Clinton Presidential Records
Automated Records Management System
[EMAIL] and Tape Restoration Project [Email]

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

This marker identifies a responsive email, already made available within another FOIA request.

FOIA: 2011-0729-F

Bucket: OPD

Creation Date: 1997-11-04

Subject: World AIDS Day

Creator: Sandra Thurman CN=Sandra Thurman/OU=OPD/O=EOP [OPD]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Paul J. Yandura (CN=Paul J. Yandura/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:19-NOV-1997 15:53:39.00

SUBJECT: rework

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

TEXT:
SCHEDULING REQUEST PROPOSAL Date: 11/19/97

___ACCEPT ___REJECT ___PENDING

TO: Stephanie Streett, Deputy Assistant to the President and Director of Scheduling

FROM: Bruce Reed, Assistant to the President for Domestic Policy
Sandra L. Thurman, Director, Office of National AIDS Policy

REQUEST: Photo opportunity with youth for signing of World AIDS Day Proclamation

PURPOSE: Commemoration of World AIDS Day and to amplify the Administration[,s commitment to fighting HIV and AIDS.

BACKGROUND: To commemorate World AIDS Day the President will meet with four youth peer educators from HIV prevention programs, three HIV+ youth, and the parents of a youth who has died of AIDS for a photo-op and signing of the World AIDS Day Proclamation and possible Presidential Directive.

World AIDS Day is sponsored by the World Health Organization and was first observed on December 1, 1988. The 1997 World AIDS Day theme, [&Give Children Hope in a World with AIDS,[8 challenges people around the world to contemplate the long-term repercussions of the AIDS pandemic, and not lose sight that AIDS affects everyone.

Recent years have seen a significant shift in the demographics of the AIDS epidemic, with new infections in youth rising dramatically we must recognize these changes. 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+ 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.

DATE & TIME: Monday, December 1,1997 (World AIDS Day)

DURATION: Ten minutes.

LOCATION: Oval Office.

PARTICIPANTS:
The President
Sandra Thurman, Director Office of National AIDS Policy
Four Youth Peer Educators
Three HIV+ Youth
Parents of Youth Who Died of AIDS

OUTLINE OF EVENT: Photo-Op.

REMARKS: None.

MEDIA: White House Still Photo.

FIRST LADY: No.

VICE PRESIDENT: No.

RECOMMENDED BY: Bruce Reed, Sandra Thurman

CONTACT: Sandra Thurman or Todd Summers (202) 632-1090
Christa Robinson (202) 456-5165
N:\YANDURA\WORLDAID\POTUS.RQS========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D48]MAIL40862622V.316 to ASCII,
The following is a HEX DUMP:

FF5750439205000010A020100000002050000006 41C00000020000188225BCBF2C49863EFD3E
EDD7E177C955AA69BE9A2741DB8684A14F67D7449FADEDF4ABA939BF4D138C8D5357180F4ED468
5DA486BCDA4F2277981D7128EBC8D46891F1D8CDF47B51A43453084439AB1BAAB90E72C3867386
C0D4BBB9DF856BB0D6B3B830CD64D0BD036453AB1FBAD0A11B1FE43A7CD7ECEBB33E905A5715FA
1C4D07D52B296096CF12C1132A28D34E9AF5F26C0D6F2B2B80AE4C2AA151B69C82FC19B7517953

SCHEDULING REQUEST PROPOSAL Date: 11/19/97

__ACCEPT __REJECT __PENDING

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Three HIV+ Youth
Parents of Youth Who Died of AIDS

OUTLINE OF EVENT: Photo-Op.

REMARKS: None.

MEDIA: White House Still Photo.

FIRST LADY: No.

VICE PRESIDENT: No.

RECOMMENDED BY: Bruce Reed, Sandra Thurman

CONTACT: Sandra Thurman or Todd Summers (202) 632-1090
Christa Robinson (202) 456-5165

N:\\ANDURA\WORLDAID\POTUS RQS

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Paul J. Yandura (CN=Paul J. Yandura/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:19-NOV-1997 15:54:45.00

SUBJECT: rework

TO: Richard Socarides (CN=Richard Socarides/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

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

TEXT:
Richard here is the updated version of the scheduling request. Christa Robinson has a copy as well. Let me know when Maria has signed on and we will update it.

Thanks for your help.
---------- Forwarded by Paul J. Yandura/OPD/EOP on 11/19/97 03:52 PM ----------

Paul J. Yandura
11/19/97 03:53:27 PM
Record Type: Record

To: Christa Robinson/OPD/EOP
cc:
Subject:rework

SCHEDULING REQUEST PROPOSAL Date: 11/19/97

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REMARKS: None.

MEDIA: White House Still Photo.

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N:\YANDURA\WORLDAID\POTUS.RQS

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

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D76]MAIL45472622N.316 to ASCII,
The following is a HEX DUMP:

FF5750439205000010A020100000002050000006 41C00000020000188225BCBF2C49863EFD3E
EDD7E177C955AA69BE9A2741DB8684A14F67D7449FADEDF4ABA939BF4D138C8D5357180F4ED468
5DA486BCDA4F2277981D7128EBC8D46891F1D8CDF47B51A43453084439AB1BAAB90E72C3867386
C0D4BBB9DF856BB0D6B3B830CD64D0BD036453AB1FBAD0A11B1FE43A7CD7ECEBB33E905A5715FA

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N:\YANDURA\WORLDAID\POTUS.RQS

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Wm G. White (CN=Wm G. White/OU=OMB/O=EOP [OMB])

CREATION DATE/TIME: 1-DEC-1997 15:36:26.00

SUBJECT: OMB Edits to World AIDS Day Talking Points

TO: Jordan Tamagni (CN=Jordan Tamagni/OU=WHO/O=EOP@EOP [UNKNOWN])
READ:UNKNOWN

CC: Gordon P. Agress (CN=Gordon P. Agress/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

CC: Richard J. Turman (CN=Richard J. Turman/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

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

CC: Barry T. Clendenin (CN=Barry T. Clendenin/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

CC: Joshua Gotbaum (CN=Joshua Gotbaum/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

CC: Richard Socarides (CN=Richard Socarides/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
Josh Gotbaum asked me to take a look at the "Domestic Funding" section of this document to verify its accuracy. I have made a few small edits which are reflected in bold at the bottom. Please call me at 5-7791 with questions.

INFORMATION FOR WORLD AIDS DAY 1997

State of the Epidemic - United States
New infections per year = 40,000 to 60,000
New treatments and better care resulted in a 23% decline in AIDS deaths in 1996
Fewer deaths means more people living with HIV and AIDS
HIV is moving rapidly among African-Americans, Latinos, women, and young people
Total AIDS cases to date = 612,000 (of which 237,000 are still alive)
Total HIV positive = 600,000 to 900,000 (conservatively)

State of the Epidemic - Global
New infections = 5.8 million per year (just announced by World Health Organization)
New estimate by UNAIDS of children orphaned by AIDS = 40 million by 2010
Total living with HIV/AIDS = 31 million
Total deaths to date = 12 million (2.3 million in 1997)
90% of new infections occur in developing world
Majority of new infections among 15-24 year olds

Pediatric AIDS
2,000 babies are born HIV infected in the U.S. each year - 5 per day

perinatal transmission dropped 43% in US between 1992 and 1996 - treatment with AZT
More than 75% of all pediatric AIDS cases are among people of color

Youth and AIDS
Half of all new HIV infections in US are among youth under 25
AIDS is 6th leading cause of death among 15-24 year old Americans

People of Color and AIDS
In 1996, 62% of all persons with AIDS and 79% of women with AIDS were minorities
The incidence of AIDS is 7 times higher among African-Americans and 3 times higher among Latinos than among white Americans

Women and AIDS
African-American women are 17 times more likely and Latinas are 6 times more likely to get AIDS than their white counterparts
women account for 42% of adults living with AIDS worldwide, and 20% in US

Domestic Funding
Discretionary AIDS funding at HHS increased over 60% since start of term.
AIDS research funding at NIH increased by 50% since start of term.
Specific Federal Funding for State AIDS Drug Assistance Program up nearly 450% since 1996.
Nearly tripled funding for the Ryan White CARE Act since start of term.
HIV Prevention funding for the Centers for Disease Control and Prevention up 27% since start of term.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME: 1-DEC-1997 11:24:58.00

SUBJECT: Talking points

TO: Wm G. White (CN=Wm G. White/OU=OMB/O=EOP @ EOP [OMB])
READ:UNKNOWN

TEXT:
The stuff on funding is at the end. These particular bullets were not widely circulated.

INFORMATION FOR WORLD AIDS DAY 1997

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Domestic Funding
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AIDS research funding increased by over 50% in four years
AIDS Drug Assistance Program funding up 450% since 1996
Tripled funding for the Ryan White CARE Act
Prevention funding to Centers for Disease Control up 27%

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Richard Socarides (CN=Richard Socarides/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME: 1-DEC-1997 15:44:29.00

SUBJECT: OMB Edits to World AIDS Day Talking Points

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

TEXT:
---------- Forwarded by Richard Socarides/WHO/EOP on 12/01/97 03:44 PM ----------

Wm G. White
12/01/97 03:36:26 PM
Record Type: Record

To: Jordan Tamagni/WHO/EOP
cc: See the distribution list at the bottom of this message
Subject:OMB Edits to World AIDS Day Talking Points

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Message Copied
To:
Richard Socarides/WHO/EOP
Todd A. Summers/OPD/EOP
Joshua Gotbaum/OMB/EOP
Richard J. Turman/OMB/EOP
Barry T. Clendenin/OMB/EOP
Gordon P. Agress/OMB/EOP

Clinton Presidential Records
Automated Records Management System
[EMAIL] and Tape Restoration Project [Email]

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

This marker identifies a responsive email, already made available within another FOIA request.

FOIA: 2007-1550-F

Bucket: OPD

Creation Date: 1998-03-21

Subject: From Todd - Dr. Jonathan Mann's prepared text

Creator: Sandra Thurman CN=Sandra Thurman/OU=OPD/O=EOP
[OPD]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sherman G. Boone (CN=Sherman G. Boone/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:10-APR-1998 11:05:24.00

SUBJECT: FW: Speech by Dr Bruntland (newly nominated to as DG WHO)

TO: Gene.Clapp (Gene.Clapp @ MS01.DO.treas.sprint.com @ inet [UNKNOWN])
READ:UNKNOWN

TO: Laura L. Efros (CN=Laura L. Efros/OU=OSTP/O=EOP @ EOP [OSTP])
READ:UNKNOWN

CC: Lael Brainard (CN=Lael Brainard/OU=CEA/O=EOP @ EOP [CEA])
READ:UNKNOWN

TEXT:
WHO re: IBRD on malaria (w/reference to tobacco)
---------- Forwarded by Sherman G. Boone/OPD/EOP on 04/10/98 11:03 AM ----------

mpe0 @ cdc.gov
04/06/98 10:34:00 PM
Record Type: Record

To: Sherman G. Boone
cc:
Subject: FW: Speech by Dr Bruntland (newly nominated to as DG WHO)

> -----Original Message-----
> From: Folkers, Lela F.
> Sent: Monday, April 06, 1998 11:26 AM
> To: Albuquerque, Melissa S.; Alexander, Martha; Allensworth, Diane;
> Anderson, Lynda; Baldwin, Grant; Barden, Louise; Barnes, Frankie;
> Beaver, Joe; Benken, Donald; Bewerse, Barbara; Blasini, Lydia Caceres;
> Boman, Wendy; Brooks, Jennifer; Brown, Scott; Brown-Bryant, Renee;
> Bryan, Gloria B.; Cahill, Steve; Canfield, John; Carnes, Linda;
> Cassell, Carol; Cavallaro, Kathy; Cheal, Nancy E.; Cleveland, Janet;
> Cole, Galen; Conboy, Maureen G.; Conner, Holly; Corneli, Amy;
> Crawford, Shaunette; Crossett, Linda; Curry, Valerie; Damon, Scott;
> DeLuca, Nick; Dietz, Sue; Duncan, Carlton; Dushaw, Martha; Easton,
> Alyssa; Eischen, Monica H.; Eriksen, Michael; Fenley, Dean M.; Foley,
> Megan; Folkers, Lela; Fraire, Maria; Fridinger, Fred; Garland, Donna;
> Garza, Brenda; Gates, Suzanne (Suzi); Gay, Michael T.; Geissman, Kim;
> Gomberg, Cristina; Goodson, Ron; Graffunder, Corinne; Grant,
> Claudette; Hannan, Casey J.; Hatcher, Michael; Hatfield-Timajchy,
> Kendra; Hatfield-Timajchy, Kendra; Herrington, James E.; Hickson,
> Meredith; Hill, Carl; Holmes-Chavez, Amy K.; Hoover, Michele; Howze,
> Elizabeth H.; Hunt, Pete; Hutsell, Catherine; Jack, Leonard; Jarvis,
> Dennis; Jones, Ed; Jordan-Trimble, Tendai; Jorgensen, Cynthia; Kann,
> Laura K.; Keiser, Niki; Killingsworth, Richard E.; Kirby, Susan D.;
> Knutson, Donna; Kolbe, Lloyd J.; Kroger, Fred; Lackey, Cheryl;
> Lancaster, Brick; Lancaster, Mary Sue; Leonard, Bruce E.; Linnan, Huan
> W.; Lisco, John; Majestic, Elizabeth; Manangan, Arnulfo; Matson
> Koffman, Dyann M.(DACH); May, Jeannette; Maya, Stephanie; McIntyre,

> Rosemarie; Mezoff, Jane; Moore, John R.; Moyer, Linda; Narkunas,
> Diane; Niemeyer, Dearell; Orti, Donna; Page, Shannon; Parker,
> Kathleen; Patterson, Beth; Poehler, David L.; Poindexter, Patti;
> Pollard, Bette; Presley, Letitia; Prue, Christine (OD); Ramsey, David
> C.; Ranger, Cheryll; Reilley, Barbara; Robbins, Gordon E.; Roca,
> Angel; Rosheim, Chris; Schauer, Mary; Sheedy, Kristine; Siener, Karen;
> Sinclair, Ray; S-Kuwahara, Robin; Sleet, David; Smith, Julia; Somers,
> Kathleen; Sterling, Terrie D.; Stewart, Steven; Stuart, Gary;
> Sunnarborg, Kathryn R.; Tan-Wilhelm, Dorothy (DRDS); Tonsberg,
> Robert; Vernon, Mary E.; Walp, JoDe L.; Warren, Rueben C. DDS Dr.P.H.;
> Watkins, Nancy B.; Wechsler, Howell; Westover, Bonita; Williams, Gail;
> Williams, Kymber; Williams, Thelma; Wilson, Katherine; Wisotzky, Myra;
> Wolfe, Skip; Yang, Li-lien
> Subject: Speech by Dr Bruntland (newly nominated to as DG WHO)
>
> For those of you who are interested in WHO and international health,
> you may like reading this speech (thanks to Nancy Watkins who shared a
> copy).
> > Speech by Dr. Brundtland at the WORLD BANK
> >
> > Dr. Gro Harlem Brundtland
> > The World Bank
> > March 18, 1998
> >
> >
> > General opening remarks
> >
> > Thank you for inviting me here today. I welcome this
> opportunity of meeting with you and listening to your views and
> suggestions. Before I say anything else, let me just remind you that I
> do so in my personal capacity. It is often said, "where you stand
> depends on where you sit". At this moment I happen to be between
> chairs. I have been nominated to be the next Director General of the
> World Health Organization. The election will take place at the World
> Health Assembly May and the taking of office takes place in July.
> >
> > It is a balancing act. In Norway, it is like the new fad
> among kids of trying to ski with only one ski. Adults who try to do it
> fall down more often. So this is not the time to make detailed
> statements on priorities and directions. However, I look forward to
> listening, and to learn, and to share with you some of my thinking on
> the challenges ahead for world health. They are many. They are crucial
> and we need to face them.
> >
> > I had the opportunity of discussing some of these
> challenges when I met with President Wolfensohn yesterday. As always
> I appreciate his commitment, his vision and his readiness to look
> beyond the standard answers. And I appreciate the opportunity I had
> this morning to meet with the staff of the Health Nutrition and
> Population program.
> >
> > I strongly welcome the World Bank's involvement in health.
> The joint effort of the international community would simply be
> incomplete if the Bank did not get involved. I welcome the way in
> which health and social issues figure more prominently in the way the
> bank sets its priorities. And you can be assured that WHO will be
> there as an advocate for health - providing input, setting standards
> and sometimes serving as a reminder.
>
> > We need to be innovative and we need to work together.

> We need to unleash resources - intellectual, political and financial.
> We cannot allow health to remain a secondary item on the international
> political agenda. Health is pivotal. Health is the core of human
> development. Securing that prominent role for health is a challenge to
> us all. It will require a stronger partnership. I believe everyone in
> this room is committed to that. And moving health up the political
> agenda will require a respected leading agency. And, that agency is
> the World Health Organization. I am often asked; Are you a doctor or a
> politician? I am both, and I think it has been a good combination
> when addressing problems and finding solutions. As a doctor and as a
> politician you have to ask: What is the problem? What is the symptom?
> How can we prevent and cure? In short: What needs to be done, who
> needs to be involved and how should we act together to reach common
> goals?
>
> Doctors fail if they only treat symptoms. So do
> international organizations. We must ask what is the cause, and how
> can we prevent and cure? And let us keep the focus of our combined
> efforts the total health outcome. I believe it is a sound reminder to
> say that the test of what we do is on the ground. Poverty,
> uncontrolled disease, war, environmental impacts, tobacco - they are
> all enemies of health.
>
> We know that the vast majority of human suffering and
> early deaths in the world are poverty-related. Malnutrition has long
> been recognized as a consequence of poverty. It is increasingly clear
> that it is also a cause. Ill-health leads to poverty - and poverty
> breeds ill-health. People in developing countries carry 90 per cent of
> the disease burden, yet have access to only 10 per cent of the
> resources used for health. This is unnecessary and other countries
> also suffer from the impact.
>
> So in our quest for health we need to struggle against
> underdevelopment and poverty. There is a danger that the health gaps
> which already exist between the rich and the poor will widen. It is
> the narrowing of gaps - between states as well as within states which
> must be our goal. The task of reducing poverty is proving to be a
> long and difficult one. I believe that targeted strategies emphasizing
> health investments in the poor countries could significantly shorten
> the time it will take to dramatically reduce the world's crushing
> burden of poverty. This message is what we need to bring to Prime
> Ministers and Finance Ministers and to the entire civil society.
>
> As a lead agency in health WHO faces many challenges. I
> will do what I can to help the organization live up to its
> expectations. To set clear priorities. Let me take this opportunity to
> mention one area of concern which I believe has to be addressed swift
> .> Malaria is on the move again, wrecking lives and ruining
> economies. 90 per cent of deaths from Malaria occur in Africa, but
> the Americas, Asia and Europe are also hit. In Africa it is estimated
> to cost ten working days of pay to treat a case of Malaria. I is
> important to have a job. But you can't work if you are sick.
>
> When I met with the Executive Board of WHO I paid
> particular attention to Malaria. We thought it was declining. Some
> decades ago people even thought we were heading for eradication. But
> now we are facing a disease on the offensive. At the same time we ha
> the knowledge to make a real difference. At the seminar on
> vaccination yesterday we heard new indications that industry is
> getting closer to develop a reliable Malaria vaccine. Malaria is on

> the agenda of African leaders. G8 is ready to focus on Malaria. The
> World Bank is doing important work with Africa on Malaria. A number
> of UN agencies are involved in different capacities.
>
> So time has come to mobilize and organize knowledge as
> well as resources and to say the following: If the World wants to
> fight poverty and promote economic development in Africa, we must be
> serious about the fight against this disease. We can roll back
> Malaria!
>
> I have stated to the Executive Board of WHO that as the
> lead agency in health, WHO should be the leader in a concerted global
> effort against Malaria. To do this we need a new approach in the way
> we work with other agencies; in the way our programs collaborate; in
> the way we communicate; in the way we build capacity on the ground.
> And, in the way we raise funds and provide countries with the critical
> starting resources for their renewed efforts. Then we must help them
> sustain their efforts.
>
> We need to work on a revised strategy to combat Malaria -
> a strategy to ensure ownership by the health sector at a national and
> local level, especially in Africa - to improve the quality of all
> health services with Malaria-control and prevention as an in tergral
> part. A strategy which recognizes the need for new tools and
> involves the scientific community and the private sector.
>
> I had positive discussions with Jim Wolfensohn and Carol
> Bellamy of NICEF on this yesterday and I am confident that we can
> launch this initiative. We must show the world that agencies can work
> better together. We can do that - WHO, the World Bank, the other UN
> agencies, industry and NGO's can do that.
>
> And let me add - because sometimes people ask if this
> emphasis on Malaria means that other diseases such as HIV/AIDS and TB
> are less important. My answer is clearly no. If we succeed in working
> in a new and different way on a broad Malaria effort, then a other
> efforts will benefit. If we succeed in building better health
> systems - better health infrastructure - if we succeed in better
> advocacy and better involvement of civil society - then our efforts to
> support combat against other major diseases will benefit.
>
> We now know the daunting consequences of the HIV/AIDS
> epidemic, especially in large parts of the developing world. We can
> and should hope for breakthroughs in field of drugs and vaccination.
> But capacity building and advocacy are keys to any progress.
>
> WHO and the World Bank - each with their own mandates -
> are helping countries to improve their health care delivery capacity.
> It is not enough to have the vaccine. There have to be trained workers
> to get it to the target population. There must be a sustain able
> system for financing of services, with a solid public sector
> commitment as the foundation.
>
> Capacity building in countries in greatest need must be a
> priority issue for the international community. That is why I have
> stated my ambition of introducing health sector development as a
> dimension in all WHO programs.
>
> Building a healthy economy is the most direct road toward
> ensuring a healthy people. The fundamental cure is economic and social

> development. It is the empowerment of people, both women and men. It
> is in this overall framework that we shall place our comb for global
> health. It is not a separate task.
>
> There are important lessons to be learned from the way
> structural adjustment programs have devised and carried through. There
> are successes and failures and we can learn from both. You can expect
> WHO to be there with its advice on sector wide reform - speaking out
> for the need to safeguard the role of health and social services. But
> that message will not only go to the Bank and other financial
> institutions. It must also reach the governments. They too have to
> make the right priorities.
>
> Health has no real quid pro quo. It is not a question of
> "Its my money, so do it my way." Health has no border. Few issues
> illustrate the global interdependence better. Jim Wolfensohn said
> yesterday that too often health ministers were absent from the
> meetings he had with governments. That, he said, has to change. I
> agree. But I would add that we also have to remind Presidents, Prime
> Ministers and Finance Ministers, that they are truly health ministers
> themselves. Their overall decisions are decisive for the well being of
> their people.
>
> I believe that WHO as a leading advocate of health can set
> the agenda around the world. But then we need to provide the evidence
> that health is key. Not only as a moral obligation - an ethical
> obligation - as a human right. But also because it is pure an sound
> economics. A decade ago it became widely accepted that education,
> especially of young women, was crucial for development. It still is.
> But now we have new evidence of the role of health. Most of the
> economists here at the Bank know it. And, Finance ministers around the
> world should know it - and we need to remind them, and be able to back
> our statements up with facts. What we need is evidence-based health
> policy. What we need is the scientific underpinning of policy. We
> need to get our statistics right and we need to allocate resources to
> this neglected area. We need to know the burden of disease and define
> our priorities accordingly. We will work together to make the case and
> collect the facts. In the future WHO will have the relationship
> between health, health policies and economic development as an
> underpinning of its programs and selection of priorities. There is no
> clearer example of a health program building better lives than that of
> the topic of our discussions yesterday at the seminar on vaccination.
> We can agree that immunization is among the most cost-effective tools
> in illness prevention, and the most successful global health program.
> And, I am committed to working with those partners present at that
> meeting to bring existing and new vaccines to the countries where they
> are needed. This includes working with the leaders of those companies
> that produce vaccines. Together we must forward research and
> development.
>
> Since the 1970ies we have come far - bringing
> immunization to a high percentage of this world's children. Now we
> stand before a shift of paradigm at the doorstep to major
> technological breakthroughs. It will require a new and different kind
> of partnership And you can count on WHO being there to help bring it
> forward. But then again we must focus on advocacy and awareness
> raising - bringing the evidence to the attention of the decision
> makers. Political leaders have to be told - face to face - that
> immunization is effective; that health care workers to administer it
> are crucial; and, that building a primary care delivery system is

> their responsibility. We cannot do it for them, but we have the
> tools to help and are eager to be their partners.
> >
> > In conclusion, let me say some words about reform. In my
> speech before the Executive Board of WHO this January I said it was
> important that WHO commands respect in all countries. When there is
> mutual trust, we can go to the capitals of major donor countries with
> a convincing case. To me reform is a positive, dynamic and exiting
> notion. A well managed, efficient and transparent organization will
> have the clout to address financial issues and attract additional
> resources. Reform is about improving the way WHO manages its human
> and financial resources. I also said that WHO can do very little
> alone. It must set the global health agenda, but to succeed it must
> welcome partners and work with them.
>
> My life has been devoted to finding the cause and
> seeking the cure, both as a public health doctor and a political
> leader. I continue with that philosophy and look forward to building a
> healthier future for the people of the world with you as a partner.
> >
> >
> > Thank you.
> >
> >
> >
> >
> >
> >
> >
>
>
>
> Lela F. Folkers
> Bldg 1, 6423 MS C14
> 1600 Clifton Road
> Atlanta, GA 30333
> 404/639-2764 T
> 404/639-4297
>
>

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

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6 Apr 1998 22:35:12 EDT
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06 Apr 1998 22:34:53 -0400 (EDT)
Received: from mcdc-us-ims.cdc.gov ([158.111.3.19])
by mailgate2.cdc.gov (8.8.5/8.8.5) with ESMTP id WAA19252; Mon,

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 06 Apr 1998 22:34:51 -0400 (EDT)
Received: by MCDC-US-IMS with Internet Mail Service (5.5.1960.3)
 id <2NTR3NGW>; Mon, 06 Apr 1998 22:34:33 -0400
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================== END ATTACHMENT   1 ==================
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RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Thomas A. Kalil (CN=Thomas A. Kalil/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:20-APR-1998 20:58:49.00

SUBJECT: Tom Kalil: Letter to Clinton Re: Amgen

TO: Rachel E. Levinson (CN=Rachel E. Levinson/OU=OSTP/O=EOP @ EOP [OSTP])
READ:UNKNOWN

TO: Jim Kohlenberger (CN=Jim Kohlenberger/O=OVP @ OVP [UNKNOWN])
READ:UNKNOWN

TEXT:
Thoughts on who should handle this?

---------- Forwarded by Thomas A. Kalil/OPD/EOP on 04/20/98 08:57 PM ----------

James Love <love @ cptech.org>
04/17/98 09:21:30 AM
Record Type: Record

To: Thomas A. Kalil/OPD/EOP
cc:
Subject: Tom Kalil: Letter to Clinton Re: Amgen

Tom, do you know who in the WH I should call to talk about this issue? Basically, it concerns allegations (from Lawerence Berkeley Lab) that Amgen is suppressing an invention that would cut EPO doses. Jamie

Ralph Nader
P.O. Box 19312
Washington, DC 20036
Ralph@essential.org

James Love
Consumer Project on Technology
P.O. Box 19367, Washington, DC 20036
202.387.8030, love@cptech.org
http://www.cptech.org

April 16, 1998

President Bill Clinton
The White House
Washington, DC

Dear President Clinton:

We are writing to ask for an investigation concerning the possible suppression of an important public health invention. In this respect we are attaching copies of our April 16, 1998 letter to Gordon Binder,

Chairman of the Board and Chief Executive Officer of Amgen Inc., the company which currently markets EPOGEN© which is Amgen's trademark for its recombinant human erythropoietin, or EPO.

Our concern is the following. Public health researchers, supported by public funds, have identified a mechanism to reduce a patient ?s loss of EPO during treatment, significantly reducing the amount of EPO a patient needs to take. This invention has the potential to save consumers hundreds of millions of dollars per year, and to make EPO more broadly available to patients who cannot currently afford the drug.

The invention was developed at Lawrence Berkeley Laboratory (LBL), a national laboratory, and was supported by grants from the National Institutes of Health (NIH). According to the inventor and LBL officials involved in attempts to commercialize the invention, Amgen was approached several years ago about research which would solve an important problem in treating patents for anemia ? the natural discharge of EPO into the urine which requires patients to take large doses of EPO. This problem is particularly important for patients with immature renal systems such as infants and children. The LBL invention involves a protein binding factor which may eliminate entirely the need for the purchase of EPO for some patients, and for other patents the invention would reduce the needed doses of EPO. The inventor believes this may reduce by half the average doses needed for EPO ? a very expensive drug which can cost several thousand dollars.

LBL staff believe Amgen is hostile to the commercialization of this invention simply because it would significantly reduce demand for EPO -- a product which generated $1.16 billion for Amgen in 1997. Other U.S. and European biotechnology companies have reportedly expressed concerns that Amgen would oppose the development of the invention through costly and time-consuming litigation, and would withhold important intellectual property licenses from firms which made efforts to commercialize this invention.

