Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Rasco to Toback and Darwin, re: Message for Mack and Phil. (1 page)	4/29/1994	P6/b(6)

COLLECTION:
Clinton Presidential Records
Automated Records Management System [ARMS]
WHO ([World Health and HIV/AIDS])
OA/Box Number: 500000

FOLDER TITLE:
[11/26/1993 - 6/7/1999]

2007-1550-F
wr1026

RESTRICTION CODES

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

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

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

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

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

RECORD TYPE: PRESIDENTIAL (RECONSTRUCTED EMAIL)

CREATOR: R. Paul Richard (RICHARD_R) (WHO)

CREATION DATE/TIME:26-NOV-1993 12:37:00.00

SUBJECT: World AIDS Day Proclamation

TO: FAX (9-265-9699,Jim Dorskind) (TLXA1MAIL_\F:9-265-9699\C:JIm Dorskind\\
READ: UNKNOWN

TEXT:
PRINTER FONT 12_POINT_COURIER
WORLD AIDS DAY, 1993

- - - - - - -

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

AIDS has cut short the lives of many Americans who had so much to contribute. It has plagued our sons and daughters, our brothers and sisters and our friends and co-workers. The devastating effects of this disease have touched all of us. Since January 1981, more than 200,000 Americans have died from complications resulting from AIDS, and more than one million of our fellow citizens are infected with HIV, the virus that causes AIDS.

On this World AIDS Day, we recognize the global impact of HIV disease. The World Health Organization estimates that more than 14 million people worldwide are infected with HIV, and that more than 2.5 million live with AIDS. By the end of this century, more than 30 million people will be infected with HIV, and of those, more than 10 million will develop AIDS.

The extent of HIV infection is overwhelming, but we must not allow ourselves to despair in the face of these daunting statistics. We must redouble our efforts to find effective treatments and an eventual cure for this scourge that haunts us.

This Administration has undertaken a new commitment to increased AIDS research and prevention and to the development of improved care and treatment for those with AIDS. Through the strengthen Office of AIDS Research at the National Institutes of

Health, we are increasing our efforts to work more effectively in finding a cure for HIV and AIDS.

State governments and public health officials across our Nation have mobilized to educate the public and address the needs, not only of persons with AIDS, but also of their families and loved ones. Community-based, nongovernmental organizations throughout the country have provided education, care programs, family support, and much more to those coping with HIV.

Volunteers across America, members of local service organizations, church groups, gay and lesbian service organizations, and thousands of individuals have heard the summons to action and have given of their time and effort to help people with AIDS. I commend all those who fight in this battle.

Education is our most effective weapon in preventing the spread of HIV/AIDS. We need to ensure that all Americans practice safe and healthy habits that will protect their lives

and the lives of their loved ones. But government alone cannot solve this crisis. We must each look deep within our souls to find the compassion, the values, the spirit and the truth that will allow us to conquer this modern-day plague.

I call upon every American to join in the effort to care for those who live with AIDS, and to fight the spread of HIV. We all hope and pray for the day when we discover a cure and a preventive vaccine. Until that day -- which I know will come -- we all must work together, strengthen our resolve to fight, and increase our compassion for those who need our help in their struggle against HIV disease.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim the first day of December 1993 as World AIDS Day, and I invite the Governors of the States, the Commonwealth of Puerto Rico, officials of other territories subject to the jurisdiction of the United States, and the American people to join me in reaffirming our commitment to combatting HIV/AIDS and to helping those struggling with this disease.

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

Withdrawal/Redaction Marker
Clinton Library

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RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Dianna A. Pierce (PIERCE_D) (WHO)

CREATION DATE/TIME:28-OCT-1994 10:38:38.52

SUBJECT: AIDS CASES SOAR AROUND WORLD

TO: FAX (9-647-5573,rebeccca) (TLXA1MAIL_\F:9-647-5573\C:rebeccca)
READ:NOT READ

TEXT:
Date: 10/28/94 Time: 10:12
AIDS CASES SOAR AROUND WORLD
KAMPALA (OCT. 28) XINHUA - AROUND 1.5 MILLION PEOPLE WERE INFECTED WITH AIDS BETWEEN MID-1993 AND MID-1994, THREE TIMES AS MANY AS IN THE PREVIOUS 12 MONTHS.
ABOUT 200,000 OF THE NEW CASES ARE THOUGHT TO BE IN SOUTH AND SOUTHEAST ASIA, MORE THAN EIGHT TIMES AS MANY AS THE NUMBER IN THAT REGION DURING THE PREVIOUS YEAR.
THIS WAS REVEALED BY THE GLOBAL PROGRAM ON AIDS (GPA), A BRANCH OF THE WORLD HEALTH ORGANIZATION (WHO), ON JULY 1, ACCORDING TO TODAY'S LOCAL DAILY "THE NEW VISION".
"THE GREATEST BURDEN IS STILL IN AFRICA, WHERE THE NUMBER OF AIDS CASES IS RISING FAST BECAUSE OF HIV INFECTIONS FIVE TO TEN YEARS AGO," THIERRY MERTENS, GPA'S CHIEF OF SURVEILLANCE, EVALUATION AND FORECASTING, WAS QUOTED AS SAYING. "BUT OUR LATEST ESTIMATES ALSO SHOW THE EPIDEMIC OF AIDS TRULY ESTABLISHED IN SOUTH AND SOUTHEAST ASIA. AND THIS IS ONLY THE START FOR THAT REGION."
GPA'S ESTIMATES TAKE ACCOUNT OF UNDER-DIAGNOSIS AND INCOMPLETE OR DELAYED REPORTING. ALTHOUGH ONLY 985,119 CASES OF AIDS HAD ACTUALLY BEEN REPORTED TO WHO BY JUNE 30, 1994 SINCE THE START OF THE PANDEMIC.
AS FAR AS INFECTIONS ARE CONCERNED, GPA NOW ESTIMATES THAT MORE THAN 16 MILLION ADULTS AND OVER ONE MILLION CHILDREN HAVE BEEN INFECTED WITH HIV SINCE THE START OF THE PANDEMIC.
UP TO THREE MILLION NEW INFECTIONS WITH HIV, ABOUT HALF OF THEM IN WOMEN, OCCURRED BETWEEN MID-1993 AND MID-1994. A LARGE JUMP IN SOUTH AND SOUTHEAST ASIA TOOK THE CUMULATIVE TOTAL THERE TO OVER 2.5 MILLION.
AVAILABLE DATA SUGGEST SIGNIFICANT HIV TRANSMISSION AMONG POPULATIONS AT RISK IN CERTAIN PARTS OF NORTH AFRICA AND THE EASTERN MEDITERRANEAN, AS WELL AS IN EASTERN ASIA AND THE PACIFIC.
ON ALL CONTINENTS, THE PROPORTION OF NEW INFECTIONS AMONG YOUTH IS LIKELY TO GROW, A FACT WHICH HIGHLIGHTS THE NEED FOR PREVENTION PROGRAMS TO TARGET YOUNG PEOPLE AT A VERY EARLY STAGE.
IN INDUSTRIALIZED COUNTRIES, THE NUMBER IS LITTLE CHANGED FROM MID-1993 BECAUSE THE NUMBER OF NEW INFECTIONS HAS BEEN ROUGHLY BALANCED BY DEATHS FROM AIDS OVER THE PAST YEAR.
UGANDA IS ONE OF THE COUNTRIES WORST HIT BY AIDS IN THE WORLD. ABOUT 1.5 MILLION UGANDANS HAVE BEEN INFECTED WITH AIDS. AN ESTIMATED 60,000 PEOPLE ARE FEARED TO HAVE DIED OF THE KILLER DISEASE.

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Keith O. Boykin (BOYKIN_K) (WHO)

CREATION DATE/TIME:30-NOV-1994 16:25:18.52

SUBJECT: World Aids Day

TO: FAX (97977040,Lisa Keen/Wash Blade) (TLXA1MAIL_\F:97977040\C:Lisa Keen/Wash Bl

TO: FAX (95885159,Chris Bull/Advocate) (TLXA1MAIL_\F:95885159\C:Chris Bull/Advoca

TO: FAX (914108378512,Baltimore Gay Pap (TLXA1MAIL_\F:914108378512\C:Baltimore Gay

TO: FAX (916172665973,Bay Windows News (TLXA1MAIL_\F:916172665973\C:Bay Windows N

TO: FAX (915084876788,T.McCarthy/GayCab (TLXA1MAIL_\F:915084876788\C:T.McCarthy/Ga

TO: FAX (913108226700,Doug Sadwunick) (TLXA1MAIL_\F:913108226700\C:Doug Sadwunic

TO: FAX (912123349227,Out Magazine) (TLXA1MAIL_\F:912123349227\C:Out MagazineR

TO: FAX (914152813745,San Francisco Sen (TLXA1MAIL_\F:914152813745\C:San Francisco

TO: FAX (912136568784,A.Brooke/Frontier (TLXA1MAIL_\F:912136568784\C:A.Brooke/Fron

TO: FAX (916174264469,M.ERLEIN/GAYCOMMN (TLXA1MAIL_\F:916174264469\C:M.ERLEIN/GAYC

TO: FAX (912139937699,S.JOHNSON/CENTER (TLXA1MAIL_\F:912139937699\C:S.JOHNSON/CEN

TO: FAX (917079371653,C.LISBON/ALBIUN P (TLXA1MAIL_\F:917079371653\C:C.LISBON/ALBI

TO: FAX (913037787978,S.GULLEGOS/OUTFRO (TLXA1MAIL_\F:913037787978\C:S.GULLEGOS/OU

TO: FAX (914042613964,S.Connett/AIDS Al (TLXA1MAIL_\F:914042613964\C:S.Connett/AID

TO: FAX (98620999,D.Veraska/AIDSPol&Lw) (TLXA1MAIL_\F:98620999\C:D.Veraska/AIDSPol

TO: FAX (912122894697,AIDS Patient Care (TLXA1MAIL_\F:912122894697\C:AIDS Patient

TO: FAX (99861345,L.Williams/AIDSAcCou) (TLXA1MAIL_\F:99861345\C:L.Williams/AIDSAc

TO: FAX (912139931592,C.Kush/APLA) (TLXA1MAIL_\F:912139931592\C:C.Kush/APLARE

TO: FAX (93318606,J.Silver/AMFAR) (TLXA1MAIL_\F:93318606\C:J.Silver/AMFARREA

TO: FAX (94831964,Tom Sheridan) (TLXA1MAIL_\F:94831964\C:Tom SheridanREAD:

TO: FAX (912123371220,G.Lugliani/GMHC) (TLXA1MAIL_\F:912123371220\C:G.Lugliani/GM

TO: FAX (912125638349,R.Vasquez/MTFonAI (TLXA1MAIL_\F:912125638349\C:R.Vasquez/MTF

TO: FAX (98980435,C.Baker/NAPWA) (TLXA1MAIL_\F:98980435\C:C.Baker/NAPWAREAD

TO: FAX (95440378,G.Adams/NMAC) (TLXA1MAIL_\F:95440378\C:G.Adams/NMACREAD:

TO: FAX (914157496706,R.Williams/NTFAP) (TLXA1MAIL_\F:914157496706\C:R.Williams/NT

TO: FAX (912063227204,L.Lopez /POCA (TLXA1MAIL_\F:912063227204\C:L.Lopez
READ:NOT READ

TO: FAX (97973504,R.Mosher/WhitmanWalk) (TLXA1MAIL_\F:97973504\C:R.Mosher/WhitmanW

TO: FAX (96262287,S.Kostreski/AHA News) (TLXA1MAIL_\F:96262287\C:S.Kostreski/AHA N

CC: Remote Addressee (jgordon@wilmer.com@INET)
READ:NOT READ

CC: Remote Addressee (tnorris@mdbe.com@INET)
READ:NOT READ

CC: Remote Addressee (klm@mdbe.com@INET)
READ:NOT READ

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:30-NOV-1994 16:19:00.00

ATT BODYPART TYPE:A

ATT CREATOR: Keith O. Boykin

TEXT:
PRINTER FONT 12_POINT_COURIER
THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release November 30, 1994

WORLD AIDS DAY, 1994

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA
A PROCLAMATION

On this World AIDS Day, we recognize the countless determined individuals who have provided assistance to those affected by HIV and AIDS, and we redouble our efforts to work with our international partners and to confront the enormous challenges that remain. Here and around the world, people are reaching out to those who are living with HIV and AIDS and are joining the fight to stop this epidemic. The theme of this year's commemoration, "Families and AIDS," is especially fitting. When one person suffers, the entire global family is affected. Today, we pledge to keep faith with the thousands of people living with HIV and AIDS and their families -- their

mothers and fathers, brothers and sisters, their friends, neighbors, and loved ones.

In slightly more than 13 years, AIDS has claimed the lives of more than 250,000 Americans -- nearly five times as many men and women as were killed in the Korean War. If current trends continue, by the end of this decade we will have lost half a million people to this insidious disease, more than our Nation's total losses in World War II. The World Health Organization estimates that 30 to 40 million people worldwide will have been infected with HIV by the end of the decade. The problem of HIV and AIDS is global, and it is one of staggering proportions. The United States will continue to work with our global partners in the worldwide battle against HIV and AIDS.

Here at home in response to the epidemic, hundreds of community-

□

based organizations have devoted themselves to provide medical care, social and support services, respite care, meal delivery, and education and prevention programs to persons with HIV or AIDS. Together with those they serve, the men and women of these organizations -- most of whom are volunteers -- are the heroes of our common struggle.

In the past two years, our Nation has reenergized its response to HIV and AIDS. At a time of zero budget growth, funding for AIDS programs has been increased by 30 percent. AIDS research funding has risen by 25 percent, and money going to grants under the Ryan White CARE Act has been increased by 82 percent, bringing vital services to thousands of men, women, and children in need. Our research efforts have been reorganized and refocused, and they have already begun to produce results. When scientists discovered that treatment with AZT could sharply reduce the risk of HIV transmission from mothers to their unborn children, the Government acted quickly both to provide women and their health care professionals with new guidelines and to change the labeling on that drug. Already, we are saving lives.

more

(OVE

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On World AIDS Day, we rededicate ourselves to the battle against HIV and AIDS. Our Government must continue to do its part, including reauthorizing the Ryan White CARE Act and continuing to enforce the Americans with Disabilities Act. Business and community leaders must push forward in their remarkable efforts to educate people everywhere. And every one of us must strive to reach out to those who are living with HIV and AIDS to make their paths a little smoother, to make their hearts a little lighter, and to make their lives a little richer.

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, 1994, as "World AIDS Day." I invite the Governors of the States, the Commonwealth of Puerto Rico, officials of other territories subject to the jurisdiction of the United States, and the American people to join me in reaffirming our commitment to combat HIV and AIDS and to reach out with compassion to those living with this disease.

IN WITNESS WHEREOF, I have hereunto set my hand

this thirtieth day of November, in the year of our Lord
nineteen hundred and ninety-
□
four, and of the Independence of
the United States of America the two hundred and nineteenth.

