FOIA Number: 2007-1550-F

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

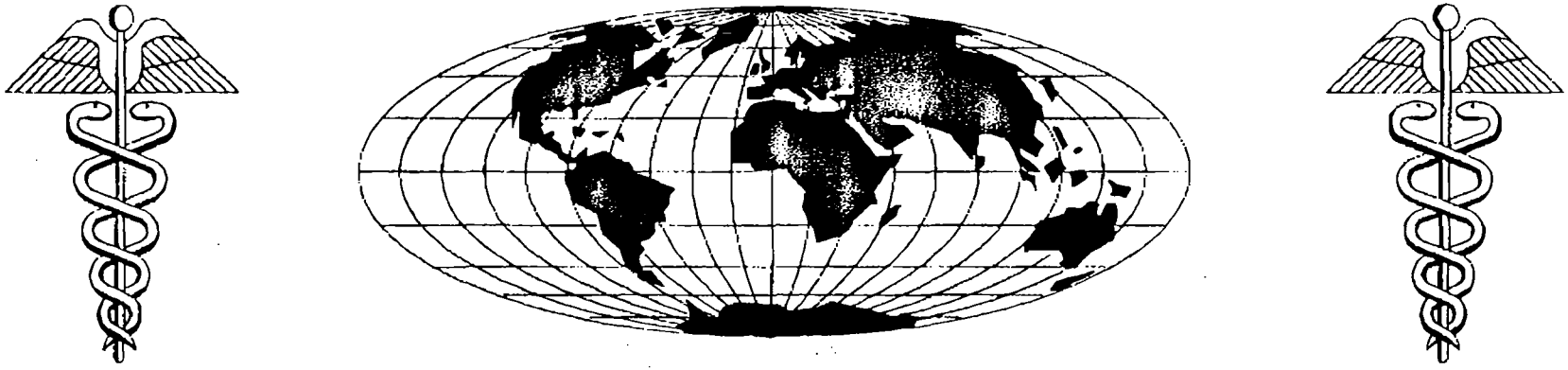
OA/ID Number: 21069

FolderID:

Folder Title:
Military [Folder 1] [1]

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	2	1

DEFENSE HEALTH PROGRAM



Justification of Estimates for Fiscal Year 2001

Fiscal Year (FY) 2001 Budget Estimates

February 2000

Volume I

The Defense Health Program spans the globe in support of the Department of Defense's most important resource--active and retired military members and their families.

2) Contract Logistic Support reduction related to strategic Air Evac	-4,478		
Reflects new mission requirements for Air Evac program			
3) AVPOL reduction related to Non-Strategic Air Evac	-3,955		
Reflects new mission requirements for Air Evac program			
11. Total Decreases			-38,301
12. Revised FY 2000 Estimate			894,220
13. Price Growth			35,159
14. Transfers In			0
15. Transfers Out			0
a. Transfer of non-strategic Aeromedical Evac to Line Air Force			-62,500
16. Program Increases			
a. Annualization of New FY 2001 Program		0	
b. One-Time FY 2001 Costs		28,200	
1) Restoral of Travel Suppression plus inflation	4,598		
2) Restoral of Rescissions plus inflation	15,083		
3) Restoral of previous IM/IT suppression	7,519		
c. Program Growth in FY 2001		19,557	
1) Military Entrance Processing Command (MEPCOM) Workload	654		
Growth reflects the projected increase in MEPCOM workload due to higher accession requirements amongst			
2) Global Emerging Infectious Surveillance	297		
Increase required to support the Global Emerging Infectious Surveillance program for the DoD Public Health Laboratory System, which analyzes major emerging disease threats			
3) Auto on the Job Inquiry Tracking System	500		
Occupation Health system to track employment related injuries			
4)Weapons of Mass Destruction Exercise	8,000		
Increase required to support the Weapons of Mass Destruction readiness exercise			
5) Advanced Concept Technology Demonstrations	105		
The Advanced Concept Technology Demonstrations program is used as an integral element in reforming the acquisition process and accelerating the application of mature technologies to meet the needs of the warfighter			
6) HIV Africa	10,000		
Funds support the development of a DoD program to conduct HIV prevention education activities in conjunction with DoD's ongoing training, exercises, and humanitarian assistance activities with African militaries			
17. Total Increases			47,757
18. Program Decreases			
a. Annualization of New FY 2001 Program		0	
b. One-Time FY 2001 Costs		-49,298	

The U.S. Military HIV Research Program

U.S. DoD HIV Program
a tri-service military program
a cooperative agreement between WRAIR/HMJF

COL Deborah L. Birx, MC, AD/A

Presidential Advisory Council on HIV and AIDS

4 October 1999

Budget: U.S. Military HIV Research Program

FY99

- President's Budget — 24M/FY99
  - Scientific dollars available — 17M/FY99
- Congressional Plus-up - recent average — 10M/FY99
  - Scientific dollars available — 9M/FY99
- Budget figures presented - average year — 26M/FY99

FY00

- President's Budget - Science dollars available — 16.5M/FY00

Summary: Program Overview

Tri-service Program

- Army, Air Force, Navy (Marines and Coast Guard)

Two Main Components

	% of Program	$
• Clinical Program		
• Focus on unique military issues	30%	8M
• Prevention Program		
• Behavioral Modification		
• Education Evaluation	70%	18.M
• Vaccine Development		

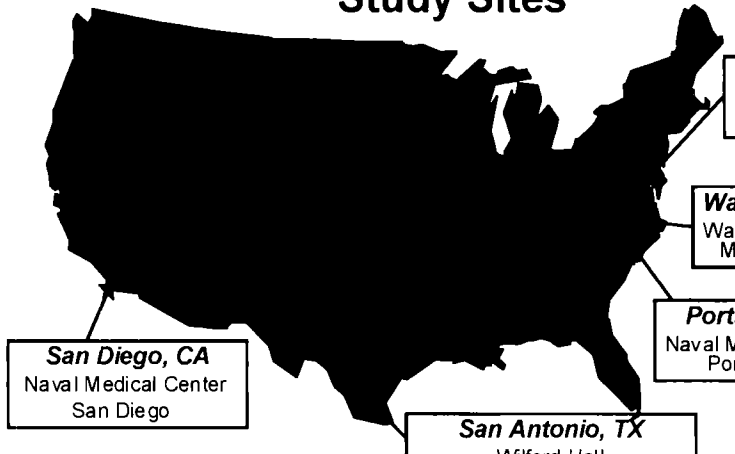
Summary: Clinical Program

- Clinical Research Sites
  - 100 % of tertiary Air Force Medical Centers
  - 100% of tertiary Navy Medical Centers
  - 20% of tertiary Army Medical Centers

  ] Evaluating 100% of HIV seropositive sailors, airmen, and their beneficiaries

- Collaboration with Government Programs
  - Relies heavily on NIH and commercial drug companies to bring new treatment modalities to HIV seropositives
  - All active duty and beneficiaries are eligible for NIH trials - *need expanded regional access into ACTG research studies*