Public health concerns should be paramount in determining which therapies are available to consumers. Amgen ?s EPO product was made possible by decades of public funded research on EPO, and Amgen has benefited also from subsidies from EPO ?s designation as an Orphan Drug and other public programs to support the biotechnology industry. Amgen is currently seeking support from public institutions to obtain additional intellectual property rights on gene research and EPO.

We are appalled at the reports that Amgen, a company which has so richly benefited from public research, would not respond responsibly to public health research that would benefit patients. The fact that the client population most affected are children underscores the ethical issues that you must address.

We ask that you investigate every aspect of this matter, to determine if there are indeed barriers to the development of the LBL invention, and if so, whether Amgen ?s actions run counter to antitrust laws, and also whether are there are other remedies available to address this issue.

As part of this investigation, we specifically ask that you determine how Amgen currently benefits from government subsidies to the biotechnology sector, and if it would be appropriate to withhold publicly supported intellectual property rights or research support for a company, if that company refuses to address legitimate and important public health concerns.

Finally, we ask that the U.S. Patent and Trademark Office, the U.S. Trade Representative, the Department of Health and Human Services and the Federal Trade Commission evaluate U.S. positions in trade negotiations on intellectual property rights, and determine if provisions on compulsory licensing that exist in the WTO, NAFTA or the proposed Multinational Agreement on Investments permit governments to adequately address public health concerns.

We also ask you to consult the World Health Organization (WHO) to determine what steps if any WHO recommends to address this or similar public health problems, and we urge the United States to support the World Health Assembly Executive Board Resolution EB101.R24, on the WHO Revised Drug strategy, that urges member states:

> (2) to ensure that public health rather than commercial interests have primacy in pharmaceutical and health policies and to review their options under the Agreement on Trade Related Aspects of Intellectual Property Rights to safeguard access to essential drugs;

We look forward to receiving a response from your office on this matter. We also invite your staff to attend a meeting on intellectual property rights and health care that will be held on May 7 and 8, 1998, in Washington, DC. Information about this event is available on the Internet at http://www.cptech.org/may7-8.

Sincerely,

/s/
Ralph Nader

/s/
James Love

This letter is on the Internet at http://www.cptech.org/pharm/amgen.html

Ralph Nader
P.O. Box 19312
Washington, DC 20036
Ralph@essential.org

James Love
Consumer Project on Technology
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202.387.8030, love@cptech.org
http://www.cptech.org

April 16, 1998

Gordon Binder
Chairman of the Board
and Chief Executive Officer
Amgen Inc.
Amgen Center
Thousand Oaks, CA 91320-1789

Via fax: 805/447-1010

We are writing to express our concern over reports that Amgen is opposed to the development of an invention that significantly reduces the amount of Erythropoietin (EPO) needed to treat anemia. The invention was developed at Lawrence Berkeley Laboratory (LBL), which was supported by the National Institutes of Health (NIH), Lung, and Blood Institute grant HL 22469, and received U.S. Patent 5625035. According to the inventor, Gisela K. Clemons, of Berkeley, CA, this dates back to research done in 1991, and the inventor and the LBL have engaged in extensive discussions with Amgen regarding the significance of the invention, and the benefits to EPO patients. According to the inventor and LBL officials involved in attempts to commercialize the invention, Amgen has declined to further test the invention, and other U.S. and European biotechnology companies have expressed concerns that Amgen would oppose the development of the invention through costly and time consuming litigation, and would withhold important intellectual property licenses from firms which made efforts to commercialize this invention.

The invention would reduce the amount of EPO needed by patients suffering from anemia, including premature infants and those with anemia due to kidney failure, AIDS related illnesses or other diseases, or surgery needs. According to the inventor, this invention may eliminate entirely the need for the purchase of EPO for some patients, and for other patients the invention would significantly reduce the needed doses of EPO. It is possible that the invention would reduce by half, on average, the amount of EPO needed by those suffering from anemia.

As you know, the commercial development of EPO benefited from decades of government funded research on Erythropoietin. Amgen is also expecting to benefit from government funded research in other areas, and has recently approached government funded research laboratories for assistance in further research relating to the use of EPO. Amgen has benefited due to generous tax credits from manufacturing goods in Puerto Rico, the Orphan Drug Tax Credit, and the Research and Development Tax credit and from other government subsidies.

As a result of all these subsidies by taxpayers, Amgen has benefited richly from the commercial development of EPO, which produced 1997 sales of $1.16 billion. According to the Amgen 10K report, gross margins on EPO and Amgen? ?s other products are greater than 86 percent.

Researchers and licensing officials at LBL believe Amgen is opposed to the development of the new binding protean technology because such an invention might reduce by half the average doses of EPO needed by current anemia patients.

We would like to know from you if Amgen is indeed resisting the deployment of a valuable public health invention simply to protect the revenues it receives from EPO patients. If Amgen is not trying to suppress this invention in order to protect its profits, then what is Amgen doing to further develop this important discovery?

Sincerely,

/s/
Ralph Nader

/s/

James Love

This letter is on the Internet at http://www.cptech.org/pharm/amgen.html

--
James Love
Consumer Project on Technology
P.O. Box 19367, Washington, DC 20036
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voice 202.387.8030, fax 202.234.5176

--
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[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

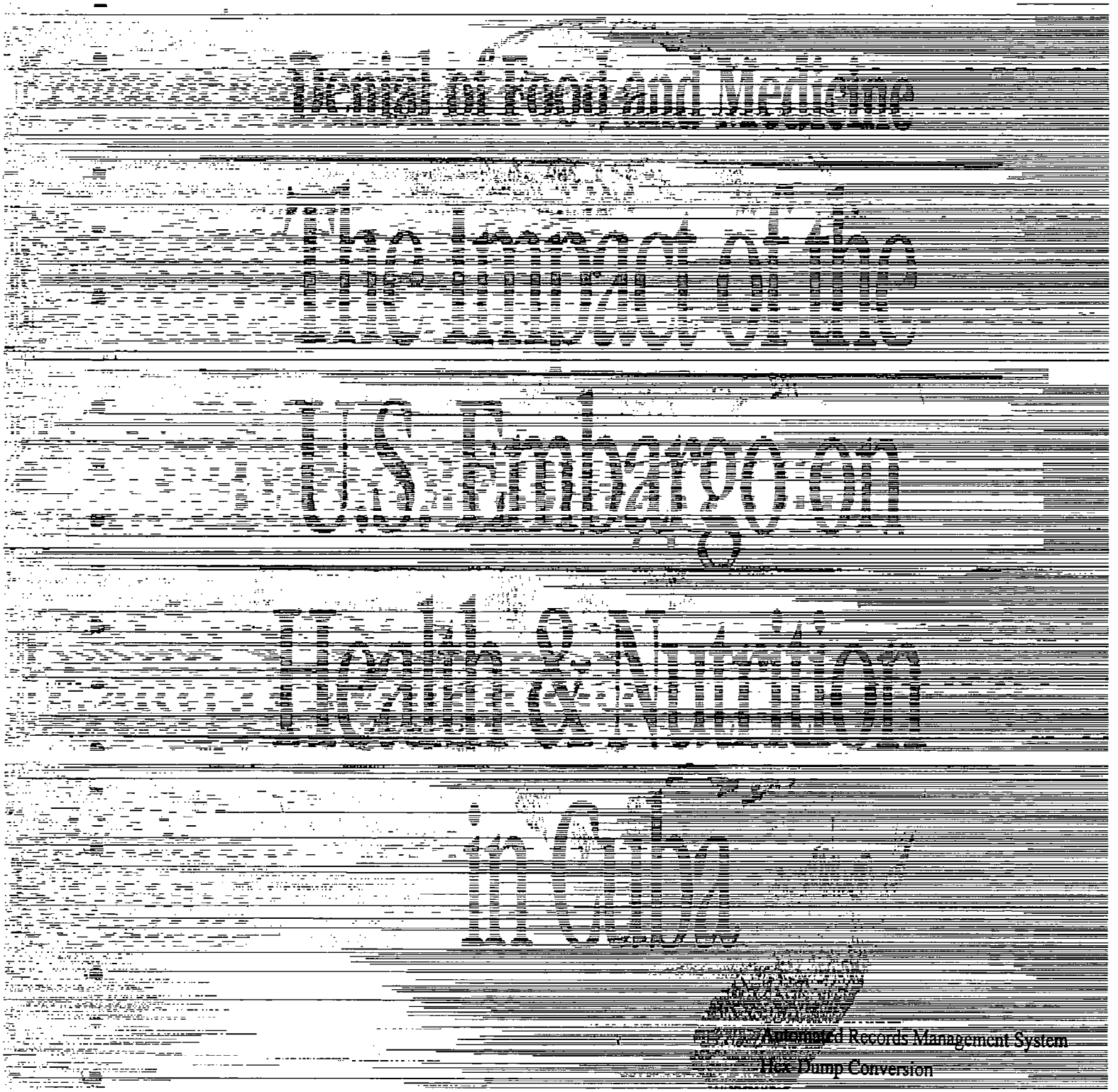
Date: April 24, 1998
Pages including this page: 10

To: Jerry Landau
Fax: 505-988-2492

From: Richard L. Whitenton
Fax: 202-466-5896
Phone: 202-466-5883

If you have any problems with this facsimile, please call 202.466.5883.

Per our conversation, here is the RCWA info that you requested. If you desire to see this information in your report please cite [redacted]. The cover page of the report has been included for your convenience.


Automated Records Management System
Hex Dump Conversion

The LINKAIDS Program

The Pedro Kourí Institute for Tropical Medicine is the national reference center for clinical management of HIV/AIDS and provides hospitalization for AIDS cases when necessary and for those whose HIV-associated illness requires more complex services than those offered by sanatorium infirmaries.

Other Cuban institutions directly related to the prevention, education, diagnosis, treatment and research concerning AIDS are the National Reference Laboratory for HIV, the National Immunoassay Center, the National Blood Bank System and the Center for Genetic Engineering and Biotechnology.

CUBA AIDS STATISTICS (FROM JANUARY 1, 1986 TO JANUARY 30, 1998)		
	Number	%
TOTAL HIV POSITIVE	1,200	
Men	847	70.6
Women	353	29.4
Gay or Bisexual (male)	620	43.3 of total 1,200
		71.4 of men
WHERE HIV ACQUIRED		
Cuba	982	81.8
The Americas	35	2.9
Africa	167	13.9
Europe	10	0.8
Unknown	6	0.5
[illegible]	[illegible]	
MODE OF TRANSMISSION	Number	%
Heterosexual	520	43.3
Gay or Bisexual	604	50.3
Blood Recipients	9	0.8

HIV Positive Cases by Region and Sex

Provinces	Female		Male		Total	
	Cases	Rate	Cases	Rate	Cases	Total
Pinar del Río	30	10.00	74	18.65	104	14.20
La Habana	40	2.5	77	5.15	93	3.88
Ciudad de La Habana	194	11.00	379	23.00	573	16.91
Matanzas	8	2.00	20	4.00	28	3.01
Villa Clara	21	4.00	50	10.00	71	7.00
Cienfuegos	13	7.00	24	11.00	37	9.02
Sancti Spíritus	29	10.00	58	20.15	87	17.00
Ciego de Ávila	10	4.00	15	5.00	25	4.62
Camagüey	17	3.00	26	5.10	43	3.97
Las Tunas	7	2.00	13	5.00	20	4.00
Holguín	10	1.50	17	3.00	27	2.43
Granma	12	2.00	19	3.94	31	3.00
Santiago de Cuba	9	1.00	25	5.01	34	3.00
Guantánamo	13	4.71	15	5.20	28	5.05
Isla de la Juventud	13	17.40	5	7.05	18	12.54
National	956	8.10	1,847	15.64	2,803	11.83

Source: Epidemiology Department, Havana AIDS Sanatorium, 1998

HIV, AIDS and the U.S. Embargo

On the basis of on-the-spot visits to the Havana AIDS Sanatorium and the Pedro Kouri Institute of Tropical Medicine, interviews with specialists and patients, bibliographic materials, and statistical data it can be concluded that prevention, diagnosis, treatment and research activities have been negatively impacted by the U.S. embargo. Specifically, by restrictions on exports from U.S. companies and their foreign subsidiaries, limitations on travel of U.S. researchers to participate in conferences on AIDS that were held in Cuba, restrictions on travel and funding, and U.S. research institutions' failure to respond to requests for information and fewer opportunities for scientific exchange. The families of AIDS patients have also been negatively affected by limitations on travel (see chapter on Family Relations and Humanitarian Emergencies).

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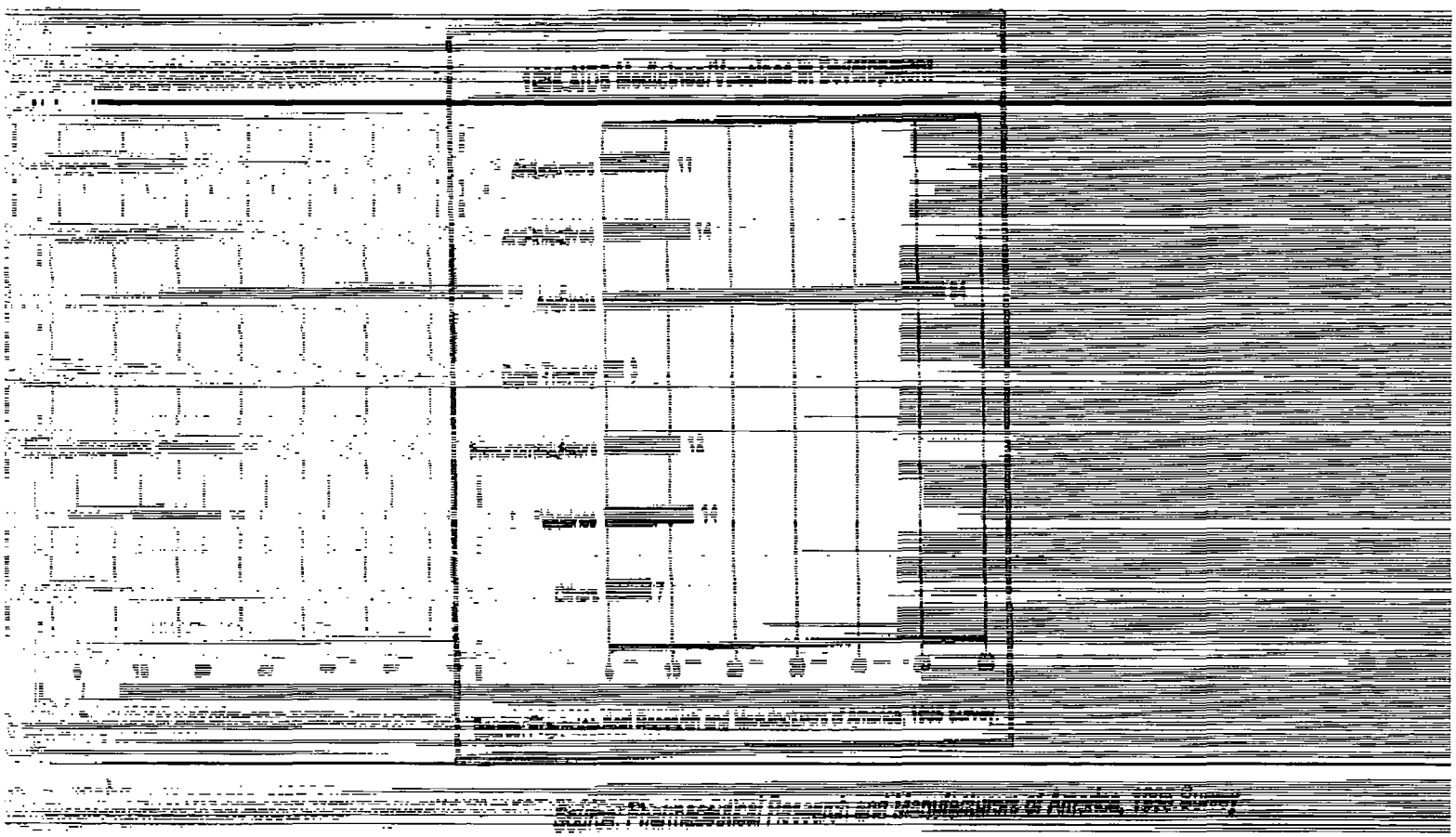
Hex-Dump Conversion

Hex-Dump Conversion



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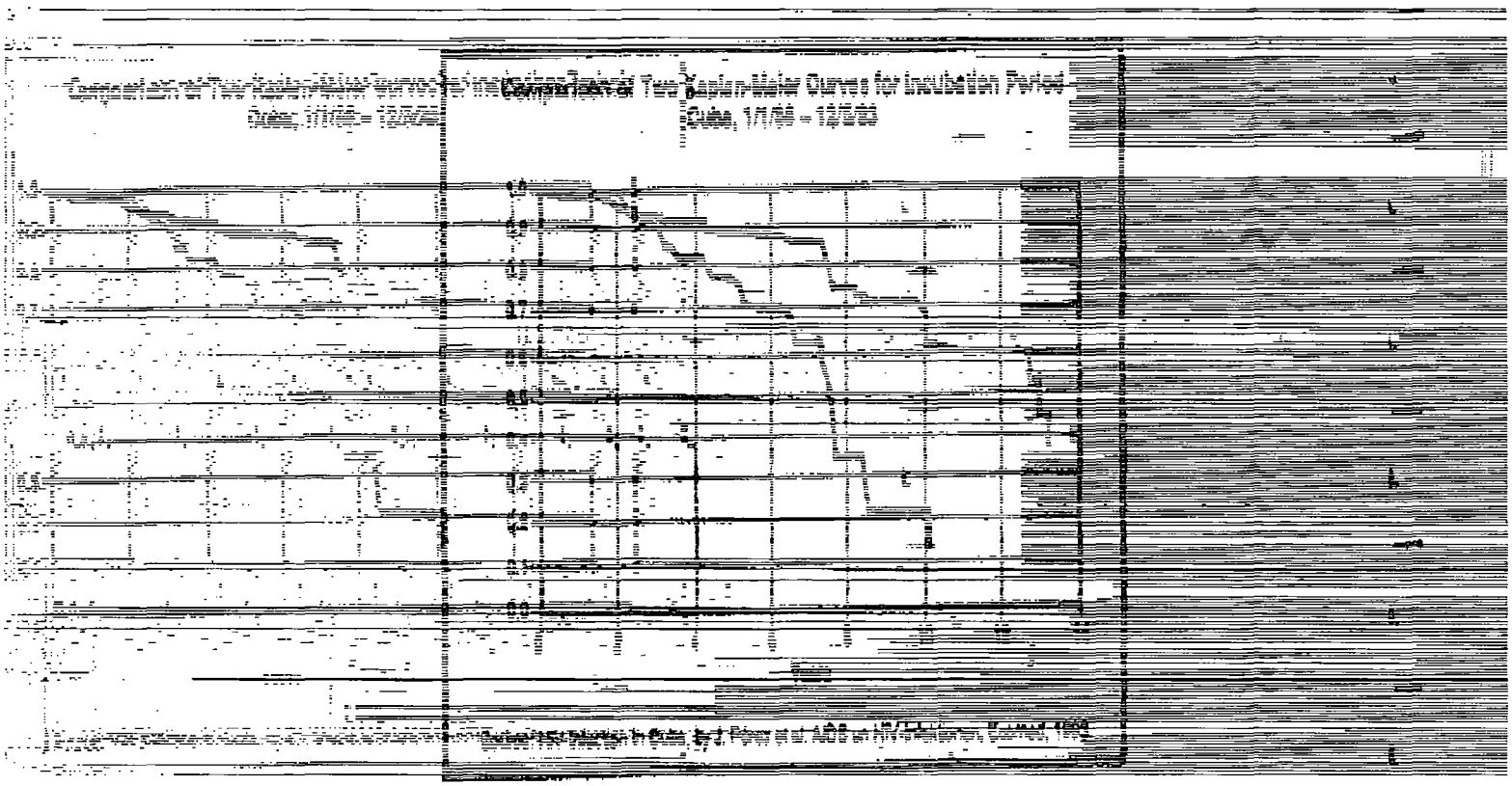

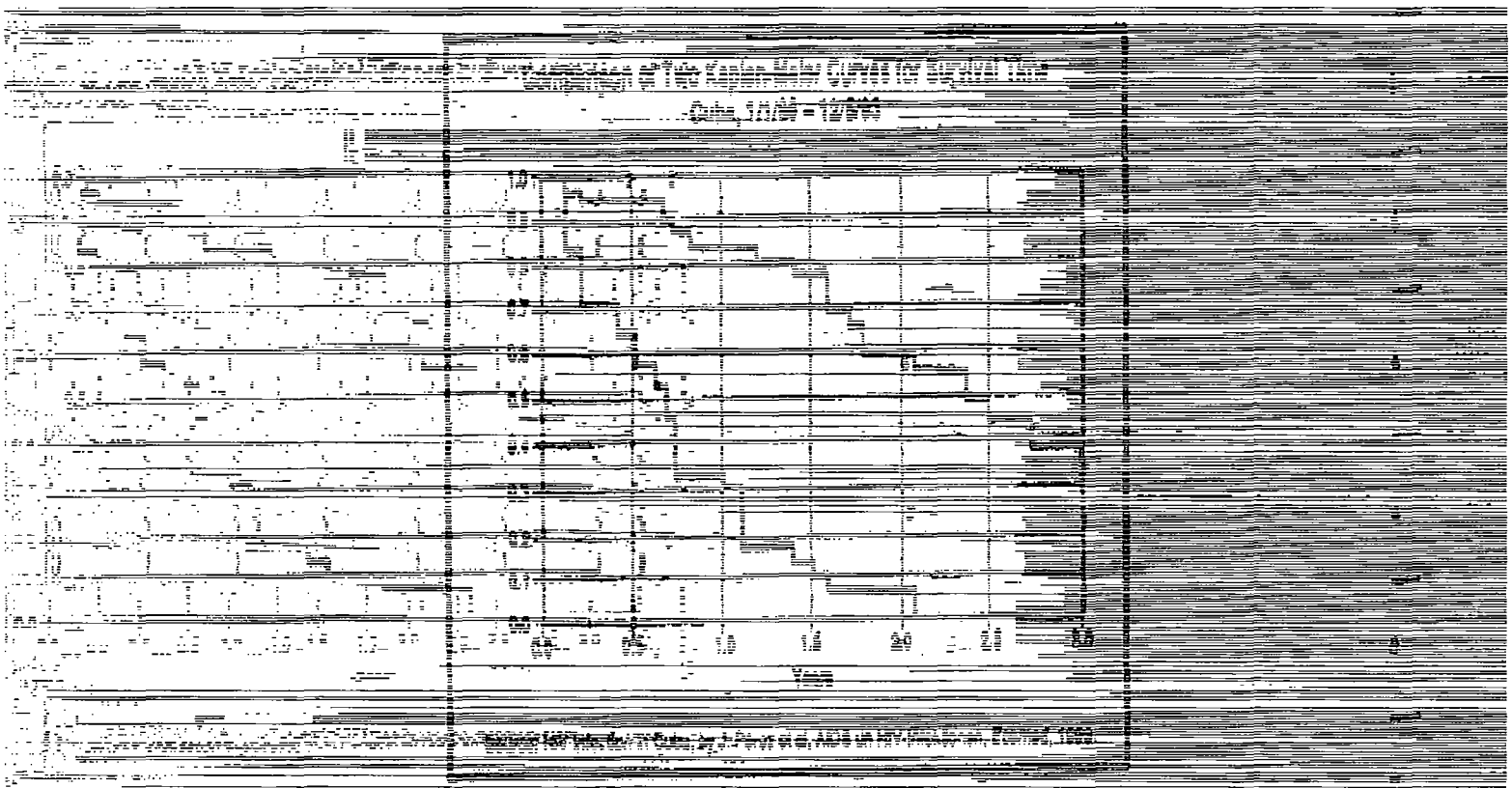

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[illegible] PROGRAM

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME: 7-MAY-1998 18:10:15.00

SUBJECT: Re: CUBA

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

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

TEXT:
does the POTUS want to ease humanitarian restrictions on Cuba and if so, could you vet this recommendation and/or provide me feedback?

thanks,

dcm
---------- Forwarded by Daniel C. Montoya/OPD/EOP on 05/07/98 06:08 PM ----------

RAPANUIJER @ aol.com
05/07/98 04:11:00 PM
Record Type: Record

To: Daniel C. Montoya
cc:
Subject: Re: CUBA

Bob,

At your request, I am re-sending you the Cuba recommendation for reconsideration in June. (See below) Thanks for your continued interest. This was tabled at our December meeting. (We must also follow up with ONAP to see that this material is included in our meeting book.)

As you know, the main concern voiced by members of the Council which led to the tabling of this important recommendation, was whether or not it could be considered an "AIDS-specific" issue. In addition to the recent articles by myself & Jim Graham (see IAPAC Journal Vol 4. #1 - January 1998), I attach the enclosed 10-page AIDS-specific article from the American Association of World Health report; The Impact of the U.S. Embargo on Health & Nutrition in Cuba. (March, 1997) I call your attention particularly to pages 234 -- 239 ("HIV/AIDS & the U.S. Embargo"). [NOTE: Please inform me immediately if the attachment fails to be readible.]

I think you will see that this is definitely an AIDS-specific issue. Over 100 members of Congress (Rep & Dem) as well as the President are

interested in
easing humanitarian restrictions with respect to Cuba. It is important
that we
support the President when he is interested in doing the right thing. My
recent trip to Cuba underscored to me how important to people with AIDS our
advocacy can be! Recent changes in opinion among Cuban-Americans make
this
an ideal time for us to be pro-active!

RECOMMENDATION

The Presidential Advisory Council on HIV/AIDS recommends that the President
support efforts in Congress directed at amending the Embargo Authority in
the
Foreign Assistance Act of 1961 so that any such embargo shall not apply
with
respect to the export of any food, medicines, medical supplies, medical
instruments, or medical equipment, or with respect to travel incident to
the
delivery of food, medicines, medical supplies, medical instruments, or
medical
equipment. The embargo of such supplies contributes to the suffering of
persons with HIV/AIDS and other diseases and is contrary to international
humanitarian principles by which the United States should abide.

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

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D8]MAIL421337627.126 to ASCII,
The following is a HEX DUMP:

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[redacted]

[redacted]

[redacted]

[redacted]

Fax Cover Sheet

[redacted]

Date: April 24, 1998

Pages including this page: 10

[redacted]

To: Jerry Landau

Fax: 505-988-2492

[redacted]

From: Richard L. Whitenberg

[redacted]

Fax: 202-466-3896

Phone: 202-466-5883

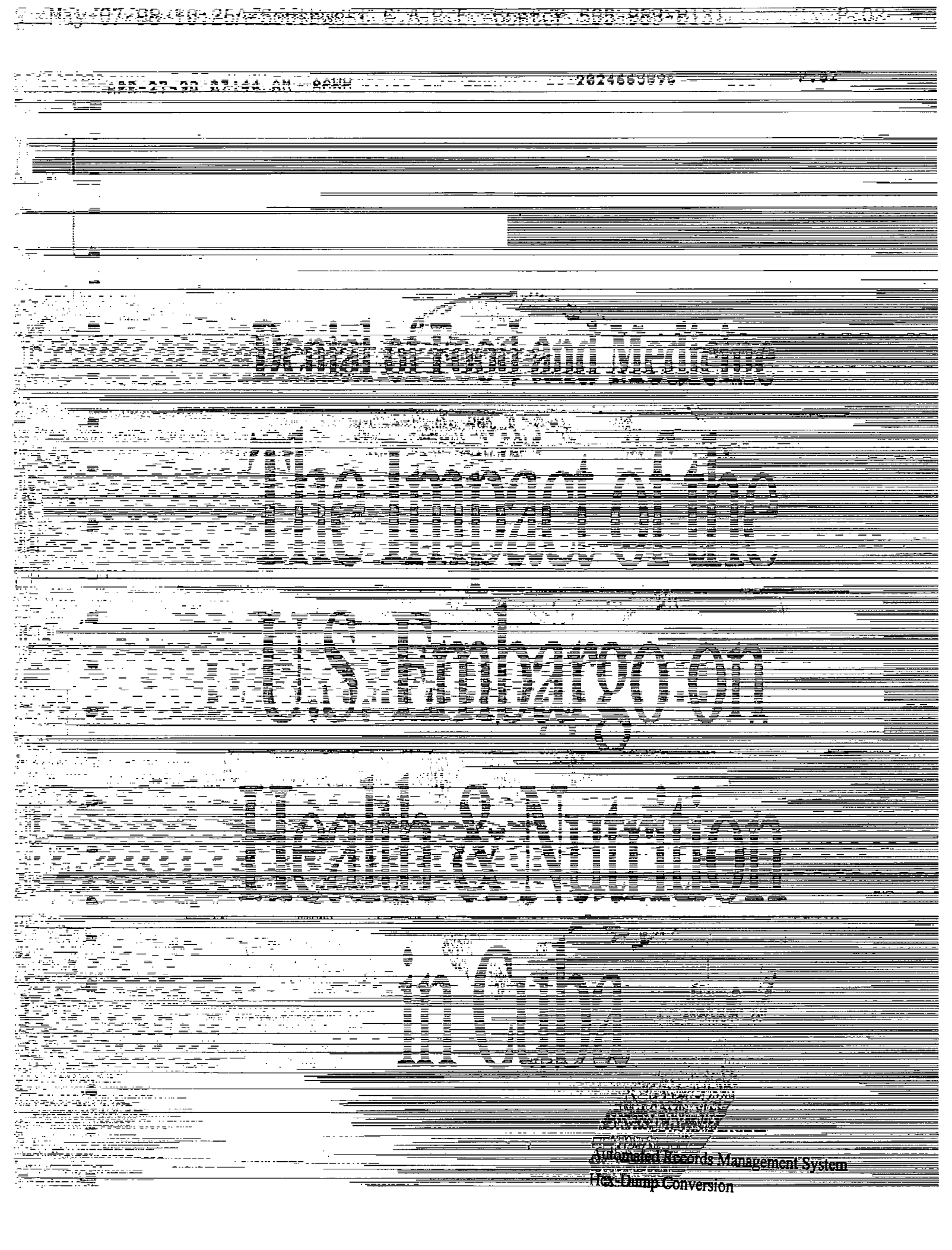
[redacted]

If you have any problems with this facsimile, please call 202.466.5883.