WILLIAM J. CLINTON

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

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Jeffrey Levi (LEVI_J) (DOJ)

CREATION DATE/TIME:10-MAY-1995 10:38:04.82

SUBJECT: weekly report

TO: Rosalyn A. Miller (MILLER_RA) (WHO)
READ:10-MAY-1995 12:20:20.07

TEXT:

PRINTER FONT 12_POINT_ROMAN
Weekly Report for May 10, 1995
Key Initiatives:
The AIDS office continues to work with HHS staff in preparation for the May 11th hearing by the health subcommittee of the House Commerce Committee on mandatory HIV testing. This will focus on mandatory testing of pregnant women and newborns, though other testing issues will also arise. The Administration will oppose mandatory testing and support strong efforts to implement current guidelines for universal counseling and voluntary testing for HIV as the most effective means of getting the most people tested and into care.
The AIDS office met with about 20 constituency representatives to discuss mandatory testing issues on May 5th.
The AIDS office continues to work with HHS and OMB staff on the CDC performance partnership grants.
No Immediate attention items:
External activities:
Patsy Fleming is part of the US delegation to the World Health Assembly in Geneva. She is leading the delegation's discussions on HIV/AIDS issues.

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Jeffrey Levi (LEVI_J) (DOJ)

CREATION DATE/TIME:17-MAY-1995 18:39:22.43

SUBJECT: weekly report

TO: Rosalyn A. Miller (MILLER_RA) (WHO)
READ:18-MAY-1995 09:03:07.22

TEXT:
PRINTER FONT 12_POINT_ROMAN
Weekly Report for May 17, 1995
Key initiatives:
The AIDS Office continued to work with AIDS groups and HHS on final changes in the perofrmance partnership grants.
No immediate attention items:
External activities:
Patsy Fleming attended the World Health Assembly meeting in Geneva and led the US delegation at the UN AIDS program meeting in Venice.

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Richard L. Siewert (SIEWERT_R) (WHO)

CREATION DATE/TIME: 9-AUG-1995 15:22:18.33

SUBJECT: NEW AIDS BACKGROUNDER

TO: Marsha Scott (SCOTT_M) (WHO)
READ: 9-AUG-1995 16:05:40.22

TEXT:
Marsha
I know your office had requested an updated backgrounder on AIDS.
It is attached for your review and use.
Jake
==================== ATTACHMENT 1 ====================
ATT CREATION TIME/DATE: 9-AUG-1995 15:21:00.00

ATT BODYPART TYPE:p

ATT CREATOR: Richard L. Siewert

TEXT:
PRINTER FONT 12_POINT_ROMAN
President Clinton -- Leading The War on AIDS

President Clinton has pledged a "loud, clear, and consistent war on AIDS." He has reenergized the Federal response and urged all Americans to do their part in caring for people with AIDS in their communities.

o In the three budgets he has proposed, the President has increased Federal funding devoted to AIDS research, prevention, and treatment by 40 percent.

o In his first three budgets, the President has increased funding for the Ryan White CARE Act, which provides services to people living with AIDS, by 108 percent, bringing it to full funding.

o Eligibility rules for Social Security disability benefits have been revised to make it easier for people with HIV/AIDS to qualify for support.

o The President created the National Task Force on AIDS Drug Development to identify and eliminate barriers to AIDS drug development.

o The President established the Presidential Advisory Council on HIV and AIDS to advise the government on issues related to the national response to the epidemic.

o Direct housing assistance to people with AIDS has been increased by 46 percent since the President took office.

o The President created the Office of National AIDS Policy at the White House to coordinate and direct Federal AIDS policy.

o The President signed legislation strengthening the Office of AIDS Research at the National Institutes of Health, providing a stronger focus for research planning and coordination.

o NIH and FDA have taken steps to increase the participation of women in AIDS drug trials.

o All Federal employees are offered comprehensive HIV/AIDS education courses in the workplace. As of June 30, 1995, nearly 80 percent of Federal workers had participated in such courses.

PRINTER FONT 12_POINT_ROMAN_ITALIC
AIDS: A Public Health Crisis

PRINTER FONT 12_POINT_ROMAN
o Since 1981, nearly 250,000 Americans have died of AIDS and 450,000 have been diagnosed with the disease.
o In 1994, 81,000 Americans were diagnosed with AIDS -- 220 every day.

o In 1994, 40,000 Americans died of AIDS -- an average of 109 a day. One American dies of AIDS every 13 minutes.
o An estimated one million Americans -- 1 in 250 -- are infected with HIV, the virus that causes AIDS.
o AIDS is now the leading cause of death among all Americans between the ages of 25 and 44.

PRINTER FONT 12_POINT_ROMAN_ITALIC
HIV is Spreading Rapidly Among Women and Children
PRINTER FONT 12_POINT_ROMAN
o An estimated 40,000 Americans are infected with HIV each year.
o One in four new HIV infections occurs among Americans under the age of 20. One in two infections occurs among people under 25.
o In 1994 alone, 14,000 women were diagnosed with AIDS -- that's one
□
-quarter of AIDS cases among women reported since 1981.
o An estimated 80,000 American children will have been orphaned by AIDS by the end of this decade.
PRINTER FONT 12_POINT_ROMAN_ITALIC
AIDS Affects All Americans
PRINTER FONT 12_POINT_ROMAN
o AIDS cases have been reported in all 50 states, the District of Columbia, Puerto Rico, and the American territories.
o AIDS disproportionately affects rural communities that often don't have the public health infrastructure to provide AIDS prevention and treatment services.
o In 1994, 35 percent of new AIDS cases were reported in the South.
o African
□
-Americans and Hispanic
□
-Americans comprise 40 percent of new
AIDS cases in the U.S. AIDS is the cause of one
□
-quarter of all
deaths among African
□
-Americans between the ages of 25 and 44.
o In 1995, AIDS will cause a loss of 1,155 years of productive life.
PRINTER FONT 12_POINT_ROMAN_ITALIC
HIV/AIDS Is a Global Problem
PRINTER FONT 12_POINT_ROMAN
o Since 1981, 1.2 million cumulative cases of AIDS have been reported to the World Health Organization, and WHO estimates that more than 4.5 million cases have actually occurred.
o A total of 183,692 cases of AIDS were reported to the WHO between July 1994 and July 1995, an increase of 19% over the previous
12
□
-month period.
o According to WHO, an estimated 14
□
-15 million HIV

□
-infected adults
were living in the world as of June 1995.

o The rate of HIV infection is growing most strongly in the nations of southern and central Africa and South Asia.
Last Updated: August 9, 1995
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Julie E. Demeo (DEMEO_J) (OPD)

CREATION DATE/TIME: 1-SEP-1995 14:31:59.43

SUBJECT: Daily DPC Report

TO: Adam R. Kreisel (KREISEL_A) (WHO)
READ: 1-SEP-1995 14:36:26.42

TEXT:
see attached. Is this the last one?
==========ATTACHMENT 1==========
ATT CREATION TIME/DATE: 1-SEP-1995 14:30:00.00

ATT BODYPART TYPE:p

ATT CREATOR: Julie E. Demeo

TEXT:

PRINTER FONT 12_POINT_COURIER
September 1, 1995

DAILY BRIEFING MEMORANDUM FOR THE PRESIDENT
FROM: DOMESTIC POLICY COUNCIL
SUBJECT: Daily Briefing on DPC Issues

Background and Update on Zero Tolerance
As you know, on June 10, 1995, you gave a Radio Address on Zero Tolerance. In this address, you called on Congress to make Zero Tolerance "the law of the land" by calling on the states to adopt Zero Tolerance laws for teenagers caught drinking and driving with a blood alcohol content of more than .02 percent, or the equivalent of one beer, one wine cooler, or one shot of alcohol. You were joined at this address by members of Mothers Against Drunk Driving, Students Against Drunk Driving, AAA, and the National Safety Council, who all expressed strong support for this effort.
On June 21, you sent a letter to Senator Byrd, commending his efforts on the Zero Tolerance issue and urging the Senate to pass Senator Byrd's Zero Tolerance amendment to the National Highway System Designation Act, which would achieve your objective of making Zero Tolerance "the law of the land." Later that evening, the amendment passed by a margin of 64
□
-34. The House has not yet
acted on the Highway System Designation Act, but is planning on taking it up by mid September. Currently there have been no Zero Tolerance Amendments offered in committee, but Representative Flake (D
□
-NY) is planning on offering an amendment similar to Senator Byrd's when the bill comes to the floor.
Since the June 10 Radio Address, the Department of Transportation and the White House has been communicating with a number of safety groups on the issue of Zero Tolerance, including MADD, SADD, and the National Safety Council. Last week, SADD sent out

its Fall newsletter to over 25,000 schools across the country. This newsletter focused on the issue of Zero Tolerance, and contained a message from you on Zero Tolerance on the front page. We plan on continuing to work with these groups to promote the Zero Tolerance issue and its inclusion in the House version of the National Highway Bill in September.

Medicare and Medicaid

We have scheduled a series of meetings with possible "validators" on Medicare and Medicaid. Early next week, Laura Tyson will meet with Robert Reischauer.
HIV/AIDS Discrimination
Several recent examples of AIDS
□
-related discrimination have been
in the news. In South Carolina, a judge has ruled that the state can deny coverage in its high
□
-risk insurance pool to people with
AIDS or HIV. The case is expected to be appealed. A woman with HIV who had been deported from Egypt was barred from a flight to her home in Ethiopia because of her infection. In Romania, an eight
□
-year old boy with AIDS was stoned by villagers seeking to evict him and his family from their home. [More than 90 percent of AIDS cases in Romania are among children]. In China, workers at the World Health Organization's Fourth World Conference on Women were warned to cover their bodies with bug spray because flies might transmit HIV carried by lesbian attendees.

Housing
As part of HUD's nationwide effort to crack down on owners of federally assisted housing who do not meet their contractual obligations, Sec. Cisneros yesterday served a notice of mortgage default on the owners of Clifton Terrace Apartments, a troubled 258
□
-unit federally subsidized development in Washington, D.C. Increasing problems of crime, poor maintenance, and mismanagement preceded HUD's action at Clifton Terrace. HUD is seeking to have the landlord voluntarily transfer possession of the property to HUD; if this does not occur, HUD will seek legal actions to take control. Sec. Cisneros' press conference was covered by the local evening news.

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: quinnt@u.washington.edu@INET@EOPMRX

CREATION DATE/TIME: 8-NOV-1995 02:18:00.00

SUBJECT: Re: Aids v. cancer research

TO: TFCooper (TFCooper@aol.com@INET@EOPMRX)
READ:NOT READ

IND_TO: Angela Davis (DAVIS_AC) (WHO)
READ: 8-NOV-1995 09:19:24.87

CC: oc-alum (oc-alum@ocean.rutgers.edu@INET@EOPMRX)
READ:NOT READ

TEXT:

On Tue, 7 Nov 1995 TFCooper@aol.com wrote:

> Joe Graves is only too right about HIV in Africa. I was in the Ivory Coast
> in May and learned that 25% to 50% of the population in Abidjan, the capital,
> is HIV positive. There was a fascinating article in the New Yorker earlier
> this year about East African truckers and the spread of AIDS. The writer
> explained that some East Africans believe in some astonishing myths about
> HIV: having sex with a virgin will cure HIV, old (but unused) condoms carry
> the virus, etc.

I just want to take this opportunity to restate my original point which somehow got lost. Yes, AIDS is a horrible disease. Yes it is a public health problem. But, according to a seminar by Dr. Vojo Deretic that I had occasion to see today, the World Health Organization estimates conservatively that 1.7 billion with a 'B' people are infected with Mycobacterium tuberculosis, and 3 million people die of tuberculosis each year world-wide. But Mycobacterium research has only a tiny fraction of the funding HIV research does. More people die of this EACH YEAR than are currently infected with HIV. There are other health problems more important than HIV. And we as a nation continue to ignore them.

The Mighty Quinn
(Matthew Stoecker, '91)
========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 8-NOV-1995 02:20:00.00

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from gatekeeper.eop.gov by PMDF.EOP.GOV (PMDF V5.0-4 #6879)
 id <01HXDU8C1EO0003EMR@PMDF.EOP.GOV> for davis_ac@a1.eop.gov; Wed,
 08 Nov 1995 02:18:21 -0400 (EDT)
Received: from ocean.rutgers.edu by gatekeeper.eop.gov;
 (5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA07898; Wed, 08 Nov 1995 02:25:04 -0500
Received: (from mailserv@localhost)
 by ocean.rutgers.edu (8.6.12+bestmx+oldruq+newsunq+grosshack/8.6.12)
 id CAA04723; Wed, 08 Nov 1995 02:10:02 -0500
Resent-date: Wed, 08 Nov 1995 02:10:02 -0500
Resent-from: oc-alum@ocean.rutgers.edu

```
Resent-sender: oc-alum-request@ocean.rutgers.edu
X-Sender: quinnt@saul4.u.washington.edu
Resent-message-id: <bvwZq.0.k91.8V5em@ocean.rutgers.edu>
Precedence: list
X-Mailing-List: <oc-alum@ocean.rutgers.edu> archive/latest/9647
X-Loop: oc-alum@ocean.rutgers.edu
================== END ATTACHMENT   1 ==================
```

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: lee@isis.com@INET@EOPMRX

CREATION DATE/TIME: 9-NOV-1995 09:33:00.00

SUBJECT: Re: AIDS vs. cancer research

TO: oc-alum (oc-alum@ocean.rutgers.edu@INET@EOPMRX)
READ:NOT READ

IND_TO: Angela Davis (DAVIS_AC) (WHO)
READ: 9-NOV-1995 11:44:26.91

TEXT:

> I just want to take this opportunity to restate my original point which
> somehow got lost. Yes, AIDS is a horrible disease. Yes it is a public
> health problem. But, according to a seminar by Dr. Vojo Deretic that I
> had occasion to see today, the World Health Organization estimates
> conservatively that 1.7 billion with a 'B' people are infected with
> Mycobacterium tuberculosis, and 3 million people die of tuberculosis each
> year world-wide.

This sort of fact is true, and has *always* been true. The major worldwide preventable diseases that cause death can be suppressed by immunization or by public health programs. But the US has never found it appropriate to spend millions on public health in third world countries when it can spend those millions on rarer diseases close to home. It's a red herring to use AIDS research as an example of this -- virtually all of our advanced research projects have this characteristic.

