
Acting Director

Subject: Emergency LIHEAP Release for Cooling Assistance

In FY 1998, $300 million in emergency Low Income Home Energy Assistance Program (LIHEAP) funds is still available for release. The following is an update of what we know about temperatures this summer and some strategies for an emergency release.

Background on Temperatures

A preliminary look at June and July weather data shows that it has been roughly 20% hotter than normal in a number of Southern and Southwestern States over the past month and a half. Attached is the latest update of weather information for the period, June 1 to July 18, 1998. The map shows the variation of "cooling degree days" (CDD) from historic norms. Cooling degree days are a standard measure of warm temperatures -- the higher the number of cooling degree days, the warmer the weather. The map shows that weather in June and July has been much hotter than normal for eleven States.

Cooling Degree Days: Deviation from Norm, June 1 to July 18, 1998

Texas	201	Florida	134
Arkansas	150	Alabama	133
Louisiana	146	Tennessee	112
South Carolina	144	North Carolina	111
Oklahoma	141	Mississippi	107
Georgia	138		

There is a clear break between the eleven hottest States, which are all over 100 CDD, and the next three warmest States (40 to 70 CDD: Kansas-70, Missouri-45, Michigan-41). Another eight States are only somewhat warmer than normal (4 to 70 cooling degree days: Wisconsin-25, Kentucky-21, Ohio-20, New Hampshire-16, Oregon and Washington-7, New Mexico-6, and Indiana-4). All other States are cooler than normal.

According to the Associated Press, the heat has been associated with 108 deaths since May, including 79 in Texas, at least 20 in Louisiana, six in Oklahoma, and one each in California, Arizona, and Missouri.

To date, Florida has requested $7 million in emergency LIHEAP funds, and we understand that Texas and Mississippi both intend to submit requests as well. States have broad authority for the use of LIHEAP emergency funds including the purchase of fans and air conditioners as well as cash or voucher payments for home energy bills.

Method of Emergency LIHEAP Release

There are two main ways to release LIHEAP emergency funds: either through a targeted or a general release. A targeted release directs funds towards a specified number of States that are experiencing extremes in hot or cold temperature. A general release provides funds to all States based on their share of the main LIHEAP appropriation. We believe a general release to States is not a good approach. In the past, we have used high energy prices as the justification for a general release, but electricity prices in 1998 have been lower than in 1997. Moreover, outside the States with severe heat temperatures, many States are experiencing cooler than average temperatures. Since we have always been careful to justify past releases, a general release of the full amount could undermine our capacity to retain discretionary authority for release of emergency funds.

Most recent emergency LIHEAP releases have been for heating assistance, and have been both targeted and general, as well as in combination. The one instance of a cooling assistance release in this Administration occurred in FY 1995 when we released $100 million in emergency targeted cooling assistance to nineteen States suffering from extreme heat.

Options

In response to this summer's extreme heat, we recommend a targeted release to the hottest States only. A targeted release to the eleven States identified above would provide assistance to where it is needed the most. We recommend making about $100 million available. This is based on releasing $5 to $18 million to each of the targeted States. Alternatively, we could release $150 million now -- half of the available LIHEAP emergency fund -- and reserve half for later needs. We recommend against release of all $300 million of the emergency fund because it is still relatively early in the summer and the heat spell is expected to continue, potentially leading to another release later in the summer.

If you want to reach additional States, we could lower the threshold for allocation of emergency LIHEAP funds from 100 CDD to 40 CDD, thereby including Kansas, Missouri, and Michigan in the release, for a total of 14 States receiving emergency LIHEAP funds. The disadvantage of this approach is that it directs funds to States that are not experiencing unusually warm temperatures. Also, if the regular LIHEAP grant formula is used to determine the emergency allocation, these States, which tend to have colder winters and therefore receive more LIHEAP funds, might actually receive more emergency funds that the Southern States that are the hottest.

Decision

✓ Provide $100 million to the eleven hottest States (OMB recommendation).

_____ Provide $150 million to the eleven hottest States.

_____ Provide $150 million to the fourteen hottest States.

Attachment

Weather -- June 1 to July 18, 1998