[redacted]

Per our conversation, here is the RMS/Aids information that you requested. If you have any questions regarding this information, please don't hesitate to call me. The cover page of the report has been included for your convenience.

[redacted]



Automated Records Management System
Hex-Dump Conversion

Introduction

THE UNHAIDS PROGRAM

The Pedro Kourí Institute for Tropical Medicine is the national reference center for clinical management of HIV/AIDS and provides hospitalization for AIDS cases when necessary and for those whose AIDS-related illness requires more complex services than those offered by sanatorium infirmaries.

Other Cuban institutions directly related to the prevention, education, diagnosis, treatment and research concerning AIDS are the National Reference Laboratory for HIV, the National Immunoassay Center, the National Blood Bank System and the Center for Genetic Engineering and Biotechnology.

CUBA AIDS STATISTICS
(FROM JANUARY 1, 1986 TO JANUARY [illegible])

	Number	%
TOTAL HIV POSITIVE	1,200	
Men	847	70.6
Women	353	29.4
Gay or Bisexual (male)	604	[illegible] of total 1,200
		[illegible] within
WHERE HIV ACQUIRED		
Cuba	982	81.8
The Americas	35	2.9
Africa	167	13.9
Europe	10	0.8
Unknown	6	0.5
[illegible]	[illegible]	
MODE OF TRANSMISSION	Number	%
Heterosexual	520	43.3
Gay or Bisexual	604	50.3
Blood Recipients	9	0.8

HIV Positive Cases by Region and Sex

Province	Female		Male		Total	
	Cases	Rate	Cases	Rate	Cases	Rate
Pinar del Río	28	1.00	74	3.60	102	2.30
La Habana	46	1.31	94	2.15	140	1.73
Ciudad de La Habana	184	11.36	379	23.97	563	17.61
Matanzas	18	2.66	37	5.47	55	4.07
Villa Clara	21	1.61	44	3.36	65	2.48
Cienfuegos	15	2.64	24	4.20	39	3.42
Sancti Spíritus	25	3.09	38	4.68	63	3.88
Ciego de Ávila	10	1.82	23	4.16	33	3.00
Camagüey	17	1.70	26	2.59	43	2.14
Las Tunas	7	1.30	19	3.50	26	2.40
Holguín	10	1.33	16	2.12	27	1.78
Granma	12	2.75	19	4.34	31	3.54
Santiago de Cuba	8	1.66	20	4.11	28	2.88
Guantánamo	10	4.71	15	6.99	25	5.85
Isla de la Juventud	1	1.40	6	8.08	7	4.74
National	464	4.19	834	7.67	1,298	5.93

Source: Epidemiology Department, Havana AIDS Sanatorium, 1998

HIV, AIDS and the U.S. Embargo

On the basis of on-site visits to the Havana AIDS Sanatorium and the Pedro Kouri Institute of Tropical Medicine, interviews with specialists and patients, bibliographic materials, and statistical data, it can be concluded that prevention, diagnostic treatment and research involving HIV/AIDS have been negatively impacted by the U.S. embargo. Specifically, by restrictions on access to new U.S. drugs and new human surveillance limitations on assays of U.S. manufacture; restrictions on travel to Cuba by U.S. researchers and industry; and travel restrictions leading to reduced access to scientific information and fewer opportunities for scientific exchange. The families of AIDS patients have also been negatively affected by limitations on travel (see chapter on Family Relations and Humanitarian Emergencies).

The HIV/AIDS Program

Medications for HIV/AIDS Patients

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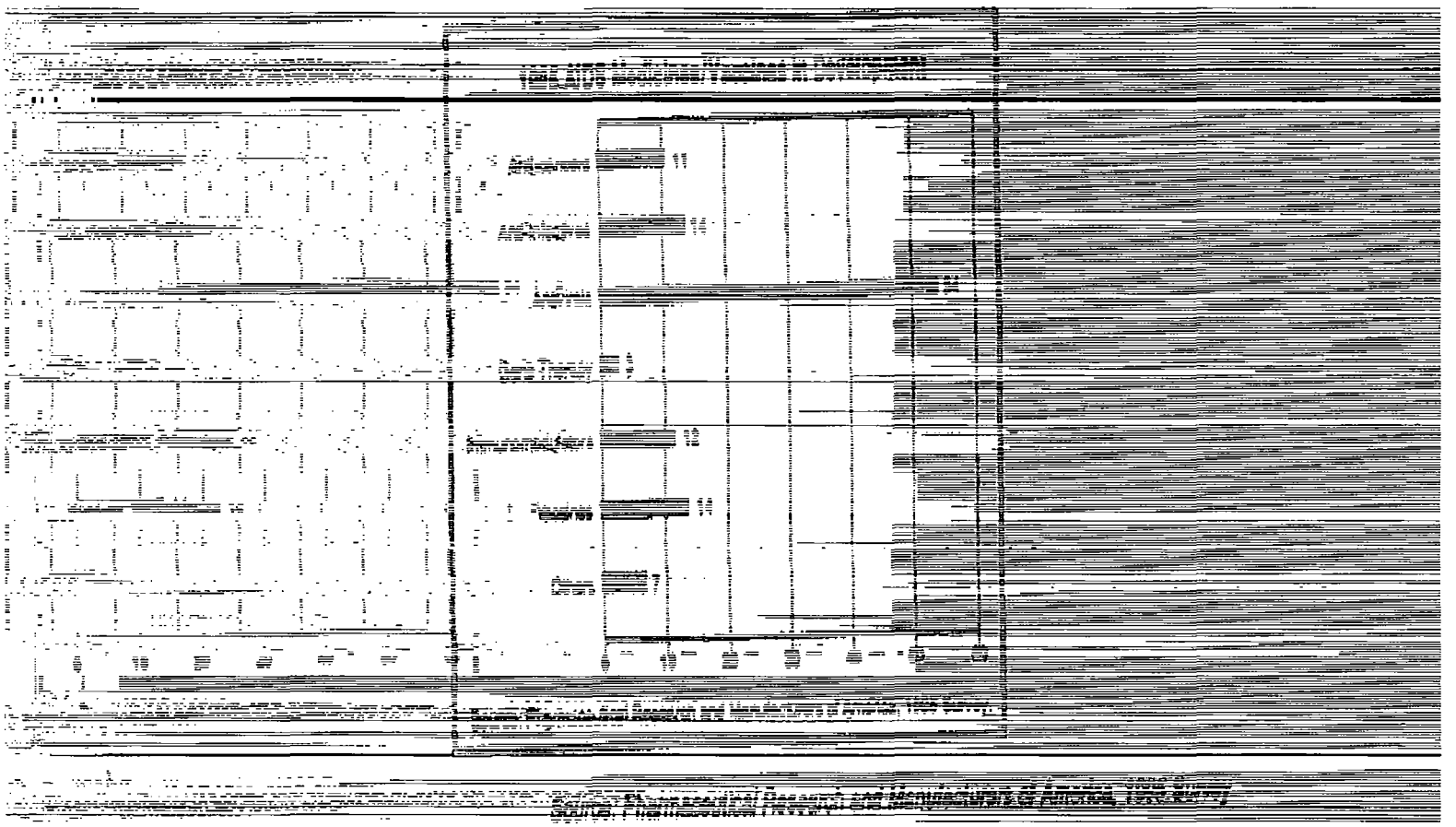
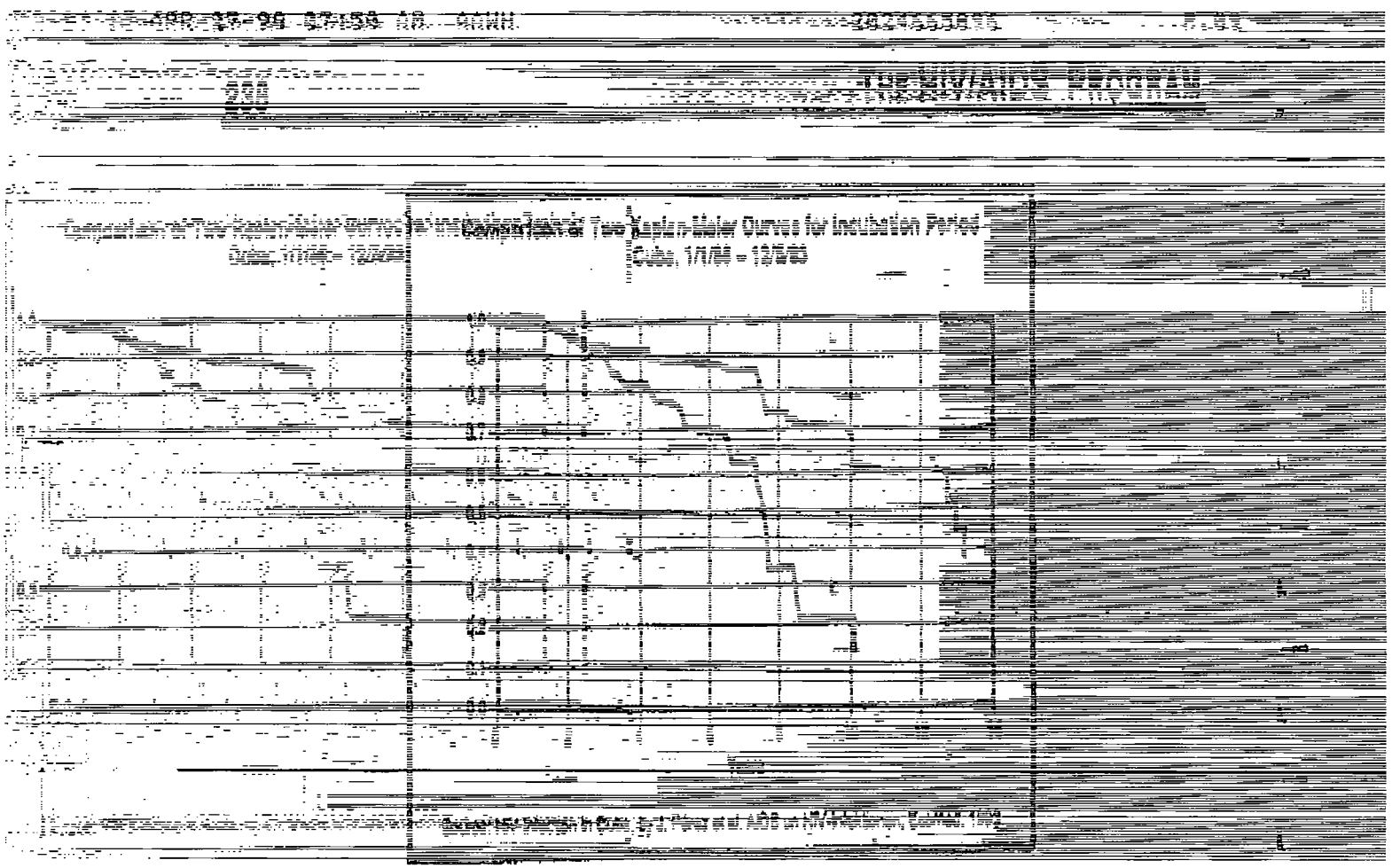
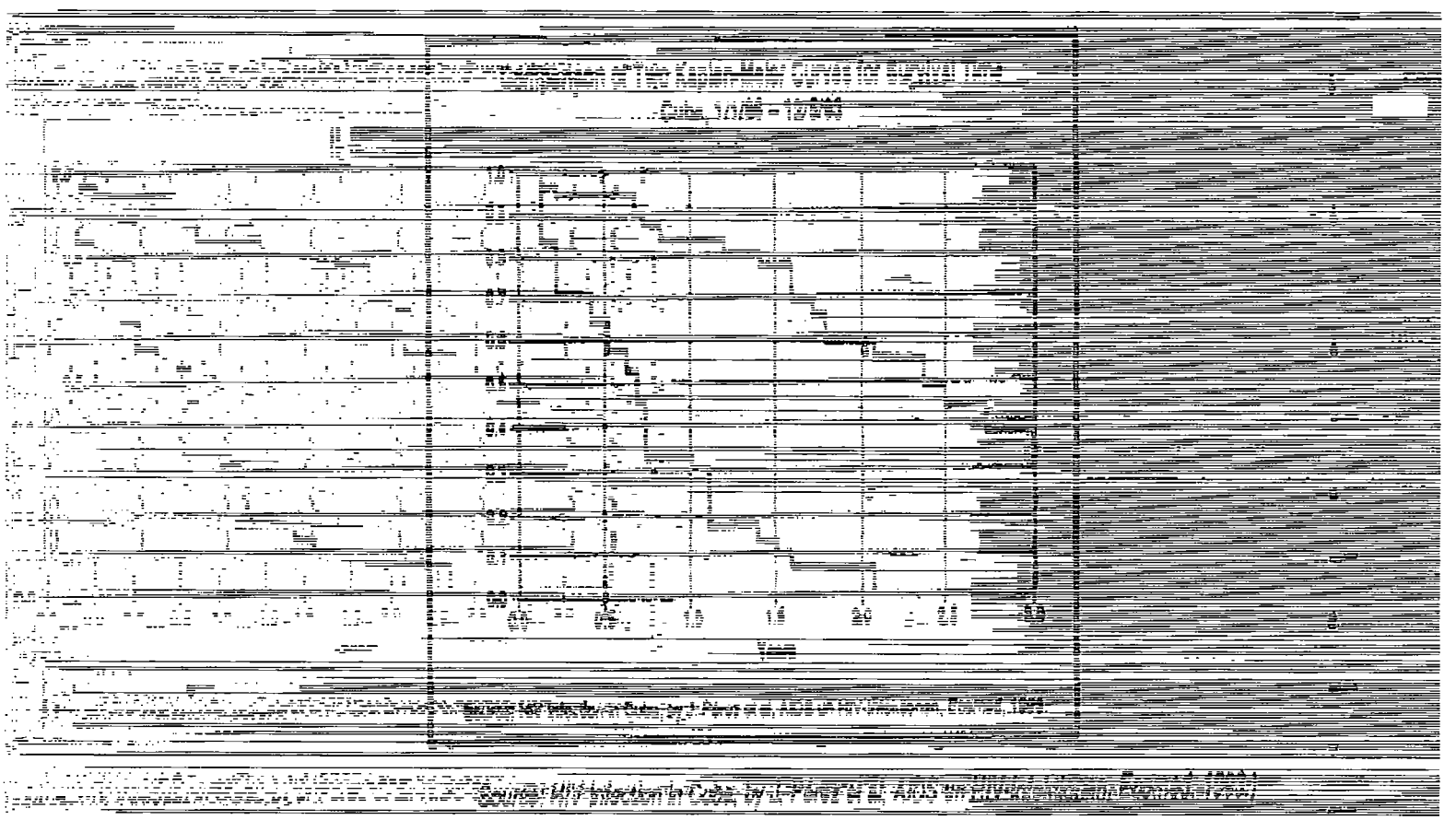


Automated Records Management System
Hex-Dump Conversion





Automated Records Management System

Hex-Dump Conversion

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

==================== ATTACHMENT   2 ====================
ATT CREATION TIME/DATE:   0 00:00:00.00

TEXT:
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 id <01IWRB6DCWEO004IKB@PMDF.EOP.GOV> for Montoya_dc@a1.eop.gov; Thu,
 7 May 1998 16:22:45 EDT
Received: from Storm.EOP.GOV by PMDF.EOP.GOV (PMDF V5.1-9 #29131)
 with ESMTP id <01IWRB5GULSW0041JZ@PMDF.EOP.GOV> for Montoya_dc@a1.eop.gov;
 Thu, 07 May 1998 16:22:08 -0400 (EDT)
Received: from imo27.mx.aol.com ([198.81.17.71])
 by STORM.EOP.GOV (PMDF V5.1-10 #22921)
 with ESMTP id <01IWRB4I7ZQU000H72@STORM.EOP.GOV> for Montoya_dc@A1.eop.gov;
 Thu, 07 May 1998 16:21:13 -0400 (EDT)
Received: from RAPANUIJER@aol.com by imo27.mx.aol.com (IMOv14.1)
 id XALYa05149; Thu, 07 May 1998 16:11:58 -0400 (EDT)
X-Mailer: AOL 3.0 for Mac sub 84
================== END ATTACHMENT   2 ==================
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RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Michael A. O'Mary (CN=Michael A. O'Mary/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:11-MAY-1998 18:38:20.00

SUBJECT: Re: HRC WHO/UN Column

TO: Carol Beach <cmbeach (Carol Beach <cmbeach @ email.msn.com> [UNKNOWN])
READ:UNKNOWN

TEXT:
Couple of typos and edits that I see right of the bat....

<snip>
such as cholera, diphtheria, and tuberculosis are continuing to kill.
Tuberculosis is of particular concern. Declared a global emergency by WHO in 1993, TB is the leading infectious disease killer of adults in the world.

Although there are treatments that work, 1/3 of the world¤?s population is infected and more people will die from TB this year ¤? 2 million ¤? than in any other year in history.

<snip>
In less developed countries, it
often functions as the FDA, CDC, FEMA, and EPA -- all at once.

Thanks in large part to WHO¤?s global immunization programs, the world¤?s infant mortality rate has fallen by more than 37 percent. Today, 80 percent
of the world¤?s children are protected against six major childhood diseases ¤?
diphtheria, whooping cough, tetanus, measles, tuberculosis, and polio, which
is on target for elimination by the year 2000.

But, threats such as ???? HIV/AIDS ????persist. (Aren't you talking about malaria here?)

I was surprised to learn recently
that malaria results in nearly three million deaths a year. Increasing resistance to anti-malarial drugs and insecticides has caused this alarming increase.

As the ¤?World Health Report 1998¤? released just this week notes: ¤?Women¤?s
health is inextricably linked to their status in society¤?Today, the status and well-being of countless millions of women worldwide remain tragically low. As a result, human well-being in general suffers, and the prospects for future generations are dimmer.¤?

WHO is also tackling problems ranging from land mines, tobacco use, cardiovascular disease, the health of street children, and
sexually-transmitted disease to encouraging breastfeeding, mental health, occupational health, and the integration of health and human development

into public policy. (don't you think landmines are just a touch too controversial?)

Message Sent
To:
Pam Cicetti <cicetti_p @ a1.eop.gov>
Noa A. Meyer/WHO/EOP
Nicole R. Rabner/WHO/EOP
Michael A. O'Mary/OPD/EOP
Laura E. Schiller/WHO/EOP
Katie Button <button_k @ a1.eop.gov>
Jennifer Klein <Klein_J @ a1.eop.gov>
Roberta W. Greene/WHO/EOP
Marsha E. Berry/WHO/EOP

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Russell W. Horwitz (CN=Russell W. Horwitz/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:13-MAY-1998 14:13:59.00

SUBJECT: couple of articles; didn't find any British quotes

TO: Sherman G. Boone (CN=Sherman G. Boone/OU=OPD/O=EOP @ EOP [OPD])
READ:UNKNOWN

TEXT:

Press Release WHA / 3

13 May 1998

DR GRO HARLEM BRUNDTLAND ELECTED
DIRECTOR GENERAL OF THE WORLD
HEALTH ORGANIZATION

The Fifty-first session of the World Health Assembly, meeting in Geneva (11-16 May 1998) under the chairmanship of Dr Faisal Radhi Al-Mousawi (Bahrain), elected today Dr Gro Harlem Brundtland (Norway) to the post of Director-General of the World Health Organization for a five-year term starting on 21 July 1998. Dr Brundtland was nominated to the position by the 101rst Session of the WHO Executive Board in January 1998.

After congratulatory speeches delivered by the five Vice-presidents of the World Health Assembly representing five of the six WHO Regions, plus a representative of the Eastern Mediterranean Region, Dr Brundtland took the oath of office and addressed the Assembly. She immediately affirmed her conviction that societies can be changed and that poverty can be fought. "The challenges go to all of us. WHO can and must change. It must become more effective, more accountable, more transparent and more receptive to a changing world", Dr Brundtland said. Referring to the complex processes of transition that WHO must cope with, the new Director-General said: "The transition from one century to another sees changes which will be faster and more dramatic from an economic, social and health perspective". As regards the

transition from the communicable diseases to the noncommunicable diseases, Dr Brundtland noted that: "They cannot be seen as competing tasks. They are complementary. We need to fight both. The burden of disease is the burden of unfulfilled human development".

As far as priorities are concerned, Dr Brundtland said: "I wish to organize our programmes and activities around key functions that tell a clear story of what business we are in. I wish to concentrate our resources in a way which enables us to do fully what we decide to do - and to let go what we decide not to do - either because others do it better or because we simply can't do all". Describing the reorganization which she intends to start implementing "from the very first day", Dr Brundtland said that she will focus on four areas of concern: "WHO will help monitor, roll back and where possible eradicate communicable diseases; WHO will help fight and reduce the burden of noncommunicable diseases; WHO will help countries build sustainable health systems that can help reach equity targets and render quality services to all, with a particular emphasis on the situation of women and mothers who are so critical for giving children a safe and healthy start in life; WHO will speak out for health, back its case with solid evidence and thereby be a better advocate for health towards a broader audience of decision-makers."

Dr Brundtland also expressed the view that "there is a lot to gain from organizing part of our activities into projects". Not too many, but easy to define, easy to identify, open to our partners to cosponsor - and transparent for donors to lend their financial support to." Among the first priorities for such projects she proposed to "Roll Back Malaria, by developing a new health sector-wide approach to combat the disease at global, regional and country levels". "Why now?" she asked. "Because the call is there. We have enough knowledge, skills and tools to launch a new concerted effort. Africa is responding. African leaders are committing to a renewed effort to control malaria. Africa should be spearheading the project", Dr Brundtland answered.

"My second emphasis is in the field of non communicable diseases", said the new Director-General. "We need to address a major cause of premature death which is dramatically increasing - killing four million people this year - and - if we let it go on

without action - 10 million people in the year 2030 - half of them dying in middle age -
not old age. The major focus of the epidemic is now shifting to the developing
countries. I refer to tobacco. I am a doctor. I believe in science and evidence. Let me
state here today. Tobacco is a killer."

Dr Gro Harlem Brundtland, the first woman to become Director-General of WHO,
concluded her speech by saying: "My motivation will be this: Making a difference -
being able to make an effort - being one of many dedicated people working together
for what we believe in. I envisage a world where solidarity binds the fortunate with
those less favoured. Where our collective efforts will help roll back all the diseases of
the poor. Where our collective efforts assure universal access to compassionate and
competent health care. Bringing the world one step closer to that goal is our call for
action."

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

TEXT:
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Z6Times New Roman RegularX($3#',,
!DocumentID:F:\WORK\MALARIACopyright1998TheFinancialTimesLimitedFinancialTimes(
London)May13,1998,WednesdayLONDONEDITION1SECTION:INTERNATIONAL;Pg.04LENGTH:381w
ordsHEADLINE:BrundtlandchampionsfightagainstmalariaBYLINE:ByFrancesWilliamsinGe
nevaDATELINE:GenevaBODY:TheGroupofEightindustrialisedcountries'summitinBirmingh
amthisweekendissettobackaWorldHealthOrganisation(WHO)initiativeto"rollback"mala
ria.GroHarlemBrundtland,whowillbeformallyelectedasdirector-generaltodaybytheWHO
's191membersattheannualassemblyinGeneva,saidthefightagainstmalariawillbeapriori
tyfortheWHOunderherleadership,alongsidetobacco.TheformerNorwegianpremierandphys
iciantakesoverfromHiroshiNakajimaofJapaninJuly.TessaJowell,UKhealthminister,tol
dtheconferenceyesterdaythattheG8leaderswereexpectedtogive"broadsupport"toaWHO-l
edanti-malariainitiativewhichaimednotonlyattacklingthediseasedirectlybuttobuild
upcountries'basichealthsystemstocombatthisandotherdiseases.DrBrundtlandsaidthis
weekshewantedtofocusonmalariabecause"it'soneofthebigdiseases-with50mcasesayear-
anditisnotbeingtackledtoday".IncontrastwithHIV/Aids,therewasnowell-resourcedint
ernationalcommitmenttorollingbackthedisease.ForAfricancountriesinparticular,the
economicaswellasthehealthimpactofmalariawasdevastating,reducingproductivity,cos
tingmanyworkingdayslostthroughsicknessanddeterringforeigninvestment"becausepeop
ledon'tfeelsafeaboutcomingdownwithmalaria".DrBrundtlandalsoplannedtostepuptheWH
O'sfightagainsttobacco, -@), especiallyinAsiawherepercapitacigaretteconsumption
isstillincreasing.ShesaidtheWHOwouldpressdevelopingcountriestointroducetougherl
awssimilartothoseinthewesttopreventchildrenandyoungpeoplebeingencouragedtosmoke
.DrBrundtlandwasgivenstrongsupportyesterdaybyDonnaShalala,UShealthsecretary,who
saidtheUSwould"workwiththeWHOtohelpstoptheglobalpandemicoftobacco-relateddiseas

eanddeath".DrBrundtlandrepeatedthisweekhercommitmenttomovinghealthuptheinternat
ionalpoliticalagenda,byemphasisingthelinkbetweenhealthandeconomicdevelopment.Sh
eisalsoexpectedtomakesweepingmanagementreforms.UnderDrNakajima,theWHOhasbeencri
ticisedforlackoffocus,poorcommunications,mismanagementandcroneyismthathaslowere
dstaffmoraleandsappedtheWHO'sauthority.LANGUAGE:ENGLISHLOAD-DATE:May13,1998Copy
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RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Nanda Chitre (CN=Nanda Chitre/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME: 4-JUN-1998 10:34:27.00

SUBJECT: More Q and As

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

TO: Christopher C. Jennings (CN=Christopher C. Jennings/OU=OPD/O=EOP @ EOP [OPD]
READ:UNKNOWN

CC: Laura Emmett (CN=Laura Emmett/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:
Can you take a look at these? Thanks.
---------- Forwarded by Nanda Chitre/WHO/EOP on 06/04/98 10:33
AM ----------

Ellen Dahl <edahl @ os.dhhs.gov>
06/04/98 10:30:22 AM
Please respond to edahl@os.dhhs.gov
Record Type: Record

To: Nanda Chitre/WHO/EOP
cc:
Subject: More Q and As

I'm working on getting Q and As on the HIV vaccine. Additionally, thought you may want these--it's receiving quite a bit of attention.

Questions and Answers on NHLBI's Obesity Clinical Practice Guidelines

Q. What is NHLBI releasing today?

A. NHLBI is releasing the first Federal guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. These are clinical practice guidelines for physicians.

Q. Aren't you giving a new definition for overweight/ obesity?

A. We are using the most up-to-date standards for the categories of overweight and obesity. This definition is intended to help physicians identify and treat overweight and obesity in adults. Overweight is now defined as a BMI or 25 instead of 29.9. Obesity is defined as a BMI of 30 or above. Previously, overweight was defined as 27.8 BMI for men and 27.3 BMI for women.
The definition is not "new," since it has been used by the American Heart Association and the World Health Organization, and has been in the news media.

Q. Why do you think your new definition of obesity is better?

A. Our research has shown that people with BMI of 25 percent or higher are at increased risk of hypertension, lipid disorders, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory disorders, and certain cancers. Our definition agrees with those presented by the World Health Organization and the American Heart Association.

Q. Doesn't this mean that many more people are now classified as at a health risk because of overweight and obesity.

A. Yes. This translates into a much higher estimate of the extent of this public health problem: 97 million American adults--55 percent of the population--are now considered overweight or obese.

Q. Doesn't your new standard disagree with the National Center for Health Statistics, another government agency?

A. No. An NCHS staff person was on our team and helped us analyze research about how body mass index relates to increased risk of disease. NCHS has used the previous definition of obesity in recent research to be consistent with its other studies, but will now be using the new definition of overweight and obesity.