There is a recurring trend to try to downplay the importance of curing AIDS but not, say, lupus or other more obscure diseases, even though AIDS attacks the young, is contagious, and may find more avenues into the host population as it mutates. I think it would be an outstanding idea to get rid of it now. If the tragedy of human death is insufficient motivation, consider the social cost in countries with high infection rates -- think what an immunization program would mean for them.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 9-NOV-1995 09:35:00.00

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from gatekeeper.eop.gov by PMDF.EOP.GOV (PMDF V5.0-4 #6879)
 id <01HXFNOUS52O003RS7@PMDF.EOP.GOV> for davis_ac@a1.eop.gov; Thu,
 09 Nov 1995 09:33:13 -0400 (EDT)
Received: from ocean.rutgers.edu by gatekeeper.eop.gov;
 (5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA25012; Thu, 09 Nov 1995 09:39:59 -0500
Received: (from mailserv@localhost)
 by ocean.rutgers.edu (8.6.12+bestmx+oldruq+newsunq/8.6.12) id JAA00398; Thu,
 09 Nov 1995 09:27:59 -0500
Resent-date: Thu, 09 Nov 1995 09:27:59 -0500
Resent-from: oc-alum@ocean.rutgers.edu
Resent-sender: oc-alum-request@ocean.rutgers.edu
Resent-message-id: <cQyKa.0.96.j_Wem@ocean.rutgers.edu>
Precedence: list
X-Mailing-List: <oc-alum@ocean.rutgers.edu> archive/latest/9686

```
X-Loop: oc-alum@ocean.rutgers.edu
X-Authentication-warning: zubeneschmali.sw.stratus.com: Host localhost didn't
 use HELO protocol
================== END ATTACHMENT   1 ==================
```

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:22-MAR-1996 10:01:26.28

SUBJECT: AIDS vs. other diseases

TO: Remote Addressee (WERTHEIW@od31em1.od.nih.gov@INET@EOPMRX)
READ:NOT READ

TEXT:
PRINTER FONT 14_POINT_ROMAN_ITALIC
The HIV/AIDS Pandemic -- Why Continued Funding is Needed

PRINTER FONT 12_POINT_ROMAN_ITALIC
? HIV/AIDS: A Continuing Public Health Crisis
PRINTER FONT 12_POINT_ROMAN
The pandemic of HIV infection and AIDS continues to grow -- more persons in every geographic area and age group are becoming infected every day. Unlike cancer and heart disease, AIDS is an expanding public health threat. Since 1987, AIDS has gone from being the 15th ranked cause of death to the 8th -- it is now the leading cause of death for persons between the ages of 25 and 44. Since the disease was identified less that two decades ago, AIDS has killed over a quarter of a million Americans.
? In the United States, one person dies from AIDS every 8 minutes.
? An estimated 1 in 300 Americans are infected with HIV, the virus that causes AIDS.
? The CDC reports that in 1994 alone there were over 80,000 newly diagnosed cases of AIDS.
? One in four new HIV infections occurs among Americans under the age of 20. One in two new infections occurs among people under 25.
? The World Health Organization (WHO) estimates that by the end of the century, 30 - 40 million people will have been infected with HIV worldwide.

PRINTER FONT 12_POINT_ROMAN_ITALIC
? Economic Impact of the Epidemic
PRINTER FONT 12_POINT_ROMAN
Unlike other leading causes of death, AIDS is a disease that strikes people in the prime of life -- it disproportionately kills the younger people during their most productive years.
? AIDS is now the leading cause of death for Americans between the ages of 25 and 44.
? Deaths due to AIDS are disproportionately disruptive to society. Persons aged 25
□
-44 constituted 54% of the U.S. civilian labor force in 1992.
? Premature deaths due to AIDS result in the loss of many productive years of life and deprive young children of their parents. In terms of years of potential life lost (YPLL), in 1994 AIDS ranked fourth among all leading causes of death:

Cancer 1,874 YPLL (in thousands)

```
        Unintentional Injuries          1,796
        Heart Diseases                  1,324
        HIV/AIDS                        1,056
□
PRINTER FONT 12_POINT_ROMAN_ITALIC
? AIDS is not just an urban problem.
PRINTER FONT 12_POINT_ROMAN
AIDS cases have been reported in all 50 states, the District of
Columbia, Puerto Rico, and the American territories.  The
HIV/AIDS pandemic is spreading in rural areas and the south --
these are areas that to date have been less affected by the
pandemic.
?       In 1994, 35 percent of new AIDS cases were reported in
Southern states.
?       While most cases are still reported from urban areas,
the rate of reported AIDS cases in non
□
-metropolitan
areas is increasing faster than urban areas.
?       In six counties of North Carolina, AIDS was reported to
be the leading cause of death among residents aged
20
□
-29 years.

PRINTER FONT 12_POINT_ROMAN_ITALIC
? AIDS is spreading rapidly among women and children.
PRINTER FONT 12_POINT_ROMAN
The proportion of cases among women has increased steadily during
the past decade -- and the epidemic in children is closely
associated with the epidemic in women.
?       In 1994 alone, over 14,000 women were diagnosed with
AIDS -- that's one quarter of the AIDS cases reported
among women since 1981.
?       As of 1993, 21,000 women have died from AIDS.
?       Women now comprise 21% of reported HIV
□
-infection cases.
?       In 1994 alone, over 1,000 new pediatric AIDS cases were
reported -- an 8% increase from the number reported in
1993.
?       An estimated 80,000 American children will have been
orphaned by AIDS by the end of this decade.


PRINTER FONT 12_POINT_ROMAN_ITALIC
? Spending for AIDS and Other Public Health Threats
PRINTER FONT 12_POINT_ROMAN
AIDS is an increasing public health threat.  Since its discovery
in 1981, AIDS has consistently risen in the rankings as a cause
of death, while cancer and heart disease rates have been
comparatively stable.
?       Direct lifetime medical care after diagnosis for an
HIV
□
-infected person costs more than for patients with
cancer or heart disease, specifically:

                $ 61,211 for Heart Disease*
                $ 25,000 to 84,000 for Cancer**
```

$119,000 for HIV/AIDS***
*for 5 years of care after initial heart attack. Source: American Journal of Cardiology, 1990.
**depending on stage diagnosed -- early or late. Source: Swartz & Rollins, Business and Health,1985,85,24
□
-6.
***Source: Journal of the American Medical Association, July 28, 1993.
□
? Spending for AIDS research is not out of balance with other diseases. Within the Public Health Service (PHS), research funding for cancer exceeded research on HIV/AIDS. In FY 1995, the PHS is slated to spend:
$2.0 billion for cancer research,
$1.5 billion for HIV/AIDS research,
$805 million for heart disease research.
? Overall HHS spending for research, treatment, prevention, and income supplements is significantly greater for cancer, and heart disease than for AIDS. In FY 1995 HHS is slated to spend:
$38.0 billion for heart disease
$17.5 billion for cancer
$ 6.0 billion for AIDS

PRINTER FONT 12_POINT_ROMAN_ITALIC
? AIDS Research -- Collateral Benefits
PRINTER FONT 12_POINT_ROMAN
The nation's investment in HIV
□
-related research is providing important benefits for understanding and treating other diseases. For example:
? AIDS research has accelerated study of the human immune system. This basic immunologic information is being applied to research to better understand and treat many other diseases, such as cancer and autoimmune diseases, including systemic lupus erythematosus, type I diabetes mellitus, rheumatoid arthritis, and multiple sclerosis. AIDS research also contributes to the prevention of other infectious diseases.
? HIV research involving the blood/brain barrier has led to a better understanding of the mechanisms by which infectious agents spread into the nervous system. This research has valuable implications for research on Alzheimer's disease, dementia, multiple sclerosis, neuropsychological disorders, encephalitis, and meningitis.
? Before the AIDS epidemic, little investment was made in research to treat viral diseases. Studies to develop anti
□
-HIV therapies has led to drug development against many other disease
□
-causing viruses.
? Research on HIV
□
-related wasting has provided important

information for research on nutritional disorders,
metabolic abnormalities and gastrointestinal

dysfunctions.

PRINTER FONT 7_POINT_ROMAN
c:\wp51\files\avod\summ.f95

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:23-APR-1996 19:03:22.28

SUBJECT: conference listings

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:30-APR-1996 17:44:49.47

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:24-APR-1996 13:28:10.65

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:23-APR-1996 03:26:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: New Conference Listings 04/23/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

CDC National AIDS Clearinghouse
Conference Calendar Database

NEW CONFERENCE LISTINGS
April 23, 1996

The Clearinghouse's Conference Calendar Database contains information about upcoming conferences related to HIV and AIDS.

NAC ONLINE users can search this database by selecting "Clearinghouse Databases" from the NAC ONLINE main menu. When asked to enter a database name, specify "CONF" to search the Calendar.

To access the NAC ONLINE BBS, set your communications software to dial (800) 851-7245, and set the options for 8 data bits, N parity, 1 stop bit, full duplex, and complete a new user questionnaire. Only non-profit organizations, government agencies, educational institutions, and health departments are given full access to NAC ONLINE and the NAC databases.

Overnight, 7 new listings were loaded to the Conference Calendar Database. Their records follow:

TITLE: Social Marketing in Public Health
DATE: June 19-22, 1996
LOCATION: Clearwater Beach, FL
SPONSOR(S): Department of Community and Family Health, College of Public Health, University of South Florida
CONTACT: Ginger Phillips, College of Public Health - MDC 56, USF Health

Sciences Center, 12901 Bruce B. Downs Blvd., Tampa, FL 33612-4799, (813) 974-4867, FAX: (813) 974-5172, Internet email: phillips@cophdep2.coph.usf.edu
EVENT TYPE: Conference
TOPICS: Adolescents. Condom use. Sexually transmitted diseases (STDs). Research programs. Social factors. Community health. Schools. Education. Media. Advocacy.
NOTES: Fee: Preconference: Before May 20, $140; After May 20, $160; Main conference: Before May 20, $190; After May 20, $210. One day registrations available. Discounts for students. Additional fees for dinner, late registration (after June 10), and CHES accreditation fee. Accommodations, (813) 595-1611. Travel, (800) 940-1901. Continuing education credits available. For poster session information, see the contact person.

TITLE: New Perspectives in the Management of HIV Disease
DATE: May 4, 1996
LOCATION: Bethesda, MD
SPONSOR(S): World Health CME; Glaxo Wellcome, Inc.
CONTACT: World Health CME, World Health Communications, Inc., 41 Madison Ave., New York, NY 10010-2202, (800) 433-4584, (800) 521- 1177 (within New York state only), FAX: (212) 481-8534, Internet email: whcme@whci.41mad.com
EVENT TYPE: Conference
TOPICS: Case management. Treatment. Therapies. Virology.
NOTES: Continuing education credits available.

TITLE: Embracing change: Challenges and Opportunities; Health Care for the Homeless Conference; 7th Annual
DATE: June 6-8, 1996
LOCATION: Washington, DC
SPONSOR(S): U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, Division of Programs for Special Populations
CONTACT: Maggie Castoires, HCH Conference Registrar, John Snow, Inc., 44 Farnsworth St., Boston, MA 02210, (617) 482-9485, FAX: (617) 482-0617
EVENT TYPE: Conference
TOPICS: Homeless persons. Community health. Women. Children. Families.
NOTES: Fee: Before May 10, $185; After May 10, $200.

TITLE: The ADA: A Road Map to Opportunity; North Carolina statewide Americans with Disabilities Act Conference
DATE: May 15-17, 1996
LOCATION: Research Park, NC
SPONSOR(S): National Association of ADA (Americans with Disabilities Act) Coordinators
CONTACT: National Association of ADA (Americans with Disabilities Act) Coordinators, One World Trade Center, Ste. 800, Long Beach, CA 90831-0800, (800) 722-D-ADA, FAX: (800) 9-FAX-ADA
EVENT TYPE: Conference.
TOPICS: Workplaces. Americans with Disabilities Act (ADA). Reasonable accommodations. Legislation or regulation. Legal issues. Schools. Information resources.
NOTES: Fee: Member, $120; Non-member, $150. Additional fees for keynote luncheon and pre- and post-conference workshops. Continuing

education credits available.

TITLE: National Wellness Conference
DATE: July 15-19, 1996
LOCATION: Stevens Point, WI
SPONSOR(S): National Wellness Institute, Inc.
CONTACT: National Wellness Institute, Inc., 1045 Clark St., Ste. 210, P.O. Box 827, Stevens Point, WI 54481-0827, (800) 243-8694, FAX: (715) 342-2979, Internet email: newlli@uscyber.com
EVENT TYPE: Conference
TOPICS: Health promotion. Spirituality. Community health. Emotions. Women. Information dissemination. Cultural factors. Children.
NOTES: Fee: National Wellness Association Member, $419; Non- member, $459. Additional fees for preconference seminars, conference meals, and housing.

TITLE: Emerging Trends in HIV Disease
DATE: June 1, 1996
LOCATION: Queens, NY
SPONSOR(S): HIV Clinical Education Initiative at SUNY Brooklyn
CONTACT: (718) 270-4752
EVENT TYPE: Conference
TOPICS: Pregnancy. Virology. Treatment. Therapies. Neurological diseases or disorders.
NOTES: Fee: $10. Continuing education credits available.

TITLE: Building Service Skills for HIV
DATE: May 21, 1996
LOCATION: Brooklyn, NY
SPONSOR(S): AIDS Education and Training Center at SUNY: Health Science Center at Brooklyn (HSCB); the HIV Clinical Education Initiative at SUNY:HSCB; HIV Clinical Education Initiative at Woodhull Hospital; Bedford-Stuyvesant HIV Care Network; East New York/Brownsville HIV Care Network; Fort Green HIV Project; Williamsburg/Greenpoint/Bushwick HIV Care Network; and Brooklyn AIDS Task Force
CONTACT: Miriam Gross, (718) 270-3796
EVENT TYPE: Conference
TOPICS: Medicare. Medicaid. Treatment. Women. Case management. Substance abuse. Cultural factors. Alternative therapies.
NOTES: Fee: $15; students, $10 (must show student ID).

Information about additional conferences is welcome. Please send E-Mail to Flynn McLean (through NAC ONLINE, or fmclean@cdcnac.aspensys.com via the Internet) at the CDC National AIDS Clearinghouse; include the title, dates, site, sponsoring agency, contact information, registration fee, and topics to be discussed at the conference.