U.S. Military HIV Research Program Study Sites



Bethesda, MD
National Naval Medical Center

Washington, D.C.
Walter Reed Army Medical Center

Portsmouth, VA
Naval Medical Center Portsmouth

San Diego, CA
Naval Medical Center San Diego

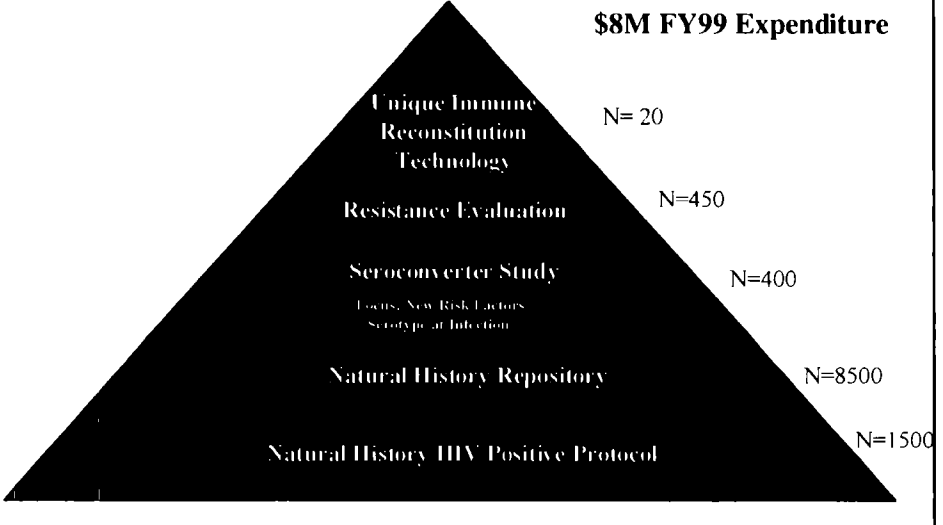
San Antonio, TX
Wilford Hall Air Force Medical Center
&
Brook Army Medical Center*

5

U.S. Military HIV Research Program

Clinical Research

$8M FY99 Expenditure



6

U.S. Military HIV Research Program

Key Findings - Clinical

- 6-7% of recent active duty seroconverters infected with non-B subtypes associated with deployment
  - 15 subtype E-infected
  - 10 subtype A, C or D infected
- Unique risk factors identified
  - 60% heterosexual, associated with alcohol and lack of condom use
- 20% of seroconverters have genotypic and phenotypic resistance
- Clinical response of non-B infection to standard HAART therapy
  - Modified viral load determination for accuracy
- CD4 reinfusion safe and well tolerated, with an increase in CD4 cell number

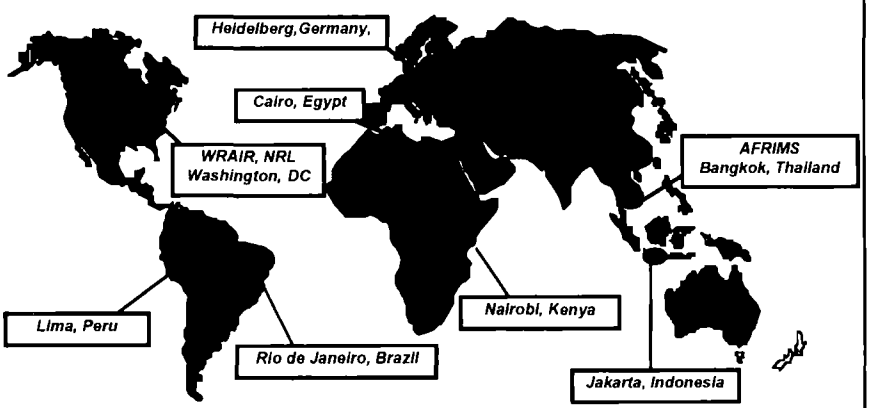
Key New Initiatives - Clinical

- Critical new data developed for the prevention program
- Evaluation of clinical relevance of resistance
  - genotype/phenotype vs. viral load - target long term clinical efficacy study
- CD4 gene marking study
- CD4 function - Ag specific line infusing candidate specific lines

Summary: Prevention Program

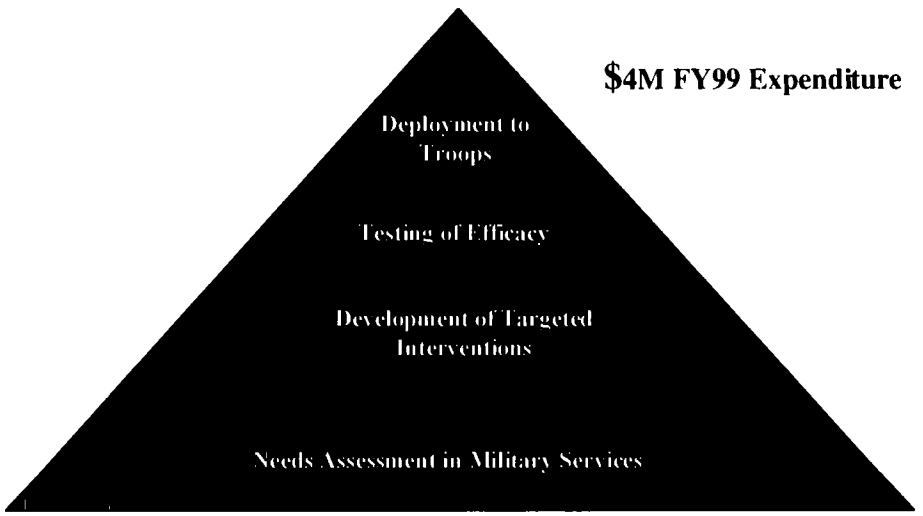
- National and international research sites
  - National
    - Naval Health Research Center
    - WRAIR, NRL
  - International
    - Overseas laboratory platforms and contractual research
- New educational modules developed, being tested for efficacy, focus on unique military factors
- Education built upon military "culture"
  - Instill "buddy system" to facilitate safer behaviors
- Primary goal: Globally effective HIV vaccine

U.S. Military HIV Research Program: OCONUS sites



- U.S. DoD Laboratories

Prevention Program - Education



$4M FY99 Expenditure

Prevention Program - Education

Collaborative Efforts

- **NIMH sponsored research with current collaborators at Johns Hopkins University**
- **UNAIDS/UN Peace-Keeper Mission**

Prevention Program - Education

- **Transition of a Successful Skills-Building HIV/STD Intervention (SHIP)**
- **Pilot Study of an HIV Prevention Interactive Video in the U.S. Army**
- **Tri-Service Study of HIV Education and Prevention Needs in the U.S. Military**
- **Pilot Study of a Modified Behavioral Intervention to Reduce HIV/STD Risk Behaviors**

Prevention Research

Objectives
- Assess risk of acquiring HIV infection
- Reduce high risk behavior
- Decrease new HIV/STD infections

Risk Behavior Data
- Army-wide survey
- RV117 (tri-service)
- Unitas Cruise

STD/HIV Intervention Program
- Target to high risk situations and personnel
- Service specific resources e.g. NHRC, CHPPM
- Expert consultants

modifications/ improvements

Risk Assessment → **Target Interventions** → **Intervention Evaluation** → **transition to line activities**