Q. Are you offering a new treatment for obesity?

A. No. The guidelines recommend a combination of calorie reduction and increased physical activity. Weight loss drugs and surgery are recommended at higher BMI levels.

Q. Doesn't your committee now recommend that more people be treated with obesity drugs? This seems like a campaign to increase obesity drug prescriptions.

A. No. Lifestyle changes should be tried for at least 6 months before drug therapy is considered. The standard recommends that weight loss drugs approved by the FDA may be used as part of a comprehensive weight-loss program for carefully selected patients with a BMI of greater than 30 and who have no obesity-related risk factors or diseases.

Q. Wasn't the head of your committee employed by the maker of an obesity drug?

A. No. Dr. Xavier Pi Sunyer is employed at St. Lukes/Roosevelt Medical Center in New York. As part of his work researching and treating obesity, he has conducted clinical trials on several obesity drugs produced by drug companies.

Q. Why aren't you releasing the full report?

A. The report is currently in draft form and will be released June 17. Since many members of the press were given incomplete advance information, we wanted to make sure the complete story was told.

Q. How were the guidelines produced?

A. A 24-member expert panel worked for two-and-a-half years to develop the guidelines. The team included experts in obesity research, heart disease, and diabetes. NHLBI co-sponsored the team in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases. The report was

then reviewed by the members of NHLBI's coordinating committees on high blood pressure and cholesterol, which include the major medical and voluntary organizations concerned with this issue.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Jonathan T. Weber (CN=Jonathan T. Weber/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:19-JUN-1998 17:10:59.00

SUBJECT: PACHA

TO: jtw5 (jtw5 @ cdc.gov @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:
---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

Daniel C. Montoya

01/23/98 04:49:10 PM

Record Type: Record

To: acb @ s-3.com @ inet
cc: See the distribution list at the bottom of this message
Subject:New Council Members

Here is the information on the new Council members. I will provide email addresses, when I receive them. Please put this information onto the Confidential List. I will check to see what address they want on the public list.

Miguel Milanes
HIV/AIDS Program Coordinator- Dade/Monroe Counties
Office of HIV/AIDS Services
Florida Department of Health
1444 Biscayne Boulevard, Suite 350
Miami, Florida 33132
(305) 377-5022
FAX: (305) 377-5108

Charles W. Blackwell
President and Director
Native Affairs & Development Group
1090 Vermont Avenue, N.W.
Third Floor
Washington, D.C. 20005
(202)638-3832
FAX: (202)628-2962

Lynne Cooper
President
DOORWAYS
4385 Maryland Avenue
Saint Louis, MO 63108
(314) 535-1919
FAX: (314) 535-0909

Have a great weekend.

dcm

Message Copied
To:_____
scotthitt @ aol.com @ inet
Sandra Thurman/OPD/EOP
Todd A. Summers/OPD/EOP
Sarah T. Holewinski/OPD/EOP
Brad L. Austin/OPD/EOP
Matthew Murguia/OPD/EOP
Robert Soliz/OPD/EOP
Jonathan T. Weber/OPD/EOP---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

"Neal, Joyce" <jxn4 @ cdc.gov>
03/02/98 03:24:00 PM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc: "McNaghten, A.D." <aom5 @ cdc.gov>, "Edgar, Gary" <gwe1 @ cdc.gov>
Subject: FW: Incacerated Populations

fyi

From: O'Connor, Kevin
To: Voigt, Rich
Cc: Fikes, Norm; Miles, John; Schwarz, Donald; Parece, Molly; Middlekauff, Steve; Neal, Joyce; Dooley, Samuel
Subject: RE: Incacerated Populations
Date: Monday, March 02, 1998 3:02PM

Rich,
I couldn't agree with you more. Perhaps you or John Miles would like to come over during one of our 'program meetings' and address this with the POs (if you haven't already sometime when I wasn't here). Even with that I'd have some concerns that we're not addressing the problem systemically since the structure of community planning puts the CPGs in the driver seat. Since CPGs are instructed to base their priorities on science (which usually is the epi-profile and a needs assessment) it may be an issue that CPG's never have scientific material on these populations as a starting point. I'd venture to say that often they're not even considered. We may want to look at ways to get data about this population into the epi-profiles so that the CPGs would see them as a distinct group in need of services.

Whatever we do I think we need to try to put incarcerated populations into the line-up so they can be considered...

Kevin

-----Original Message-----
From: Voigt, Rich
Sent: Monday, March 02, 1998 2:44 PM
To: O'Connor, Kevin
Cc: Fikes, Norm; Miles, John; Schwarz, Donald; Parece, Molly; Voigt,

Rich; Middlekauff, Steve
Subject: RE: Incacerated Populations

Kevin, thanks much for the information.

Briefly stated, it appears that this info. tends to confirm some of the concerns that have been repeatedly mentioned over the past few years, i.e., incarcerated populations have not been viewed as a high priority in several states that have high HIV incidence. For the obvious reasons, this is disturbing!

My opinion has been consistent: it is virtually impossible to contain disease and its costly complications in high morbidity states if incarcerated populations are not viewed as a high priority when developing an organized response to disease outbreaks and/or epidemics.

Given the present emphasis on "HIV/STD Interactions", I would suggest that we meet with key members of the HIV Division and discuss some of our concerns. What do you think?

Thanks again, Rich

From: O'Connor, Kevin
To: Miles, John; Voigt, Rich
Subject: FW: Incacerated Populations
Date: Monday, March 02, 1998 11:44AM

Here's some info from a review of this years HIVP applications :

-----Original Message-----
From: Edlavitch, Seth S.
Sent: Monday, March 02, 1998 8:04 AM
To: O'Connor, Kevin
Subject: RE: Incacerated Populations

Kevin,

Here you go. Please remember, I didn't read all 65 grants. Only 50 of them.
Seth

State Priority
Alaska Fourth
California Seventh
Los Angeles Sixth
Louisiana Seventh
Maryland Fourth
Mississippi Ninth
Montana Seventh
New Hampshire Sixth
New Mexico Eighth
Philadelphia Tenth
South Dakota Fourth, Eighth
Tennessee Sixth
Virginia Fifth
D.C. Fourth

From: O'Connor, Kevin
To: Edlavitch, Seth S.

Subject: Incacerated Populations
Date: Monday, March 02, 1998 7:52AM

Seth,
I'm on the 'corrections workgroup' and I was wondering if you knew how many of the jurisdictions prioritized incarcerated populations. Please don't do a big search but if you have a # handy - I'd appreciate it.

Thanks.

Kevin

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

"Neal, Joyce" <jxn4 @ cdc.gov>
03/03/98 10:49:00 AM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc:
Subject: FW: Incacerated Populations

More fyi...

From: O'Connor, Kevin
To: Miles, John; Voigt, Rich; Moore, Sharon J.; Martich, Fred
Cc: Fikes, Norm; Schwarz, Donald; Parece, Molly; Middlekauff, Steve; Neal, Joyce; Dooley, Samuel
Subject: RE: Incacerated Populations
Date: Tuesday, March 03, 1998 10:27AM

Sharon:
Would it be possible to get John Miles on our schedule to present on "Incarcerated Populations" in a future staff meeting?

Kevin

-----Original Message-----
From: Miles, John
Sent: Tuesday, March 03, 1998 10:17 AM
To: O'Connor, Kevin; Voigt, Rich
Cc: Fikes, Norm; Schwarz, Donald; Parece, Molly; Middlekauff, Steve; Neal, Joyce; Dooley, Samuel
Subject: RE: Incacerated Populations

I would like to do this whenever possible.

J

-----Original Message-----
From: O'Connor, Kevin
Sent: Monday, March 02, 1998 3:03 PM
To: Voigt, Rich
Cc: Fikes, Norm; Miles, John; Schwarz, Donald; Parece, Molly;

Middlekauff, Steve; Neal, Joyce; Dooley, Samuel
Subject: RE: Incacerated Populations

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Cc: Fikes, Norm; Miles, John; Schwarz, Donald; Parece, Molly; Voigt, Rich; Middlekauff, Steve
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Thanks.

Kevin

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

"Garza, Brenda W. (CDC)" <bwg1 @ cdc.gov>
03/04/98 03:55:36 PM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc:
Subject: RE: Graphics for PACHA

OKay--here's the plan. Spoke with Ron Nuse re the feasibility of doing all the color copies. We are having problems with our current color printer/copier (a new one is in the works but don't have it yet). He's afraid that if we started printing all of these that the job wouldn't get finished in time.

How about if we print 5 sets and get 1 FedX'd to you tomorrow so you can get a request for Kinko's? Because of CDC rules, we can't go to Kinko's directly.

Notebooks: 1 1/2 inch notebooks should do the trick.

I'll do the index page, have it "prettied up" and FedEx those next week, along with the actual slide sets (10).

Sound reasonable to you?

> -----Original Message-----
> From: Jonathan_T._Weber@opd.eop.gov
> [SMTP:Jonathan_T._Weber@opd.eop.gov]
> Sent: Wednesday, March 04, 1998 11:52 AM
> To: bwg1@cdc.gov
> Subject: Graphics for PACHA
>
>
> Brenda
>
> Here is what is needed:
>
> Something which shows off what CDC does (science, data, and public
> information through graphics).
>
> Deadline: March 11
>
> 42 sets of the following.
>
> Hard, color copy of slides from the following sets, in a form that can
> be
> placed in a 3-ring binder (print them with 3 holes or place them in
> plastic
> sheets with 3 holes):
>
> L-178 AIDS Surveillance - General Epidemiology
> L-238 AIDS Surveillance by Race/Ethnicity
> L-264 AIDS Surveillance in Women
> L-285 AIDS Mortality
> L-306 U.S. Dot Maps
>
> If possible and not excessive in terms of expense and time, instead of
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> copy, overhead transparencies. This is not necessary.
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> Each packet should have an introductory "page(s)" that includes:
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> the correct title of the group is: Presidential Advisory Council on
> HIV/AIDS
>
> Call me with any questions. Send everything to me:
>
> J. Todd Weber, MD, FACP
> 808 17th Street, Suite 820
> Washington, DC 20008
> Phone: (202) 632-1090
> Fax: (202) 632-1096
> Email: weber_jt@a1.eop.gov
>
> A huge thanks,
> jtw
>

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98
05:10 PM ----------

"Weber, J. Todd" <jtw5 @ cdc.gov>
03/05/98 08:39:14 AM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc:
Subject: FW: Graphics for PACHA

> ----------
> From: Kiernan, Clair
> Sent: Thursday, March 05, 1998 8:39:14 AM
> To: Weber, J. Todd
> Cc: Garza, Brenda W. (CDC); Nuse, Ronald
> Subject: FW: Graphics for PACHA
> Auto forwarded by a Rule
>
>
Your request for graphics services has been
received. It has been assigned Job Number 98-139.

Please note: our e-mail address has been changed
to "HST/DHAP Graphics Staff (E)". It can be accessed from the Global
Address List.

-----Original Message-----
From: Nuse, Ronald
Sent: Wednesday, March 04, 1998 3:51
PM
To: HST/DHAP Graphics Staff (E)
Cc: Garza, Brenda W. (CDC)

Subject: FW: Graphics for PACHA

Clair, please make a job, for Todd Weber, to have 5 sets of color hard copies made by Tues. March 10 of the following slide sets:
L-178 AIDS Surveillance - General Epidemiology
L-238 AIDS Surveillance by Race/Ethnicity
L-264 AIDS Surveillance in Women
L-285 AIDS Mortality
L-306 U.S. Dot Maps

Ron

-----Original Message-----
From: Garza, Brenda W. (CDC)
Sent: Wednesday, March 04, 1998 1:20 PM
To: Nuse, Ronald
Subject: FW: Graphics for PACHA

Ron: We need to talk about this request today.

-----Original Message-----
From: Jonathan_T._Weber@opd.eop.gov [SMTP:Jonathan_T._Weber@opd.eop.gov] <mailto:[SMTP:Jonathan_T._Weber@opd.eop.gov]>
Sent: Wednesday, March 04, 1998 11:52 AM
To: bwg1@cdc.gov
Subject: Graphics for PACHA

Brenda

Here is what is needed:

Something which shows off what CDC does (science, data, and public information through graphics).

Deadline: March 11

42 sets of the following.

Hard, color copy of slides from the following sets, in a form that can be placed in a 3-ring binder (print them with 3 holes or place them in plastic sheets with 3 holes):

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L-264 AIDS Surveillance in Women
L-285 AIDS Mortality
L-306 U.S. Dot Maps

If possible and not excessive in terms of expense and time, instead of hard copy, overhead transparencies. This is not necessary.

Please let me know how big a binder is needed for each, and I will order those here (let me know this as soon as you can so I can make the order).

Each packet should have an introductory "page(s)" that includes:

- an index or TOC

- information on where these and other slide sets are on the WWW and how to download and print them

- if you want to have an introductory letter that says something from Sara or Kevin and David or Helene (not necessary, but might be a nice flourish), the correct title of the group is: Presidential Advisory Council on HIV/AIDS

Call me with any questions. Send everything to me:

J. Todd Weber, MD, FACP
808 17th Street, Suite 820
Washington, DC 20008
Phone: (202) 632-1090
Fax: (202) 632-1096
Email: weber_jt@a1.eop.gov
<mailto:weber_jt@a1.eop.gov>

A huge thanks,
jtw

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

"Garza, Brenda W. (CDC)" <bwg1 @ cdc.gov>
03/05/98 08:55:52 AM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc:
Subject: RE: Graphics for PACHA

I see no problem with that much notice. It will look nicer, I think.

We can even do the notebooks down here with a cover and ship them to
you. Does that sound reasonable?

> -----Original Message-----
> From: Jonathan_T._Weber@opd.eop.gov
> [SMTP:Jonathan_T._Weber@opd.eop.gov]
> Sent: Wednesday, March 04, 1998 4:58 PM
> To: Garza, Brenda W. (CDC)
> Subject: RE: Graphics for PACHA
>
>
> Brenda
>
> Can't get them reproduced here via Kinko's or otherwise. In addition,
> there is no staff other than myself to organize the notebooks, and I
> have
> other things that I have to get done before the meeting. So, consider
> the
> request withdrawn.
>
> There is another meeting in 3 months. With this kind of advance
> notice, do
> you think we can do it by then?
>
> jtw
>
>
>
>
>
>
>
> (Embedded
> image moved "Garza, Brenda W. (CDC)" <bwg1 @ cdc.gov>
> to file: 03/04/98 03:55:36 PM
> PIC14743.PCX)
>
>
>
>
> Record Type: Record
>
>
> To: Jonathan T. Weber/OPD/EOP
>
> cc:
> Subject: RE: Graphics for PACHA
>
>
>
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> > A huge thanks,
> > jtw
> >
>
>
>
> << File: PIC14743.PCX >>

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

Daniel C. Montoya

03/09/98 01:50:36 PM

Record Type: Record

To: See the distribution list at the bottom of this message
cc:
Subject: pacha/agenda

the council's current draft agenda is available on the n drive. there are two versions, public and council. please use the council version for internal use (onap/agency) only. the public version is what i'm faxing out when a request comes in.

the council version will be available at the beginning of the meeting. if you have any corrections/refinements, please let me know.

n:council/marmtg.98/agenda.cou ------ Council version
n:council/marmtg.98/agenda.pub ------ Public version

thanks,

dcm

Message Sent
To:_____

Sandra Thurman/OPD/EOP
Todd A. Summers/OPD/EOP
Brad L. Austin/OPD/EOP
Sarah T. Holewinski/OPD/EOP
Matthew Murguia/OPD/EOP
Robert Soliz/OPD/EOP
Jonathan T. Weber/OPD/EOP

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM -

Daniel C. Montoya

03/18/98 03:06:04 PM

Record Type: Record

To: See the distribution list at the bottom of this message
cc:
Subject:PACHA Final Documents

All final recommendations, letters, resolutions, statements, etc. from the March 15-18, 1998 meeting are under:

n:\council\marmtg.98\final

THANK YOU, not only for your work at the meeting, but for all the preparations leading up to, including the review of PACHA recommendations, that you have done. I have conveyed at every opportunity that I can to the Council, that ONAP has been very supportive of me and them in responding to their concerns.

THANKS!

dcm

Message Sent
To:_____
Sandra Thurman/OPD/EOP
Todd A. Summers/OPD/EOP
Brad L. Austin/OPD/EOP
Sarah T. Holewinski/OPD/EOP
Matthew Murguia/OPD/EOP
Robert Soliz/OPD/EOP
Jonathan T. Weber/OPD/EOP

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

"Weber, J. Todd" <jtw5 @ cdc.gov>
03/21/98 11:38:27 AM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc:

Subject: FW: Dr. Jonathan Mann on AIDS Vaccines (ag)

> -----Original Message-----
> From: Weniger, Bruce
> Sent: Friday, March 20, 1998 2:50 PM
> To: 'AIDS Vaccine Circulation List'
> Subject: Dr. Jonathan Mann on AIDS Vaccines (ag)
>
>
> FYI, below is the prepared text by
> Jonathan Mann from his presentation before
> the Presidential Advisory Council on HIV and
> AIDS this last week.
>
> Regards,
>
> Bruce
>
> ++++++++++++++++++
>
> Paralysis in AIDS Vaccine Development Violates Ethical
> Principles and Human Rights
>
> Jonathan M. Mann, MD, MPH
> Dean and Professor, School of Public Health
> Allegheny University of the Health Sciences
> Philadelphia, Pennsylvania
> Founding Director, Global Program on AIDS,
> World Health Organization
> March 20, 1998
>
> There is increasing worldwide consensus that a
> preventive vaccine will be essential for controlling the
> expanding and intensifying global HIV/AIDS
> epidemic.
>
> There are several AIDS vaccine candidates which
> have been shown to be safe in humans, and some
> produce a variety of immune responses, including those
> possibly associated with protection against HIV, in a
> majority of recipients. If the process of vaccine
> development was proceeding normally - traditionally -
> this would lead to prompt initiation of field trials to
> determine protective efficacy of vaccine candidates.
> Yet years later, field trials of AIDS vaccine candidates
> are still not underway.
>
> Three reasons have been put forward to explain this
> unusual deviation from standard vaccine development
> practice. First, it has been alleged that special ethical
> problems exist regarding conduct of AIDS vaccine field
> trials. While important, none of these ethical issues are
> insurmountable. Secondly, the fear has been expressed
> that if the first vaccine trial is not highly successful, it
> would be impossible to conduct further trials; the global
> urgency and need for an AIDS vaccine make this fear

> groundless.
>
> The third issue involves disagreement within the
> scientific community about whether current candidate
> vaccines will protect. This controversy, inherent in
> development of all vaccines, has been allowed unreasonably
> to paralyze progress towards AIDS vaccine development.
> Something has gone wrong with the process, because the
> history of successful vaccine development, including recent
> vaccines such as against rotavirus and whooping cough
> (pertussis) unequivocally shows that the immune correlates
> of protection are very often unknown, both prior to field
> testing and even after approval for licensure.
>
> Some vaccines (such as against Lyme disease) have
> been found to be highly effective in field trials without
> identifying a human correlate of immunity. And smallpox
> was eradicated using a vaccine whose exact
> mode of action and protection was unknown!
>
> This raises a series of ethical and human rights issues.
> For the failure to proceed expeditiously with field trials of
> available AIDS vaccine candidates constitutes unethical
> practice and violates human rights of Americans.
>
> The key ethical concept of concern is the duty to help
> people in need, and the central human rights violations
> involve the right "to share in scientific advancement and its
> benefits", and the rights to non-discrimination and to life.
>
> The ethical duty to help involves a balance of benefits to
> another and the risk to self. For example, if you do not know
> how to swim and you see a person being swept away in a
> raging river, failure to jump in and try to save the person is
> not unethical. However, if you are a trained lifeguard and
> see someone drowning in a calm lake, you have an ethical
> duty to help.
>
> The failure to mount field trials of available AIDS
> vaccine candidates, in a manner consistent with traditional
> and current good vaccine development practice, violates the
> duty to help and is patently unethical. Requiring certainty
> about immune correlates of protection before starting field
> trials of AIDS vaccine candidates is unethical because it
> creates an unreasonable barrier to progress.
>
> To illustrate: the immune correlates of protection
> against rotavirus, a major cause of death in childhood
> worldwide, were unclear when field trials of candidate
> rotavirus vaccines were initiated. Field trials were started
> once candidate rotavirus vaccines were shown to be safe
> and to induce some immune responses. In a series of field
> trials, rotavirus vaccine proved its effectiveness and today,
> even while the vaccine was recently approved by the FDA
> advisory committee and recommended for universal
> childhood immunization by the federal government's
> Advisory Committee on Immunization Practices, the
> immune correlates of protection are still unknown.
> Proceeding to field tests of rotavirus vaccine was highly
> ethical, while delaying testing until all the scientific answers

> were available would have been unethical, and detrimental
> to public health.
>
> It is unrealistic and illusory to wait for universal
> consensus within the scientific community about when a
> vaccine candidate is ready for field trials. There has never
> been universal consensus about vaccines: to cite just one
> example, the names of those prominent scientists who
> declamed vigorously against polio vaccine testing have
> been forgotten, while Enders, Salk and Sabin made public
> health history. The decision about how and when to
> proceed to field trials, bearing its own burden of responsibility
> and accountability, is best placed in the hands of those
> experienced with vaccine development, including its public
> health dimensions.
>
> Human rights are also particularly relevant because the
> US government has invested so heavily and several of its
> institutions, including NIH, the Department of Defense,
> CDC and FDA, are involved in AIDS vaccine research and
> development. In this context, federal governmental failure to
> proceed to AIDS vaccine field trials, while contributing
> institutionally and financially to field trials of other vaccines
> which met essentially similar criteria vaccine development
> criteria (human safety and immunogenicity without clear
> knowledge about correlates of immunity) represents
> a clear violation of the human rights of American citizens.
>
> This human rights violation is underscored by the fact
> that the vulnerable population for HIV infection in the United
> States, the estimated 40,000 new HIV infections in 1998, will
> occur predominantly in already marginalized populations,
> thereby exacerbating pre-existing patterns of societal
> discrimination. It is as if the US government had decided
> that the AIDS epidemic could be controlled in this country
> without a vaccine. In contrast, progress towards Lyme
> vaccine development, to protect against a disease affecting
> middle and upper-class populations in this country, has
> proceeded rapidly. Very simply, if 40,000 college
> students were becoming HIV infected each year, it is
> obvious that field trials of AIDS vaccine candidates would
> have long been underway.
>
> Thus, the failure to proceed to field trials, in the
> context not of an ideal world but in the real world of
> successful vaccine development, is unethical and violates
> human rights. The failure to act, like silence, has moral
> consequences.
>
> At an institutional level, this failure stems from decisions
> and recommendations made by NIH and its AIDS vaccine
> advisory committee, both of which are headed by notable
> scientists who nevertheless lack experience with vaccine
> development and public health. This is not a plea for AIDS
> as a special case; no special dispensation is required.
> What is needed is to develop AIDS vaccine candidates
> according to procedures and mile-stone driven strategies
> which have produced highly successful vaccines which
> save millions of lives from diseases like polio, whooping
> cough and measles. It is unethical and violative of human

> rights to hold AIDS vaccine development hostage to a
> requirement for scientific exactitude which is unreasonable
> and may well be unattainable.
>
> Science is an instrument of public health. The larger
> responsibility, central to the moral authority and legitimacy
> of our government, is protection of the public health. The
> program for AIDS vaccine must be lifted above institutional
> defensiveness and parochial interests. The health of America
> and the world needs leadership - "can do" American
> leadership - to develop AIDS vaccines. Failing to proceed
> is unethical and violates basic human rights.
>
> # # #
>

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98
05:10 PM ----------

"Weber, J. Todd" <jtw5 @ cdc.gov>
03/21/98 12:04:57 PM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc:
Subject: FW: Dr. Jonathan Mann on AIDS Vaccines (ag)

> -----Original Message-----
> From: Weniger, Bruce
> Sent: Friday, March 20, 1998 2:50 PM
> To: 'AIDS Vaccine Circulation List'
> Subject: Dr. Jonathan Mann on AIDS Vaccines (ag)
>
>
> FYI, below is the prepared text by
> Jonathan Mann from his presentation before
> the Presidential Advisory Council on HIV and
> AIDS this last week.
>
> Regards,
>
> Bruce
>
> ++++++++++++++++
>
> Paralysis in AIDS Vaccine Development Violates Ethical
> Principles and Human Rights
>
> Jonathan M. Mann, MD, MPH
> Dean and Professor, School of Public Health
> Allegheny University of the Health Sciences
> Philadelphia, Pennsylvania
> Founding Director, Global Program on AIDS,

> World Health Organization
> March 20, 1998
>
> There is increasing worldwide consensus that a
> preventive vaccine will be essential for controlling the
> expanding and intensifying global HIV/AIDS
> epidemic.
>
> There are several AIDS vaccine candidates which
> have been shown to be safe in humans, and some
> produce a variety of immune responses, including those
> possibly associated with protection against HIV, in a
> majority of recipients. If the process of vaccine
> development was proceeding normally - traditionally -
> this would lead to prompt initiation of field trials to
> determine protective efficacy of vaccine candidates.
> Yet years later, field trials of AIDS vaccine candidates
> are still not underway.
>
> Three reasons have been put forward to explain this
> unusual deviation from standard vaccine development
> practice. First, it has been alleged that special ethical
> problems exist regarding conduct of AIDS vaccine field
> trials. While important, none of these ethical issues are
> insurmountable. Secondly, the fear has been expressed
> that if the first vaccine trial is not highly successful, it
> would be impossible to conduct further trials; the global
> urgency and need for an AIDS vaccine make this fear
> groundless.
>
> The third issue involves disagreement within the
> scientific community about whether current candidate
> vaccines will protect. This controversy, inherent in
> development of all vaccines, has been allowed unreasonably
> to paralyze progress towards AIDS vaccine development.
> Something has gone wrong with the process, because the
> history of successful vaccine development, including recent
> vaccines such as against rotavirus and whooping cough
> (pertussis) unequivocally shows that the immune correlates
> of protection are very often unknown, both prior to field
> testing and even after approval for licensure.
>
> Some vaccines (such as against Lyme disease) have
> been found to be highly effective in field trials without
> identifying a human correlate of immunity. And smallpox
> was eradicated using a vaccine whose exact
> mode of action and protection was unknown!
>
> This raises a series of ethical and human rights issues.
> For the failure to proceed expeditiously with field trials of
> available AIDS vaccine candidates constitutes unethical
> practice and violates human rights of Americans.
>
> The key ethical concept of concern is the duty to help
> people in need, and the central human rights violations
> involve the right "to share in scientific advancement and its
> benefits", and the rights to non-discrimination and to life.
>
> The ethical duty to help involves a balance of benefits to
> another and the risk to self. For example, if you do not know

> how to swim and you see a person being swept away in a
> raging river, failure to jump in and try to save the person is
> not unethical. However, if you are a trained lifeguard and
> see someone drowning in a calm lake, you have an ethical
> duty to help.
>
> The failure to mount field trials of available AIDS
> vaccine candidates, in a manner consistent with traditional
> and current good vaccine development practice, violates the
> duty to help and is patently unethical. Requiring certainty
> about immune correlates of protection before starting field
> trials of AIDS vaccine candidates is unethical because it
> creates an unreasonable barrier to progress.
>
> To illustrate: the immune correlates of protection
> against rotavirus, a major cause of death in childhood
> worldwide, were unclear when field trials of candidate
> rotavirus vaccines were initiated. Field trials were started
> once candidate rotavirus vaccines were shown to be safe
> and to induce some immune responses. In a series of field
> trials, rotavirus vaccine proved its effectiveness and today,
> even while the vaccine was recently approved by the FDA
> advisory committee and recommended for universal
> childhood immunization by the federal government's
> Advisory Committee on Immunization Practices, the
> immune correlates of protection are still unknown.
> Proceeding to field tests of rotavirus vaccine was highly
> ethical, while delaying testing until all the scientific answers
> were available would have been unethical, and detrimental
> to public health.
>
> It is unrealistic and illusory to wait for universal
> consensus within the scientific community about when a
> vaccine candidate is ready for field trials. There has never
> been universal consensus about vaccines: to cite just one
> example, the names of those prominent scientists who
> declamed vigorously against polio vaccine testing have
> been forgotten, while Enders, Salk and Sabin made public
> health history. The decision about how and when to
> proceed to field trials, bearing its own burden of responsibility
> and accountability, is best placed in the hands of those
> experienced with vaccine development, including its public
> health dimensions.
>
> Human rights are also particularly relevant because the
> US government has invested so heavily and several of its
> institutions, including NIH, the Department of Defense,
> CDC and FDA, are involved in AIDS vaccine research and
> development. In this context, federal governmental failure to
> proceed to AIDS vaccine field trials, while contributing
> institutionally and financially to field trials of other vaccines
> which met essentially similar criteria vaccine development
> criteria (human safety and immunogenicity without clear
> knowledge about correlates of immunity) represents
> a clear violation of the human rights of American citizens.
>
> This human rights violation is underscored by the fact
> that the vulnerable population for HIV infection in the United
> States, the estimated 40,000 new HIV infections in 1998, will
> occur predominantly in already marginalized populations,