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

========== ATTACHMENT 2 ==========
ATT CREATION TIME/DATE:23-APR-1996 12:26:00.00

ATT BODYPART TYPE:D

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TEXT:
RFC-822-headers:
Received: from storm.eop.gov (storm.eop.gov)
 by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01I3VQ2OF2Y800DH6D@PMDF.EOP.GOV> for
 levi_j@a1.eop.gov; Tue, 23 Apr 1996 12:24:38 -0400 (EDT)
Received: from aspensys (aspensys.aspensys.com)
 by STORM.EOP.GOV (PMDF V5.0-6 #6879) id <01I3VQ33J82O001OIW@STORM.EOP.GOV> for
 levi_j@a1.eop.gov; Tue, 23 Apr 1996 12:24:58 -0700 (MST)
Received: by aspensys (5.0/SMI-SVR4) id AA06806; Tue, 23 Apr 1996 12:26:13 +0500
Errors-to: martha_vander_kolk@smtpinet.aspensys.com
Precedence: bulk
Originator: aidsnews@cdcnac.aspensys.com
X-Comment: CDC National AIDS Clearinghouse
X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas
================== END ATTACHMENT   2 ==================
```

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: aidsnews@cdcnac.aspensys.com@INET@EOPMRX

CREATION DATE/TIME:26-APR-1996 17:10:00.00

SUBJECT: MMWR 04/26/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:29-APR-1996 09:13:46.65

TEXT:
MORBIDITY AND MORTALITY WEEKLY REPORT
****
Centers for Disease Control and Prevention
April 26, 1996
Vol. 45, No. 16

* Update: Influenza Activity _ United States and Worldwide, 1995_96 Season, and Composition of the 1996_97 Influenza Vaccine

* Multidrug-Resistant Tuberculosis Outbreak on an HIV Ward _ Madrid, Spain, 1991_1995

Update: Influenza Activity _ United States and Worldwide, 1995_96 Season, and Composition of the 1996_97 Influenza Vaccine

To monitor influenza activity and to detect antigenic changes in the circulating strains of influenza viruses, CDC conducts surveillance in collaboration with the World Health Organization (WHO) and its international network of collaborating laboratories and with state and local health departments in the United States. This report summarizes surveillance for influenza in the United States and worldwide during the 1995_96 season and describes the composition of the 1996_97 influenza vaccine.

United States

Influenza activity began in November 1995 and peaked during late December 1995 and early January 1996. In many parts of the country, influenza activity declined steadily during January and February; of the 34 states that reported levels of influenza-like illness for the week ending April 13, a total of 16 states reported sporadic* levels of influenza-like illness, and 18 states reported no activity.

Of the 4132 influenza virus isolates reported to CDC from WHO collaborating laboratories in the United States from October 1, 1995, through March 30, 1996, a total of 3786 (92%) were influenza type A and 346 (8%) influenza type B. Of the 2416 type A isolates that were subtyped, 1427 (59%) were type A(H1N1), and 989 (41%) were type A(H3N2). Influenza type A(H3N2) predominated in the Mountain, New England, and Pacific regions, accounting for 70%, 56%, and 55% of subtyped influenza A isolates, respectively. Influenza type A(H1N1) predominated in the other six regions, accounting for 55%_82% of subtyped influenza A isolates. During February, although the total number of isolates decreased, the number and proportion of influenza type B isolates began to increase, and during March 1996, 50%_72% of all isolates reported were type B.

The proportion of all deaths reported by the vital statistics offices of 121 U.S. cities that were attributed to

pneumonia and influenza (P&I) only slightly exceeded the epidemic threshold ** during 3 of the 8 weeks from October 29 through December 23, 1995. During the 6 weeks from December 24, 1995, through February 3, 1996, the proportion of P&I deaths remained above the epidemic threshold, peaking at 8.2% of all deaths during the week ending January 20. However, since February 10, percentages of P&I deaths have been below the epidemic threshold.

Worldwide

Influenza activity occurred at moderate to severe levels during October 1995_ March 1996. Epidemics associated with influenza A(H3N2) and A(H1N1) viruses were reported in countries in Europe, Asia, and North America, while influenza B viruses circulated at low levels.

School outbreaks caused by influenza A(H3N2) viruses were reported in England beginning in September and October. During November and December, epidemic activity associated primarily with A(H3N2) viruses was reported by countries throughout Europe, including Belarus, Bulgaria, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Latvia, Netherlands, Norway, Slovakia, Spain, Sweden, and the United Kingdom. During January, influenza A(H3N2) viruses were associated with outbreaks in Beijing and with high levels of influenza-like illness in six northern provinces of China. Isolation of influenza A(H3N2) viruses also was reported in North America (Canada and the United States), Europe (Belgium, Iceland, Ireland, Italy, Poland, Portugal, the Russian Federation, and Switzerland), Asia (Guam, Hong Kong, Japan, and Singapore), and Oceania (Australia and New Zealand). For the first time sincethe 1991_92 influenza season, A(H1N1) viruses were associated with epidemics in several regions of the world. Epidemic activity associated with influenza A(H1N1) viruses was reported and predominated in Belgium, Canada, Japan, southern France, Switzerland, and the United States. Influenza A(H1N1) viruses were isolated in association with sporadic activity in Europe (Finland, Germany, Italy, Latvia, Netherlands, Poland, Romania, Russian Federation, Spain, Sweden, and the United Kingdom) and Asia (China, Hong Kong, Israel, and Thailand)

In comparison to type A influenza viruses, type B viruses have been isolated later in the season and less frequently worldwide. Influenza B viruses were isolated primarily in association with sporadic activity in North America (Canada and the United States), Asia (China, Hong Kong, Israel, Japan, and Singapore), Europe (Belarus, Finland, France, Germany, Greece, Hungary, Netherlands, Poland, Romania, Russian Federation, Sweden, Switzerland, and the United Kingdom), and Oceania (Australia and New Zealand).

Composition of the 1996_97 Vaccine

The Food and Drug Administration Vaccines and Related Biological Products Advisory Committee (VRBPAC) has recommended that the 1996_97 trivalent influenza vaccine for the United States contain A/Wuhan/359/95-like(H3N2), A/Texas/36/91-like (H1N1), and B/Beijing/184/93-like viruses. This recommendation was based on the antigenic analysis of recently isolated influenza viruses and the antibody responses of persons vaccinated with the 1995_96 vaccine.

Although most of the influenza type A(H3N2) viruses that have been antigenically characterized are similar to the A/Johannesburg/33/95 strain, increasing numbers of recently

isolated A(H3N2) strains from Asia, Europe, and North America are more similar to the antigenic variant A/Wuhan/359/95 (Table 1). Vaccines containing the A/Johannesburg/33/94 (H3N2)-like virus induced a good antibody response to the vaccine strain but induced lower and less frequent antibody responses to recent type A(H3N2) strains such as A/Wuhan/359/95 (1). Therefore, VRBPAC recommended changing the influenza type A(H3N2) vaccine component to an A/Wuhan/359/95-likestrain for the 1996_97 season. The strain that will be used by U.S. vaccine manufacturers because of its growth properties will be the antigenically equivalent A/Nanchang/ 933/95 virus.

Virtually all (98%) influenza A(H1N1) viruses that have been antigenically characterized are similar to the reference strains A/Taiwan/01/86 and A/Texas/36/91. Because vaccines containing the A/Texas/36/91 strain induced antibodies with similar frequency and titer to both the vaccine virus and to recent type A(H1N1) strains (1), VRBPAC recommended retaining an A/Texas/36/91-like strain in the 1996_97 vaccine.

Antigenically characterized influenza B viruses isolated recently in Asia, Europe, and the United States have been similar to the reference strains B/Beijing/184/93 and B/Harbin/07/94. Vaccines containing the B/Harbin/07/94 strain induced antibodies with similar frequency and titer to the vaccine virus and to recently isolated influenza B strains (1). Therefore, VRBPAC recommended retaining B/Harbin/07/94-like strain in the 1996_97 vaccine.

Reported by: Participating state and territorial health dept epidemiologists and state public health laboratory directors. M Zambon, PhD, Central Public Health Laboratory, A Hay, PhD, National Institute for Medical Research, London; G Schild, DSc, J Wood, PhD, National Institute for Biological Standards and Control, Hertfordshire, England. I Gust, MD, A Hampson, Commonwealth Serum Laboratories, Parkville, Australia. L Canas, Armstrong Laboratory, Brooks Air Force Base, Texas. Y Guo, Institute of Virology, National Center for Preventive Medicine, Beijing, People's Republic of China. World Health Organization National Influenza Centers, Div of Emerging and other Communicable Diseases Surveillance and Control, Geneva. Div of Virology, Center for Biologics Evaluation and Research, Food and Drug Administration. Influenza Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

Editorial Note: During the 1995_96 season, the impact of influenza in many parts of the United States and in some other countries in the Northern Hemisphere was more severe than during the previous season (2). In the United States, influenza type A(H1N1) viruses predominated for the first time since the 1986_87 season; although this subtype has not been associated with excess mortality in recent decades, the incidence of infection with type A(H1N1) has been high, especially among school-aged children. Influenza type A(H3N2) was not the predominant strain but circulated throughout the season and was associated with outbreaks among all age groups. Continued circulation of influenza type A(H3N2) and type A(H1N1) is anticipated during the 1996_97 season. Influenza B activity increased late in the 1995_96 influenza season, suggesting that type B viruses may circulate more widely next winter.

Strains to be included in the influenza vaccine usually are selected during the preceding January through March because of

scheduling requirements for production, quality control, packaging, and distribution of vaccine for administration before onset of the next influenza season. Recommendations of the Advisory Committee on Immunization Practices for the use of vaccine and antiviral agents for prevention and control of influenza will be published in an MMWR Recommendations and Reports on May 3, 1996.

References

1. World Health Organization. Recommended composition of influenza virus vaccines for use in the 1996_1997 flu season. Wkly Epidemiol Rec 1996;71:57_61.
2. CDC. Update: influenza activity_United States and worldwide, 1994_95 season, and composition of the 1995_96 influenza vaccine. MMWR 1995;44:292_5.

*Levels of activity are 1) sporadic_sporadically occurring influenza-like illness (ILI) or culture-confirmed influenza with no outbreaks detected; 2) regional_outbreaks of ILI or culture-confirmed influenza in counties with a combined population of <50% of the state's total population; and 3) widespread_outbreaks of ILI or culture-confirmed influenza in counties with a combined population of =>50% of the state's total population.

** The epidemic threshold is 1.645 standard deviations above the seasonal baseline calculated using a periodic regression model applied to observed percentages since 1983. The baseline was calculated using a robust regression procedure.

Multidrug-Resistant Tuberculosis Outbreak on an HIV Ward _ Madrid, Spain, 1991_1995

Beginning in 1990, outbreaks of multidrug-resistant tuberculosis (MDR-TB) have been reported in hospitals and prisons in the eastern United States (1). During June 1991_January 1995, MDR-TB was diagnosed in 47 patients and one health-care worker at a 120-bed, infectious disease referral hospital in urban Madrid; on April 19, 1995, the Spanish Field Epidemiology Training Program was asked to investigate this outbreak. This report summarizes the findings of this investigation, which suggested that nosocomial transmission of MDR-TB occurred on a hospital ward for patients with human immunodeficiency virus (HIV) infection.

A case of MDR-TB was defined as culture-confirmed TB that was resistant to at least rifampin and isoniazid in a patient hospitalized on the ward for HIV-infected persons during June 1991_January 1995 and with no previous history of TB treatment. Case finding was coordinated by the mycobacteriology laboratory director and an infectious disease specialist, who reviewed medical records and laboratory results for persons with suspected MDR-TB. In addition to drug-susceptibility testing, analysis of resistant strains included DNA fingerprinting with restriction fragment-length poly-morphism (RFLP). Because the hospital did not have in place a ventilation system that recirculated or removed air, the acid-fast bacilli (AFB) isolation capacity (negative pressure and number of air interchanges per hour) could not be assessed on the HIV ward.

MDR-TB was identified in 47 HIV-positive patients who had been hospitalized on the HIV ward during June 1991_January 1995. The mean age of case-patients was 34 years (range: 25_54 years); 39 (81%) were male, and 32 (67%) were injecting-drug users. The

one health-care worker was HIV-positive and had worked on the HIV ward during 1990_1994. A total of 47 (98%) patients, including the health-care worker, had died at the time of the investigation; the mean interval from diagnosis of MDR-TB to death was 78 days. An analysis of isolates from TB cases throughout the hospital during 1991_June 1995 identified 104 that were drug-susceptible; 12 that were resistant to one drug; and 66 that were resistant to isoniazid, streptomycin, ethambutol, and rifampin (HSER) (Figure 1). The proportion of Mycobacterium tuberculosis strains identified that were MDR-TB increased from 10% in 1991 to 53% in 1993 to 65% in June 1995.

Beginning in 1993, the resistance pattern identified consistently in isolates was HSER: of the 26 cases diagnosed during October 1993_June 1995, this pattern was present in 24 (92%). Of the 12 isolates available for DNA fingerprinting, the same band patterns were present in 11 (Figure 2). For comparison, TB isolates were obtained from the two patients with different antibiograms; their RFLP analyses were distinct from those of isolates from the other patients.

A case-control study was conducted to identify potential risk factors for MDR-TB among HIV-infected patients who had been hospitalized on the HIV ward during September 15, 1991_December 31, 1994, and in whom TB was diagnosed in 1994. Cases included patients with isolates with the HSER resistance pattern (n=18); controls were patients with isolates sensitive to rifampin, isoniazid, streptomycin, and ethambutol (n=17). The category _potentially infective_ for TB patients was defined as the period from 2 weeks before a positive sputum smear or TB culture confirmation until sputumcultures were negative or until death. _Possibly exposed_ for patients without TB was defined as hospitalization on the HIV ward concurrent with the hospitalization of a potentially infectious patient during the period until 2 weeks before TB was diagnosed in the potentially infectious patient. Case- and control-patients were similar in age, sex, HIV risk group, interval of time between HIV diagnosis and TB diagnosis, and CD4+ T-lymphocyte count at the time of TB diagnosis. However, before the hospitalization during which MDR-TB was diagnosed, 13 (72%) of the case-patients had been hospitalized on the HIV ward, compared with five (29%) control patients (odds ratio=6.2; 95% confidence interval=1.2_36.7). Of all patients with TB diagnosed in 1994 who were hospitalized on the HIV ward, 5% had MDR-TB. Case patients were more likely to have been possibly exposed to potentially infective wardmates and to have more days of exposure (13 [72%] for a median of 26 days) than control patients (seven [41%] for a median of 8 days) (for duration of exposure, chi square for linear trend=7.0; p=0.03).

Reported by: D Herrera, R Cano, P Godoy, EF Peiro, J Castell, C Ibanez, F Martinez Navarro, Field Epidemiology Training Program; V Moreno, A Ortega, L Sanchez, R Duran, F Pozo, Carlos III Health Institute, Ministry of Health and Consumer Affairs, Spain. Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases; International Br, Div of Field Epidemiology, Epidemiology Program Office, CDC.

Editorial Note: The findings in this report document the first outbreak of nosocomial MDR-TB to be investigated in Spain. Characteristics of this outbreak that are similar to previously reported outbreaks include MDR-TB among patients hospitalized in an HIV-dedicated ward, a high death rate within 3 months of

onset, and the role of mycobacteriology laboratory-based surveillance in recognizing similar resistance patterns with confirmation through RFLP fingerprinting (2).

Measures to control this outbreak have included 1) isolating all MDR-TB patients in a separate area of the hospital and the on-site provision of all clinical and diagnostic services; 2) notifying family, community members, and wardmates of patients whose MDR-TB had been diagnosed during January_June 1995 about their exposure, scheduling follow-up evaluation, and offering isoniazid preventive therapy (although isoniazid resistance had been identified in isolates from the outbreak, this resistance was low); 3) informing all hospital staff about the outbreak, and establishing a TB screening clinic that was attended by 565 (96%) of 591 employees; 4) purchasing personal respiratory protection devices that fulfilled recommended sealage and filtering criteria (3) and distributing these devices to staff exposed to TB patients; and 5) developing plans to improve the capacity of the hospital's mycobacteriology laboratory and to install 11 AFB isolation rooms.

To prevent nosocomial transmission of M. tuberculosis, hospital staff should monitor surveillance for and rapidly diagnose, isolate, and treat persons with suspected TB and ensure timely laboratory confirmation with identification of drug-susceptibility patterns. Because immunocompromised persons, such as those on HIV wards, are at increased risk for TB, surveillance and rapid confirmation are especially important to prevent M. tuberculosis transmission. In addition, hospitals and other health-care facilities should conduct regular employee TB screening clinics (graded by occupational risk category) that closely monitor tuberculin skin test conversions; such clinics can assist in surveillance for nosocomial transmission of TB.