Data
- High risk regions
- High risk deployments
- High risk activities

Possible Future Interventions
- Tri-service Tech School
- Unitas cruise
- Cobra gold

Evaluation of effect
- Change of behavior
- Prove effectiveness on STD rates

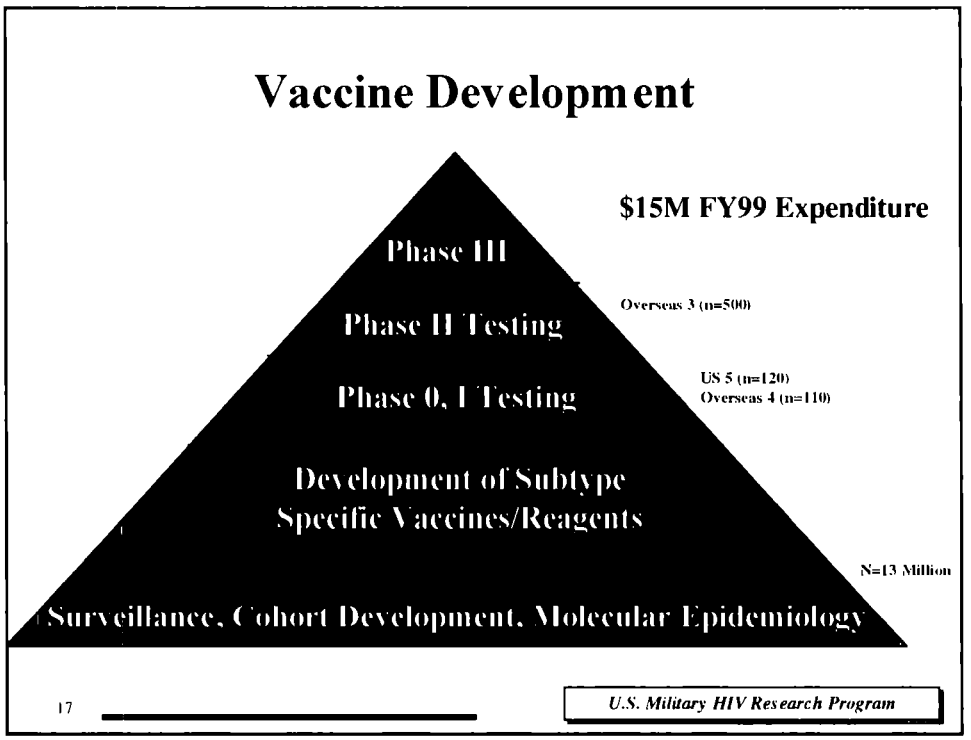
Current transitions
- Navy PMT school
- Marine SG training

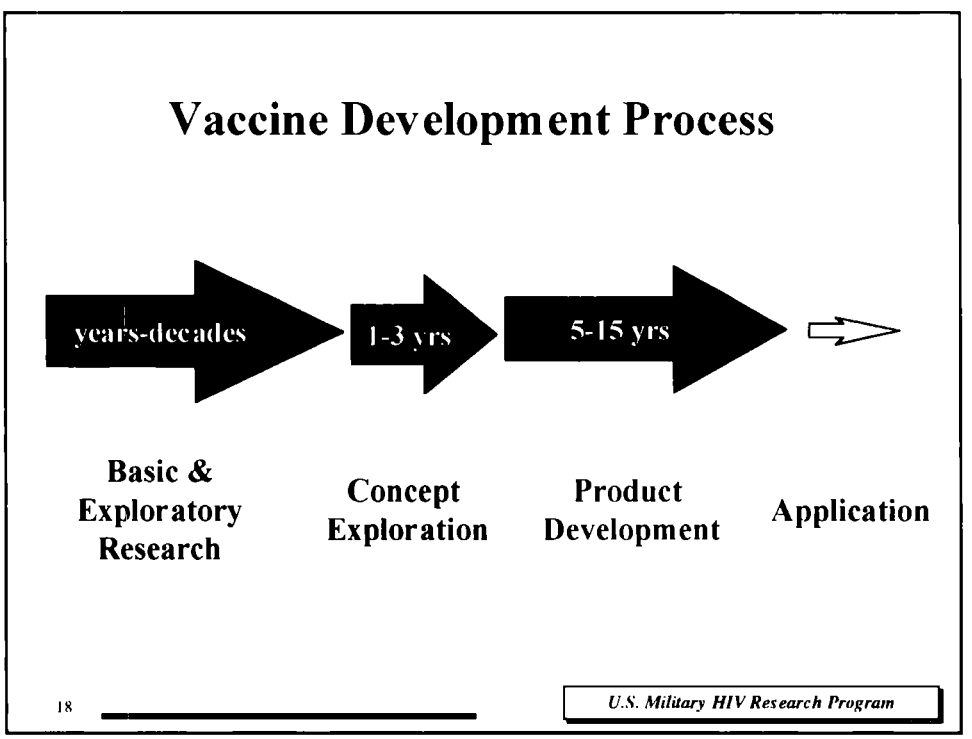
Key Findings - Education

- 6-7% of recent active duty seroconverters infected with non-B subtypes associated with overseas deployment
- Unique risk factors identified
  - 60% heterosexual
  - Associated with alcohol abuse and lack of condom use
- Critical new data developed for the prevention program
  - personnel and deployment situations that are associated with high risk behavior and STD/HIV infection

Key New Initiatives - Education

- New educational modules developed, being tested for efficacy, focus on unique military factors
  - collaboration with civilian and military behavioral scientists
- Education built upon military "culture"
  - Instill "buddy system" to facilitate safer behaviors
  - Control alcohol use - related to acquisition of STD's
  - Focus education on high-risk deployments
- Tri-service military needs assessment
  - to document HIV education/prevention needs in US Military
  - successful response (> 4000 surveys)


Vaccine Development
$15M FY99 Expenditure
Phase III
Overseas 3 (n=500)
Phase II Testing
US 5 (n=120)
Overseas 4 (n=110)
Phase 0, I Testing
Development of Subtype
Specific Vaccines/Reagents
N=13 Million
Surveillance, Cohort Development, Molecular Epidemiology
17
U.S. Military HIV Research Program


Vaccine Development Process
years-decades
1-3 yrs
5-15 yrs
Basic &
Exploratory
Research
Concept
Exploration
Product
Development
Application
18
U.S. Military HIV Research Program

Vaccine Development
Collaborative Efforts

- **This area is the most dependent on NIH sponsored research and UNAIDS programs**
  - **Integrated with NIH, Division of AIDS AVEG**
    - **Rely on safety and immunologic data from subtype B based trials - estimate savings of 15. 10^6/year**
  - **Integrated with NIH, Division of AIDS AVEG Core Immunology Lab**
    - **Exchange of assays, cross training, open data exchange, sharing of samples**
    - **This integration has allowed direct comparison of vaccine immunogenicity - estimate savings of 5. 10^6/year**
  - **Collaborative Meetings**
    - **Periodic information exchange; ongoing discussions weekly at the "worker bee" level**