> thereby exacerbating pre-existing patterns of societal
> discrimination. It is as if the US government had decided
> that the AIDS epidemic could be controlled in this country
> without a vaccine. In contrast, progress towards Lyme
> vaccine development, to protect against a disease affecting
> middle and upper-class populations in this country, has
> proceeded rapidly. Very simply, if 40,000 college
> students were becoming HIV infected each year, it is
> obvious that field trials of AIDS vaccine candidates would
> have long been underway.
>
> Thus, the failure to proceed to field trials, in the
> context not of an ideal world but in the real world of
> successful vaccine development, is unethical and violates
> human rights. The failure to act, like silence, has moral
> consequences.
>
> At an institutional level, this failure stems from decisions
> and recommendations made by NIH and its AIDS vaccine
> advisory committee, both of which are headed by notable
> scientists who nevertheless lack experience with vaccine
> development and public health. This is not a plea for AIDS
> as a special case; no special dispensation is required.
> What is needed is to develop AIDS vaccine candidates
> according to procedures and mile-stone driven strategies
> which have produced highly successful vaccines which
> save millions of lives from diseases like polio, whooping
> cough and measles. It is unethical and violative of human
> rights to hold AIDS vaccine development hostage to a
> requirement for scientific exactitude which is unreasonable
> and may well be unattainable.
>
> Science is an instrument of public health. The larger
> responsibility, central to the moral authority and legitimacy
> of our government, is protection of the public health. The
> program for AIDS vaccine must be lifted above institutional
> defensiveness and parochial interests. The health of America
> and the world needs leadership - "can do" American
> leadership - to develop AIDS vaccines. Failing to proceed
> is unethical and violates basic human rights.
>
> # # #
>

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98
05:10 PM ----------

"Holtgrave Ph.D., David" <dyn6 @ cdc.gov>
04/07/98 04:39:06 PM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP, "Doll, Lynda S." <lsd1 @ cdc.gov>,
"Sogolow, Ellen" <eds0 @ cdc.gov>, "Holtgrave Ph.D., David" <dyn6 @
cdc.gov>
cc:
Subject: RE: Presidential Advisory Council on HIV/AIDS (PACHA)

Todd: Great idea! Thanks!
Lynda and Ellen: I would suggest that one of you do this presentation -- it is really the accomplishment of BIRB and one of you should tell PACHA about it!!
Thanks, David

> -----Original Message-----
> From: Jonathan_T._Weber@opd.eop.gov
> [SMTP:Jonathan_T._Weber@opd.eop.gov]
> Sent: Tuesday, April 07, 1998 2:55 PM
> To: lsd1@cdc.gov; eds0@cdc.gov; dyn6@cdc.gov
> Subject: Presidential Advisory Council on HIV/AIDS (PACHA)
>
>
> David, Lynda, and Ellen
>
> I would like to suggest that one of you present a summary in person to
> PACHA of the activities described in the two one pagers you provided
> to me
> for the last PACHA meeting. The next meeting will be June 15-18.
>
> Let me know if this is something you would like to do and I will
> arrange an
> invitation. The presentation should be under 30 minutes and there
> will be
> time for questions afterwards. Slide or overhead projector can be
> provided
> and the council members like handouts (can't speak to whether they
> read
> them or not).
>
> David is very familiar with the council and its members, but you can
> call
> or e-mail me if you have questions.
>
> Todd (N.B. new contact information)
>
> J. Todd Weber, MD, FACP
> 736 Jackson Pl NW
> Washington, DC 20503
> Direct line: (202) 395-1442
> Main line: (202) 456-AIDS (2437)
> Fax: (202) 456-2438
> e-mail: weber_jt@a1.eop.gov
>

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

Daniel C. Montoya

04/10/98 10:42:37 AM

Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc:
Subject: Re: letter to agencies re: 12/97 PACHA recs

sorry my mistake, here's the memo

dcm

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

Daniel C. Montoya

04/21/98 12:45:49 PM

Record Type: Record

To: See the distribution list at the bottom of this message
cc:
Subject:PACHA Statement

Presidential Advisory Council on HIV/AIDS
736 Jackson Place, NW , Washington, D.C. 20503

FOR IMMEDIATE RELEASE Contact: R. Scott Hitt
April 21, 1998 (310) 652-2562

STATEMENT OF THE PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS IN RESPONSE TO THE ANNOUNCEMENT BY THE SECRETARY OF HEALTH AND HUMAN SERVICES REGARDING NEEDLE EXCHANGE PROGRAMS

The Presidential Advisory Council on HIV/AIDS welcomes Secretary of Health and Human Services Donna Shalala ,s long sought determination that &needle exchange programs can be an effective part of a comprehensive strategy to reduce the incidence of HIV transmission and do not encourage the use of illegal drugs. 8 However, the Council expresses its serious disappointment that, despite her determination that a &meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs, 8 the Secretary has failed to lift the current ban on the use of federal funds for such programs.

In its Second Progress Report of December 7, 1997, the Council noted that &the Administration has sometimes failed to exhibit the courage and political will needed to pursue public health strategies that are politically difficult but that have been shown to save lives. 8 This latest action by the Administration reinforces that conclusion and raises grave doubt as to the seriousness of the President ,s stated goal of reducing new HIV infections &each and every year until there are no more new infections. 8 Last year the Administration followed a similar course in announcing new medical guidelines for effective HIV treatment, but then failed to seek the funding necessary to provide access to such treatment for a large segment of those infected. Since the Secretary has now made crystal clear that & the science in this area indicates that needle exchange programs can be an effective component of the global effort to end the epidemic of HIV disease, 8 it is essential that public health

policy &follow the science 8 rather than following the politics. The Administration, beginning with the President, must summon the political courage to act according to what it knows to be scientifically sound.

On March 17,1998, the Council unanimously expressed no confidence in the Administration ,s commitment to HIV prevention. The act by the Secretary of Health and Human Services of issuing the formal determination of the scientific efficacy of needle exchange programs without lifting the ban on the use of federal funds for such programs is morally indefensible. It is akin to refusing to throw a life preserver to a drowning person. The American people should be outraged that this Administration has acknowle dged that needle exchange programs &offer yet another weapon in the fight against AIDS 8 while simultaneously refusing to provide the funding necessary to employ that weapon.

That the populations most affected are largely African-Americans and Latinos is particularly distressing considering the insufficient availability of comprehensive drug treatment services and the goal of the President ,s Initiative on Race of ending health disparities among racial and ethnic groups. The Council urges the President to check his moral compass and then to take bold action in determining what should be the next steps in fighting the &two deadly epidemics - AIDS and drug abuse 8 that are in Secretary Shalala ,s own words & robbing us of far too many of our citizens and weakening our future. 8

AIDS remains a menace both in the United States and throughout the world, and both domestic and international efforts to eliminate this threat are far from being achieved. The Council will not abandon its efforts to ameliorate the impact of drug use and HIV on disadvantaged neighborhoods and communities. The Council will continue to use every means at our disposal to gain the political and scientific support necessary to obtain and increase federal funding for
quality drug treatment services and other interventions shown to be effective against HIV transmission. As individuals living with and affected by HIV, the Council is committed to be continuously engaged in bringing this pandemic to an end.

###

Message Sent
To:_____
Sandra Thurman/OPD/EOP
Todd A. Summers/OPD/EOP
Brad L. Austin/OPD/EOP
Sarah T. Holewinski/OPD/EOP
Matthew Murguia/OPD/EOP
Robert Soliz/OPD/EOP
Jonathan T. Weber/OPD/EOP

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

"Weber, J. Todd" <jtw5 @ cdc.gov>
04/22/98 12:52:22 PM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc:
Subject: FW: Response to Presidential Advisory Council on HIV/AIDS

> ----------
> From: Elsner, Linda
> Sent: Wednesday, April 22, 1998 12:52:21 PM
> To: Weber, J. Todd
> Subject: RE: Response to Presidential Advisory Council on
> HIV/AIDS
> Sensitivity: Confidential
> Auto forwarded by a Rule
>
Todd, Marie says she will try to work it in this week -- tho it could be early next week before she gets to it. Is that OK?

> -----Original Message-----
> From: Weber, J. Todd
> Sent: Tuesday, April 21, 1998 1:00 PM
> To: Elsner, Linda
> Subject: Response to Presidential Advisory Council on HIV/AIDS
> Importance: High
> Sensitivity: Confidential
>
> Linda
>
> Here are two documents. PACHAREC.JTW is what we are responding to,
> therefore no editing, but helpful for understanding the response.
> Response is PACHA127.012.
>
> There is nothing secret in these documents (most of the information is
> from public documents), but would appreciate it if they were kept as
> confidential as possible given this is the equivalent of controlled
> correspondence to the White House.
>
> I can drop off hardcopy tomorrow (Wednesday).
>
> Thanks.
>
> Todd
>
> << File: PACHA127.012 >> << File: PACHAREC.JTW >>

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

Brad L. Austin
05/07/98 09:29:42 AM
Record Type: Record

To: See the distribution list at the bottom of this message
cc:
Subject:New Key to the PACHA Recommendations

I will distribute to all the key for the PACHA recommendations. Should you wish to generate your own copy, it can be found at:

n:\council\pacharec\pachakey.wpd

Brad

Message Sent
To:
Todd A. Summers/OPD/EOP
Jonathan T. Weber/OPD/EOP
Robert Soliz/OPD/EOP
Matthew Murguia/OPD/EOP
Daniel C. Montoya/OPD/EOP

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

"Janssen, Robert" <rxj1 @ cdc.gov>
05/07/98 03:21:48 PM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc:
Subject: RE: HCW guidelines

Todd,

I told Todd that we would be happy to meet with Ben and Stephen, I thought I told him it be after we had a document drafted. HIP hopefully will have a draft document in a couple of months. I guess we could get input first, but it seems to me that their comments on a draft document that is based on the recommendations of the advisory committee meeting would be most fruitful. We could speak conceptually about it on a conference call, but I really don't think that will be as helpful as their comments on a draft where they can see how the whole thing is framed. The plan is to roll several guidelines into one, including the infected HCW guidelines, universal precautions, etc.

Give me a call if you need further clarification.

Rob

-----Original Message-----
From: Jonathan_T._Weber@opd.eop.gov
[SMTP:Jonathan_T._Weber@opd.eop.gov]
Sent: Thursday, May 07, 1998 9:13 AM
To: rxj1@cdc.gov
Subject: HCW guidelines

Rob

Todd Summers would like to set up a meeting with you and two PACHA members,
Stephen N. Abel, D.D.S. (St. Clare?s Hospital, NYC) and Benjamin Schatz,
J.D. (Gay and Lesbian Medical Association), regarding the new infected HCW
guidelines. Can you call me to tell me when you would be available? The
meeting would be best before the next PACHA meeting, around June 15.

Give me a call.

jtw

J. Todd Weber, MD, FACP
c/o Office of National AIDS Policy
Executive Office of the President
736 Jackson Pl NW
Washington, DC 20503
Direct line: (202) 395-1442
Main line: (202) 456-AIDS (2437)
Fax: (202) 456-2438
e-mail: weber_jt@a1.eop.gov

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

"Janssen, Robert" <rxj1 @ cdc.gov>
05/07/98 03:35:10 PM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc:
Subject: RE: HCW guidelines

Conference call with whom? I have spoken to Helene about this. She is supportive of my comments in my response. She offered to call Stephen and Ben if necessary, but also said we could do a conference call if need be. What do you think?

-----Original Message-----
From: Jonathan_T._Weber@opd.eop.gov [SMTP:Jonathan_T._Weber@opd.eop.gov]
Sent: Thursday, May 07, 1998 3:24 PM
To: Janssen, Robert
Subject: RE: HCW guidelines

Rob

I agree with your assessment. However, as demonstrated by HIV

surveillance, they seem to like to get ahead of guidelines, I think in the
belief that once there is any kind of document, comments are not valued.
How about if we set up a conference call to discuss this? Give me some
times next week that would be good for you.

jtw

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

"Janssen, Robert" <rxj1 @ cdc.gov>
05/15/98 11:07:24 AM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc:
Subject: RE: HCW guidelines

Todd,

It is my understanding that Ron V told Todd S that we would have a conference call with them. I have a voice mail message into Todd to discuss.

Rob
-----Original Message-----
From: Jonathan_T._Weber@opd.eop.gov [SMTP:Jonathan_T._Weber@opd.eop.gov]
Sent: Thursday, May 07, 1998 4:18 PM
To: Janssen, Robert
Subject: RE: HCW guidelines

Rob

Spoke with Daniel Montoya. It is his impression that the following would
suffice:

E-mail to Daniel describing the current status of the development of the
HCW guidlines that he would then forward to Services and Discrimination
subcommittees of PACHA. This "status report" would include -- summary of
comments (brief!) received by CDC during the advisory committee meetings;
timeline for writing of the guidelines; description of the public comment
period that will follow.

If you or Helene are uncomfortable putting this into writing, then perhaps
you or Helene should call Daniel.

jtw

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

Brad L. Austin
05/19/98 01:30:08 PM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP, Daniel C. Montoya/OPD/EOP
cc: Todd A. Summers/OPD/EOP
Subject:Revised Prison Surveillance Recommendation

Todd Weber suggested that the recommendation be clarified to read as follows:

The Centers for Disease Control & Prevention should develop guidelines for all federal and state correctional systems on design and implementation of HIV/STD/TB data collection instruments. The CDC should also provide technical assistance to the states on assessment of this data in order for states to implement appropriate prevention activities, primary health care and substance abuse therapies.

Daniel: Assuming that ONAP will suggest no other changes, how shall we proceed? Send this out to Jeremy to distribute to the subcommittee?

Brad

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

"Janssen, Robert" <rxj1 @ cdc.gov>
05/20/98 10:42:21 AM
Record Type: Record

To: Jonathan T. Weber/OPD/EOP
cc:
Subject: RE: HCW conference call

Come to my office. June 26, 1 to 2.

-----Original Message-----
From: Jonathan_T._Weber@opd.eop.gov
[SMTP:Jonathan_T._Weber@opd.eop.gov]
Sent: Wednesday, May 20, 1998 10:31 AM
To: rxj1@cdc.gov

Subject: HCW conference call

Rob

Todd Summers has asked me to listen to the HCW conference call next Tuesday. I will be in Atlanta. Would you please tell me where and when it will be occurring or whether I need to dial in from my office (x2082)?

Thanks.

jtw

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

Brad L. Austin
05/29/98 11:20:15 AM
Record Type: Record

To: See the distribution list at the bottom of this message
cc:
Subject: March 1998 PACHA Recommendations

I inputted the 3/98 recommendations into the database this morning. Included are the two PACHA recommendations passed in March as well. Please check your share of the database for the following additions:

Leadership - 5 new recommendations (IX.L.1 through IX.L.5)
Discrimination - 1 new (IX.D.1)
Research - 5 new (IX.R.1 through IX.R.5)
Communities of African/Latino Descent - 1 new recommendation, but with 9 subparts (all 9 are entered as separate recommendations) (IX.C.1 through IX.c.1.i)

March 1998 was the 9th meeting of the Council, thus, all these recommendations begin with "IX." Also, please verify that I have assigned the lead agency correctly.

Message Sent
To:
Todd A. Summers/OPD/EOP
Daniel C. Montoya/OPD/EOP
Matthew Murguia/OPD/EOP
Jonathan T. Weber/OPD/EOP
Robert Soliz/OPD/EOP

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

Daniel C. Montoya

06/03/98 02:15:14 PM

Record Type: Record

To: See the distribution list at the bottom of this message
cc:
Subject: Draft Youth Recommendations

these recommendations need to be vetted as soon as possible. can each of the agency reps vet any recommendation(s) that falls under your general responsibilities?

the services subcommittee will meet via conference call tomorrow and any feedback prior to that would be appreciated. i'm sorry for the delay, but i only just received them.

thanks,

dcm
---------- Forwarded by Daniel C. Montoya/OPD/EOP on 06/03/98 02:15 PM ----------

Clark Moore <cmoore @ aidspolicycenter.org>
06/03/98 01:13:27 PM
Record Type: Record

To: "Sean Sasser (w)" <ssasser @ stopaids.org>, Sean Sasser <Mojo1025 @ aol.com>
cc: David Harvey <harveyapc @ aol.com>, Daniel C. Montoya/OPD/EOP
Subject:Draft Youth Recommendations

Draft Recommendations for the Presidential Advisory Council on HIV/AIDS Youth Issues

1) In March 1996, the White House Office of National AIDS Policy issued a report to the President titled, Youth & HIV/AIDS: An American Agenda. The report, written with input from youth, service providers, researchers and advocates, contained a variety of recommendations to strengthen the nation's response to the HIV/AIDS epidemic among young people. Two years later, the extent to which these recommendations have been implemented is not clear. The Council requests that the Office of National AIDS Policy present a detailed status report on the implementation of these recommendations.

The recommendations in the report include, but are not limited to, the following (some recommendations have been combined):

General Recommendations

DHHS should create a forum of young people who are infected with or

affected by HIV along with their advocates and providers. This group should work with relevant federal agencies to help identify and articulate the needs of adolescents in fashioning Federal responses to HIV/AIDS (page 13).

Prevention

Innovative, creative prevention efforts aimed at young people must be encouraged, adequately funded, and evaluated, and -- when found to be effective -- broadly disseminated (13);

Beginning at the earliest appropriate age, young people should receive sexuality and HIV/AIDS education as part of a comprehensive curriculum of health education. Such a curriculum should include accurate information about HIV and modes of transmission, the opportunity to assess personal risk of infection, and skills training. HIV prevention information should be age-, language-, and culturally-relevant and designed to accommodate the context of the lives of young people and their families (6);

Comprehensive HIV/AIDS education - as part of comprehensive health education - should be available to all young people in all fifty states and U.S. territories (13). The Federal government should help the nation's schools and other youth serving agencies implement comprehensive programs to prevent the spread of HIV among young people (14);

CDC should encourage the inclusion of young people and their advocates in all HIV prevention planning councils to provide their unique perspective on the needs of youth in prevention efforts (ii, 14);

SAMHSA, CDC, and HRSA should collaborate on substance abuse treatment and prevention strategies affecting adolescents to ensure a coordinated effort (ii);

Counseling and Testing

Routine counseling and voluntary HIV testing should be made more accessible, developmentally appropriate, and affordable to young people (13);

The Federal government should support expanded access to testing and counseling for young people. The CDC guidelines for testing and counseling should acknowledge and address the special needs of adolescents, such as developmental issues, processes for consent, confidentiality, and payment for services. The guidance should be integrated into the training of all personnel at CDC-funded counseling and testing sites (ii, 14);

CDC should require that, as part of the grant application for counseling and testing funds, states demonstrate the availability of counseling and testing for young people (14);

Care and Services

HIV-positive adolescents should be linked to a continuum of care and services that will extend their life span and provide them with the information and skills they need to reduce the likelihood of further transmission (13);

The Federal government and states should examine opportunities to ensure that all Medicaid-eligible HIV-positive youth have access to appropriate treatment and care (10);

PHS should work with the researchers, clinicians, medical community, and patients to develop appropriate clinical practice guidelines for adolescents with HIV/AIDS (ii);

HRSA should encourage the inclusion of young people and their advocates on AIDS care planning councils to help identify local needs and ways to target Federal funds to help meet the distinct developmental and comprehensive care needs of youth (13);

Research

The family of HIV seroprevalence surveys should be expanded to target and teach us more about the epidemic as it affects young people (12);

Adolescent-specific biomedical and behavioral research should be increased to enhance our knowledge of the progress of HIV disease in adolescents and of effective AIDS prevention approaches (13). Additional studies are needed to understand the natural history of HIV in adolescents as well as expanded study of youth and their behaviors (11);

NIH and FDA should encourage government and industry sponsors to enroll adolescents, when feasible and appropriate, in HIV/AIDS clinical trials (ii, 14);

In releasing data from clinical trials, NIH and FDA should include specific data related to adolescents. When the number of adolescents participating in a trial is too small, anecdotal data should be released on a limited basis to allow clinicians an opportunity to begin building a base of information for their use in treatment (14).

2. On December 1, 1997, President Clinton issued a memorandum to heads of executive departments and agencies regarding the integration of HIV prevention in Federal programs serving youth. This directive was to be implemented by the end of May 1998. The Council requests that the Office of National AIDS Policy present a detailed status report on the implementation of these recommendations.

The President's directive includes the following:

That each Federal agency, within 90 days, working with the HHS and ONAP, identify all programs under its control that serve young people ages 13-21 and that offer a significant opportunity for preventing HIV infection; and

That each Federal agency, in collaboration with the HHS and ONAP, develop within 180 days a specific plan through which said programs could increase access to HIV prevention and education information, as well as to supportive services and care for those already infected.

3. The President should appoint at least one young person under age 24, particularly an individual who is HIV infected, and a youth service provider to the Presidential Advisory Council on HIV/AIDS.

4. Additional Recommendations (Draft)

The following recommendations expand on key issues and recommendations contained in the 1996 White House Report, Youth & HIV/AIDS: An American Agenda. The recommendations also summarize some of the top policy issues

which have consistently been identified by young people, service providers, and advocacy organizations.

Prevention

The Administration should direct CDC to ensure that HIV prevention activities, including CDC-funded activities at the local level, more equitably address the needs of youth at highest risk for HIV infection, including youth of color, young women, and young men who have sex with men.

The President must provide strong and vocal support for federal funding for comprehensive HIV/STD prevention and family planning programs that include information about disease and pregnancy prevention methods other than abstinence.

Counseling and Testing

The Administration should direct the CDC to ensure that all CDC-funded HIV counseling and testing programs are accessible and appropriate for young people. Funding and support for youth-specific casefinding and counseling/testing programs should be expanded.

The Administration should direct HHS to expand training and assistance programs for health care providers on improving the quality and availability of HIV counseling and testing for youth.

Care and Treatment

The President should seek expanded funding and support under the Ryan White CARE Act and other Federal programs for comprehensive, community-based health care services that address the medical and psychosocial needs of HIV infected youth.

The Administration should work to expand eligibility under the Children's Health Insurance Program (CHIP) and Medicaid to ensure that all youth in all states and territories have comprehensive health coverage.

The Administration should direct HRSA to expand and strengthen training and technical assistance for HIV service providers and youth service providers to help them respond to the unique needs of young people living with and at risk for HIV.

Research

The President should direct HHS to convene a working group consisting of representatives from Federal agencies, researchers, youth service providers, advocates and young people to develop a coordinated Federal agenda for HIV/AIDS research on adolescents and young adults. This agenda, which should be updated regularly, would help to coordinate existing efforts and to identify key research gaps. It should address the full range of research related to HIV/AIDS epidemiology, prevention, care and treatment.

The Administration should direct NIH to provide incentives, training and technical assistance to units of the Adult AIDS Clinical Trials Group (AACTG), the Pediatric AIDS Clinical Trials Group (PACTG) and Clinical Programs for Clinical Research on AIDS (CPCRA) to promote access to clinical research opportunities for HIV infected adolescents and young adults.

Message Sent
To:
Sandra Thurman/OPD/EOP
Todd A. Summers/OPD/EOP
Brad L. Austin/OPD/EOP
Sarah T. Holewinski/OPD/EOP
Matthew Murguia/OPD/EOP
Robert Soliz/OPD/EOP
Jonathan T. Weber/OPD/EOP

---------- Forwarded by Jonathan T. Weber/OPD/EOP on 06/19/98 05:10 PM ----------

Todd A. Summers
06/10/98 02:34:54 PM

Record Type: Record

To: See the distribution list at the bottom of this message
cc:
Subject: You're invited.....

OPEN HOUSE
White House Office of National AIDS Policy

Please join us for an open house with members of the
President's Advisory Council on HIV/AIDS at our new office.

June 15, 1998
6:30 to 8:00 pm

736 Jackson Place
Washington, DC 20503

For information, call (202) 456-2437

Message Sent
To:
Gordon P. Agress/OMB/EOP
Virginia Apuzzo/WHO/EOP
David W. Beier/OVP @ OVP
BAustin @ samhsa.gov @ inet
Sarah A. Bianchi/OPD/EOP
Miguel M. Bustos/OVP @ OVP
Virginia R. Canter/WHO/EOP
Chris.Collins @ mail.house.gov @ inet
kmd2 @ cdc.gov @ inet
Toby Donenfeld/OVP @ OVP

Philip G Dufour/OVP @ OVP
Maria Echaveste/WHO/EOP
hdg1 @ cdc.gov @ inet
egoosby @ osophs.dhhs.gov @ inet
Joshua Gotbaum/OMB/EOP
Audrey T. Haynes/WHO/EOP
dyn6 @ cdc.gov @ inet
echndc @ aol.com @ inet
Chin-Chin Ip/OMB/EOP
meiskowitz @ aol.com @ inet
Christopher C. Jennings/OPD/EOP
Elena Kagan/OPD/EOP
pkawata @ nmac.org @ inet
Cathy R. Mays/OPD/EOP
Michael D. McCurry/WHO/EOP
Daniel C. Montoya/OPD/EOP
nosanchu @ justice.doj.gov @ inet
Ashley L. Raines/OA/EOP
Bruce N. Reed/OPD/EOP
Ursula J. Sanville/ONDCP/EOP
Marsha Scott/WHO/EOP
Richard Socarides/WHO/EOP
Robert Soliz/OPD/EOP
Jeff.Trandahl @ clerk.house.gov @ inet
Richard J. Turman/OMB/EOP
dvonzinkernagel @ osophs.dhhs.gov @ inet
Paul J. Weinstein Jr./OPD/EOP
Jonathan T. Weber/OPD/EOP
Wendyw @ nih.gov @ inet
Wm G. White/OMB/EOP
Paul J. Yandura/OPD/EOP

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

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D57]MAIL42590327S.126 to ASCII,
The following is a HEX DUMP:

FF57504318060000010A020100000002050000008B18000000020000BBD88D7C98E8ECF99E71CB
3A8A27E2EEDF8D0471491540FCFEB9C635063CA700A55BA719AC5875B7C2DC51C8694D4C50621C
1AE74118EA590A331FB3AC89FE7008A84C3047A550F3FF772CC0F5D5730FA3D08662303309333D
BC76F06AB540A7FF8C00F5CD1C4B18E11C9BA658D3DD410CEC22E3B34A59E1540DE9DF545B4B2C
0B72A1DFF4E4ED97317DD8B1003B4CDB524300587A801E03EF84FAABBC22F8ED142234E2AA7902

January 20, 1997

MEMORANDUM FOR DISTRIBUTION LIST

FROM: Sandra L. Thurman, Director, Office of National AIDS Policy
Daniel C. Montoya, Executive Director, Presidential Advisory Council on HIV/AIDS

SUBJECT: Presidential Advisory Council Recommendations

At its December 4-7, 1997 meeting, the Presidential Advisory Council on HIV/AIDS approved a number of recommendations regarding Federal HIV/AIDS policy and programs. I am enclosing a copy of these recommendations and ask that you share them with the relevant officials in your agency for consideration and subsequent response.

The President appointed the advisory council in the hope that its diverse membership from around the nation would provide new ideas and insights into improving the government's response to the epidemic. **The next meeting of the Council will be March 15-18, 1998. In order to provide the Council with an update of their recommendations, please have your responses to us, no later than March 1. My office will be in touch soon with your staff to discuss how we can move forward in responding to the Council.**

Thank you for your cooperation.

Distribution List:

The Honorable Jesse Brown, Secretary of Veterans Affairs
The Honorable Andrew Cuomo, Secretary of Housing and Urban Development
The Honorable William Cohen, Secretary of Defense
The Honorable Alexis M. Herman, Secretary of Labor
The Honorable Janet Reno, Attorney General
The Honorable Franklin Raines, Director, Office of Management and Budget
The Honorable Donna Shalala, Secretary of Health and Human Services

cc: Dr. Claire Broome, Acting Director, CDC
Dr. Nelba Chavez, Administrator, SAMHSA
Dr. Susan Daniels, Associate Commissioner for Office of Disability, SSA
Dr. Lawrence Deyton, Director of AIDS Services, Veterans Affairs
Dr. John Eisenberg, Acting Assistant Secretary for Health
Dr. Earl Fox, Acting Administrator, HRSA
Dr. Michael A. Friedman, Lead Deputy Commissioner, FDA
Dr. Helene Gayle, Director, National Center for HIV,STD,TB Prevention,CDC
Dr. Eric Goosby, Director, OHAP, HHS
Mr. Josh Gotbaum, Executive Associate Director, OMB
Dr. Kathleen Hawk, Director, Federal Bureau of Prisons
Dr. Alan Leshner, Director, NIDA
Dr. Marsha Martin, Special Assistant to the Secretary, HHS
General Barry McCaffrey, Director, ONDCP
Ms. Doris Meissner, Director, Immigration and Naturalization Service
Ms. Nancy-Ann Min DeParle, Administrator, HCFA
Dr. Kenneth Moritsugu, Medical Director, Federal Bureau of Prisons
Dr. Joseph O'Neill, Associate Administrator, HIV/AIDS Bureau, HRSA
Dr. William Paul, Director, Office of AIDS Research
Dr. David Satcher, Surgeon General & Assistant Secretary for Health, HHS
Dr. Michael Trujillo, Director, Indian Health Service
Mr. David Vos, Director, Office of HIV/AIDS Housing, HUD

bcc: Dr. Kevin DeCock, Director, Division of HIV/AIDS Prevention, Surveillance and Epidemiology, NCHSTP, CDC

Mr. John Gregrich, Chief Treatment Branch, Office of Demand Reduction, ONDCP

Dr. David Holtgrave, Director, Division of HIV/AIDS Prevention, Intervention Research & Support, NCHSTP, CDC

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sarah T. Holewinski (CN=Sarah T. Holewinski/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 6-JUL-1998 13:47:13.00

SUBJECT: Re: World AIDS Day Letter

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

TEXT:
Yes...was in my inbox under the new mail. We got it on June 15th from the American Association for World Health; signed by Richard Wittenberg.