References

1. Kent JH. The epidemiology of multidrug-resistant tuberculosis in the United States. Med Clin North Am 1993;77:1391_409.
2. CDC. Nosocomial transmission of multidrug-resistant tuberculosis among HIV-infected persons_Florida and New York, 1988_1991. MMWR 1991;40:585_91.
3. CDC. Guidelines for preventing the transmission of Mycobacterium tuberculosis in health-care facilities, 1994. MMWR 1994;43(no. RR-13).

========== ATTACHMENT 1 ==========
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 levi_j@a1.eop.gov; Fri, 26 Apr 1996 17:09:53 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
 by STORM.EOP.GOV (PMDF V5.0-6 #6879) id <01I406WSGYJI001OIW@STORM.EOP.GOV> for
 levi_j@a1.eop.gov; Fri, 26 Apr 1996 17:10:13 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id RAA09302; Fri,
 26 Apr 1996 17:11:52 -0400
Errors-to: martha_vander_kolk@smtpinet.aspensys.com
Precedence: bulk

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Originator: aidsnews@cdcnac.aspensys.com
X-Comment: CDC National AIDS Clearinghouse
X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas
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RECORD TYPE: PRESIDENTIAL (XCHANGE MAIL)

NO CREATOR FOUND FOR THIS RECORD:

CREATION DATE/TIME:25-JUL-1996 16:35:16.00

SUBJECT: The White House Weekly Report - July 29 - August 4, 1996

TO: Ronda Jackson (CN=Ronda Jackson/OU=WHO/O=GOV [Cabinet Affairs])
READ:UNKNOWN

TO: Elizabeth Toohey (CN=Elizabeth Toohey/OU=WHO/O=GOV [Cabinet Affairs])
READ:UNKNOWN

TO: Loreen Keller (CN=Loreen Keller/OU=WHO/O=GOV [Cabinet Affairs])
READ:UNKNOWN

TO: John Stiver (CN=John Stiver/OU=WHO/O=GOV [Cabinet Affairs])
READ:UNKNOWN

TO: David Beaubaire (CN=David Beaubaire/OU=WHO/O=GOV [WHO])
READ:UNKNOWN

TO: Rosemary O'Shea (CN=Rosemary O'Shea/OU=WHO/O=GOV [WHO])
READ:UNKNOWN

TO: Laura Bishop (CN=Laura Bishop/OU=WHO/O=GOV [WHO])
READ:UNKNOWN

TO: Mark Aromando (CN=Mark Aromando/OU=WHO/O=GOV [WHO])
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TO: John Dinneen (CN=John Dinneen/OU=WHO/O=GOV [WHO])
READ:UNKNOWN

TO: Jason Goldberg (CN=Jason Goldberg/OU=WHO/O=GOV [WHO])
READ:UNKNOWN

TO: Gabe London (CN=Gabe London/OU=WHO/O=GOV [WHO])
READ:UNKNOWN

TO: Dan Lipner (CN=Dan Lipner/OU=WHO/O=GOV [WHO])
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TO: Carl Snoddy (CN=Carl Snoddy/OU=WHO/O=GOV [Cabinet Affairs])
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TO: Anne McGuire (CN=Anne McGuire/OU=WHO/O=GOV [WHO])
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TO: Kris Balderston (CN=Kris Balderston/OU=WHO/O=GOV [WHO])
READ:UNKNOWN

TO: Sheila Turner (CN=Sheila Turner/OU=WHO/O=GOV [WHO])
READ:UNKNOWN

TO: LeeAnn Inadomi (CN=LeeAnn Inadomi/OU=WHO/O=GOV [WHO])

READ:UNKNOWN

TO: Deborah J. Behr (CN=Deborah J. Behr/OU=WHO/O=GOV [OA])
READ:UNKNOWN

TO: Stephen B. Silverman (CN=Stephen B. Silverman/OU=WHO/O=GOV [WHO])
READ:UNKNOWN

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

TEXT:

PRINTER FONT 10_POINT_ROMAN
MEMORANDUM FOR THE PRESIDENT
THROUGH THE HONORABLE LEON PANETTA

FROM: KEVIN THURM, CHIEF OF STAFF

ON BEHALF OF: SECRETARY DONNA E. SHALALA

SUBJECT: WEEKLY REPORT - July 29
□
-August 4, 1996

DATE: July 25, 1996

FACT OF THE WEEK: The elderly nutrition program funded through the Older Americans Act provides an average of 1 million meals per day to older Americans. In FY 1994, 127 million meals were served to 2.3 million people at congregate sites, and more than 113 million home
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-delivered meals were provided to 877,000 homebound elderly people. Federal elderly nutrition program dollars are highly leveraged with money from other sources, such as state, local and private funds, donations and participant contributions. Older Americans Act funding accounts for 37% of congregate costs, and 23% of home
□
-delivered costs.

I. KEY DEPARTMENT NEWS

? Olympic Safety. With the exception of a single security problem (an individual masquerading as a guard entered the Olympic Stadium with a gun), the Olympic events and associated activities have proceeded safely. HHS emergency response teams have not been requested for any event. Our forward
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-placed medical teams now are in three central Atlanta sites, the southern perimeter of Atlanta, and in Athens. Additionally, we have "joint command" of the large Marine unit, some of which are predeployed in central Atlanta for immediate response to any terrorist event. We have a five person medical team providing medical coverage for a FBI SWAT team operation at the Atlanta City Hall/East, one of the major headquarters for security operations. Public

health issues of note include managing the extensive efforts to provide and assertively promote regular water drinking and sun protection by spectators and pedestrians. Heat injuries are monitored regularly within the sports venue sites, the Olympic park, and the general health/medical system in metropolitan Atlanta. Areas with problems, for example the equestrian venue site, are receiving fast remedial actions by county and state resources. The medical reporting systems are working well and are using an independent computer system other than the IBM computer system, which is operating inadequately for the ACOG sports data. At the request of the State, we now are providing 49 federal employees

to work as food inspectors because illegal food vendors were a initial problem. A potential emerging problem is food preparation for military troops and ACOG volunteers. ACOG, the military, state and county officials are collaborating today to resolve this, and options are being developed in the event that the private sector food preparation vendors cannot resolve their problems.

PRINTER FONT 12_POINT_ROMAN
? E. Coli Outbreak in Japan. Steve Ostroff, M.D., Acting Deputy Director of the CDC?s National Center for Infectious Diseases, is in Tokyo to participate in the first meeting of the Working Group on Emerging and Reemerging Infectious Diseases of the U.S.
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-Japan Consumer Agenda. Dr. Ostroff will discuss the e. coli outbreak there and offer CDC assistance.
? Advisory Panel Recommends RU
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-486. On July 19, in a meeting that attracted extensive media attention, an FDA advisory panel concluded 6 to 0 (with two abstentions) that the benefits of mifepristone (RU
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-486) outweigh its risks for the interruption of early pregnancy. The Population Council, a non
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-profit research organization and sponsor of the RU
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-486 application, presented data from two French trials in 2,480 women, that showed the combination of RU
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-486 and an oral prostaglandin to be about 95 percent effective. Safety data from U.S. trials in more than 2000 women were also presented, to compare how the U.S. experience relates to the European data. Approximately 35 individuals made comments during the open
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-public
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-hearing portion of the meeting. The panel recommended post
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-marketing studies, to gather further information about the application of this regimen in the

U.S.
? HHS Approves Tennessee As 41st State Welfare Demonstration: On Thursday, July 25, on his trip to Tennessee, Vice President Gore will announce that HHS has approved "Families First," the statewide welfare demonstration project in Tennessee. Families First would require all demonstration participants to sign a Personal Responsibility Plan outlining employment and training requirements, pledging cooperation with child support enforcement provisions and regular school attendance and appropriate immunizations for children.
? HHS Approves Amendments to Utah Welfare Demonstration: As early as Thursday, July 25, Secretary Shalala will approve amendments to Utah's Single Parent Employment Demonstration welfare reform project. The amendments require pre
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-school
children to be immunized and to attend school. Effective initially in one demonstration site, the requirement would later be expanded to apply to other sites. Demonstration-

wide, it would allow sanctioned adults to continue to participate in JOBS services.
? Wisconsin Welfare Waiver. The Department is still in the process of reviewing the Wisconsin Works ?W
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-2" welfare
reform waivers and discussing issues with the state. W
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consists of a statewide welfare reform demonstration and amendments to two previous state demonstrations. In addition, Roman Catholic Bishops have joined Archbishop Weakland to oppose W
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-2 and demanded that any welfare reform should include mandated protection for children.
? BSE ("Mad Cow") Prevention. The Department is moving to publish next month a proposed rule to ban ruminant protein in feed intended for ruminants-
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-cows, sheep, goats, deer,
bison and other such animals. This action will follow
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-up on
an advance notice of proposed rulemaking published in May, in response to a recommendation from an April 1996 meeting of international experts assembled by the World Health Organization, to minimize the risk of BSE being spread among ruminants via feed containing ruminant protein. Our proposal will ask for comment on two options: 1) a partial ban (i.e., on specified beef parts known to be potentially infective and on protein
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-containing parts of all other
ruminants); or 2) a complete ban (i.e., on any ruminant proteins in ruminant feed).
? Perinatal Transmission of HIV. The Ryan White CARE Act Amendments of 1996 requires the Centers for Disease Control and Prevention and the states to begin monitoring perinatal

HIV transmission within 120 days of enactment of the legislation (September 16, 1996). The Act requires CDC to develop and implement a system to annually determine the rate of reported cases of AIDS as a result of perinatal transmission and determine possible causes of the transmission. Prior to implementing such a policy, CDC is required to meet with state representatives. The Department is in the process of scheduling meetings.

? Aetna To Withdraw As Medicare Contractor. The Aetna Life Insurance Company will announce on July 25 that it is not renewing its contracts to administer the Medicare Part A and Part B fee

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-service program. This is the result of a recent corporate decision to enlarge its Medicare managed care business and move out of the fee

-for

-service business.

Aetna?s contracts expire September 30, 1996, but the company has agreed to extend the term of its current contracts through September 30, 1997, in order to allow an orderly transition to new contractors. Aetna is the largest commercial contractor doing business with Medicare. There will be significant interest in the Aetna withdrawal by providers and Congress.

? Reinventing the Health Resources and Services Administration. On Tuesday, July 30, HRSA Administrator Ciro Sumaya will present to employees a plan to implement a major restructuring of the agency's operations and programs. This is the culmination of an intensive, 18

-month internal and external review. The restructuring will take one year and will begin with consolidating the structure of the Office of the Administrator. Other steps include a HRSA

-wide administrative centralization, grouping of field offices, exploration of grouping AIDS/HIV programs and services into one unit, and formation of an internal group to begin a HRSA

-wide program review. HRSA hopes to conduct this restructuring without a reduction

-in

-force or loss of pay grades.

? Ronald H. Brown Award. The Department of Commerce has announced that FDA will be receiving the first annual Ronald H. Brown award from the U.S.

-Israel Science and Technology

Commission. The Award is being given to FDA in recognition of its joint work with the Ministries of Industry and Trade and Health in Israel to promote regulatory harmonization in the areas of drug, device, foods, and cosmetics standards. There will be a press conference at the Commerce Department and a presentation at the State Department on July 30. Vice President Gore has been invited to present the award, and FDA Commissioner Kessler will accept for the agency

? HHS Releases Results of National Evaluation of the Elderly Nutrition Program. On July 31, the Administration on Aging will be holding a briefing for the release of the Congressionally mandated AoA Nutrition Evaluation for congressional staffers, aging organizations and aging trade press on July 31. The findings of the evaluation reaffirm the critical importance of congregate and home

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-delivered

(Meals on Wheels) programs as part of the continuum of home and community

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-based care provided through the Older

Americans Act, the leveraging of dollars that result in successful public

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-private partnerships in states and local

communities and the unmet need for services in a growing homebound elderly population. For the first time, the report also covers nutrition programs for Native American elders.

? New Medicare Certificate of Medical Necessity Effective August 1. The certificate of medical necessity (CMN) documents the medical necessity of durable medical equipment paid for by Medicare. Beginning August 1, providers and suppliers billing the Durable Medical Equipment Regional

Carriers will be required to submit CMNs for a limited number of specified items that are vulnerable to abuse. Supplier groups have opposed this requirement, which has delayed implementation for over 1 year. HCFA has been working with these groups to address their concerns.

? Department to Send Draft Medicaid Terms and Conditions to New York: Next week, the Department may send the State of New York draft programmatic and budget special terms and conditions for the State?s proposed Medicaid 1115 demonstration, ?The Partnership Plan.? The terms and conditions are designed to ensure that the demonstration is viable and protects the rights of Medicaid beneficiaries. New York submitted its proposal for the Partnership Plan on March 20, 1995. Under the project, New York would enroll its Medicaid population (excluding the elderly and institutionalized disabled) and its Home Relief population (individuals who are financially needy but not Medicaid eligible) into managed care plans. The initiative would also establish special needs plans to serve individuals with HIV/AIDS and the seriously mentally ill.

? Medicare 1996 United States Per Capita Cost (USPCC) Released: On July 23, HCFA announced that the preliminary estimate of the 1997 United States per Capita Costs (USPCC) will be 7.2 percent. The USPCC is the Medicare average

cost per enrollee and reflects health maintenance
organization (HMO) and fee
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-for
□
-service costs. The USPCC is
used to develop the regional per capita rates paid to HMOs
for each Medicare beneficiary enrolled in risk HMOs. The
announced USPCC, which is lower than many expected, will
give HMOs some preliminary indication of the increase in
their payment rates next year. The 1997 Medicare HMO
payment rates, known as the Adjusted Average per Capita
Costs, will be announced on September 7, 1996.

? Mississippi Board of Health Issues Abortion Restrictions.
The Mississippi Board of Health has approved some of the
most stringent requirements for abortion clinics in the
nation. Effective July 1st, a facility that performs 10 or
more abortions in a month or more than 100 in a year must be
licensed as an abortion clinic. In addition, beginning
August 9, abortion clinics may not be located within 1,500
feet of a church, school, or playground; physicians will be
required to inform patients personally of the risks of and
alternatives to abortion; and after 16 weeks of pregnancy,
abortions must be performed in a hospital.
? State
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-Supported Treatment for Low Income HIV
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-Infected
Persons Restricted in Washington State. Low
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-income people

with HIV will no longer be eligible for state assistance to
pay for medications in Washington. Department of Health
officials stated that a rising number of people seeking
financial assistance and the high cost of new drugs have
forced the State to stop accepting new applications for the
drug program. The 835 people currently enrolled will
continue to receive treatment. The Department of Health is
also restricting access to a new and promising class of
drugs and only the 70 people already receiving assistance to
pay for protease inhibitors will continue to get help. AZT
treatment per patient runs $250 a month; with protease
inhibitors, the cost is over $1200 per patient. Governor
Mike Lowry (D), who is not running for re
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-election in
November, may consider seeking federal assistance.
? Cost Effectiveness Report Issued by Public Health Service:
As early as Thursday, July 25, the U.S. Public Health
Service may issue a report containing recommendations on how
to better compare the costs and benefits of health care
treatment strategies. The report focuses on
cost