U.S. Military HIV Research Program

Cohorts for HIV Surveillance Studies

REGION/ COUNTRY	COHORT	RISK GROUP	SAMPLE SIZE	PREVALENCE/ INCIDENCE	GENOTYPE	YEARS STUDIED
North America						
United States	Active Duty Army	Sexually active, young adults	>2 million	(I) .11/1000	>99% B	14 years (on-going)
	Active Duty Military Seroconverters	Sexually active, young adults	420		>5% non-B	2.5 years (on-going)
	Civilian Applicants for Military Service	Sexually active, young adults	>10 million	(P) .33/1000	>99% B	14 years (on-going)
South America						
Peru Uruguay Ecuador Paraguay	General population	Sexually active 85% CSW 5% IDU 3%	256	Peru / Uruguay (P) 28% / 10% IDU (P) 1% / .3% CSW	Peru / Uruguay 1% F / 56% F 96% B / 44% B	1-2 years (on-going)
Chile*	CSW; MSM	Sexually active adults	~4,500			
Venezuela*	CSW; Maternity	Sexually active adults; Vertical transmission	~5,000			
Argentina*	Maternity	Vertical transmission	200			
Bolivia*	All HIV+; MSM	Various	~4,000			

U.S. Military HIV Research Program

Cohorts for HIV Surveillance Studies (cont.)

REGION/ COUNTRY	COHORT	RISK GROUP	SAMPLE SIZE	PREVALENCE/ INCIDENCE	GENOTYPE	YEARS STUDIED
Africa						
Uganda	Community Cohort Rakai District	Sexually active adults	12,000	(I) 1.8%	A, D	10
Cameroon	Primate hunters	Blood/body fluid exposure	3,000	(P) 5%	Multiple	3 (on-going)
DRC (formerly Zaire)	Mother-Infant pairs	Vertical transmission	250	(P) 4%	Multiple	5
Tanzania*	Bar Workers	Commercial sex	600			
South East Asia						
Thailand	Royal Thai Army Conscripts	Sexually active, young men	~500,000	1997 (P) 2.6% South 3.8% North	>95% E	9
Vietnam	Injection Drug Users	IDU	140	TBD	E (B)	1 (on-going)

* Studies recently begun or slated to begin in FY00

Cohorts for HIV Vaccine Trials

REGION/ COUNTRY	COHORT	RISK GROUP	SAMPLE SIZE	PREVALENCE/ INCIDENCE	GENOTYPE
South East Asia					
Thailand	Royal Thai Army Conscripts in Prachuap Khiri Khan (PKK)	Sexually active, young men	3842	(P) 1.8%	E
	Royal Thai Army Ex-servicemen	Sexually active, young men	380	(I) 2.1%	E
	STD Clinic Attendees	Sexually active adults	500	(I) 2.1%	E
	Community Cohorts				
	Rayong	Sexually active adults	1,002	on-going	E
	Chonburi	"	2,000	"	"
	Peri-urban Chiang Mai	"	2,259	"	"
Africa					
Uganda	Community Cohort Rakai District	Sexually active adults	12,000	(I) 1.8%	A, D

Key New Initiatives

Two critical questions in HIV vaccine development

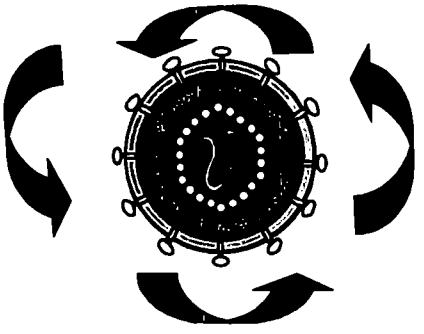
1. Required effector response

2. Role of subtypes

NIH Initiatives

B Trials:

- **U.S.**
- **Caribbean**
- **Uganda**



WRAIR/DoD Initiatives

A, D, E Trials:

- **U.S.**
- **Thailand**
- **East/West Africa**

Common Goal: Evaluate cellular immunity in divergent HLA types and generation of cross clade killing CTLs

Summary

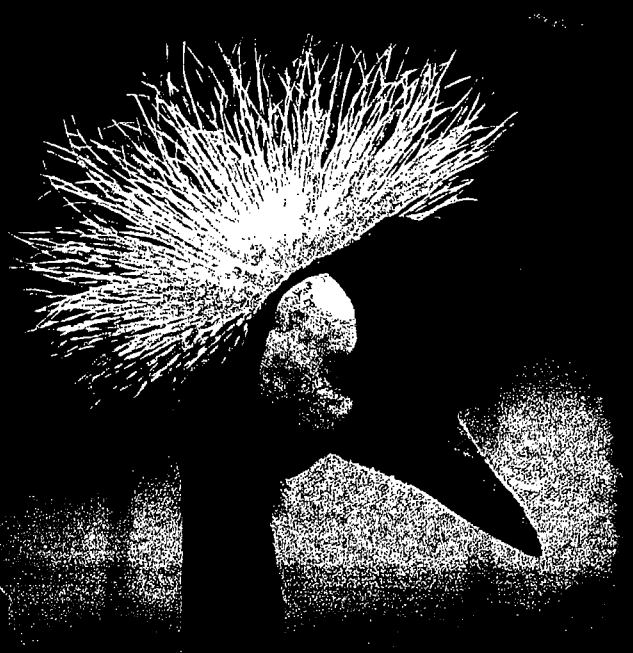
- **The U.S. Military HIV Research Program is committed to prevention of infection and transmission of HIV through:**
  1. **Defining the global threat; demonstrating risk for deployment exposure**
  2. **Assessment and "data-based" development of education and prevention programs**
  3. **Leveraged development of vaccines for HIV prevention; global protection**
  4. **Development & appropriate use of technologies, diagnostics, and therapeutics**
- **Collaborative participation in studies designed to prevent immunodeficiency following infection**
- **The U. S. Military HIV Research Program is:**
  1. **Uniquely positioned to develop a global HIV preventive vaccine**
  2. **Highly leveraged, intensely focused, non-duplicative, goal driven applied research program**

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.