They did not include a draft, but did provide some important themes (aka. talking points for the letter). Let me know what you would like me to do -

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME:12-NOV-1998 08:56:51.00

SUBJECT: Re: Satcher Draft Questions

TO: Joseph Edelheit <jedelheit (Joseph Edelheit <jedelheit @ templeisrael.com> [UN
READ:UNKNOWN

TEXT:
Hi Joseph,

The POTUS did a World AIDS Day letter, 1998 that you should have received. It is in a booklet entitled "Be A Force for Change" distributed by the American Association for World Health. That will be the letter for this year. There will be no other letters written because they want to stay on message.

I am having the letter faxed to you, just in case.

About your "musings".....As always you make me stop and think and reflect.. and for that I am thankful b/c my life around here gets so stressful that I sometimes am grasping for some meaning to what seems like "chaos"....so thanks for your "musings". Maybe we can steel some moments together during the meeting.

By the way, I attended the US Conference on AIDS in Dallas and had the opportunity to meet and discuss HIV/AIDS as it affects children, directly and indirectly, with Augie Acevedo from Camp Heartland. He's a genuine soul and a great advocate for children and the good work that ya'll are doing at Camp Heartland.

Hope all is well and I will look forward to seeing you.

God speed,

dcm

Joseph Edelheit <jedelheit @ templeisrael.com>
11/11/98 04:01:23 PM
Record Type: Record

To: Daniel C. Montoya/OPD/EOP
cc:
Subject: Re: Satcher Draft Questions

Daniel...on a completely different subject...my synagogue is hosting the community wide interfaith World AIDS day service on the evening of 12/1....could you please "get" a letter(s) from the POTUS and Sandy Thurman we can read at the service...we would appreciate it greatly....what

did you think of my "musings", I heard you suggest during an earlier exec meeting call that I should put it out there for others to consider??? see you next week.At 03:35 PM 11/11/98 -0500, you wrote:
>I took the liberty of combining what I had received so far. Please provide
>Scott and me any comments you might have. I will try to collect all of the
>questions so that we can have the list of them for our Monday lunch
>meeting.
>
>Alexander will be sending me some questions for Koplan and I will
>distribute them as well for people's comments.
>
>
>Draft Questions for Dr. David Satcher, Assistant Secretary for Health (ASH)
>and Surgeon General (SG):
>
> Could you please explain in as much detail as possible how the
> Administration intends to implement as quickly as possible the $150
> million + in new funding through the Congressional Black Caucus (CBC)
> Initiative?
>
> (NOTE: It may be helpful if he addresses this in terms of broad
> categories Prevention, Services and Research)
>
>More specifically, please address the following:
>
> CARE Act (new monies in Titles I and III for African Americans);
> SAMHSA ($22 million in new funding for communities of color, $275
> million in new drug treatment funding in general, and the HIV set
> aside within the larger SAMHSA budget;
> CDC - $18.0 million in new targeted funding for African Americans;
> HHS "Emergency Funding" - $50 million to be allocated by the
> Secretary (by end of November);
> (NOTE on Emergency Funding - it is not guaranteed to become part
> of HHS's base funding in the FY 2000 budget)
>
>(FYI: One targeting issue that has come up recently is the need for HHS to
>ensure that gay and bisexual African American men are targeted specifically
>to ensure that this population does not slip through the cracks. A loosely
>formed, national coalition of gay and bisexual AA men formed in Dallas, at
>the US Conference on AIDS, is now circulating a sign on letter to Secretary
>Shalala.)
>
>(Timeline issue is very important - we don't to get mired in a contracting
>process and then have nothing to show for this new money during the FY 2000
>appropriations process.)
>
> What is the Administration's plan for how to build on the CBC
> momentum to generate support for new prevention and services funding
> for Latinos and other communities of color in FY 2000?
>
> (NOTE: this question refers both to new funding in FY 2000 as
> well as how the Administration will look at base funding of HIV
> programs to make sure they adequately serve the needs of
> communities of color.)

>
> How does HHS intend to broaden the discussion from the $156 million
> to all of discretionary AIDS funding?
>
> How are you looking at the whole portfolio to insure that funding is
> being well spent and that it is following the epidemic?
> (NOTE: We have great concerns about the ability of the various
> agencies to adequately articulate how funds are being spent,
> including who is being served.)
>
> What about Latinos and other communities of color? What?s the
> Administration?s/HHS plan for addressing the needs of communities of
> color?
>
> Given decision by Administration on needle exchange, how is the
> Administration moving forward?
>
> How are you working to help insure that people living with HIV (and
> do not yet have AIDS) have access to treatments?
>
> What are you doing to help insure that treatment provided to those
> living with HIV/AIDS is consistent with HHS treatment guidelines?
>
> Having served as CDC Director, what is the link between prevention
> and access to care and treatment and how are you working to insure
> that linkages happen, are strengthened, and/or increased?
>
> What is your role internationally and how do you plan to address
> HIV/AIDS on a global perspective?
>
> What role does the HIV/AIDS community, both nationally and
> internationally, play in your efforts as ASH and SG?
>
> What role can this Advisory Council play in assisting you in your
> efforts as ASH and SG toward better HIV/AIDS health care polices that
> affect prevention, services and research?
>
>
>

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME:12-NOV-1998 16:39:06.00

SUBJECT: WAD Proc.

TO: dlm7 (dlm7 @ aol.com @ inet [UNKNOWN])
READ:UNKNOWN

CC: ejflemin (ejflemin @ facstaff.wisc.edu @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:
Sloan:

Thank you so much for volunteering to help develop the World AIDS Day 1998 Proclamation. I appreciate your enthusiasm and willingness to help out.

Below is information which should help you focus your writing, along with some statistics. Please avoid an abundance of statistics. The wording should focus on the theme "be a force for change", its focus is youth, and why we should be concerned as citizens. If possible, try to work in international concerns as well. Something like "while the challenges in the U.S. are many, the challenges in addressing HIV/AIDS internationally are daunting."

The narrative should try to strike a balance between concern and hope, with an edge towards hope.

Include a line or two on progess with protease inhibitors and their success, but remind people that not all who can benefit from them have access to them.

You could include information about recent funding increases, and how pleased he was to work with Congress in sucuring these increasing. Indicate that more needs to be done, especially in the area of prevention.

Something about youth being our future should be included, as well as the role that parents and other adults have in establishing a sound decision-making foundation in youth so that they can make healthly decisions. (these words do not work well and most likey need to be rephrased).

See other notes below.

here is the text of the world AIDS day letter in the american associationof world heath's WAD booklet. You might want to mirror some of this. Avoid repeating the sexual exploitation line. It is important, but not usually associated with a proclamation.

August 15, 1998

Greetings to all those around the world observing the eleventh annual World AIDS Day. One this day each year, we are called to unite in the memory of those whose lives have been claimed by HIV/AIDS, and in support of all those who are courageously fighting this disease day-

by-day.

Our efforts in the past are starting to show success. Recent advances in the treatment of those already infected with HIV show great promise in prolonging and enhancing the quality of life of many individuals. But we cannot not forget that not all those who can benefit from the new treatments have access to them, especially in the developing world. We must also remember that our efforts at HIV prevention are essential for until there is a vaccine, prevention is our best hope.

This year ,s World AIDS Day theme, & Be a Force for Change, 8 captures the spirit of the fact that each person has the power to diminish the spread of HIV and AIDS around the world. Change is usually associated with young people -- the next generation, the new leaders of tomorrow. &Be a force for Change 8 means confronting the myriad of factors and circumstances which face young people today -- experimentation with alcohol and other drugs, experimentation with sex, possible sexual exploitation, and lack of access to care and services. These factors, often times more severe for young women, all contribute to the increasing HIV infection rate of young people aged 15 - 24.

Advances in HIV treatment in no way diminishing the sense of urgency that we must maintain around HIV. HIV/AIDS is not an illness of the past. This epidemic is far from over, and our young people are depending on us to keep our guard up. We must impart upon them the seriousness of the epidemic and give them the skills they need in order to stay uninfected. I urge you to recommitment yourself to the battle against HIV/AIDS. Our future, and that of the world ,s children, depends on us.

Hillary joins me in sending best wishes for a successful World AIDS Day.

----- end ------

Below are some statistics and points I was going send to Greg King that you might want to use.

Points to Consider for World Activities

GENERAL

Please see the World AIDS Day letter from President Clinton published in the American Association for World Health WADS resource booklet (at bottome of this stuff).

This year ,s WAD theme is &be a force for change, 8 and focus on youth.

Might want to stress that despite wonderful news about decreasing AIDS death (down 47% this year), some 40,000 new infection continue to occur every year.,

Might want to stress that new drugs are wonderful for those who can afford them, tolerate them and have access to them, but that not everyone has access to them, especially in the developing world.

Might want to stress that there is no vaccine and that people who do take the new drugs are still HIV positive and have not been cured.

STATISTICS

As of December 1997 Centers for Disease Control and Prevention, special statistics analysis, August 11, 1998., there were 6,233 AIDS cases in the United States in youth ages 13 - 21, an 14.7% increase over 1996, and a 36.4% increase over 1995.

Of all AIDS cases in youth, 62% were in males and 38% were females.

As of December 1997, more than 7,381 cases of HIV were diagnosed in youth ages 13 - 21, an 18% increase over 1996 and a 41.7% increase over 1995. Of these cases, 55% were in males and 45% were females.

More than 70% of all AIDS cases and 68% of al HIV cases in youth were in racial and ethnic minorities (Black, Hispanic, American Indian/Alaska Native, or Asian and Pacific Islander).

A broad overview shows the following:

Among youth, HIV transmission is primarily through sexual activity.

Men who have sex with men accounted for 51.8% of all AIDS cases in 13 - 21 year old males ; it accounted for 60% of cases in White youth; 47% in Black youth; 49% in Hispanic youth; 77% in Asian and Pacific Islander youth; and 59% in American Indian/Alaska Native youth, ages 13 - 21.
As of December, more than 16% of AIDS cases and almost 16% of HIV cases in youth 13 - 21 years olds were attributed to injection drug use or men who have sex with men and inject drugs.

As of December 1997, more than 52% of AIDS cases and more than 56% of HIV cases in 13 - 21 year old females were through injection drug use.

Almost 65% of all HIV cases and 57% of all AIDS cases reported in youth in 1997 were in Black youth. Nearly 23% of all AIDS cases reported in youth in 1997 were in Hispanic youth.

In 1990, 27% of all HIV cases in young people ages 13 - 21 were in females. In 1997, the number of HIV cases had increased to 55% in females.

CHALLENGES

A recent survey of youth found that 87% of 12 - 24 year olds believe that they are not vulnerable to getting HIV.

This is evidenced by other reports which show that some 48% of high school students had been sexually active and that nearly 35% were currently sexually active.

Some 16% had already had four or more sexual partners in their lifetime. In addition, only 57% of sexually active students had used a condom during their last sexual intercourse, an increase from 46% in 1991 despite the fact that 86% of students had been taught about HIV infection in school and some 63% had already talked with a parent or other adult family member about HIV/AIDS.

Some 3 million 10 - 24 year olds are diagnosed with a sexually

transmitted disease each year, and some 1 million become pregnant, despite our no sex/safer sex messages.

Sexual experimentation, drug use/experimentation, peer pressure, lack of role models, fear of rejection, questions about sexual identity, homophobia, and lack of assertiveness, all affect a youth ,s perception of risk and willingness to heed the no sex/safer sex, no drugs message all contribute to young people engaging in unprotected sexual activity.

May want to stress the importance of having parents and/or loved one ,s talk to young people about HIV/AIDS and sexual activity.

Last year's proclamation was too long. It should all fit on one page so that it is easier to reproduce and frame.

December 1, 1997

WORLD AIDS DAY, 1997

- - - - - -

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

For more than 15 years, American and the world have faced the challenges posed by HIV and AIDS. This devastating disease respects no borders and does not discriminate. In every city, town, and community, we has lost sons and daughters, brothers and sisters, mothers and fathers, life partners and friends. HIV and AIDS have affected us all, regardless of income, region, gender, race, religion, sexual orientation, or age. Sadly, both the number of people living with AIDS and the number of new HIV infections is rising worldwide. This year, as we observe the tenth World AIDS Day, we recognize with particular concern the toll HIV and AIDS continues to take on our children and youth.

The statistics are heartbreaking. In America alone, more than 7,500 children under the age of 13 have been diagnosed with AIDS. Every hour of every day, two more Americans under the age of 21 become infected with HIV. Around the world, more than 1 million children are living with HIV and AIDS. Twelve hundred children die of AIDS each day, even as 1,600 more become infected with the HIV virus. Compounding this tragedy is the terrible reality that many of the world ,s young people who are living with HIV and AIDS do not have access to the life-extending drugs and medical protocols that our scientists and doctors have developed. There is also a critical shortage of prescription drugs suitable for children suffering from pediatric HIV and AIDS. Of the 14 approved drugs for adults and adolescents, only five are approved for children.

From the earliest days of my Administration, we have sought to meet the challenges posed by AIDS with increased resources and action. I am proud of our success, with the cooperation of the Congress, in dramatically increasing funding for AIDS prevention measures and research. Such programs and research have helped to slow the spread of HIV and AIDS and have made possible the production of new drugs that are extending the lives of people with HIV and AIDS here at home and around the world.

But our progress against the scourge of AIDS has not been the result of government action alone. We have been able to make these great strides in understanding and treating HIV and AIDS thanks in large part to the hard work and commitment of thousands of researchers, health care providers, and clinical trial participants. I am proud as well of the resounding response of courage, compassion, responsibility, and love that the AIDS crisis has brought forth from our people. The lesbian and gay community, particularly in the early years of this epidemic, energized existing organizations and created new institutions to respond to the unmet needs of those living with HIV and AIDS. Educators and activists, members of religious and civic groups, business and labor organizations, and tens of thousands of other men and women of goodwill have joined together to comfort and the afflicted and bring an end to this disease.

We can rejoice in our progress, but we cannot rest. In May, I announced a new HIV vaccine initiative, and I am pleased that the global community has joined together in making the development of this vaccine a top international priority. Within 10 years, we hope to have the means to stop this deadly virus. But until we reach that day, I call on every American to remain with us on our crusade to eradicate this terrible epidemic and care for those living with AIDS along the way. As we mark World AIDS Day this year, we must continue to provide care for the sick and ensure that all have access to the treatment they need. And one of our most important tasks now is to strengthen our efforts to educate young people about HIV and AIDS and to make available to them and others at high risk effective prevention programs. By giving our children real hope for a future free from the shadows of HIV and AIDS, we can best commemorate the many loved ones we have already lost to the disease during its long and tragic course. May their enduring memory light our journey toward a vaccine for HIV and a final cure for AIDS.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim December 1, 1997, as World AIDS Day. I invite the Governors of the States, the Commonwealth of Puert o Rico, officials of the other territories subject to the jurisdiction of the United States, and the American people to join me in reaffirming our commitment to defeating HIV and AIDS and to helping those who live with the disease. I encourage every American to participate in appropriate commemorative programs and ceremonies in workplaces, houses of worship, and other community centers and to reach out to protect our children and to help all people who are living with AIDS.

IN WITNESS WHEREOF, I have hereunto set my hand this first day of December, in the year of our Lord nineteen hundred and ninety-seven, and of the Independence of the United States of America the two hundred and twenty-second.

WILLIAM J. CLINTON

The last two paragraphs cannot be changed, other than dates.

Thank again for all your help. The quicker a draft comes in the better, of course. Good luck and quick writing.

Matthew Murguia

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME:12-NOV-1998 16:19:37.00

SUBJECT: Re: HIV surveillance

TO: DvonZinkernagel (DvonZinkernagel @ osophs.dhhs.gov (Deborah Von Zinkernagel) [READ:UNKNOWN

TEXT:
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 8 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 (NOTES MAIL)

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

CREATION DATE/TIME:13-NOV-1998 13:59:24.00

SUBJECT: [CDC News] CDC HIV/STD/TB Prevention News Update 11/13/98

TO: Montmac (Montmac @ earthlink.net @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:
fyi -

dcm

also,

ken's email address is <ken_morrison@hotmail.com>
---------- Forwarded by Daniel C. Montoya/OPD/EOP on 11/13/98 01:58 PM ----------

preventionews @ cdcnpin.org
11/13/98 09:14:14 AM
Please respond to preventionews@cdcnpin.org
Record Type: Record

To: "'prevention-news@hattrick.qrc.com'" <prevention-news @ hattrick.qrc.com>
cc:
Subject: [CDC News] CDC HIV/STD/TB Prevention News Update 11/13/98

CDC HIV/STD/TB Prevention News Update
Friday, November 13, 1998

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HEADLINES

PEER-REVIEWED JOURNALS
"Short (and Shorter) Courses of Zidovudine"
"Mycobacterium Canettii, the Smooth Variant of M. Tuberculosis, Isolated From a Swiss Patient Exposed in Africa"

GENERAL MEDIA
"AIDS Virus Lurks Past Undetected Stage"

"Zimbabwean Activist Raps Government on AIDS"
"Teen Sex Habits Alarm Experts"
"AIDS Epidemic in Early Stages in Bangladesh: Expert [Asserts]"
"Sri Lanka Launches Sex Education Program for Youths"
"Health--Thailand: With HIV, Tuberculosis on the Rise"
"Myanmar, Cambodia Face Huge AIDS Problem"
"Small Firm MediChem Sees Huge Market for AIDS Drug"

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PEER-REVIEWED JOURNALS
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"Short (and Shorter) Courses of Zidovudine"
New England Journal of Medicine (11/12/98) Vol. 339, No. 20, P. 1467; McIntosh, Kenneth

The AIDS Clinical Trial Group Protocol 076 showed that zidovudine monotherapy reduced the risk of vertical HIV transmission. Analysis indicates, though, that maternal HIV titers were only marginally reduced, suggesting that zidovudine exerts its effect through another mechanism, such as postexposure prophylaxis in utero or possibly during birth. This fostered hope that a short course of zidovudine--one administered just before or during birth--could prevent HIV transmission. A new study in the New England Journal of Medicine shows that zidovudine administered soon after exposure in the child, but not the mother, had a preventative effect. In an editorial in the New England Journal of Medicine, Dr. Kenneth McIntosh of Children's Hospital in Boston, examines the ramifications of these findings, particularly the recent study showing the efficacy of postexposure prophylaxis with zidovudine. McIntosh questions the results since there was a wide degree of confidence intervals. He also wonders whether the results can be confirmed since a recreation of the study would have ethical problems. McIntosh notes, however, that the study adds further "weight to the argument that HIV infection can be prevented after exposure," even without additional confirmation.

"Mycobacterium Canettii, the Smooth Variant of M. Tuberculosis, Isolated From a Swiss Patient Exposed in Africa"
Emerging Infectious Diseases Online (10/98-12/98) Vol. 4, No. 4,; Pfyffer, Gaby E.; Auckenthaler, Raymond; Van Embden, Jan D.A.; et al.

A team of Swiss and Dutch researchers report the isolation of Mycobacterium canettii, a smooth variant of Mycobacterium tuberculosis, from a 56-year-old Swiss patient who was exposed to the pathogen in Africa. The novel taxon was first described last year in a strain isolated in 1993 from a two-year-old Somali child. Spoligotyping and restriction fragment length polymorphism (RFLP) analyses showed that the two strains were identical. The variant is different from all known M. tuberculosis complex strains, containing a single copy of the insertion sequence IS1081, as well as a direct repeat region with an exceptional composition and a differing recA gene sequence. A similar strain was found in 1969 by Canetti, for whom the variant is named. The 1969 strain is highly similar to the two recently isolated strains when RFLP patterns are compared, but not identical. The authors conclude that the data indicates that "the M. canettii taxon comprises strains with some degree of evolutionary divergence," noting that "this evolutionary lineage

already existed but was likely overlooked because the lack of adequate genetic characterization techniques." They suggest that the prevalence of the variant may be more widespread than previously thought and that further studies should be carried out to determine its geographic distribution.

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GENERAL MEDIA
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"AIDS Virus Lurks Past Undetected Stage"
Baltimore Sun (11/13/98) P. 3A

The genetic material of HIV remains in the semen of men taking combination therapy for AIDS, report researchers from Thomas Jefferson University in Philadelphia. Men on the treatment may be able to transmit the provirus through unsafe sex practices. A separate study shows that combination therapy lowers HIV viral level in the genital tract of infected females, which could reduce transmission risks. However, the Brown University researchers found that up to 3 percent of women involved in the study had HIV traces in their genital fluids, despite having undetectable viral levels in the blood. AIDS researchers are currently debating methods to clear these viral reservoirs, which are likely in CD4 T cells. Dr. Anthony Fauci, director of the National Institutes of Allergy and Infectious Diseases, has tried to activate the infected memory cells with hormones so they can be purged through the use of antiviral drugs.

"Zimbabwean Activist Raps Government on AIDS"
Washington Times (11/13/98) P. A14; Kamimura, Chiharu

On Tuesday, Priscilla Misihairabwi, director of the Women and AIDS Support Network (WASN) of Zimbabwe, expressed dismay that while an estimated 25 percent of Zimbabwe's adult population is infected with HIV, the government is using resources to wage war in Congo instead of for attacking HIV. The WASN has promoted the use of female condoms across the nation, while also trying to educate men to practice monogamy and to use condoms more responsibly. Misihairabwi said, "Women are getting poorer and poorer, and women continue to be socially and economically dependent on men. What all this [lack of funding] means is that women have less control over when and whether they have sex." She noted that 200 people die a day from the disease in Zimbabwe and that the government has no agency to deal with the problem.

"Teen Sex Habits Alarm Experts"
Toronto Sun Online (11/13/98)

As the teenage population level worldwide is set to reach its highest level ever next summer, developmental organizations have begun to worry about the health ramifications of such a large teen population. They want youths to have access to sex education, including birth control techniques and AIDS education. Liberal MP Jean Augustine, head of the Canadian Association of Parliamentarians on Population and Development, said, "More young people in all regions of the world are without or have little knowledge about reproductive heath." He added that the lack of information could put teens at risk for sexually transmitted diseases and unplanned pregnancies.

"AIDS Epidemic in Early Stages in Bangladesh: Expert [Asserts]"

Kyodo News service (11/13/98)

Bangladesh is in the initial stages of an AIDS epidemic, according to the chairman of the country's Technical Committee of the National AIDS Committee, M. R. Chowdhury. Up to 100,000 people may be infected with HIV in the country and, despite the fact that the number of AIDS cases in Bangladesh is low compared with neighboring countries like India, there are signs that the country is set for an outbreak. While only about 100 people in the country have tested positive for HIV, experts estimate that the actual number of infections could be as high as 100,000.

"Sri Lanka Launches Sex Education Program for Youths"
Reuters (11/13/98)

The Family Planning Association of Sri Lanka has launched a sex education program in conjunction with the London-based International Planned Parenthood Foundation. The project will cost over $700,000 for two years. A survey by the Family Planning agency estimates that there are 10,000 children living on the streets, 30,000 who are involved in the commercial sex trade, and between 100,000 and 500,000 who are forced to work.

"Health--Thailand: With HIV, Tuberculosis on the Rise"
IPS Wire (11/12/98)

Health officials in Thailand were encouraged by the decline of tuberculosis cases in the late 1980s, but rates began to rise again following an increase in HIV and AIDS. Thailand is considered one of the areas in Asia most affected by HIV, and the World Health Organization counts it among one of the biggest spots for TB. In 1985, there was a rate of 150 cases per 100,000 people. The number declined for the next seven years, but then cases started appearing in people with AIDS. The WHO reports that people with dormant TB and HIV are 30 times more likely to develop active TB than people without HIV infection. Thailand began testing Directly Observed Treatment Short-Course for TB two years ago and expanded the program after encouraging results. Public health officials are worried, however, that the current economic crisis may push more people below the poverty line, increasing their risks for diseases like TB, according to Pasakorn Akarasewi, the public health ministry's national TB coordinator.

"Myanmar, Cambodia Face Huge AIDS Problem"
Fox Market Wire Online (11/12/98)

Speaking at a conference in Bangkok on child development, Kul Gautam, UNICEF's director for East Asia and the Pacific, said that Myanmar and Cambodia could face AIDS epidemics comparable in proportion to the problem in Africa. Gautam said that Thailand, Cambodia, and Myanmar have the largest number of cases in Southeast Asia, but that Thailand is addressing its problem, while the other two countries are not. He argues that the two countries have "serious problems but do not yet have serious programs." According to UN statistics presented at the conference, by 1997 there were almost 50,000 AIDS orphans in Thailand, with nearly 15,000 in Myanmar and 8,000 in Cambodia. The data also indicates a high level of HIV infection in the countries, ranging from 1.01 percent to 2.4 percent of the adult population. Gautam noted that it is difficult to determine the extent of the disease in the countries, but that anecdotal evidence suggests it is very high. He also said that in some areas intravenous drug use causes more infections than sexual

contact.

"Small Firm MediChem Sees Huge Market for AIDS Drug"
Crain's Chicago Business (10/26/98) Vol. 21, No. 43, P. 25;
Somasundaram, Meera

MediChem Research recently entered into a joint venture agreement with the government of Sarawak, Malaysia, to research the potential of leaves from the rare bintangor tree as an AIDS drug. MediChem will get some financial support from Malaysia, and will split profits from the partnership, called Sarawak MediChem Pharmaceuticals. Currently, the firm is testing a synthetic form of the chemical found in the tree in 32 patients with HIV. The trial, which will last six months, will review the safety, blood concentrations, and other physiological effects induced by two daily doses of Calanolide A. The drug prevented replication of the virus in laboratory tests and was well-tolerated by HIV-negative patients.

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RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: a1.eop.gov@hattrick.qrc.com@INET@LNGTWY (prevention-news-return-106-SUMMER

CREATION DATE/TIME:23-NOV-1998 10:14:14.00

SUBJECT: [CDC News] CDC HIV/STD/TB Prevention News Update 11/23/98

TO: Todd A. Summers@eop (Todd A. Summers@eop [OPD])
READ:UNKNOWN

TEXT:
CDC HIV/STD/TB Prevention News Update
Monday, November 23, 1998

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Annals of Internal Medicine Online (11/15/98) Vol. 129, No. 10, P. 797; Raymond, Robert S.; Fallon, Michael B.; Abrams, Gary A.

Researchers from the University of Alabama at Birmingham conducted a study of the over-the-counter herbal dietary supplement, Complete Thymic Formula, which is claimed to be beneficial for people infected with hepatitis C virus (HCV). Dr. Robert S. Raymond and colleagues evaluated the effect of the medication in a group of 36 HCV-infected patients who did not respond to interferon treatment and two patients who were

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GENERAL MEDIA
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"Asia Is Front Line Against Global TB Epidemic, WHO Boss Warns"
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"Vietnam Will Require 180 Million Condoms by Early 2000s"
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Vietnam will need almost 180 million condoms a year early next century to help prevent the spread of HIV, according to a study by the National AIDS Committee. The committee also reported that the annual expenditure for condoms could double over the next five years, with $2 million being spent next year. The study was presented Thursday at a meeting on contraceptive requirements in Hanoi that focused on ways to address the $55 million in funding needed for contraceptives through the year 2007 in Vietnam. Contraceptive use has increased by 2 percent annually over the last eight years, according to the report.

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"Prick and Tell"
POZ (11/98) No. 41, P. 88; Lands, Lark

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The PreventioNews Mailing List is maintained by the CDC National Center for HIV, STD, and TB Prevention. Regular postings include the CDC HIV/STD/TB Prevention News Update, conference announcements, current funding opportunities, and selected MMWR articles. To SUBSCRIBE, send a blank message to the address preventionews-subscribe@cdcnpin.org. To UNSUBSCRIBE, send a blank message to the address preventionews-unsubscribe@cdcnpin.org. If you need assistance, please contact info@cdcnpin.org.