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-effectiveness analyses, a widely used method of
measuring the economic and health consequences of health
care strategies.

? HHS Recommends Medicare Physician Fee Update Based on New System: As early as Friday, July 26, Secretary Shalala will recommend to Congress an update for physician fees in 1997 of 8% as well as elimination of payment differentials that now exist among different categories of services. The recommendations were also included in the Administration's fiscal year 1997 budget proposals. The update recommendation would require Congress to change the law covering Medicare's payments to physicians. If Congress fails to enact the recommendation by Oct. 31, the physician fee update will be based on a "default" formula set by a 1989 law and will go into effect on January 1.

? ABC Home Health Services Owners Barred from Medicare Participation. The Office of Inspector General has excluded Robert (Jack) Mills and Margie Mills from participation in the Medicare and all state health care programs. Mr. Mills is being excluded for a period of 15 years and Mrs. Mills for a period of 10 years for defrauding the Medicare program. The Mills were the owners of ABC Home Health Services (now known as First American Health Care of Georgia, Inc.), which provided home health services to patients located in 15 states. The Mills had earlier been convicted, sentenced and, together with their corporation, ordered to pay over $20 million in fines, penalties and restitution to the Medicare trust fund.

? Final Notice for FY 1996 Social Services allocation Grants. The July 24, 1996 Federal Register includes a notice announcing the funding allocation of $80,802,000 for refugee social service funds to states under the Refugee Resettlement Program. Grants will be provided to states to address the special needs of refugees, Cuban/Haitian entrants, and Amerasians from Vietnam.

? Reduction of Reporting Requirements for the State Systems Advance Planning Document (APD) Process (Final Rule). This final rule decreases the reporting burden on states relative to the state systems APD process by increasing the threshold amounts above which APDs and related procurement documents need to be submitted for federal approval. The APD process is the procedure by which states obtain approval for federal financial participation in the cost of acquiring automatic data processing equipment and services. Additionally, this rule eliminates the requirement for state submittal of biennial security plans for federal review.

? Head Start Fellows Program. On July 25 and 26, the inaugural class of Head Start Fellows, selected last month by a distinguished national commission, will be in Washington for an orientation program sponsored by HHS and the Council for Early Childhood Professional Recognition.

? Dialogue on Poverty: On Wednesday, July 31, 1996 the United Planning Organization for the District of Columbia and the D.C. Agenda will hold the Washington, D.C. Dialogue on Poverty. The Dialogue on Poverty is a national initiative spearheaded by the Office of Community Services in the Administration for Children and Families (ACF). It will bring together persons from all segments of the community to discuss public policy issues that impact on the quality of life for all residents of the district and the nation.

II. NOTABLE CONGRESSIONAL ACTIVITY

? Welfare Reform. On July 23, by a vote of 74 to 24, the Senate approved the reconciliation bill that included welfare reform (H.R. 3734, Kasich). During the debate, the Senate approved an amendment to maintain current Medicaid eligibility standards regardless of a state's welfare eligibility requirements. Additionally, the Senate amended the bill to eliminate a provision that would have allowed states to accept Food Stamp funds in a block grant. However, the Senate failed to approve measures that would have provided vouchers to families that lose welfare benefits. The Senate also defeated efforts to remove

stringent eligibility restrictions for legal immigrants and refugees.

? Medicare Prospective Payments. On July 23, Bruce Vladeck, Administrator, Health Care Financing Administration, testified at a hearing on the prospective payment system for home health agencies and skilled nursing facilities before the House Ways and Means Subcommittee on Health.

?Pesticides in Foods On July 24, by voice vote, the Senate Agriculture Committee approved the Food Quality Protection Act (H.R. 1627, Bliley), which the House had sent to the Senate by a vote of 417 to 0 on July 23. The bill would repeal the Delaney Clause, regulating the use of carcinogenic chemicals, especially pesticides, that affect raw and processed foods. In place of the Delaney clause, the bill would substitute a general health
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-based
standard for pesticides and would respond to concerns about pesticides in the diets of infants and children.

?HMO Gag Rule. On July 24, by voice vote, the House Commerce Committee approved the Patient Right to Know Act (H.R. 2976, Ganske). The measure would prevent Health Maintenance Organizations (HMO) from restricting any medical communication between participating physicians and their patients.

?Suicide and the Elderly. On July 30, the Senate Special Committee on Aging (Cohen, R
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-ME) will hold a hearing on suicide
and the elderly. Dr. Jane Pearson, Chief, Clinical and Developmental Psychology Program, National Institute of Mental Health, NIH, and Dr. David Satcher, Director, Centers for Disease Control and Prevention, have been invited to testify.

?Access to Medical Care. On July 30, the Senate Committee on Labor and Human Resources will hold a hearing on the Access to Medical Care Act (S. 1035, Daschle). Mary Pendergast, Deputy Commissioner, FDA, and Dr. Wayne Jonas, Director, Office of Alternative Medicine, NIH, are expected to testify for the Department.

?Runaway & Homeless Youth. On July 31, the House Economic and Educational Opportunities Committee is scheduled to consider legislation to reauthorize the Juvenile Justice and Delinquency Prevention Act, which includes the Runaway and Homeless Youth Act.

?Quality Issues in Managed Care. On July 31, the Senate Appropriations Committee, Subcommittee on Labor, Health and Human Services, and Education, will hold a hearing on the Quality Issues in Managed Care. The witness for the Department will be

the Bruce C. Vladeck, Administrator, HCFA.

?The House of Representatives approved the Labor/HHS/Education Appropriation bill for FY97 on July 11 and recommended the elimination of key provisions of the Older Americans Act -- Title IV, Research, Training and Demonstration Programs and Title III
□
-F, Health Promotion and Disease Promotion, as well as ombudsman, elder abuse and pension counseling, and the Federal Council on Aging. Senate markup scheduled for July 24 has been postponed.
?Access to Medical Treatment. On July 30, Senator Nancy Kassebaum, Chairman, Labor and Human Resources Committee will hold a hearing on S. 1035, the Access to Medical Treatment Act. This Senate bill is sponsored by Senators Tom Daschle and Tom Harkin. FDA and NIH's Office of Alternative Medicine have been asked to testify.
III. SECRETARY?S SCHEDULE/SUBCABINET TRAVEL
?Secretary?s Schedule:

July 29. Secretary Shalala will attend the Public Health Council Meeting and hear the report of the Workforce Workgroup. She will also attend the Democratic Business Council Dinner honoring President Clinton.
July 30. Secretary Shalala will meet with top officials from the Service Employees International Union to discuss Medicaid waivers. She will also meet with students from the Harvard Summer
□
-in
□
-Washington Program.
July 31. Secretary Shalala will meet with students from the Hispanic Youth Initiative and from the American Medical Student Association.
August 1. Secretary Shalala will be interviewed by Girls Life magazine.
?Subcabinet Travel:

?July 24. Inspector General June Gibbs Brown accompanied Attorney General Janet Reno to visit Congressman Bill Thomas (R
□
-Cal.), the main proponent of the concept of advisory opinions on Medicare civil and criminal fraud statutes.
?July 31
□
-August 1. Dr. David Satcher, Director of the Centers for Disease Control and Prevention, will be making a presentation to the House of Delegates of the National Medical Association in Chicago.

?August 1. Bruce Vladeck, Administrator of the Health Care Financing Administration, will be the keynote speaker before the American Federation of Teachers in Cincinnati.
IV. PRESS MEDIA INQUIRIES AND REPORTS OF INTEREST

?Officials in Gem County, Idaho, a rural county near Boise, have begun prosecuting young people under a 1921 State law that outlaws fornication. Teenage parents on public assistance have been the primary targets of the law. One of the teens involved has granted interviews to the Wall Street Journal, Dateline NBC, CBS, 48 Hours, and The London Times.

V. FREEDOM OF INFORMATION ACT REQUESTS

None to report.

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

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Sandra L. Bublick-Max (BUBLICKMAX_S) (OPD)

CREATION DATE/TIME:15-OCT-1996 11:30:51.66

SUBJECT: attached achievements document

TO: William White (WHITE_WI) (WHO)
READ:15-OCT-1996 14:42:09.43

CC: Barbara D. Woolley (WOOLLEY_B) (WHO)
READ:15-OCT-1996 12:03:15.11

TEXT:

Bill,
Attached please find the updated achievements for distribution.
Sandy
==================== ATTACHMENT 1 ====================
ATT CREATION TIME/DATE:15-OCT-1996 11:29:00.00

ATT BODYPART TYPE:p

ATT CREATOR: Sandra L. Bublick-Max

TEXT:
PRINTER FONT 24_POINT_ROMAN

PRESIDENT CLINTON'S FIRST TERM

HEALTH REFORM RECORD:

ACHIEVEMENTS AND CURRENT PROPOSALS
PRINTER FONT 12_POINT_ROMAN

PRINTER FONT 10_POINT_ROMAN
Updated: October 12, 1996
□
PRINTER FONT 12_POINT_ROMAN
PRESIDENT CLINTON'S HEALTH CARE ACHIEVEMENTS

? Enacted the Kennedy

□
-Kassebaum health insurance reforms that
will benefit as many as 25 million Americans. This law will
enable individuals to keep their health insurance coverage
when they change jobs. Workers will no longer fear losing
their health insurance if they or a family member have a
pre
□
-existing condition. Many of the provisions in this law
were included in the President's balanced budget proposal
and the Health Security Act. The law also includes several
other key provisions that will:
-- Guarantee renewability of coverage;
-- Guarantee access to health insurance for small
businesses;
-- Eliminate the discriminatory tax treatment of the
self
□
-employed;
-- Established penalty
□
-free withdrawals from IRAs for some
medical expenses;
-- Strengthen efforts to combat health care fraud, waste
and abuse;
-- Provide consumer protections and tax incentives for
private long
□
-term care insurance; and
-- Simplify the health care system and reduce paperwork.

? Established protections for mothers and their newborns.
Today, some health plans refuse to pay for anything more
than a 24
□
-hour hospital stay, and some recommend releasing
mothers as few as 8 hours after delivery. The President
signed into law common sense legislation that requires
health plans to allow new mothers to remain in the hospital
for at least 48 hours following most normal deliveries and
96 hours after a Caesarean section.
? Signed into law mental health parity provisions. The
President signed into law legislation to prohibit health
plans from establishing separate lifetime and annual limits
for mental health coverage.
? Strengthened Medicare Trust Fund. The President's 1993
economic package included policy and structural changes that
extended the life of the Trust Fund by three years which
were enacted without one Republican vote. The President's
balanced budget proposal will extend the life of the trust
fund by 10 years from today.
? Protected the Medicaid guarantee for children, elderly,
pregnant women and people with disabilities. The President
vetoed the Republicans' proposal to block grant the Medicaid
program, guaranteeing health care coverage or benefits to 37

million beneficiaries. The President also presided over the
approval of 12 Medicaid waivers to cover 2.2 million
previously uninsured Americans.
? Protected kids from tobacco products and advertising. The

President issued guidelines to eliminate easy access to tobacco products by children and to prohibit companies from advertising tobacco to kids. The goal is to reduce smoking by children by 50 percent within seven years.

? Increased childhood immunizations to an historic high. The President's childhood immunization initiative includes community

□

-based educational efforts, more affordability and better detection. In 1995, 75 percent of two

□

-year olds were fully immunized -- an historic high.

□

? Made women's health a priority. Helped develop technology to detect cancer and other diseases earlier and with greater accuracy. Since 1993, funding for breast cancer research at NIH has increased by 79 percent. Launched the Women's Health Initiative -- the largest clinical study ever on diseases that affect older women. Included women of diverse racial/ethnic backgrounds in research and evaluation of drugs and medical devices.

? Enacted laws to reduce violence against women. The President enacted the Violence Against Women Act -- the first national effort to reduce violence against women. This Act has already devoted $156 million to give law enforcement tools to punish criminals who prey on women and children. Created a nationwide 24

□

-hour Domestic Violence Hotline, (which has already received 50,000 calls), to provide immediate crisis intervention, counseling and referrals.

? Enacted laws to prevent and punish handgun violence. Fought for the Brady bill, which has already prevented more than 60,000 fugitives, felons and criminals from buying handguns. The President expanded this bill to prevent individuals who commit acts of domestic violence from buying guns. Banned 19 of the deadliest assault weapons and stopped efforts to repeal the assault weapons ban. Every year at least 39,000 people die and 100,000 are treated in emergency rooms from gun violence.

? Expedited the FDA review and approval of new drug products. Under the President's watch, U.S. drug approvals are now as fast or faster than any other industrialized nation. Average drug approval times have dropped since the beginning of the Administration from almost three years to just over one year. In 1997, virtually all breakthrough drugs will be approved within 6 months without compromising safety standards.

? Increased funding for AIDS research, prevention, housing and treatment. In the President's first term, he has presided over a 56 percent increase in spending on programs for people living with AIDS including: the Ryan White Care Act, research, State AIDS drug assistance programs that help patients buy new protease inhibitor drugs, and Housing Opportunities for Persons with AIDS that provides housing assistance for over 65,000 people.

? Increased funding for the veterans' health. An increase of nearly one billion dollars will provide resources for the health care of 43,000 more veterans.

? Helped Vietnam veterans whose children are born with spina bifida. The President signed legislation to provide health care and rehabilitative training for children of Vietnam veterans who are born with spina bifida. This legislation will help thousands of children whose birth defects may be a result of their fathers' or mothers' service to our country.

? Improved funding for the Indian Health Service. Increased Medicare and Medicaid reimbursement rates for the Indian Health Service will result in an additional $65 million to provide quality health care for American Indians and Alaskan Natives.

? Reduced regulations. The Vice President's reinventing government initiative has resulted in the elimination of 1,600 pages of regulations in the Department of Health and Human Services, a 23 percent reduction.

PRESIDENT CLINTON'S HEALTH CARE PROPOSALS*

? Extending the life of the Medicare Trust Fund until 2006. The President's Medicare savings (of $116 billion scored by the Congressional Budget Office) and structural changes will extend the Hospital Insurance Trust Fund for approximately ten years from today.

? Modernizing Medicare and providing for more choices. The President's Medicare plan will increase the choice of plans for beneficiaries by adding a Medicare Preferred Provider Organization option, a Provider Sponsored Organization alternative, and a HMO with a point

-of

-service option. It also includes "competitive

-bidding" initiatives that will make Medicare a more prudent and effective purchaser of health care services. Lastly, it enhances funding for academic health centers by redirecting funds for medical education to managed care plans.

? Adding new preventive benefits for Medicare beneficiaries. The President's Medicare proposal will add preventive benefits by providing for: full coverage of mammography screenings, a colorectal screening benefit, diabetes case management, and preventive injections for pneumonia, influenza and hepatitis B.

? Taking a first step toward coverage of long

-term care. The President's Medicare proposal will establish a respite benefit for families of Medicare beneficiaries with Alzheimer's Disease.

? Liberating states to have more flexibility to administer Medicaid. The President's Medicaid proposal will eliminate

the burdensome waiver process for both managed care and home and community
□
-based care alternatives to institutionalization. It will preserve the Federal guarantee of health coverage and also make it easier for states to expand coverage.

? Providing for a "Workers' Transition Insurance" benefit. This proposal will build on Kennedy
□
-Kassebaum by helping to assure that previously insured people who are looking for a new job can afford to keep their health insurance and thus retain their portability protections. It will cost about $2 billion a year and will help approximately 3 million Americans a year retain insurance coverage, including 700,000 children.
? Empowering small businesses to access and purchase more

affordable insurance. This will be accomplished through the use of voluntary health purchasing cooperatives (HPCs) by providing access to Federal Employees Health Benefit Plans, overriding restrictive state laws and giving grants for the establishment and operation of HPCs.