Proceedings
Uganda Vaccine Workshop

1-5 February 1999
Entebbe, Uganda

Clinton Presidential Records
Digital Records Marker

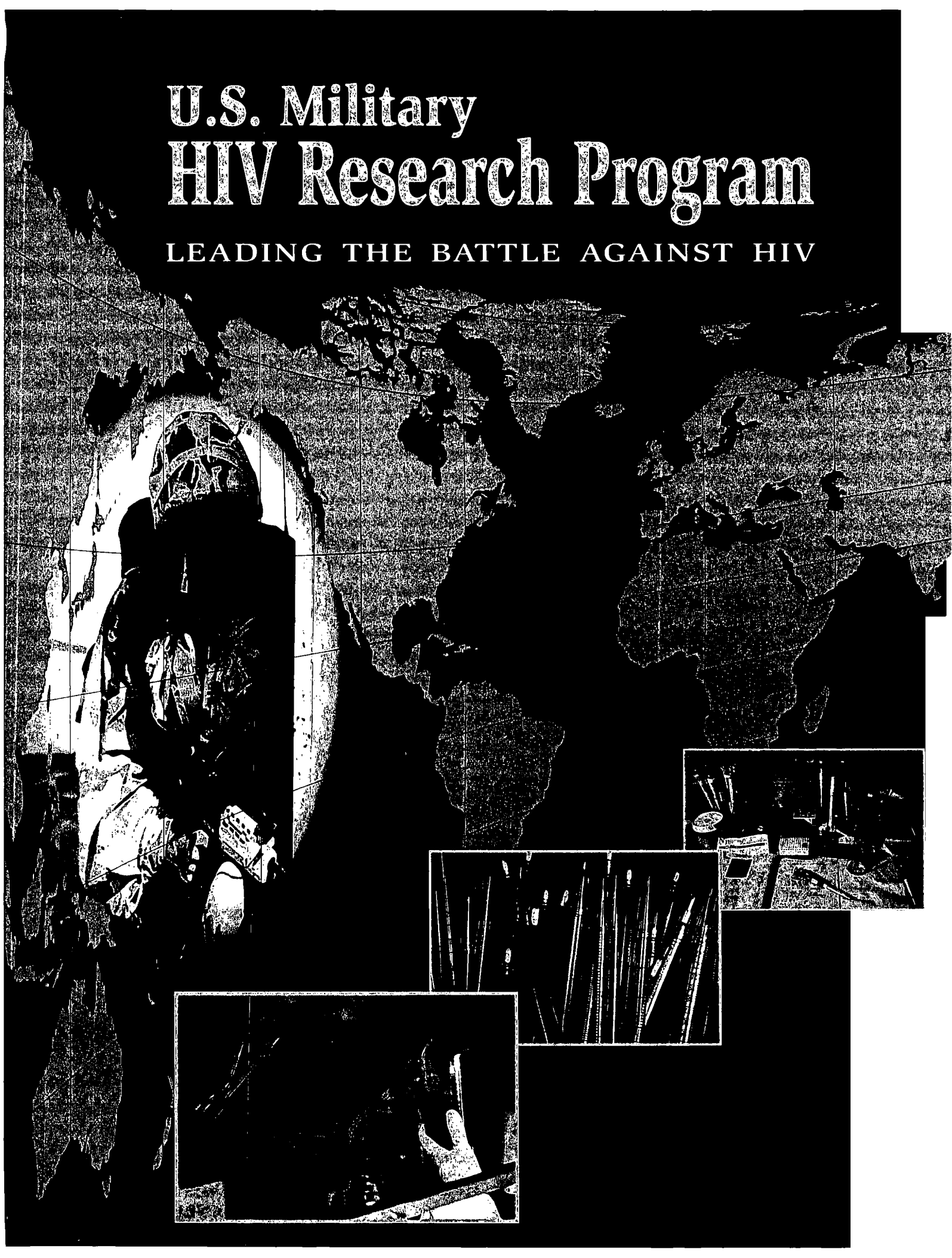
This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

U.S. Military
HIV Research Program

LEADING THE BATTLE AGAINST HIV



HIV Program Scientists Visit Cambodia

By Jean-Louis Excler, M.D.

LTC Art Brown and Dr. Michael Benenson of the Armed Forces Research Institute of Medical Sciences (AFRIMS)in Bangkok, Thailand and Jean-Louis Excler, M.D. of the Henry M. Jackson Foundation (HMJF) attended The First National Conference on HIV/AIDS in Phnom Penh, Cambodia this past March.

The goal of the conference was to create awareness at all social levels of the magnitude of the HIV epidemic in the country and to stimulate and coordinate efforts within a global national policy. Cambodia is heavily affected by HIV-1 infection and AIDS.

A strong emphasis was on the National Surveillance Program and Sentinelle Network. A 100% condom use program, especially among commercial sex workers, will be implemented countrywide. UNAIDS gave full support and is currently helping the Government in defining policy and formulating the guidelines of a national AIDS program. The Conference received support from the highest level of the Government. Both prime ministers attended, endorsing all recommendations and strongly encouraging their implementation countrywide.

This Conference was followed by a meeting on Infectious Disease Research Partnership between the National Institute of Public Health (NIPH), Phnom Penh, and the Naval Medical Research Unit -2 (NAMRU-2), Dajkarta. On April 1st, 1999, the meeting was hosted by the NIPH. ■

What is the Data Coordinating and Analysis Center?

The Data Coordinating and Analysis Center (DCAC) provides complete data management and analysis support for all clinical trials and scientific research studies conducted by the Division of Retrovirology, Walter Reed Army Institute of Research. This service encompasses data management, SAS programming support, and biostatistical analysis.

The data management team is responsible for the receipt, logging, entry, filing and storage of documents related to ongoing studies. The team is also responsible for reviewing and evaluating data forms, coding schemes, setting laboratory value standards, reviewing data clarification forms, generating screens for data entry and report generation. The data entry technicians are experienced in double data entry for both clinical trials and other research studies. They also provide support for filing and individual report retrieval.

There are two experienced SAS programmers on staff who provide extensive programming support for all facets of the DCAC. This involves programming for monthly and periodic protocol reports, data preparation for analysis and interactive data analysis with researchers within the division. They are responsible for designing and maintaining research data bases, extracting criteria based subsets, preparation of data for epidemiological studies, graphic and report generation. They also support the analysis capabilities within the DCAC.

The staff of the DCAC also provides biostatistical and analytical support including univariate, bivariate and multivariate analysis, parametric and non-parametric analysis, linear, logistic and poisson modeling, incidence and prevalence analyses, and time-to-event analysis including Kaplan-Myer life table and Cox-proportional Hazards modeling. They are familiar with the clinical variables associated with HIV disease and AIDS, and work in collaboration with principal investigators. ■

DCAC PROVIDES COMPLETE DATA MANAGEMENT AND ANALYSIS SUPPORT FOR ALL CLINICAL TRIALS AND SCIENTIFIC RESEARCH STUDIES

Coming Soon, New and Improved Web Site

The Henry M. Jackson Foundation staff is diligently working to update the Foundation's Web site, **www.hjf.org**. The project includes the expansion of the HIV Research Program's presence on the Web.

The HIV Program is currently one section of the Jackson Foundation's site. The future goal is for the HIV Program to have it's own Web address. The site will be accessible from the Henry M. Jackson and the Walter Reed Army Institute for Research's sites.

The HIV Program's Web site will be a central location for information to be found on clinical trials, grants, Program initiatives, and to foster better communication among the staff of the Program, which is located around the world.

The Foundation is working to upgrade the site by improving design, as well as the quality of content. The site will contain information on many of its research programs, career opportunities, calendar of educational events, Foundation services, links to major programs and other researcher resources, and frequently asked questions.

The Jackson is also planning to build a comprehensive Intranet for employees. Each employee will be able to obtain a password to access employee information, forms, news and information, a new Foundation Guide, newsletters, and other valuable information.

Please continue to watch for further information about the Foundation and HIV Program's Web site. ■

The Jackson Foudation supports military medical research and education throughtout military medicine.