Back issues of the CDC HIV/STD/TB Prevention News Update can be found at the CDC NAC FTP site at ftp://cdcnpin.org/DailyNews. Back issues are searchable from the CDC HIV/STD/TB Prevention News Update Database at http://www.cdcnpin.org/cgi/databases/news/adsdb.htm.
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========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

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 id <01J4IBCYX6V4003ST5@PMDF.EOP.GOV> for SUMMERS_T@a1.eop.gov; Mon,
 23 Nov 1998 09:38:41 EST
Received: from Storm.EOP.GOV by PMDF.EOP.GOV (PMDF V5.1-9 #29131)
 with ESMTP id <01J4IBCV819C004GMD@PMDF.EOP.GOV> for SUMMERS_T@a1.eop.gov; Mon,

 23 Nov 1998 09:38:36 -0500 (EST)
Received: from hattrick.qrc.com ([198.178.200.4])
 by STORM.EOP.GOV (PMDF V5.1-12 #29131)
 with SMTP id <01J4IBCFP2WY003WRC@STORM.EOP.GOV> for SUMMERS_T@a1.eop.gov; Mon,

 23 Nov 1998 09:38:15 -0500 (EST)
Received: (qmail 25097 invoked by uid 540); Mon, 23 Nov 1998 14:32:28 +0000
Received: (qmail 25069 invoked from network); Mon, 23 Nov 1998 14:31:51 +0000
X-Mailer: Internet Mail Service (5.5.1960.3)
Precedence: bulk
Delivered-to: mailing list prevention-news@hattrick.qrc.com
Delivered-to: moderator for prevention-news@hattrick.qrc.com
Mailing-List: contact prevention-news-help@hattrick.qrc.com; run by ezmlm
================== END ATTACHMENT   1 ==================
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RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: a1.eop.gov@hattrick.qrc.com@INET@LNGTWY (prevention-news-return-106-THURMA

CREATION DATE/TIME:23-NOV-1998 10:13:26.00

SUBJECT: [CDC News] CDC HIV/STD/TB Prevention News Update 11/23/98

TO: Sandra Thurman@eop (Sandra Thurman@eop [OPD])
READ:UNKNOWN

TEXT:
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People concerned about their HIV status can opt for home testing with the Food and Drug Administration-approved Home Access HIV-1 Test System. The test costs $39.95 and includes an easy-to-use lancet for drawing blood, a card for the sample, and a pre-paid shipping envelope. The standard mail-in result will supply results in seven days. For an additional $10, results can be obtained in three days. All results are anonymous, using code numbers instead of names. The service includes trained counselors who are available 24 hours a day, both for the moment of learning the results as well as for follow-up. The test kits are available at most national pharmacies.

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The PreventioNews Mailing List is maintained by the CDC National Center for HIV, STD, and TB Prevention. Regular postings include the CDC HIV/STD/TB Prevention News Update, conference announcements, current funding opportunities, and selected MMWR articles. To SUBSCRIBE, send a blank message to the address preventionews-subscribe@cdcnpin.org. To UNSUBSCRIBE, send a blank message to the address preventionews-unsubscribe@cdcnpin.org. If you need assistance, please contact info@cdcnpin.org.

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CREATION DATE/TIME: 4-DEC-1998 10:04:18.00

SUBJECT: [CDC News] CDC HIV/STD/TB Prevention News Update 12/04/98

TO: Sandra Thurman@eop (Sandra Thurman@eop [OPD])
READ:UNKNOWN

TEXT:
CDC HIV/STD/TB Prevention News Update
Friday, December 4, 1998

The CDC National Center for HIV, STD, and TB Prevention provides the following information as a public service only. Providing synopses of key scientific articles and lay media reports on HIV/AIDS, other sexually transmitted diseases and tuberculosis does not constitute CDC endorsement. This daily update also includes information from CDC and other government agencies, such as background on Morbidity and Mortality Weekly Report (MMWR) articles, fact sheets, press releases, and announcements. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC HIV/STD/TB Prevention News Update should be cited as the source of the information.

HEADLINES

PEER-REVIEWED JOURNALS
"Evidence for a Newly Discovered Cellular Anti-HIV-1 Phenotype"
"Vpx Is Required for Dissemination and Pathogenesis of SIV(SM) PBj: Evidence of Macrophage-Dependent Viral Amplification"
"HIV's Early Home and Inner Life"

GENERAL MEDIA
"For Unlucky Few, Gene Sends H.I.V. on Wild Stampede"
"AIDS Is Everywhere, But Africa Looks Away"
"Nonprofit Cleared for D.C. Needle Exchange"
"Man Accused of Injecting H.I.V. in Son"
"AIDS Deaths Plunge in Metro Area [of Denver]"
"Efavirenz Added to Antiretroviral Agent Treatment Guidelines for HIV Infection"
"TB Guidance"

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PEER-REVIEWED JOURNALS
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"Evidence for a Newly Discovered Cellular Anti-HIV-1 Phenotype" Nature Medicine (12/98) Vol. 4, No. 12, P. 1397; Simon, James H.M.; Gaddis, Nathan C.; Fouchier, Ron A.M.; et al.

Researchers investigated the function of the HIV-1 virion infectivity factor (Vif), finding that the protein appears to counteract a newly discovered activity in human cells that otherwise inhibits virus activity. They analyzed HIV-infectivity in cells that support the replication of Vif-deficient HIV-1 (permissive cells) and in cells that do not allow Vif-deleterious HIV to replicate (non-permissive cells). They observed that Vif

increased virus infectivity 10 to 20 times in experimental conditions when the viruses were produced either by unfused non-permissive cells or by non-permissive cells fused to permissive cells. According to the authors, "our findings are most consistent with the idea that non-permissive human T-cells have an activity whose expression presence results in the inhibition of HIV-1 infectivity, and that the function of Vif is to counteract this." They speculate that Vif modulates the assembly, budding, and/or maturation life cycle stages of the virus. Vif may represent a useful target for future HIV-1 therapies, since blocking Vif function should allow the naturally putative antiviral activity of T cells to become operative.

"Vpx Is Required for Dissemination and Pathogenesis of SIV(SM) PBj: Evidence of Macrophage-Dependent Viral Amplification" Nature Medicine (12/98) Vol. 4, No. 12, P. 1401; Hirsch, V.M.; Sharkey, M.E.; Brown, C.R.; et al.

The SIV(SM) PBj 6.6 viral accessory protein Vpx appears to be necessary for productive in vivo SIV infection of macrophages. Researchers from the National Institutes of Allergy and Infectious Diseases and elsewhere intravenously or intrarectally inoculated pigtailed macaques with either wild-type SIV(SM) PBj, SIV(SM) PBj deleterious for Vpx (delta-Vpx), or both strains. They found that "mutations in Vpx that impair macrophage infection ultimately restrict the ability of SIV(SM) PBj to activate and replicate within lymphocytes." The delta-Vpx strain was at a significant competitive disadvantage in animals co-inoculated with equivalent amounts of delta-Vpx and wild type strains. The authors posit that a macrophage-dependent mechanism may be a prerequisite for Vpx-dependent viral amplification.

"HIV's Early Home and Inner Life" Science (11/27/98) Vol. 282, No. 5394, P. 1630; Balter, Michael

Biochemist Wesley Sundquist of the University of Utah, Salt Lake City, and associates recently reported that they were able to replicate--for the first time--cone-shaped structures similar to HIV's core. The scientists, who explained their experiments at the recent Colloquium of the Lemanique Center for AIDS Research in Lausanne, Switzerland, added nucleocapsid and RNA to capsid proteins in proper proportions under physiological conditions similar to those found in living cells. Some fellow scientists say Sundquist's experiments could lead to an in vitro system designed to test prospective drugs for their ability to disrupt cone formation and could form the basis of new vaccine strategies. Another presentation at the conference provides evidence that the long-held belief that T lymphocytes must be in an active state to produce progeny HIV may not be accurate. Ashley Haase of the University of Minnesota Medical School in Minneapolis reported that inactivated lymphocytes can produce virus. Haase and others found that T lymphocytes comprise almost all of the virus-producing cells in SIV-infected rhesus macaques, even during early infection. However, some researchers are not convinced of Haase's conclusions, noting that some of the markers used to determine activation state in the study lag behind actual activation time and that there may be varying degrees of activation. However, if Haase's conclusion is correct, current treatment strategies designed to eliminate latently infected reservoir cells through activation could result in the infection of drug-resistant quiescent cells.

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GENERAL MEDIA
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"For Unlucky Few, Gene Sends H.I.V. on Wild Stampede"
New York Times (12/04/98) P. A1; Kolata, Gina

According to a study in today's issue of Science, progression to AIDS can be accelerated by a certain allele of the CCR5 promoter gene. Approximately 10 percent of people have the variant of the gene, which regulates the activity of the gene that encodes for a protein used by HIV for cellular entry, report Dr. Stephen J. O'Brien of the National Cancer Institute, lead author of the study, and others. O'Brien's group also found that about one-fifth of people who have rapid progression to AIDS carry the gene. The discovery may not facilitate anti-HIV treatments, but could help treatment strategies, particularly when assessing the efficacy of vaccine candidates. O'Brien noted that knowing a subject's genetic susceptibility would be important in evaluating efficacy.

"AIDS Is Everywhere, But Africa Looks Away"
New York Times (12/04/98) P. A1; Daley, Suzanne

While some areas of Africa have extremely high rates of HIV infection, many individuals will not admit to their infection due to the attached social stigma. Additionally, many people who are at risk for the disease refuse to get tested for HIV because they are reluctant to accept the shame and burden that often accompanies serostatus knowledge. Even those who are aware of their HIV status sometimes refuse to seek treatment for fear that their infection will be revealed. Jenny Rogers, who designed a nine-bed AIDS hospice near Durban, South Africa, asserts that "it's such a huge disgrace to be diagnosed with HIV/AIDS that people will suffer all sorts of discomforts rather than associate with a facility that is clearly known to be for people with AIDS." A 1993-1994 survey of more than 700 people who attended AIDS counseling sessions in Uganda found that over 60 percent of the clients had failed to inform their partners of their infection. Furthermore, a study conducted in Zimbabwe in 1997 showed that only 10 percent of people caring for a person with AIDS were willing to admit that they were nursing an infected individual, with 65 percent of patients reporting that they had not informed anyone of their HIV status. Some experts attribute the discrimination toward infected people to the fact that sex and death are often taboo subjects in many areas of Africa.

"Nonprofit Cleared for D.C. Needle Exchange"
Washington Post (12/04/98) P. A22; Goldstein, Avram

An independent non-profit group will be allowed to run a needle-exchange program in Washington, D.C. The group, Prevention Works, was given clearance by D.C. Corporation Counsel John M. Ferren, the city's top lawyer. The program, which relies solely on private funding, was created following a congressional ban on the use of public funds for needle exchanges as part of the D.C. budget. Prevention Works was spun off of the Whitman-Walker Clinic, which previously ran a public needle exchange, distributing 17,000 needle a month throughout the city. Program coordinators plan to begin services either today or on Monday.

"Man Accused of Injecting H.I.V. in Son"
New York Times (12/04/98) P. A16; Thomas, Jo

Prosecutors contend that a hospital laboratory technician in St. Charles, Mo., deliberately injected his now seven-year-old son with HIV when he was 11 months old. Brian Stewart is charged with first-degree assault. Stewart's defense lawyer claims that the charges are based on circumstantial evidence, pointing out that there were two intravenous drug users also living in the same household at the time of infection and that the child may have also come into contact with two convicted sex offenders. But prosecutors argue that health officials have tested everyone who may have come into contact with the boy and that none have tested positive for the virus and that there are no signs the child was sexually abused. Prosecutors assert that Stewart did not want to support a child and inoculated the boy with infected blood.

"AIDS Deaths Plunge in Metro Area [of Denver]"
Rocky Mountain News Online (12/01/98); Carnahan, Ann

The AIDS mortality rate declined in the Denver metro region last year, according to reports from local health centers. The Denver Health Medical Center, the largest AIDS care center in Colorado, reported that AIDS deaths fell 47 percent between 1995 and 1997. The second largest AIDS care center in the state, University Hospital, announced that AIDS mortality among patients dropped 80 percent over the past three years. The declines were attributed to improvements in anti-AIDS drugs. The rate of hospitalization for AIDS also declined at the two centers, resulting in a substantial decrease in hospital costs.

"Efavirenz Added to Antiretroviral Agent Treatment Guidelines for HIV Infection"
Reuters Health Information Service (12/03/98)

Efavirenz (Sustiva), which received U.S. Food and Drug Administration approval nearly three months ago, has been included in the Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents. A U.S. Department of Health and Human Services Panel on Clinical Practices for Treatment of HIV Infection has advised that the drug be listed in column A, which lists antiviral therapies for treating established HIV infection. Efavirenz is the first non-nucleoside reverse transcriptase inhibitor to become a "preferred agent," DuPont Pharmaceuticals noted. The company also reported that the drug was added to the Illinois State AIDS Drug Assistance Program.

"TB Guidance"
Aviation Week and Space Technology (11/09/98) Vol. 149, No. 19, P. 27

The World health Organization will soon publish global guidelines for the notification of airline passengers and crewmembers who may have been exposed to people infected with tuberculosis. The Centers for Disease Control and Prevention has determined that the transmission of TB on board an airline is possible, although the risk of airborne infection is low. The WHO guidelines will include information on how TB can be transmitted on aircraft and recommend procedures in the event that someone with active tuberculosis is on board a plane.

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Back issues are searchable from the CDC HIV/STD/TB Prevention
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RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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CREATION DATE/TIME:15-DEC-1998 10:12:08.00

SUBJECT: [CDC News] CDC HIV/STD/TB Prevention News Update 12/15/98

TO: Sandra Thurman@eop (Sandra Thurman@eop [OPD])
READ:UNKNOWN

TEXT:
CDC HIV/STD/TB Prevention News Update
Tuesday, December 15, 1998

The CDC National Center for HIV, STD, and TB Prevention provides the following information as a public service only. Providing synopses of key scientific articles and lay media reports on HIV/AIDS, other sexually transmitted diseases and tuberculosis does not constitute CDC endorsement. This daily update also includes information from CDC and other government agencies, such as background on Morbidity and Mortality Weekly Report (MMWR) articles, fact sheets, press releases, and announcements. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC HIV/STD/TB Prevention News Update should be cited as the source of the information.

HEADLINES

PEER-REVIEWED JOURNALS
"Prospects for Worldwide Tuberculosis Control Under the WHO DOTS Strategy"
"Expression of CD38 on CD8 T Cells Predicts Maintenance of High Viraemia in HAART-Treated HIV-1-Infected Children (Research Letter)"

GENERAL MEDIA
"Hepatitis C: How Widespread a Threat?"
"Crusading for Cash"
"Bring HIV Campaign Out of the Dark Alley"
"Judge Orders HIV-Positive Mother to Treat Child With AZT"
"Tuberculosis Cases Soar in Kazakhstan"
"Continuing Testing Finds 6000 Indian Army Personnel HIV Positive"
"Hospitals Warned of Blood Shortage"

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PEER-REVIEWED JOURNALS
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"Prospects for Worldwide Tuberculosis Control Under the WHO DOTS Strategy"
Lancet (12/12/98) Vol. 352, No. 9144, P. 1886; Dye, Christopher; Garnett, Geoffrey P.; Sleeman, Karen; et al.

Dr. Christopher Dye of the World Health Organization's Global Tuberculosis Program and other infectious disease experts constructed an age-structured mathematical model to determine the effects of directly observed treatment, short-course (DOTS) on tuberculosis rates. In areas where TB incidence is stable and

HIV-1 is absent, WHO targets of 70 percent case detection and an 85 percent cure rate would result in an 11 percent annual decrease in tuberculosis incidence and a 12 percent decline in the TB death rate annually. Proportionately, DOTS would result in a greater decrease in death rates than in cases. The researchers also found that in the presence of HIV-1, this difference is more pronounced, since the virus causes an increase in incidence but does not decrease the preventable proportion of cases and deaths. The researchers estimate that the annual incidence of TB will increase by 41 percent between 1998 and 2020 if actions are not taken to curb the spread of the disease. However, realization of WHO targets would prevent 48 million TB cases--23 percent--by 2020. They add, though, that "even if the targets are achieved by 2010, three-quarters of the worldwide tuberculosis burden would not be averted in the next 23 years." The experts recommend improved diagnostic techniques, drugs, and therapy, coupled with targeted preventative therapy.

"Expression of CD38 on CD8 T Cells Predicts Maintenance of High Viraemia in HAART-Treated HIV-1-Infected Children (Research Letter)"
Lancet (12/12/98) Vol. 352, No. 9144, P. 1905; Vigano, Alessandra; Saresella, Marina; Rusconi, Stefano; et al.

Italian researchers report the expression of CD38 on CD8 T cells in two HIV-infected children who were unresponsive to highly active antiretroviral therapy (HAART). The researchers investigated CD38 expression in 16 HIV-positive children; the two subjects who did not respond to treatment showed multiple drug resistance-associated variations in the reverse transcriptase and protease domains of the HIV RNA. The researchers found that "persistence of viraemia in HAART-treated individuals was associated with a higher percentage of CD8CD38 T cells before therapy." The authors suggest the analysis of CD8CD38 T cells in patients receiving HAART to determine if cell levels are predictive of treatment response.

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GENERAL MEDIA
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"Hepatitis C: How Widespread a Threat?"
New York Times (12/15/98) P. D1; Grady, Denise

An increasing number of Americans are expected to be diagnosed with hepatitis C in the next 20 years, as latently infected people begin to show symptoms of the disease. The Centers for Disease Control and Prevention estimates that 4 million people in the United States are infected with the hepatitis C virus (HCV). About 20 percent patients with chronic HCV infection develop cirrhosis and liver failure or cancer, with between 8,000 and 10,000 Americans dying from HCV-related causes a year. The U.S. government and blood banks are sending letters to 300,000 individuals who may have been infected with the virus through the transfusion of tainted blood before 1992. Treatment strategies are still unclear for patients who test HCV-positive yet are asymptomatic; there is no vaccine. Treatment is expensive, often entails severe adverse effects, and will not clear the virus in over 50 percent of patients. Currently, treatment is generally not advised for patients without liver damage. Meanwhile, some people contend that hepatitis C drug maker Schering-Plough is

needlessly alarming patients about HCV through advertising in an attempt to recoup its research expenses and create a profit. However, Schering notes that the disease is at epidemic levels, although others, such as the director of the division of digestive diseases and nutrition at the National Institutes of Health, Dr. Jay Hoofnagle, insist that epidemic levels do not exist because the incidence is declining.

"Crusading for Cash"
Washington Post--Health (12/15/98) P. 10; Havemann, Judith

Disease activists often compete with each other in an effort to secure research and treatment funding for their respective causes. Earlier this year, the American Diabetes Association released a report indicating that the U.S. government spends $1.5 billion annually on AIDS, while just $316 million goes to diabetes--despite the fact that diabetes kills three times as many people. Other activists note that aggressive AIDS advocacy groups are largely responsible for the $7.7 billion allocated for AIDS research, treatment, housing, and other support this year. According to National Institutes of Health director Harold Varmus, the institutes base funding decisions on five key factors: public health needs; scientific quality of research; potential for scientific progress; portfolio diversification; and adequate support of infrastructure, such as training and equipment.

"Bring HIV Campaign Out of the Dark Alley"
Wall Street Journal (12/15/98) P. A23; Zingale, Daniel

In a letter to the editor of the Wall Street Journal, Daniel Zingale, the executive director of AIDS Action, applauds a recent editorial in the newspaper opposing public opinion campaigns that portray everyone as "at risk" for HIV. Zingale notes that homosexual men and injection drug users and their sex partners are at the highest risk in the United States. He asserts, though, that limiting a campaign solely to those two groups would result in a failure to reach other high risk groups, including young people and low-income minority women. Half of the 40,000 new HIV infections in the United States each year occur among young people. Zingale states that many younger people are still not completely educated about the disease, with some believing that new anti-HIV medications are capable of essentially curing infection. He adds that the drugs are expensive and do not work for everyone.

"Judge Orders HIV-Positive Mother to Treat Child With AZT"
Oregon Live NewsFlash Online (12/15/98)

A judge in Eugene, Ore., ruled that an HIV-infected mother must treat her newborn child with AZT in compliance with her doctor's orders. The parents object to the treatment because of the possible side effects of the drug and because they are unsure of the child's HIV-status. The mother, Kathleen Tyson, must also stop breast-feeding the child as part of the court order. Tyson initially took anti-HIV medication designed to decrease the risk of vertical transmission, but stopped sometime during the course of the pregnancy. It is not known whether Tyson and her husband will fight the court order.

"Tuberculosis Cases Soar in Kazakhstan"
Russia Today Online (12/14/98)

According to the Kazakhstan Health Ministry, the number of

tuberculosis cases in the nation has increased 30 percent over six years, reaching 73,000 cases. The number of cases rose from 64.2 per 100,000 people to 91.3 per 100,000 people between 1992 and 1997. Deaths due to TB increased by 3.2 percent over the same period. The Itar-Tass news agency reported that many infected people do not receive treatment due to a lack of resources, and some doctors have attributed the spread of the disease to a declining standard of living in the former Soviet Union.

"Continuing Testing Finds 6000 Indian Army Personnel HIV Positive"
News Network International Online (12/14/98)

According to the Hindustan Times, over 6,000 members of the Indian Army have tested positive for HIV in continued screenings for the disease. Officials from the organization state that there are probably many more infected individuals in the army, because most individuals have not yet been tested. The World Health Organization estimates that there are 3 million people with HIV in India, with the majority of new infections occurring among people under the age of 24 years.

"Hospitals Warned of Blood Shortage"
UK Independent Online (12/14/98)

The British National Blood Service (NBS) has warned every hospital in England that there is a blood shortage. The agency also issued instructions on how to conserve blood supplies. Donors are becoming more scarce, while hospitals continue to use some 10,000 half-liter units of blood daily and demand rises at 3 percent to 4 percent a year. Hospitals will be required to establish new rules for blood transfusions and investigate ways to use patients' own blood by March 2000. Earlier this year, the NBS announced that all blood would be screened for Creutzfeldt-Jakob disease, which will more than double the cost of collecting. Also, the agency ruled that all blood products should be made from plasma imported from abroad, which will reduce an important income source. Officials worried that there has been a decrease in donors, although a recent Kings Fund report found that there was no significant shrinkage in the donor pool. The study did find that more potential donors were being turned away because they might be at risk for hepatitis or HIV.

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RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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CREATION DATE/TIME:18-DEC-1998 11:16:31.00

SUBJECT: [CDC News] CDC HIV/STD/TB Prevention News Update 12/18/98

TO: Sandra Thurman@eop (Sandra Thurman@eop [OPD])
READ:UNKNOWN

TEXT:
CDC HIV/STD/TB Prevention News Update
Friday, December 18, 1998

The CDC National Center for HIV, STD, and TB Prevention provides the following information as a public service only. Providing synopses of key scientific articles and lay media reports on HIV/AIDS, other sexually transmitted diseases and tuberculosis does not constitute CDC endorsement. This daily update also includes information from CDC and other government agencies, such as background on Morbidity and Mortality Weekly Report (MMWR) articles, fact sheets, press releases, and announcements. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC HIV/STD/TB Prevention News Update should be cited as the source of the information.

HEADLINES

PEER-REVIEWED JOURNALS
"Potential for the Transmission of HIV-1 Despite Highly Active Antiretroviral Therapy"
"Community Based Study of Treatment Seeking Among Subjects With Symptoms of Sexually Transmitted Disease in Rural Uganda"
"Syphilis in Pregnant Women and Their Children in the United Kingdom: Results From National Clinician Reporting Surveys 1994-1997"

GENERAL MEDIA
"Report Warns About TB Risk on Long Flights"
"D.C. Urged to Improve Efforts Against STDs"
"Amphetamines, Cocaine Use Rise in EU, Report Says"
"Medical Notebook: Rise in TB Risk Seen in Certain Itineraries"
"Africa--Women and AIDS Conference"
"Genital Ulcer Patients Should Be Focus of HIV Prevention Programs"
"New Strategy to Rapidly Assess Efficacy of AIDS Drugs in Children"

INFORMATION FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION
"Impact of Closure of a Sexually Transmitted Disease Clinic on Public Health Surveillance of Sexually Transmitted Diseases - Washington, D.C., 1995 Clinic closing impacts reporting of syphilis cases in Washington, D.C."
"Outbreak of Primary and Secondary Syphilis - Guilford County, North Carolina, 1996-1997 Syphilis outbreak in North Carolina points to need for increased vigilance."

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PEER-REVIEWED JOURNALS
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"Potential for the Transmission of HIV-1 Despite Highly Active Antiretroviral Therapy"
New England Journal of Medicine (12/17/98) Vol. 339, No. 25, P. 1846; Haase, Ashley T.; Schacker, Timothy W.

In an editorial appearing in the New England Journal of Medicine, Drs. Ashley T. Haase and Timothy W. Schacker of the University of Minnesota comment on recent findings by Zhang et al. that men receiving highly active antiretroviral therapy and who have undetectable levels of HIV RNA may be able to transmit the virus through sexual contact. Zhang and colleagues detected replication-competent proviruses in the seminal cells of two men. They hypothesize that viral replication might continue in the male genital tract because the blood-testes endothelial barrier may prevent the entry of antiretroviral drugs in high concentrations. They also found that the recovered viruses in seminal cells were still sensitive to antiretroviral drugs and that sequences differed between the recovered viruses found in the peripheral blood and those found in seminal cells. This suggests that latently infected cells from an earlier stage of HIV-1 infection entered and remained in the male genital tract. Haase and Schacker state that while the genital secretions from these patients are not likely to transmit infection since the degree of infectiousness is correlated with the stage of HIV-1 and the levels of the virus and infected cells in the genital tract, efforts to foster preventive behavior should still be pursued. They assert that sexually transmitted diseases could increase the reactivation of latently infected cells in donor semen and could, therefore, increase incidence. The authors conclude that "it is clearly time not only to renew efforts to prevent sexually transmitted diseases, and to treat them when present, but also, more fundamentally, to increase our commitment to sustain the behavioral and social changes that are the surest guarantee against HIV-1 infection."

"Community Based Study of Treatment Seeking Among Subjects With Symptoms of Sexually Transmitted Disease in Rural Uganda"
British Medical Journal Online (12/12/98) Vol. 317, No. 7173, P. 1630; Paxton, L.A.; Kiwanuka, N.; Nalugoda, F.; et al.

Researchers for the Rakai Project Study Group investigated treatment seeking among people with symptoms for sexually transmitted diseases residing in the Rakai District of Uganda. Baseline prevalence of infection was taken for over 12,000 people in the study: 10 percent had syphilis, 1.6 percent had gonorrhea, 3.1 percent had chlamydia, 24.3 percent of women had trachomonas, and 49.9 percent of women had bacterial vaginosis. Most of the subjects were asymptomatic. After 10 months of follow up, over 9,000 of the original subjects were surveyed for symptoms, with 30.4 percent of women and 9.7 percent of men experiencing genital tract symptoms, including vaginal itching, pelvic pain, genital ulcer, vaginal discharge, urethral discharge, and dysurea. Over 40 percent of the subjects reported that they had not done anything to treat the symptoms or prevent transmission. Only about 17 percent of men and 4 percent of women notified their partners of their symptoms. Approximately 75 percent of those who sought treatment did so at government health care centers or private clinics, with the rest choosing self treatment or traditional healers. Over 50 percent reported sexual

intercourse, with just 4.5 percent of men and 0.5 percent of women reporting condom use while showing symptoms. The study shows "that relying on treatment of only those with symptoms would reach only a small proportion of the infected population and that many would be unlikely to receive effective care," the authors concluded.

"Syphilis in Pregnant Women and Their Children in the United Kingdom: Results From National Clinician Reporting Surveys 1994-1997"
British Medical Journal Online (12/12/98) Vol. 317, No. 7137, P. 1617; Hurtig, A.-K.; Nicoll, A.; Carne, C.; et al.

Researchers from the Sexually Transmitted Disease Section of the United Kingdom's Public Health Laboratory Service Communicable Disease Surveillance Center in London have concluded that "current [routine antenatal] screening prevents congenital syphilis and that some fetuses and infants would be placed at risk if routine screening was stopped." The researchers conducted a study of syphilis rates in pregnant women and their children in Britain; the study is intended to inform the National Screening Committee in their formulation of national policy on routine antenatal screening for syphilis. According to the report, 139 women were diagnosed and treated for syphilis in pregnancy between 1994 and 1997, with 121 detected through antenatal screening. Of these women, 31 showed confirmed or probable congenitally transmissible syphilis. The authors note that these are minimum levels. They estimate that, at maximum, 18,600 women would have to be screened to detect one woman needing treatment for syphilis in pregnancy and 55,700 women would need to be screened for the prevention of one case of congenital syphilis. Over the course study the scientists recorded nine presumptive cases of children born with congenital syphilis in the United Kingdom. While pregnant women who were treated for the disease were found in every region, the Thames region was over-represented, at 73 percent. Additionally, minority ethnic groups and women born outside of the United Kingdom were over-represented.