? Prohibiting health plans from restricting medical communications. Currently, some health plans require doctors to sign contracts that may inappropriately limit their ability to give patients information about referrals and alternative treatment. The President's ?anti
□
-gag?
initiative will encourage physicians to discuss a full range of treatment options with patients.
? Creating an Advisory Commission on Consumer Protection and Quality in the Health Care Industry. The President signed an Executive Order to create a bi
□
-partisan Advisory
Commission to review changes occurring in the health care system and, where appropriate, make recommendations on how best to promote and assure consumer protection and health care quality.
? Protecting health care benefits of workers and retirees. Helped tens of thousands of workers and retirees get promised benefits from their private health plans by developing a project to resolve cases quickly and by submitting amicus briefs in critical cases.
? Expanding health care options for older veterans. The President proposed the "Veterans Medicare Reimbursement Project of 1996," legislation to open the VA system to Medicare
□
-eligible veterans in a number of cities. This measure will allow the VA to receive reimbursement from Medicare, improving access to care for older veterans while lowering costs to the VA system.
? Contributing to the World Health Organization's initiative to eradicate global polio by the year 2000. This proposal will increase spending on global polio eradication efforts

by $20 million. If successful, the United States alone could save more than $230 million per year after polio eradication is achieved.

* Where Federal funding is required for these proposals, it is included in the context of the President's balanced budget.

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

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME: 2-DEC-1996 17:24:43.94

SUBJECT: draft of briefing memo

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:NOT READ

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:NOT READ

TEXT:
Jeremy --
Attached is the World AIDS Day briefing memo for the President I drafted. Let me know if you have changes and what the next steps are.
Thanks --
Jane
========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 2-DEC-1996 17:22:00.00

ATT BODYPART TYPE:p

ATT CREATOR: Ursula Sanville

TEXT:

PRINTER FONT 12_POINT_COURIER
DRAFT
December 2, 1996

MEMORANDUM FOR THE PRESIDENT
FROM: Patricia S. Fleming, National AIDS Policy Director
THRU: Carol H. Rasco, Assistant to the President for Domestic Policy
SUBJECT: Preparation for briefing on World AIDS Day
In preparation for the December 3rd World AIDS Day briefing by HHS officials, the following briefing is on the status of the epidemic and the key aspects of the Federal response.
I. State of the Epidemic
As of September 30, 1996, there were 566,002 reported AIDS cases and over 343,000 deaths. AIDS is now the leading cause of death among Americans aged 25 to 44. CDC estimates that between 40,000 and 60,000 Americans are becoming newly infected with HIV each year, and that between 650,000 and 900,000 Americans are currently living with HIV.
The highest rates of increase in new AIDS cases are among adolescents, injecting drug users, women, and people of color. CDC estimates that one
□
-quarter of new HIV infections in the U.S.
occur among young people under age 21. CDC also estimates that over 36 percent of new AIDS cases are associated with injection drug use. Women now comprise 14 percent of cumulatively reported AIDS cases. As of December 1995, African
□
-Americans and Hispanics

comprised 52 percent of cumulative AIDS cases.
The HIV epidemic continues to spread into suburban and rural areas, with dramatic increases in certain regions of the South and Midwest. While most cases are still reported from urban areas, the rate of reported cases in non
□
-metropolitan areas is
increasing more rapidly than in urban areas.
The U.S. epidemic is part of a global pandemic. Globally, the toll of the epidemic is much greater and threatens to reverse decades of economic and public health progress in developing countries. The World Health Organization estimates that 27.9 million people have been infected with HIV.

II. The Federal Response
Your Administration has been credited with making tremendous progress in the fight against AIDS. Progress since you took office includes:
? A 40 percent increase in NIH
□
-supported AIDS research.
? A 158 percent increase in Ryan White AIDS Treatment grants.
? A 24 percent increase in CDC HIV prevention activities.
? A 96 percent increase for HUD's Housing Opportunities for People with AIDS program.
? As a result of Public Health Service guidelines recommending the use of AZT by HIV
□
-positive pregnant women and their newborns,
a 17 percent drop in the number of infants with
perinatally
□
-acquired HIV infection (from 1994 to 1995).
? Responding rapidly to FDA approval of a new class of AIDS therapies called protease inhibitors with increases in funding for State AIDS Drug Assistance Programs.
? Easing of Social Security disability rules to speed approval of eligibility.
? Strengthening the Office of AIDS Research at the National Institutes of Health.
? Fulfilling your promise of developing the first
□
-ever National
AIDS Strategy.
? Creating the Office of National AIDS Policy at the White House and the Presidential Advisory Council on HIV/AIDS.

III. Research Developments & Opportunities for Progress
A. THERAPEUTICS
Implications of Viral Levels
NIH
□
-sponsored research indicates that decreasing the amount of HIV in the blood can significantly slow how quickly a person becomes ill, and can also decrease the chance of transmission from mother to child.
This finding has tremendous implications for therapy. Studies indicate that combination therapy (i.e., use of one or more

anti
□
-retroviral drugs), especially where a protease inhibitor
(the

newest class of anti
□
-retroviral drugs) is used, provides the
greatest benefit for the patients.
However, this approach is new and we still do not know the best time to start therapy, to stop therapy, to change therapy, and how long these effects will last. More research is needed. [See section on contributions of the Vice President.]
Discovery of New Receptors
The breakthrough discovery of new chemokine receptors (CCR5 and CXCR4 or fusin are receptors on the cell where HIV binds) has offered exciting new avenues of for drug and vaccine development. Research indicates that people who have defective or missing receptors are much more resistant to becoming infected.

B. PREVENTION
In response to the recommendations from the Report of the NIH AIDS Research Program Evaluation Task Force, NIH is developing a comprehensive HIV prevention science agenda. Areas of focus will include:
? Vaccines. We desperately need a vaccine that will control new infections both in the U.S. and abroad. New generations of vaccines, including DNA vaccines, are now in early development. Research efforts in the HIV vaccine arena will have important implications for developing vaccines for other diseases such as Tuberculosis.
? Other Prevention Efforts. Preventing HIV infection through behavioral modification and/or a microbicide (a mechanical or chemical barrier method that blocks infection) also offers tremendous hope. Secretary Shalala has promised $100 million over the next four years for microbicide research and development.
IV. Role of the Vice President
The Vice President has been intimately involved in developing the Forum for Collaborative HIV Research. This new public
□
-private
group is designed to catalyze collaborations among government researchers, pharmaceutical companies, third
□
-party payors, and
the community to capitalize on recent scientific advances and learn how to optimally use available treatment regimens.
The Vice President has also expressed interest in continuing efforts to expedite vaccine and microbicide research.
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME: 3-DEC-1996 09:58:18.94

SUBJECT: Briefing memo

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 3-DEC-1996 13:49:36.91

TO: Remote Addressee (rsorian@os.dhhs.gov@INET)
READ:NOT READ

TEXT:
Patsy --
Below is a copy of the briefing memo in final format. There's also a hard copy on your chair. Let me know if you need anything else.
Jane

PRINTER FONT 12_POINT_ROMAN
December 2, 1996

MEMORANDUM TO THE PRESIDENT
From: Carol H. Rasco
Patricia S. Fleming
SUBJECT: Background Information on AIDS

This memo provides the latest information on the AIDS epidemic and the key aspects of the Federal response.

I. State of the Epidemic

As of September 30, 1996, there were 566,002 reported AIDS cases and over 343,000 deaths. AIDS is now the leading cause of death among Americans aged 25 to 44. CDC estimates that between 40,000 and 60,000 Americans are becoming newly infected with HIV each year, and that between 650,000 and 900,000 Americans are currently living with HIV.

The highest rates of increase in new AIDS cases are among adolescents, injecting drug users, women, and people of color. CDC estimates that one

□

-quarter of new HIV infections in the U.S. occur among young people under age 21. CDC also estimates that more than 36 percent of new AIDS cases are associated with injection drug use. Women now comprise 14 percent of cumulatively reported AIDS cases. As of December 1995, African

□

-Americans and Hispanics comprised 52 percent of cumulative AIDS cases.

The HIV epidemic continues to spread into suburban and rural areas, with dramatic increases in certain regions of the South and Midwest. While most cases are still reported from urban areas, the rate of reported cases in non

□

-metropolitan areas is increasing more rapidly than in urban areas.

The U.S. epidemic is part of a global pandemic. Globally, the toll of the epidemic is much greater and threatens to reverse

decades of economic and public health progress in developing countries. The World Health Organization estimates that 27.9 million people have been infected with HIV.

II. The Federal Response

Your Administration has been credited with making tremendous progress in the fight against AIDS. Progress since you took office includes:

? A 40 percent increase in NIH

-supported AIDS research.

? A 158 percent increase in Ryan White AIDS Treatment grants.

? A 24 percent increase in CDC HIV prevention activities.

? A 96 percent increase for HUD's Housing Opportunities for People with AIDS program.

? Strengthening the Office of AIDS Research at the National Institutes of Health.

? As a result of Public Health Service guidelines recommending the use of AZT by HIV

-positive pregnant women and their newborns, a 17 percent drop in the number of infants with perinatally

-acquired HIV infection (from 1994 to 1995).

? Responding rapidly to FDA approval of a new class of AIDS therapies called protease inhibitors with increases in funding for State AIDS Drug Assistance Programs.

? Easing of Social Security disability rules to speed approval of eligibility.

? Creating the Office of National AIDS Policy at the White House and the Presidential Advisory Council on HIV/AIDS.

III. Research Developments & Opportunities for Progress

A. THERAPEUTICS

Implications of Viral Levels

NIH

-sponsored research indicates that decreasing the amount of HIV in the blood can significantly slow how quickly a person becomes ill, and can also decrease the chance of transmission from mother to child. This finding has tremendous implications for therapy. Studies indicate that combination therapy (i.e., use of one or more anti

-retroviral drugs), especially where a protease inhibitor (the newest class of anti

-retroviral drugs) is used, provides the greatest benefit for the patients. However, this approach is new and we still do not know the best time to start therapy, to stop therapy, to change therapy, and how long these effects will last. More research is needed.

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Other Prevention Efforts. Preventing HIV infection through behavioral modification and/or a microbicide (a mechanical or chemical barrier method that blocks infection) also offers tremendous hope. Secretary Shalala has promised $100 million over the next four years for microbicide research and development.
IV. Role of the Vice President
The Vice President has been intimately involved in developing the Forum for Collaborative HIV Research. This new public
□
-private
group is designed to catalyze collaborations among government researchers, pharmaceutical companies, third
□
-party payors, and
the community to capitalize on recent scientific advances and learn how to optimally use available treatment regimens.
The Vice President also has expressed interest in continuing efforts to expedite vaccine and microbicide research.

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:15-DEC-1996 20:49:52.71

SUBJECT: POTUS BRIEFING MEMO

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:16-DEC-1996 09:26:46.54

CC: Patsy Fleming (FLEMING_P) (WHO)
READ:17-DEC-1996 15:10:06.90

TEXT:
Jeremy --
Attached is the draft briefing memo for the President. It's also on the I:\ drive under I:\dpc\data\potusbrf.196.
I think the document is a little a the long side, but use your judgement about what you think is appropriate.
If you need anything else let me know. I'll be at Advisory Council meeting at the Capitol Hill Hyatt.
Jane

PRINTER FONT 12_POINT_COURIER
DRAFT
December 13, 1996

MEMORANDUM FOR THE PRESIDENT
FROM: Patricia S. Fleming, Director of the Office of National AIDS Policy
THRU: Carol H. Rasco, Assistant to the President for Domestic Policy
SUBJECT: Presentation of the National AIDS Strategy
In preparation for the December 16 or 17 presentation of the National AIDS Strategy the following is a briefing on (1) the status of the epidemic, (2) the Federal response, and (3) an overview of the National AIDS Strategy.
I. State of the Epidemic
As of September 30, 1996, there 566,002 AIDS reported cases and over 343,000 deaths. It is now the leading cause of death among Americans aged 25 to 44. CDC estimates that between 40,000 and 60,000 Americans are becoming newly infected with HIV each year, and that between 650,000 and 900,000 Americans are currently living with HIV.
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□
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occur among young people under age 21. CDC also estimates that over 36 percent of new AIDS cases are associated with injection drug use. Women now comprise 14 percent of cumulatively reported AIDS cases. As of December 1995, African
□
-Americans and Hispanics
comprised 52 percent of cumulative AIDS cases.
The HIV epidemic continues to spread into suburban and rural areas, with dramatic increases in certain regions of the South and Midwest. While most cases are still reported from urban

areas, the rate of reported cases in non
□
-metropolitan areas is
increasing more rapidly than in urban areas.
The U.S. is part of a global epidemic. Globally, the toll of the epidemic is much greater and threatens to reverse decades of economic and public health progress in developing countries. The Joint United Programme on HIV and AIDS (UNAIDS) and the World Health Organization (WHO) estimate that 27.9 million people have been infected with HIV.

II. The Federal Response
Your Administration has been credited with making tremendous progress in the fight against AIDS. These include:
? A 40 percent increase in NIH
□
-supported AIDS research.
? A 158 percent increase in Ryan White AIDS Treatment grants.
? A 24 percent increase in CDC HIV prevention activities.
? A 96 percent increase for HUD's Housing Opportunities for People with AIDS program.
? As a result of PHS guidelines recommending the use of AZT by HIV
□
-positive pregnant women and their newborns, the number of infants with perinatally
□
-acquired HIV infection dropped 17
percent form 1994 to 1995.
? Responding rapidly to FDA approval of a new class of AIDS therapies called protease inhibitors with increases in funding for State AIDS Drug Assistance Programs.
? Easing of Social Security disability rules to speed approval of eligibility.
? Strengthening the Office of AIDS Research at the National Institutes of Health.
? Creating the Office of National AIDS Policy at the White House and the Presidential Advisory Council on HIV/AIDS.

III. The National AIDS Strategy
You asked the Office of National AIDS Policy to develop a comprehensive National AIDS Strategy that would detail the Federal government's long
□
-term approach to this epidemic. The
National AIDS Strategy (NAS) has been developed to capitalize upon progress already made in fighting the epidemic and to catalyze collaborative efforts and public
□
-private partnerships
among Federal Agencies, communities, State and local governments, businesses, schools, churches, families, and individuals.
The NAS is a snapshot of where we are and where we need to go to end the epidemic. No previous Administration has undertaken so broad a planning effort that:

(1) sets goals for the nation;
(2) involves all Federal Departments and Agencies that engage in HIV
□

-related efforts;
(3) reaches out to communities and the private sector; and,
(4) identifies areas where the Federal government should focus its efforts.
The six national goals set forth in the National AIDS Strategy are:
(1) To develop more effective treatments, a preventive vaccine to protect the uninfected, and a cure for those currently infected through strong, continuing support for HIV
□
-related research;
(2) To reduce the number of new HIV infections in adults and children in the U.S. until the rate of new infections reaches zero by providing strong, continuing support for effective HIV prevention efforts;
(3) To ensure that all people living with HIV have access to services, from health care to housing and supportive services, that are affordable, of high quality, and responsive to their needs;
(4) To ensure that all people living with HIV are not subject to discrimination;
(5) To provide strong, continuing support for international efforts to address the HIV epidemic; and,