U.S. Military HIV Research Program

Summer 1999

A Newsletter for Clinical Sites and Patients

Update from Department of Clinical Studies and Interventions

Maj Scott Wegner

The U.S. HIV Military Research Program has entered into collaborations with Virco-Belgium to study the use of drug level monitoring. Failure of highly active antiretroviral therapy (HAART) regimens can occur if the drugs do not reach a sufficient level in the blood to inhibit the virus. This can also promote the development of the virus that is resistant to multiple drugs. The Program experts hope that this work with Vicro-Belgium will provide new technology that can be used to optimize therapy. Samples obtained from the Clinical Efficacy of Antiretroviral Resistance Testing trial (CERT), are being analyzed to look for correlation between drug levels, clinical outcomes, and the development of resistance. This may lead to new clinical trials in the near future.

The CERT trial continues to be very successful, enrolling over 210 of a planned total of 450 volunteers. Average turnaround time for ultrasensitive viral burdens is three days, turnaround for genotype is about five working days, and turnaround for phenotype is about three weeks. It is important to continue the enthusiastic pace of enrollment in this important study. ■

HIV Research at Walter Reed Army Medical Center

By MJ Humphries, RN.,B.S.N.

COL Naomi Aronson
WRAMC Site Coordinator

Walter Reed Army Medical Center (WRAMC) located in the Northwest district of Washington, DC opened in 1909. The hospital was named in honor of an American Army surgeon and bacteriologist, Walter Reed (1851-1902) who determined the cause of Yellow Fever.

WRAMC is in close proximity to the National Institutes of Health, Walter Reed Army Institute of Research (WRAIR), and the National Naval Medical Center, and has maintained a close working relationship with all.

Of all the Army medical centers, WRAMC has the largest HIV patient population. The Center has a broad scope of providers, including 17 clinic infectious disease (ID) physicians. All evaluations are done in the ID clinic with a multidisciplinary approach, including services such as dermatology, social work, psychiatry, pharmacy, and pastoral counseling.

WRAMC has been conducting research in HIV since the illness was recognized in 1982/1983. The WRAMC Infectious Disease Clinic has been a clinical site participating in studies through WRAIR's Division of Retrovirology since 1987. The Natural History Study, (RV1/2), enrolled its first volunteer at WRAMC in June 1987. Since that time, there have been over 5,900 patients enrolled in various clinical studies.

In addition to the observational Natural History Study, (now RV-122), Clinical Efficacy of Antiretroviral Resistance Testing (CERT) (RV-125), and the HIV Seroconverter (RV-117), WRAMC has a unique focus on immune reconstitution with RV-130: CD4 zeta, the first HIV gene therapy protocol in the DoD recently

CONTINUED ON PAGE 2

Accomplishments of the HIV Research Program

From Francine McCutchan, Ph.D.
The first study in HIV-1 molecular epidemiology to employ full genome sequencing has been completed and revelaed that the majority of HIV-1 infections in rural Tanzania are recombinant strains.

The first simple and quantitative method for detecting hylermutation in HIV-1 genomes has been developed and used to establish that most, if not all HIV-1+ patients harbor hypermutated sequences in their primary PBMC.

From Jean Carr, Ph.D.
We have discovered a recombinant form of HIV-1 which accounts for the majority of HIV-1 infections in west and west central Africa.

From LTC Nelson Michael

1. Cloned the HIV-1 co-receptor gene CXCR4.
2. Developed an infectious molecular clone for a Thai subtype E HIV-1 strain.
3. Evaluatde the Affymetrix GeneChip HIV-1 drug resistance assay on non-subtype B virus.
4. Showed that MHC genotypes predict HIV disease progression in African-Americans.
5. Demonstrated exclusive CXCR4 co-receptor usage in CCR5 null genotype individuals. ■

Web Site of Interest

www.kff.org/archive/aidshiv.html

The Henry J. Kaiser Family Foundation produces a daily report on HIV/AIDS. The report details the days news related to HIV/AIDS. Sections include: Politics and Policy, Public Health and Education, Science and Medicine, Across the Nation, Global Challenges, In the Courts, Media and Society, and Opinionmakers. You can register to receive the daily report by e-mail.

The Henry J. Kaiser Family Foundation, based in Menlo Park, California, is an independent health care philanthropy. ■

HIV RESEARCH AT WRAMC CONTINUED FROM PAGE 1

approved by the WRAMC Institutional Review Board (IRB): RV-100: the first immune reconstitution study with infusion of autologous CD4 cells and previous vaccine studies with gp-120, gp160 (phases I and II), and gp160 with AZT.

Execution of these multi-site, multi-phase studies requires an experienced research team dedicated to the HIV program for purposes of providing options to HIV-infected patients and their dependents. Through a cooperative effort with the infectious disease clinic staff, a review of all active clinic charts is performed to identify and categorize the population with regard to 'protocol status'. This process is dynamic and enhances our recruitment and retention efforts.

The current research team at WRAMC has extensive HIV clinical trial experience, ranging from 5-12 years. Our team has benefited from the experiences of individuals working in varied research settings such as universities, hospitals, and outpatient clinics with pharmaceutical sponsors, AIDS Clinical Trials Groups and the Community Programs for Clinical Research on AIDS (CPCRA). Our research team has developed an ongoing quality improvement program related to protocol execution at WRAMC that enables us to obtain accurate and appropriate data for submission and analysis.

WRAMC Infectious Disease Clinic is staffed with Army personnel, as well as staff from the Henry M. Jackson Foundation. The Foundation provides support to more than 400 military research programs. ■

WRAMC Staff, left to right: COL Raymond Chung, Don Johnson, Cyrilla Smalls, Hannah Flakss, MJ Humphries; Ann De Soto, Eileen Nolan Polite, MAJ Glenn Wortmann, Kelly Cozza, and LTC Norman Bussell.

U.S. Military HIV Research Program
1600 East Gude Drive
Rockville, Maryland 20850
301-251-5000, www.hjf.org

Leadership
Director
COL Deborah Birx, M.C.
Director of Retrovirology
Walter Reed
Army Institute for Research

Keith Johnson
HIV Program Director
Henry M. Jackson Foundation

Please address comments to:

Kelley Dunn Lennon
Communications Coordinator
Henry M. Jackson Foundation
13 Taft Court, Suite 200
Rockville, Maryland 20850
301-251-5094
Fax: 301-762-4177
E-mail: klennon@hivhjf.org

UPCOMING MEETINGS

1999 International Meeting of the Institute of Human Virology
A Symposium on HIV/AIDS & Cancer Biology
August 28-September 2
Phone: 410-706-8614
www.ihv.org

39th Interscience Conference on Antimicrobial Agents and Chemotherapy
September 26-29, 1999
Moscone Center, San Francisco, California
www.asmusa.org/mtgsrc/ic99main.htm

Infectious Disease Society of America 37th Annual Meeting
November 18-21, 1999
Pennsylvania Convention Center
Philadelphia, Pennsylvania
www.idsociety.org

HJF STAFF AT WRAMC

Ann De Soto - Research Coordinator/Scheduler
Ann De Soto has been with the Foundation since 1989. She was instrumental in the development of the patient scheduling system which started in 1991 and is still used today. De Soto's diligence in maintaining contact with patients enhances compliance with protocol requirements. In 1997, she was given the additional responsibility of coordinating the regulatory aspects of all protocols executed at WRAMC. She quickly became familiar with the many, complicated documents that are necessary to comply with our local IRB requirements.