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GENERAL MEDIA
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"Report Warns About TB Risk on Long Flights"
Boston Globe Online (12/18/98) P. A25

The World Health Organization cautioned Thursday that there is a small but possible risk of contracting tuberculosis on flights over eight hours in length. While the WHO reported that there were no recorded cases of passengers contracting the disease during flight with a TB-infected passenger, there have been cases where people have caught the bacterium that causes TB while on an airplane. According to WHO estimates, one in three people worldwide carry the tuberculosis bacterium, which is treatable but still kills up to 3 million people annually. In response to the possible risk of transmission while in flight, the agency released guidelines to help decrease the risks. The WHO recommends that people with infectious TB postpone travel and that anyone with a known case "can and should be" barred from flights. The WHO further advised the use of efficient air filters on flights longer than eight hours.

"D.C. Urged to Improve Efforts Against STDs"
Washington Post (12/18/98) P. C3

The Centers for Disease Control and Prevention has urged the District of Columbia to increase sexually transmitted disease prevention efforts, specifically recommending that the city increase syphilis screening and partner notification and improve patient education projects. According to the CDC, some cases of syphilis went undiagnosed in the District due to the closing of one of the city's two syphilis clinics in 1995. The only remaining public clinic showed a drop in STD services in the next 12 months. During that time, reported syphilis cases in the Northwest part of the city decreased; however, cases rose 10 percent in Southeast, the region of the city in which the other clinic was located. CDC officials note that the trend indicates that some residents in the area with the closed clinic may be going undiagnosed for syphilis.

"Amphetamines, Cocaine Use Rise in EU, Report Says"
Reuters (12/18/98)

The 1998 annual report of the European Monitoring Center for Drugs and Drug Addiction indicates that the number of AIDS cases is decreasing on the continent due to progression-delaying drugs. The agency noted that AIDS is now more of an indicator of treatment uptake and less of an indicator of HIV infection. According to the report, HIV prevalence is stable or declining in most countries in Europe. The agency also reported that amphetamine and cocaine use was increasing in Europe, with drug use spreading from cities to small towns and rural areas.

"Medical Notebook: Rise in TB Risk Seen in Certain Itineraries"
Boston Globe Online (12/17/98) P. A3; Tye, Larry

A new study published by the American Lung Association found that California children who had traveled to places with high tuberculosis rates--including Mexico, China, India, and Haiti--were 3.9 times more likely to have tested positive for TB compared to children who had not traveled. The study of 953 children also indicated that children who had a household visitor from a country with a high TB prevalence were 2.4 times more likely to test positive for the disease. Dr. Mark N. Lobato, from the Division of Tuberculosis Prevention at the Centers for Disease Control and Prevention and lead author of the study, noted, "This is the first time anyone has actually shown there's an increased risk." He added that the study applies to adults as well as children.

"Africa--Women and AIDS Conference"
PANA Wire Service (12/17/98); Adeyemi, Segun

The Society of Women and AIDS in Africa concluded at its seventh conference, which ended Thursday in Senegal, that pregnant women should be given access to AZT to prevent mother-to-child transmission of HIV. The scientific committee of the society also called for a reduction in the price of female condoms, asserting that the price of 50 cents per condom was too high for people in Africa. Other recommendations included greater investigation into the use of vaginal microbicides, the earlier introduction of sex education in school, and the acceleration of vaccine efforts.

"Genital Ulcer Patients Should Be Focus of HIV Prevention

Programs"
Reuters Health Information Services (12/17/98)

Dr. Kristen Mertz of the Centers for Disease Control and Prevention and others recommend that people with genital ulcers be treated quickly to prevent the spread of ulcerative sexually transmitted diseases and HIV. The researchers, who report their findings in the December issue of the Journal of Infectious Diseases, noted a high prevalence of genital ulcers among patients attending urban STD clinics in 10 cities in the United States. They also found a 6 percent rate of HIV infection among these patients. Elevated rates of Haemophilus ducreyi, herpes simplex virus, and Treponema pallidum were seen as well.

"New Strategy to Rapidly Assess Efficacy of AIDS Drugs in Children"
Infectious Disease News (11/98) Vol. 11, No. 11, P. 22

Scientists from the National Cancer Institute have found a method that may be able to predict whether the use of ritonavir in children will be successful after only the first week of treatment. The researchers, led by Dr. Brigitta Mueller, now at Harvard Medical School, used pre-treatment levels of CD4 cells, HIV RNA in the blood, plasma drug concentration at the end of the first week of therapy, and the rate of virus elimination from the blood to accurately predict treatment success in almost 90 percent of the 41 children involved in the study. Senior author Dr. Dimiter Dimitrov explains, "The essence of our analysis is that only a combination of multiple parameters reflecting the function of the immune system, level of viral replication, and drug pharmacology contains sufficient information to robustly [predict] long-term treatment efficacy from short-term measurements." The authors note that the method may be useful in predicting the success of combination therapy and could have implications for HIV-infected adults. Dimitrov cautioned, though, that the study needs to be repeated with a larger number of subjects.

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INFORMATION FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION
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"Impact of Closure of a Sexually Transmitted Disease Clinic on Public Health Surveillance of Sexually Transmitted Diseases - Washington, D.C., 1995 Clinic closing impacts reporting of syphilis cases in Washington, D.C."
Morbidity and Mortality Weekly Report: December 18, 1998/ Vol. 47/ No. 49/ p. 1067

Although national syphilis rates have declined to historically low levels, syphilis remains a major problem in Washington, D.C. Currently, the city's primary and secondary syphilis rates rank 7th among major U.S. cities. In 1995, the D.C. Department of Health's Northwest (NW) Sexually Transmitted Diseases (STD) clinic closed, leaving one public STD clinic to serve the entire city. In the NW area, after the clinic closing, the number of reported syphilis cases declined nearly 57%. However, the clinic that remained opened reported a 9.6% increase in the number of reported syphilis cases during the same period. This study suggests that the closing of the STD clinic may have resulted in cases of syphilis remaining unreported and untreated. Reporting of syphilis cases and other STDs is essential for health departments to ensure that patients and their partners are properly treated and

counseled. Access to adequate screening and treatment remains a major barrier to syphilis control. In order to respond to gaps in screening and treatment in areas previously served by public clinics, increased efforts are needed to reach high-risk populations in other settings (jails, substance abuse facilities, community organizations).

"Outbreak of Primary and Secondary Syphilis - Guilford County, North Carolina, 1996-1997 Syphilis outbreak in North Carolina points to need for increased vigilance."
Morbidity and Mortality Weekly Report: December 18, 1998/ Vol. 47/ No. 49/ p. 1070

Despite dramatic declines in the national rate of primary and secondary syphilis cases to an all time low of 3.2 per 100,000 in 1997, the rate (40.5) for Guilford County was over 10 times higher than the Healthy People 2000 goal for the nation. From 1994 to 1997, Guilford County experienced a 147% increase in primary and secondary syphilis cases. In response to this outbreak, the Guilford County Health Department, North Carolina Division of Epidemiology, and CDC found that missed opportunities for syphilis screening and treatment in jails, increased exchange of sex for money or drugs, and substantial rates of co-infection with syphilis and HIV among those tested were associated with the increases in syphilis rates. These findings underscore the critical need for increased screening and treatment in jails and other high-risk settings. Sustained efforts for targeted local outreach, treatment, and prevention are necessary to achieve the goal of syphilis elimination in the United States.

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The PreventioNews Mailing List is maintained by the CDC National Center for HIV, STD, and TB Prevention. Regular postings include the CDC HIV/STD/TB Prevention News Update, conference announcements, current funding opportunities, and selected MMWR articles. To SUBSCRIBE, send a blank message to the address preventionews-subscribe@cdcnpin.org. To UNSUBSCRIBE, send a blank message to the address preventionews-unsubscribe@cdcnpin.org. If you need assistance, please contact info@cdcnpin.org.

Back issues of the CDC HIV/STD/TB Prevention News Update can be found at the CDC NPIN FTP site at ftp://ftp.cdcnpin.org/PrevNews. Back issues are searchable from the CDC HIV/STD/TB Prevention News Update Database at http://www.cdcnpin.org/db/public/dnmain.htm.
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Delivered-to: moderator for prevention-news@hattrick.qrc.com
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RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME:15-MAR-1999 11:45:40.00

SUBJECT: Satcher and Rev. Jackson

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

TEXT:
Using all of their skills....

"Attention to AIDS Is Pushed"
Chicago Tribune Online (03/14/99);
Colarossi, Anthony

On Saturday, Surgeon General David Satcher joined the Reverend Jesse Jackson and Chicago-area physicians at the Rainbow/PUSH headquarters to call for increased treatment, testing, and resources for all communities affected by AIDS. "Abstinence is a major part of what we should be talking about," Satcher said, noting that awareness is also an important issue. Jackson, the U.S. special envoy to Africa, called on the Centers for Disease Control and Prevention and the World Health Organization to work closely in their global fight against AIDS, as they teach HIV prevention and stress the importance of early diagnosis.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME:19-APR-1999 09:50:39.00

SUBJECT: [408] ATN Interview - Eric Sawyer on Compulsory Licensing [348]

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

TEXT:
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Treatment-access forum <treatment-access@hivnet.ch>
04/18/99 10:59:43 AM
Record Type: Record

To: treatment-access@hivnet.ch
cc:
Subject: [408] ATN Interview - Eric Sawyer on Compulsory Licensing [348]

New Frontier of AIDS Activism: International Trade Rules and Global Access to Medicines
Interview with Eric Sawyer, HIV/AIDS Human Rights Project
by John S. James, aidsnews@aidsnews.org

Published in AIDS TREATMENT NEWS Issue #317, April 16, 1999;
OK to distribute copies.

Introduction
Eric Sawyer is a co-founder of ACT UP/New York, and director of the HIV/AIDS and Human Rights Project, a new 501(c)(3) organization. He was one of five U.S. AIDS activists at the March 25-27 meeting in Geneva, Switzerland on compulsory licensing of essential medical technologies--the first time U.S. AIDS activists have attended an international meeting on trade and intellectual-property policies which affect access to lifesaving drugs.

About 90% of people with HIV live in developing countries and have no access to modern medicines even when necessary to save their lives--in part because new drugs are usually patented for 20 years and priced for the developed world.

When generic copies are available, they often sell for a small fraction of the price; some essential medicines could be sold at a profit for a tenth of their current prices, and be available to millions of people now denied them. The patent holders are multinational pharmaceutical companies, who have little interest anyway in marketing their drugs in poor countries--but the industry is intensely interested in preventing any precedents which might threaten major markets in the U.S., Europe, or elsewhere.

Until recently the U.S. government has heard only from industry on this issue, and therefore it has sided completely with the large pharmaceutical

companies, and used its economic powers and diplomatic influence to coerce countries around the world to prohibit even the limited relief allowed by international treaties--sacrificing the health and lives of their citizens for the interests of U.S. and multinational companies. As a result, the great majority of the world's people have been written off; if they need a modern drug to save their life, they are out of luck.

In the last few weeks there has been explosive growth of efforts to bring this issue to the attention of opinion leaders and the public, so that U.S. and other officials will at least be required to weigh opposing views, and modify the grossly unbalanced policies which today sacrifice essential health needs of millions of people for the most nebulous, symbolic, or ideological wishes of the world's richest companies.

Since persons denied medicines do not contribute any money toward corporate profits or research funding--as no sale occurs--it might be possible to develop trade policies and rules which would allow those persons to buy the drugs they need at prices they or their governments could pay, with no loss at all to the patent holders, or even a modest gain through additional royalties. Creativity in designing systems which could work for everyone may be more important than taking away current profits. What is intolerable today is that up to 90% of the people who need modern medicines for HIV, drug-resistant tuberculosis, and other conditions are denied them--partly through poverty, which will be hard to remedy, but also partly through unconscionable trade rules, which sacrifice many of the world's people to maintain high prices for the minority who live in countries rich enough to constitute a viable market.

A growing international consensus holds that the current situation is intolerable--that in the future, critical health consequences must be on the table when trade rules and intellectual-property policies would deny access to essential medical care.

On March 25-27, in Geneva, Switzerland, about 130 physicians, government officials, industry executives, academic experts, and representatives from dozens of non-governmental health organizations met to discuss these issues. Although this meeting has already been reported accurately (in the FINANCIAL TIMES of London, REUTERS news wire, THE LANCET, and the Web site of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION among others), AIDS TREATMENT NEWS interviewed AIDS activist Eric Sawyer for an in-depth look at what is happening now, and how people can help. The interview took place on April 10, 1999.

* * *

Interview with Eric Sawyer, HIV/AIDS Human Rights Project

AIDS TREATMENT NEWS: How was the Geneva meeting important?
Eric Sawyer: It was highly educational--an opportunity for everyone involved to learn the perspectives of other stakeholders on this issue, what is happening in various countries, and what the different groups are doing.
There were representatives from non governmental AIDS and health groups working on a national level in African countries, Thailand, India, Pakistan and elsewhere; trade representatives from the U.S., South Africa, and Thailand; pharmaceutical industry trade associations, and companies including Glaxo Wellcome, Merck, and Hoescht-Roussel; and generic drug companies from both developed and developing countries [the generic companies have very different interests from the larger and richer companies which sell patented drugs, because they want as much freedom as possible to manufacture and sell low-cost products]. There were also

presentations by leading academic scholars in areas including treatment access and patent law.
Some of the key concepts are compulsory licensing (a government's ability to issue a license to produce a patented product for an important public purpose, without the permission of the patent holder, under royalty and other terms set by the government), and parallel importing (allowing the importation of a patented drug without the permission of the patent holder -- often the identical drug sold more cheaply elsewhere by the same patent holder -- allowing the importing country to get the best price).

Compulsory licensing is not the only way a patented drug can be legally produced off-patent. For example, India has not had pharmaceutical patents in the past, but now those laws have to be implemented during a 10-year period under the terms of the TRIPS agreement (Trade Related Aspects of Intellectual Property Rights), part of the GATT international-trade treaty. Some drugs including AZT were manufactured in India before there were any applicable patent laws, and are manufactured there today before India has to comply with GATT/TRIPS.

ATN: What was the most important outcome of the meeting?
Sawyer: An amazing coalition of like-minded individuals formed there; many people working on patent and trade issues joined in a strong coalition with healthcare and AIDS activists in building a strategic plan to increase access to essential medicines, especially in the developing world. Plans were made for communication mechanisms--fax, mail, and telephone lists, and probably more importantly a number of email list servers--and an overall advocacy strategy to take us through the next couple of years. This strategy includes organizing around certain upcoming events (see "Action Calendar," below).
Hopefully the combined efforts of doctors, organizers, generic drug manufacturers who want to protect their ability to produce essential products, and especially government representatives from the developing world, who want to maintain their ability to issue compulsory licenses and do parallel importing, will allow us to protect these provisions of global trade treaties and national laws--one of several necessary components for increased access to medicines in the developing world.

ATN: Did pharmaceutical industry representatives say they would try to change the international treaties, to take away the possibility of compulsory licensing and parallel importing of pharmaceuticals?
Sawyer: Yes, they did.

** Shut Up or Die
ATN: What was most controversial at the meeting?
Sawyer: Some industry representatives, after saying that the corporations that hold the patents "paid for" most of the research and development on new drugs for AIDS, tuberculosis, and many other infections diseases, basically threatened that aggressive pursuit of these legal options by health advocates threatened future research and development, especially in areas from which activist pressure was coming. They very pointedly stated that if we in the AIDS community aggressively pursued the protection and defense of compulsory licensing and parallel importing of AIDS drugs, that might directly result in a withdrawal of research and development of treatments for AIDS.
Later, I said that as someone living with symptoms of HIV since 1981, I was thankful to the drug industry for still being alive, and that I owed my long-term survival to having access to the latest drugs as soon as they became available. But I was angry with the pharmaceutical industry for not making those drugs available to people in the developing world, because I had to watch my friends who were just as deserving to live die premature

deaths, because price gouging by the industry put these drugs out of reach for the majority of people living with AIDS, especially in the developing world--as well as refusal by the drug companies to market their drugs in the developing world. An industry representative said I should indeed by thankful to the drug industry for saving my life, and that I should realize that if it wasn't for its ability to have the levels of profits I was criticizing, research and development could not happen -- and that if I continued with this tactic, very likely research and development on new drugs would dry up - meaning shut up, or we're not going to develop new drugs and we'll let you die. Many in the audience were outraged by his audacity.

** U.S. Policy, South Africa, and Vice President Gore

Sawyer: There was also controversy around the presentation of Lois Boland of the U.S. Patent and Trademark Office, who said that the U.S. opposed compulsory licensing and parallel importing, and did not feel these were viable provisions of international trade law. Academic experts, and trade representatives from developing countries, asked if it wasn't hypocritical of the U.S. government to say this is not an option, when the U.S. itself had issued over 100 compulsory licenses in recent years. In several of these cases involving computer technology, the compulsory license provided no royalty at all to the patent holder--a more drastic remedy than what healthcare advocates are seeking for essential medications.
Just last week, after the Geneva meeting, we obtained a U.S. State Department document which shows how aggressively the pharmaceutical industry has infiltrated the highest levels of the U.S. government ("U.S. Government Efforts to Negotiate the Repeal, Termination or Withdrawal of Article 15(c) of the South African Medicines and Related Substances Act of 1965," February 5, 1999). This 10-page document, written for three Congressional committees, provides a date-by-date, meeting-by-meeting history of pressure by the U.S. government on the South African government, to get South Africa to repeal a 1997 amendment which allowed for the parallel importing and compulsory licensing of essential medicines in South Africa.
It says the State Department understands the desire to make essential medicines available, but then says the U.S. government will defend the profits and patents of its multinational pharmaceutical companies. It's there in detail, including trade sanctions imposed, and ongoing involvement of Vice President Gore, who made pharmaceutical patents in particular a central issue in his discussions with South African Deputy President Mbeki during their meeting in Washington in August, 1998. Ralph Nader and James Love of the Consumer Project on Technology, in an April 8, 1999 letter to Gore, described the document as "chapter and verse of a two year campaign to use the weight of U.S. power, short of military warfare, on South Africa to prevent that country from implementing policies to obtain cheaper sources of essential medicines"--at a time when "public health officials estimate that one in five pregnant women in South Africa are HIV positive, and that more than 45% of the South African military personnel are infected."
Some of the top officials on Clinton's staff and on Gore's staff came out of the pharmaceutical industry, either as executives of the companies, or lobbyists in law firms that work for them (see "Clinton/Gore Top Staffs: Pharmaceutical Background," below). And we learned in Geneva that this industry is also putting people into key positions in international organizations as well, where they continue to represent the interests of the industry, not for the larger public interests they were ostensibly hired to serve.

ATN: What about the issue of pharmaceutical companies not wanting to

market drugs in the developing world anyway?
Sawyer: Data from both the pharmaceutical industry and independent academic experts agreed that the developing world accounted for a very small part of the global market in pharmaceuticals, 10% or less. Industry representatives basically said that making drugs available in the developing world through generic mechanisms, or a lower-cost segmented market, would not impact industry profits to any great extent. But they were concerned that if lower-cost equivalent drugs were introduced, that would help erode the huge markets in the developed world, hundreds of billions of dollars per year. Their real concern is that if governments like the U.S., which actually pays for much of the research and development of these drugs anyway, realized how cheaply they can be manufactured and sold, and still at a profit, governments would no longer be willing to pay current prices, and would force price reductions, eroding the profitability of the industry. So this dispute is really about industry continuing the price gouging it does in developed countries.

ATN: What is the role of the World Trade Organization (WTO)?
Sawyer: The WTO representative gave an honest account of what its authority is, and backed up all the presentations by trade experts and academics about how and why compulsory licensing and parallel importing are legal. But he explained that the WTO was set up to adjudicate disputes, and the secretariat has little real power; ultimately it must rely on the good will of powerful states.
[For example, the WTO acknowledges that Article 31 of TRIPS permits compulsory licensing, and it provides information about Article 31 to countries. But bilateral pressure from the U.S. and domestic pressure from industry cause problems for countries. That is why South Africa and Thailand have not yet issued a compulsory license.]

ATN: What can people do now?
Sawyer: Contact your Congressional Representative and Senators and let them know you are concerned about this issue. Write to President Clinton, and especially to Vice President Gore, and to Health and Human Services Secretary Donna Shalala, and to U.S. Trade Representative Charlene Barshefsky, and let them know you think it is outrageous for the U.S. government to pressure India, Thailand, South Africa, and other governments at the behest of the pharmaceutical industry, to try to prevent them from exercising their right to manufacture or import patented essential medicines for the protection of the public health of their people. Our government should not abuse its power to protect the profits of industry above the human rights of life and health of people in the developing world.
Inform yourself about this issue, and about the African trade bills now before Congress, and why activists are supporting the HOPE for Africa Act, and opposing the African Growth and Opportunity Act.
Make it clear that the U.S. government must use its position as the world economic superpower to protect human rights and advance access to essential medicines. Because in the global village we have today, the public health of sub-Saharan Africa, India, Thailand, and elsewhere is the public health of the United States. As there is now one global economy, there is also one global public health. We need to start acting accordingly.

** Action Calendar
Here are some of the events which will be a focus for organizing around this issue:

* April 21 demonstration in Washington D.C., on the Africa trade bills now in Congress (for information, call ACT UP/Philadelphia, 215-731-1844);

* The international AIDS Candlelight Vigil, May 16 in hundreds of cities around the world, is organized this year by the Global Health Council (http://www.globalhealthcouncil.org)
and Mobilization Against AIDS
(http://www.hooked.net/~candle).
This year the event will highlight access to treatment; see the Mobilization Against AIDS site for more information, including regional coordinators;

* The World Health Assembly, starting mid May, in Geneva; at this meeting the World Health Organization will propose its Revised Drug Strategy, to give WHO a clear mandate to address the public healthy implications of trade agreements, as well as quality assurance and other access issues;

* Actions to encourage governments to support the Revised Drugs Strategy;

* Ongoing advocacy around the meeting of the international trade ministers, November 26 - December 2, in Seattle, Washington;

* World AIDS Day, December 1, which happens to occur during the Seattle meeting of the trade ministers.

* And the Health GAP Coalition will continue activism on these issues through the World AIDS Conference in Durban, South Africa, July 9-14, 2000.

** For More Information

* Eric Sawyer and the HIV/AIDS and Human Rights Project can be reached at esawyer@igc.org, or by fax at 212-316-0020.

* For news and background on the issues discussed in this interview, see the treatment-access forum, www.hivnet.ch:8000/treatment-access/tdm;. This electronic discussion includes many issues of treatment access in developing countries; and starting in late March, 1999, there are many reports, documents, and personal messages as well on compulsory licensing and related issues of trade policy and access to essential medical technology. You do not need to register to read the messages, and if you do register, it is free. If you have email access only, you can still participate; write to :
treatment-access@hivnet.ch

* For extensive background and documents, see the Web pages on intellectual property and health care maintained by James Love of the Consumer Project on Technology; start with
http://www.cptech.org/ip/health/. This well-designed site includes sections on the recent Geneva meeting, South Africa disputes, compulsory licensing, parallel imports, data exclusivity, and other issues of intellectual property and access to essential medicines.

***** Clinton/Gore Top Staffs: Pharmaceutical Background
by James Love, Consumer Project on Technology
John Podesta is the Chief of Staff for the President of the United States. He and his brother once ran Podesta and Associates together. Today it is run by his brother Anthony Podesta, and renamed Podesta.com. According to lobbying disclosure reports, Podesta.com represents PhRMA (the U.S trade association that represents the large pharmaceutical companies), as well as individual firms like Genentech, Genzyme (the firm that sells Cederase, a U.S. National Institutes of Health invention, for as much as half a million dollars for a year of treatment), Serono Laboratories, and other

companies.

According to 1997 lobbying disclosure reports, Podesta had ten lobbyists working on the Genentech account, six on the Genzyme account, and 11 persons working on the PhRMA account. To illustrate what a small town this is, consider that the [Vice President] VP for government relations at Genentech who hired Podesta was David Beier. Last April David Beier was hired by Vice President Gore to be his chief domestic policy advisor.

[Originally published online, titled "Washington, D.C. As a Small Town: podesta.com."]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sarah T. Holewinski (CN=Sarah T. Holewinski/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:14-MAY-1999 17:48:58.00

SUBJECT: Ghana Speech

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

TEXT:
Howdy!
Here's the Ghana speech as it stands. Cheryl and I both thought it was a little lacking in the passion department, a little too carefully measured to be as inspiring as it needs to be. A little too politician-ish. But! That was simply first impression and without the zeal of Sandy's tone:

Comments by Sandra Thurman
Director, Office of National AIDS Policy
May ___, 1999

Sixth Annual African African-American Summit

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President Clinton, and all of the members of his government, leaders from Congress, business, and the community, came here to Ghana because they all understood that supporting Africa is not only the right thing to do, it is in our best interest. Peace and prosperity here will help build peace and prosperity everywhere. In the same way, the challenges that the people of Africa face are challenges that face all members of the global community.

Let me quote from the President ,s speech given here one year ago:

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week, the World Health Organization announced that AIDS has become the leading cause of death in Africa and the fourth leading case of death worldwide.

While most of us here have witnessed the devastation of AIDS, few of us can grasp the degree to which it effects lives in virtually every village across this vast continent and every community across the globe. Today * every day *here in Africa, there are 5,500 families burying another person lost to AIDS.

In many places, AIDS has virtually destroyed an entire generation, leaving behind children and grandparents to care for each other. Already, there are nearly 30 million children that have been orphaned by AIDS. This number will grow to 40 million within the next decade, and will not stop growing for at least another 30 years. AIDS has in just a few short years halted decades of hard work and progress on improving children ,s health, extending life, and reducing premature illness and death.

Yet as desperate as this may sound, there is still hope. Together, we can stop AIDS. By working together, sharing knowledge and resources, we can * we must *bring an end to the suffering and death that AIDS is bringing. But this will only happen if all of us rise to this great challenge.

For our African friends, let me share with you some of the hard lessons AIDS has taught us in the United States. First, there must be leadership. The shroud of silence hung over AIDS for nearly a decade before our government responded. It was only when communities came together *those living with AIDS, community activists, religious, business, and political leaders *in one loud cry that our nation truly began to respond.

Here in Africa, in neighboring Uganda, leadership has also brought action, and that action has brought results. Working in partnership with the US Agency for International Developing, Uganda has cut its rate of HIV infections by more than half. President Museveni has been a leader. People living with HIV and AIDS were leaders, going public with their status and sharing how they got infected. Public health workers, doctors, nurses, community activists all became leaders.

Second, the battle against AIDS is won and lost at the community level. That is as true in the Bronx as it is in Botswana. With a strong, local, organized response, AIDS can be controlled.

[MORE HERE ()]

Third, AIDS must be seen not only as a health issue but also as a civil rights issue. We have worked hard to destigmatize this disease and to protect those who are living with HIV and AIDS from discrimination. Before we had protections in place, AIDS was often an underground epidemic. People were afraid to tell others that they had gotten infected out of fear of losing their jobs, their homes, and sometimes even their families. Though we still have much work to do in this area, particularly in the African-American and other minority communities, America has come a long way in making it safe for those who are living with this disease to tell their stories in public and help keep others from getting infected.

Fourth, involving affected people as full partners in the effort to prevent new infections and care for those already living with HIV and AIDS has dramatically improved our effectiveness. In the early days of our epidemic, the voices of those communities most impacted by AIDS were heard

shouting from the street. Today, they sit side by side with public health and government officials, helping to plan the distribution of services and formulate more effective prevention campaigns. You cannot be effective in stopping AIDS without actively including people living with and directly affected by this disease.

Finally, AIDS has taught us once again that public health must take precedence over politics. Still today, we struggle with implementing proven prevention tools like needle exchange because they have become pawns in the game of politics. AIDS is a disease, and diseases must be fought by public health experts working in partnership with the affected community. Politics should be used for leadership, not for gamesmanship.

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One of those we met during this trip was a remarkable woman. At 70 years of age, she had buried 10 of her 11 children and was caring for 35 of her grandchildren. Each and every morning, she walks several miles to gather fresh water, carrying it back to her small, crowded hut. Then she starts the work of tending to the pigs, the chickens, and the produce in her small garden to help pay for food, shelter, and school fees for her 35 grandchildren. And she has also taken the time to join an organization called "United Women's Effort to Save Orphans," linking in solidarity with thousands of women facing the same great struggles.

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But the tragic story of AIDS is not slowly nearing its end but rather is just beginning to unfold. We are not at the beginning of the end of AIDS, but rather at the end of the beginning. Together, we must find ways in which the struggle against AIDS in our nation can be joined with the larger struggle against AIDS across our world.

Remember the charge of Reverend Martin Luther King, Sr.:

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Can there be any greater injustice than to have a preventable, treatable disease and to be denied access to the information and treatments that we know will save lives? We must all stand up and speak out for the needs of those affected by AIDS here in Africa, and in Asia, and Latin America.

What we also witnessed on our journey, however, were the real treasures of this continent: large, extended families and village communities working

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Thank you.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Cheryl S. Bauerle (CN=Cheryl S. Bauerle/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:16-MAY-1999 19:51:55.00

SUBJECT: Ghana

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

TEXT:
Here it is (both as attachment and pasted below):
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ATT CREATION TIME/DATE:   0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D58]ARMS276458845.136 to ASCII,
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