Kathleen Duffy, R.N. - Protocol Coordinator
Kathleen Duffy is the newest member of our team. She has five years of HIV clinical trial experience. Her background is in oncology and coronary care nursing. She has experience with both adult and pediatric populations.

Jan Golder, R.Ph. - Research Pharmacist
Jan Golder has been with the Foundation since 1996. She provides support to patients seen at WRAMC and WRAIR through education on HIV associated medications and their side effects, and for patients on studies who require study medication dispensing. Golder also works part time at Childrens Hospital.

MJ Humphries, R.N., B.S.N. - Senior Protocol Coordinator
MJ Humphfires has been with the Foundation since 1991, beginning with work on the vaccine trials. She has eight years of HIV clinical trial experience in all phases of clinical trials in both the hospital and community based setting. Humphries background is in immunology and has worked in a laboratory before commencing her nursing career.

Hannah Flaks, R.N. - Protocol Coordinator
Hannah Flaks has five years of HIV clinical trial experience. She is also an AIDS Certified Registered Nurse (ACRN). She has experience in all phases of clinical trials and has worked in both hospital and community based settings. Flaks has an extensive background in chemical dependency and is a Certified Addictions Registered Nurse (CARN).

Don Johnson - Clinical Research Assistant
Don Johnson started with the Foundation in 1991. He has close to nine years of HIV clinical trial experience. He is actively involved with all aspects of protocol execution from recruiting and screening to enrollment, and case reporting form completion. Johnson provides support to the nurse coordinators for all protocols. He has an extensive background in community outreach and education and serves as an active member of a CPCRA Community Advisory Board.

Eileen Nolan-Polite, RN, BS (Protocol Coordinator)
Eileen Nolan-Polite has extensive clinical trial experience, since 1985, with more than five years in HIV research in hospital and community based settings. Nolan-Polite's initial experience with the Foundation started in 1991 with the vaccine trials. She is an ACRN and a Certified Clinical Research Associate. Her research experience also includes device and drug development. She has directed an HIV hospice program and has worked with both adult and adolescent HIV populations. Nolan-Polite's background is infection control, wound healing, and trauma.

Key WRAMC Clinic Staff

COL Raymond Chung is Chief of the Infectious Disease Service and was integrally involved with the start up of the Natural History Study at this site in 1989.

COL Naomi Aronson is the Director of Clinical Research in Infectious Disease. She has extensive clinical research experience in HIV, Leishmaniasis, and Tuberculosis.

LTC Clifton Hawkes has been the Principal Investigator of the Natural History Study since 1995 and has been the Chairman of the Infection Control Committee and Hospital Epidemiologists since 1994.

MAJ Glenn Wortmann is the Chief of the Infectious Disease Clinic and is responsible for the day to day operations of the clinic.

Cyrilla Smalls, R.N. is the Head Nurse of the Infectious Disease Clinic. She has been in this position since 1987.

CENTER FOR PROSTATE DISEASE RESEARCH (CPDR) DEDICATION CEREMONY

By Amy Ziegenfuss

The grand opening ceremonies for the Center for Prostate Disease Research's new center, located at 1530 East Jefferson Street, were held on May 21, 1999.

Chartered by Congress in 1991, CDPR was established in response to the growing concern and incidence of prostate cancer. CPDR is a Department of Defense (DoD) program in collaboration with the Uniformed Services University of the Health Sciences (USU) and the Henry M. Jackson Foundation for the Advancement of Military Medicine.

U.S. Representative Connie Morella (R-MD), CPDR officials, and leadership from USU and the Foundation hosted the festivities. The launch of this unique Center is particularly exciting because it marks the opening of the only facility in the country dedicated solely to prostate disease research.

The CPDR counts the discovery of the role several human genes play in prostate cancer among its many breakthroughs, as well as the establishment of a landmark clinical database that will contain information on every prostate cancer patient treated within the military health system. This database, which already contains information on 11,000 patients, will allow researchers to utilize previously unavailable clinical information to further their scientific studies.

The Center maintains an active prostate cancer education program dedicated to raising awareness of the disease among patients and physicians. In addition, CPDR's directors established a large prostate cancer support group and quarterly newsletter at nearby Walter Reed Army Medical Center. ■

U.S. Representative Connie Morella (R-MD) and Jackson Foundation President John Lowe attend CPDR grand opening.

1999 ARTICLES PUBLISHED BY PROGRAM SCIENTISTS

Cross-Subtype Neutralizing Antibodies Induced in Baboons by a Subtype E GP120 Immunogen Based on an R5 Primary HIV-1 Envelope.
In Press, J. Virol.
VanCott TC, Mascola JR, Loomis-Price LD, Sinangil F, Zitomersky N, McNeil JG, Robb ML, Birx DL and Barnett S.

Protection of macaques against pathogenic simian/human immunodeficiency virus 89.6pd by passive transfer of neutralizing antibody.
J. Virol. 1999; 73:4009-4018
Mascola JR, Lewis MG, Stiegler G, Harris D, VanCott TC, Hayes D, Louder MK, Brown CR, Sapan CV, Frankel SS, Lu Y, Robb ML, Katinger H and Birx DL.

Immunotyping of HIV-1: An approach to immunologic characterization of HIV.
In Press, J. Virology
Zolla-Pazner S, Gorny MK, Nyambi PN, VanCott TC and Nadas A.

Application of dried blood spot specimen collection for human immunodeficiency virus type 1serologic subtyping in Thailand.
Journal of Clinical Microbiology 1999; 37:804-806
Chanbancherd, Trichavaroj, Brown, VanCott, de Souza, et. al..

Limited protection from a pathogenic chimeric simian-human immunodeficiency virus challenge following immunization with attenuated simian immunodeficiency virus.
J Virol 1999; 73:1262-1270.
Lewis MG, Yalley-Ogunro J, Greenhouse JJ, Brennan TP, Bo-Jiang J, VanCott TC, Lu Y, Eddy GA and Birx DL.

Epidemiologic and biologic characterization of a cohort of HIV-1 highly exposed, persistently seronegative commercial sex workers in Northern Thailand.
J. Infect Dis 1999;179:59-67.
Beyrer C, Artenstein AW, Rungpao S, Stephens H, VanCott TC, Robb ML, Rinkaew M, Birx DL, Khamboonruang C, Zimmerman PA, Nelson KE, Natpratan C.

Development and standardization of methods to evaluate the antibody response to an HIV-1 candidate vaccine in secretions and sera of seronegative vaccine recipients.
J Immunol Methods 1999; 222: 111-24.
Raux M, Finkielsztejn L, Salmon-Ceron D, bouchez H, Excler JL, Duhoust E, Grouin JM, Sicard D, Blondeau C.

Human Immunodeficiency Virus In Vaccines.
Plotkin SA and Orenstein WA Eds. Saunders, Philadelphia.
3rd Ed., 1999, Chapter 38, pp. 928-967.
Girard M, Excler JL.

Safety and immunogenicity of alive recombinant canarypox virus expressing HIV-1 gp120 MN tm/gag/protease LAI (ALVAC-HIV, vCP205) followed by a p24E-V3 MN synthetic peptide (CLTB-36) administered in healthy volunteers at low risk for HIV infection
AIDS Res Hum Retroviruses 1999; 15: 633-45.
Salmon-Ceron D, Excler JL, Finkielstzjen L, Sicard D, Autran B, Gluckman JC, Matthews TJ, Meignier B, Valentin C, El Habib R, Blondeau C, Raux M, Moog C, Tartaglia J, Chong P, Klein M, Miltamps B, Heshmati F, Plotkin S, the Agis Group and L'Agence Nationale de Recherche sur Le Sida.

Development of calibrated viral load standards for group M subtypes of human immunodeficiency virus type 1, and the Performance of an Improved AMPLICOR HIV-1 MONITOR Test on diverse subtypes.
In press, J.Clin. Micro.
Michael NL, Herman SA, Kwok S, Dreyer K, Wang J, Christopherson C, Spadoro JP, Polonis V, McCutchan FE, Carr J, Masrola JR, Jagodzinski LL, and Robb ML.

The CCR2-64I polymorphism is not associated with altered CCR5 expression, coreceptor function or HIV-1 replication.
J. Virol. 1999; 73:2450- 2459.
Mariani R, Wong S, Mulder LCF, Wilkenson D, Reinhart AL, LaRosa G, Nibbs R, Michael NL, Connor RI, Macdonald M, Busch M, Koup R, and Landau NR.

Persistently negative HIV-1 antibody EIA screening in patients with HIV-1 infection and AIDS: serologic, clinical, and virologic results.
AIDS 1999; 13:89-96.
Sullivan PS, Schable C, Koch W, Do AN, Spira T, Lanksy A, Lal R, Hyer C, Davis R, Marx M, Paul S, Kent J, Hamaker D, McFarland J, LaFontaine J, Mottice S, Michael N, and the Seronegative AIDS Clinical Study Group.

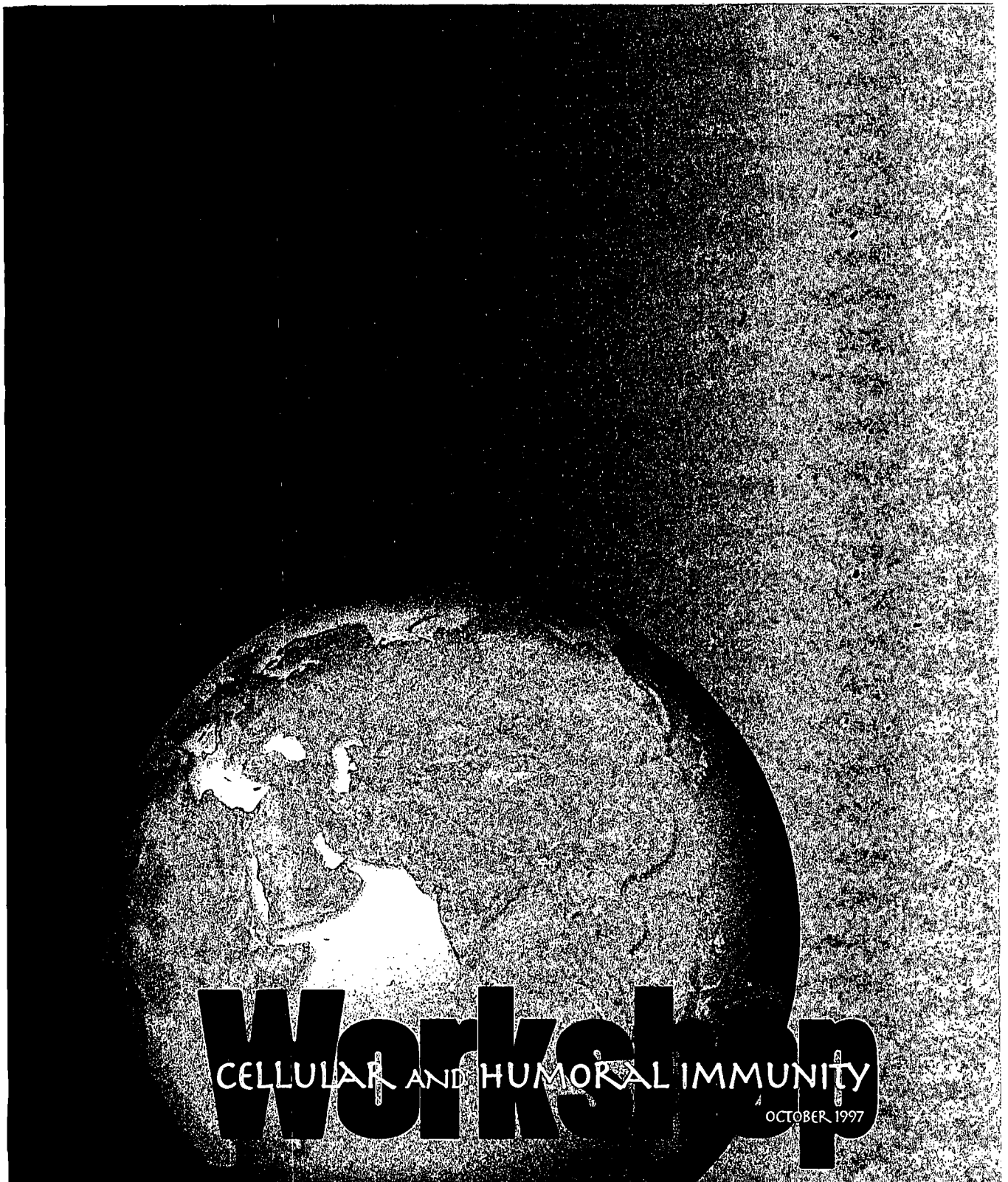
Preliminary evaluation of HIV-1 Immunogen in children with human immunodeficiency virus type 1 Infection.
In Press, J Infect Dis.
Sei S, Sandelli SL, Theofan G, Ratto-Kim S, Kumagai M, Loomis-Price LD, Cox JH, Jarosinski P, Walsek CM, Brouwers P, Venzon DJ, Xu J, Pizzo PA, Moss RB, Robb ML, Wood LV. ■

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.



Report on Proceedings

Chiang Mai
Thailand

Clinton Presidential Records
Digital Records Marker

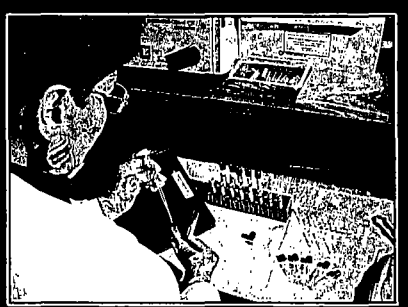
This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

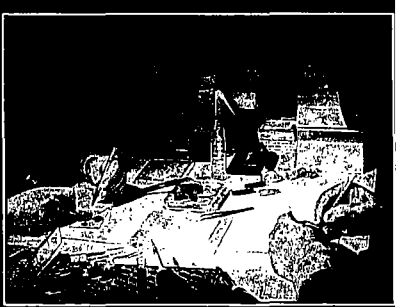
This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

HENRY M. JACKSON FOUNDATION
for the Advancement of Military Medicine

15 Years of Committed Service





ANNUAL REPORT

1998