(6) To ensure that research advances are translated into improved HIV prevention programs and enhanced care for HIV- positive persons.
The main messages about the NAS are:
? it sets goals for the nation, and articulates areas for further progress -- areas where the Federal government can improve its efforts in combatting the HIV epidemic;
? it calls for Federal agencies, the Presidential Advisory Council on HIV/AIDS, and the community to work together to develop solutions to our challenges; and,
? it demonstrates that the White House, through the Office of National AIDS Policy (ONAP), is providing a cross
□
-cutting

national focus and direction for the U.S. government's response to HIV and AIDS.

RECORD TYPE: PRESIDENTIAL (XCHANGE MAIL)

CREATOR: Vivian Grishkot (CN=Vivian Grishkot/OU=WHO/O=GOV [HHS])

CREATION DATE/TIME:18-DEC-1996 18:46:29.00

SUBJECT: Weekly Report 12.23.96-1.5.97

TO: Stefanie Sanford (CN=Stefanie Sanford/OU=WHO/O=EOP [Cabinet Affairs])
READ:UNKNOWN

TO: Carl E. Snoddy (CN=Carl E. Snoddy/OU=OA/O=EOP [Cabinet Affairs])
READ:UNKNOWN

TO: Ronda H. Jackson (CN=Ronda H. Jackson/OU=WHO/O=EOP [Cabinet Affairs])
READ:UNKNOWN

TO: Elizabeth M. Toohey (CN=Elizabeth M. Toohey/OU=WHO/O=EOP [Cabinet Affairs])
READ:UNKNOWN

TO: David S. Beaubaire (CN=David S. Beaubaire/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

TO: Rosemary B. O'Shea (CN=Rosemary B. O'Shea/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

TO: Anne E. McGuire (CN=Anne E. McGuire/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

TO: Kris M Balderston (CN=Kris M Balderston/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

TO: Deborah J. Behr (CN=Deborah J. Behr/OU=WHO/O=GOV [OA])
READ:UNKNOWN

TO: Stephen B. Silverman (CN=Stephen B. Silverman/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

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

TEXT:

PRINTER FONT 10_POINT_ROMAN
MEMORANDUM FOR THE PRESIDENT
THROUGH THE HONORABLE LEON PANETTA

FROM: KEVIN THURM, DEPUTY SECRETARY

ON BEHALF OF: SECRETARY DONNA E. SHALALA

SUBJECT: WEEKLY REPORT - December 23 - January 5.

DATE: December 18, 1996

FACT OF THE WEEK. New drugs are approved faster in the United States than in the European Union, according to new international data. An examination of 15

new drugs approved by the FDA and the E.U. shows that the median time for FDA review and marketing approval is 5.8 months, while the median time for authorization for a company to sell those drugs in Europe is 12.2 months. In 11 instances, the drugs were first approved in the U.S., compared to four cases when they were approved first by the E.U. Critics of the Food and Drug Administration frequently cite the E.U. process for speedy drug approvals.

PRINTER FONT 12_POINT_ROMAN
I. KEY DEPARTMENT NEWS

? Report Shows Increase in Marijuana and Tobacco Use Among Youth: On December 19, Secretary Shalala will hold a press conference to release the annual survey, ?Monitoring the Future,? which shows an increase in marijuana and tobacco use among eighth and tenth graders between 1995 and 1996. Use of these substances leveled off among twelfth graders, according to the report. The survey also showed increases in the use of alcohol by eighth graders. General McCaffrey, Secretary Riley, and Secretary Pena will all participate in the press conference.

? FDA/CDC Flu Vaccine Recommendation: On December 17, FDA and CDC advised that health care professionals may want to consider reimmunization for some high
□
-risk individuals who
received a flu vaccine recalled because of decreased potency in one viral strain. A small proportion (around 5% to 7%) of all people who have received the 1996
□
-1997 influenza
vaccine received doses with decreased potency. FDA, CDC, and the company have sent notices to health care professionals and state public health departments so they may evaluate whether their patients should be reimmunized. FDA and CDC are not recommending that healthy individuals be reimmunized

even if they received the recalled vaccine.

? Consent Decree with New York Blood Center: On December 16, the New York Blood Center (NYBC) and three of its officers agreed in a consent decree with FDA and the Department of Justice to a series of measures aimed at ensuring the integrity of NYBC?s blood and blood
□
-products operations.
NYBC has agreed to make a wide range of improvements to ensure compliance with FDA requirements. This action follows up on an FDA warning letter to NYBC in March 1995 concerning deficiencies in NYBC?s operation of automated test systems used to screen blood for hepatitis and other infectious agents.
? HRSA Announces Ryan White Funds for Adolescent HIV/AIDS Services Models: On December 13, the Health Resources and Services Administration (HRSA) announced the award of $3.35 million in grants for nine projects in six states to evaluate and disseminate health care and support services delivery models for HIV
□
-infected and at

-risk adolescents.
The grants are part of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, Special Projects of National Significance, which support demonstrations and evaluations of innovative models of delivering health and support services to people with HIV/AIDS. Grants went to Children?s Hospital (Los Angeles).; Bay Area Young Positives, Inc., Walden House, Inc., and Health Initiatives for Youth Health Action Research Team (San Francisco); Boston HAPPENS, Children?s Hospital (Boston); TOPS Project of Greater Bridgeport Adolescent Pregnancy Program (Bridgeport, Conn.); Indiana Youth Access Project (Indianapolis); University of Minnesota Youth and AIDS Project (Minneapolis); and YouthCare, Inc. (Seattle).
??
? Instructions on Medicaid Provisions in Welfare Law: On December 20, the Health Care Financing Administration may release new implementing instructions in the State Medicaid Manual interpreting the Medicaid provisions of the new welfare law. We will work with the White House on the release of these instructions.
? Ohio Hospitals Settle: As a result of the Ohio Hospital Project of the Office of Inspector General, eight more hospitals in northern Ohio signed civil settlements with the government for a total of $2.55 million. Previously, eight hospitals settled for a total of $6.3 million. The project is directed at the practice of ?unbundling? tests that are run in a single automated process, billing for each test separately, which greatly increases the cost to Medicare. A component of the project is voluntary disclosure. Despite

the filing of a suit against the Secretary by the Ohio Hospital Association and the American Hospital Association to stop the project, 75 Ohio hospitals are participating in a self

-disclosure program on this issue.
? Report on Medicare Satisfaction: The Office of the Inspector General has released its final inspection report on Medicare beneficiary satisfaction, based on a national survey of over 1,200 randomly selected beneficiaries. Overall, beneficiaries reported positive experiences. Eighty percent said the Medicare program was understandable, and 87 percent were satisfied with the way Medicare processed claims. The number of beneficiaries expressing a problem with claims processing decreased from 30 percent in 1994 to 19 percent in 1995. However, over half the beneficiaries who tried to call their carriers experienced problems when calling, and over a fourth had to call three or more times to get through. Almost a third of the beneficiaries responding to our survey were not aware of their appeal rights, and one

-fourth did not know Medicare
paid for flu immunizations and mammograms.
? "Mad Cow" Prevention: Early in 1997, the Department will publish a proposed rule to ban the use of certain animal proteins in feed intended for cattle and other ruminants. This action will follow an advance notice of proposed

rulemaking published last May in response to a recommendation from World Health Organization. The objective is to prevent the possibility of transmission via animal feed of the causative agent implicated in the incidence in the U.K. of BSE or "mad cow disease." This disease has never been diagnosed in the United States.

? California Lab Agrees to Pay $10 Million Settlement: Spectra Laboratories, Inc., agreed to pay $10.1 million to settle its civil liability for making false claims and paying kickbacks, following an investigation by the Office of the Inspector General. Spectra, a California clinical laboratory specializing in tests of end

□

-stage renal disease patients, submitted separate claims for tests to Medicare, the Railroad Retirement Board, the Civilian Health and Medical Program of the Uniformed Services, and the Federal Employees Health Benefits Program. Spectra also devised schemes to induce payment for unnecessary laboratory tests.

? Massachusetts Legislature to Consider Hospital Merger Regulation: The Massachusetts Attorney General and the State Legislature's Joint Committee on Health Care submitted legislation on December 4 to regulate the conversion of non

□

-profit hospitals to for

□

-profit institutions. The law would mandate public hearings on such conversions, and would require hospitals to maintain current levels of free care to the uninsured. Supporters say that regulation is necessary to ensure that the State and local communities are adequately compensated when a non

□

-profit sells to a for

□

-profit chain.

? Illinois Legislature Votes to Lengthen Stay for Mastectomies: The Illinois State House sent the Senate a measure guaranteeing at least four days in the hospital for women who undergo mastectomies to treat breast cancer. The House passed the measure 112

□

-0 and vowed to revisit the broader issue of managed care regulation.

? Funds for Disadvantaged Individuals and Minorities for the Health Professions: On December 18, HRSA is publishing a notice in the Federal Register announcing the availability of $7 million for the Health Careers Opportunity Program and $200,000 for the Minority Faculty Fellowship Program. This program and funds are part of HRSA?s strategy to increase the number of minorities and individuals from disadvantaged backgrounds in the health and allied health professions.

? Medicare Choices Demonstration: The Health Care Financing Administration is in the final stages of implementing the Medicare Choices Demonstration, a demonstration designed to give Medicare beneficiaries expanded choices among types of managed care plans and test new ways to pay for managed

care. HCFA is currently completing the waiver approval process and finalizing special terms and conditions in 6 initial sites. HCFA will announce the awards following the sites? acceptance of the terms and conditions and will begin implementation by January 1, 1997. Three of the initial 6 sites are located in Philadelphia; others are located in Houston, Orlando, and Charlottesville, Virginia.

? Lung Volume Reduction Study Participants Announcement: As early as December 20, the National Heart, Lung and Blood Institute and the Health Care Financing Administration may announce the selection of the 18 medical centers and the data coordinating center that will conduct the first multi

-center clinical trial of lung volume reduction surgery. The study is designed to show whether lung volume reduction surgery is a safe and effective procedure for patients in the last stages of emphysema, a chronic lung condition usually caused by smoking.

? Virgin Islands? Debt: The Department's Program Support Center (PSC) is attempting to collect an outstanding debt of $20,737,767 that is owed by the U.S. Virgin Islands. PSC has suspended its collection actions for 90 days to review issues raised by the Virgin Islands, the Administration on Aging, and other departmental components in response to this debt. Governor Schneider has expressed concern about this debt.

II. AGENCY WORK ON PRESIDENTIAL INITIATIVES

? Temporary Assistance to Needy Families (TANF) Notifications: On December 13, Temporary Assistance to Needy Families (TANF) plans for New York and Utah were certified complete, bringing the total number of certified plans to 20. As of December 17, plans have been submitted by 38 states, the District of Columbia and one tribe. Plans were previously certified complete for: Alabama, South Dakota, Nebraska, California, Kansas, Mississippi, Texas, Kentucky, Vermont, New Hampshire, Wisconsin, Michigan, Florida, Arizona, Ohio, Oklahoma, Oregon, and Indiana. Additional plans may be certified during the coming week.

? Report on Domestic Violence: On October 3, President Clinton launched National Domestic Violence Awareness month by strongly encouraging states to implement the Wellstone/Murray provisions (the Family Violence Amendment) of the new welfare law. The President issued a directive to HHS and the DOJ to consult with states and other partners and to develop guidance and technical assistance on this issue. On January 3, the two agencies will submit a progress report to the President.

? Teen Pregnancy Prevention: The new welfare law requires the Secretary to establish and implement a strategy by January 1, 1997 to prevent out

-of

-wedlock teen pregnancies and to assure that at least 25 percent of communities have teen pregnancy prevention programs in place. The Secretary will submit a report to the Congress on this strategy by January

1, 1997.
III. NOTABLE CONGRESSIONAL ACTIVITY

None to report.
IV. SECRETARY?S SCHEDULE/SUBCABINET TRAVEL
Secretary?s Schedule:

? December 21. Secretary Shalala will attend the White House Holiday Dinner.
? January 5. Secretary Shalala will give remarks at the

American Enterprise Institute and Brookings Institution seminar for new members of the 105th Congress, in Annapolis.
Subcabinet Travel:

? January 5 - 9. Dr. Harold E. Varmus, Director, National Institutes of Health, will participate in the International Conference on Malaria Research in Dakar, Senegal.
V. PRESS MEDIA INQUIRIES AND REPORTS OF INTEREST

? NBC/Today Show. On December 15, Christopher Reeve visited the NIH, meeting with Dr. Harold E. Varmus, Director, National Institutes of Health, and other researchers on the issue of spinal cord injury research. Portions of his visit will appear in an upcoming segment on NBC?s Today Show. The piece will air on December 23 at 7:30 a.m.
? Abortion Surveillance: The January 3, 1997 publication of the Mortality and Morbidity Weekly Report is scheduled to carry an article on Abortion Surveillance in the United States. For 1994, CDC received data on legal induced abortions from the 50 states, New York City and the District of Columbia. The report presents preliminary data for 1994.
VI. FREEDOM OF INFORMATION ACT REQUESTS
None to report.

Weekend Contact:
Mary Beth Donahue, Deputy Chief of Staff (202) 965
□
-2234
1
□
-800
□
-SKYPAGE, PIN #
570
□
-3292
Duty Officer
December 20
□
-22: Melvin Whitfield (301)
559
□
-5617
December 23
□
-26: Ross Cirrincione (202)
882
□

-6317
December 27
□
-29: Martha Hennegan (301)
447
□
-5917
Dec. 30
□
-Jan. 2:Jackie Nedell (202)
667
□
-7878

(The duty officer receives calls placed to the Secretary?s and
Deputy Secretary?s Offices)
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: April K. Mellody (CN=April K. Mellody/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME: 8-APR-1997 11:12:24.00

SUBJECT: Thurman A Strong Choice To Lead Office of National AIDS Poli

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

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

TO: Julia R. Green (CN=Julia R. Green/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:
---------- Forwarded by April K. Mellody/WHO/EOP on 04/08/97
11:10 AM ----------

Richard Socarides
04/08/97 10:07:42 AM
Record Type: Record

To: See the distribution list at the bottom of this message
cc:
Subject:Thurman A Strong Choice To Lead Office of National AIDS Poli

fyi
---------- Forwarded by Richard Socarides/WHO/EOP on 04/08/97
10:06 AM ----------

Doug.Case @ sdsu.edu
04/07/97 08:49:00 PM
Record Type: Record

To: Richard Socarides
cc:
Subject: Thurman A Strong Choice To Lead Office of National AIDS Poli

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NEWS from the
Human Rights Campaign

1101 14th Street NW
Washington, DC 20005
email: hrc@hrc.org
<A HREF="http://www.hrc.org">
WWW: http://www.hrc.org
</A>

FOR IMMEDIATE RELEASE

Monday, April 7, 1997

THURMAN A STRONG CHOICE TO LEAD OFFICE OF
NATIONAL AIDS POLICY, HRC SAYS

Combines Leadership Skills, Commitment, Access

WASHINGTON -- The Human Rights Campaign commended the selection today of Sandra
L. Thurman as the new White House "AIDS czar."

"Sandra Thurman is a solid choice to take the Office of National AIDS Policy to the next level," said Elizabeth Birch, HRC's executive
director. "She brings the right mix of leadership, political skills and commitment to the fight against HIV and AIDS."

Winnie Stachelberg, HRC's legislative director, said Thurman has the experience to design and execute the administration's programs in the changing
struggle to end the HIV/AIDS epidemic.

"Thurman was intricately involved in the creation and enactment of the Ryan
White CARE Act in 1990 and its reauthorization in 1995," said Stachelberg, who
is a member of
the executive committee of the umbrella group National Organizations Responding
to AIDS. "She knows AIDS policy and politics from the inside--a critical combination of skills for this job."

Thurman becomes the third person to hold the position known informally as
the national AIDS czar. She replaces Patsy Fleming, who stepped down after President Clinton's re-election.

Thurman, a native of Atlanta, is past executive director of AID Atlanta,
the Southeast's first and largest AIDS service provider. Under her stewardship,
AID Atlanta tripled in size, becoming a multimillion-dollar direct service agency with 90 staffers and more than 1,000 volunteers, serving thousands of
individuals and families with HIV and AIDS.

Most recently, Thurman was a White House appointee to the U.S. Information
Agency, responsible for cultural and professional exchange programs.

Thurman has a history of political and public service. In 1996, she held a
variety of positions with the Democratic National Committee and the Clinton-Gore
re-election campaign.

From 1993 to 1996, Thurman was director of advocacy programs at the Task
Force for Child Survival and Development in Atlanta. The task force is sponsored by such respected organizations as UNICEF, the World Health

Organization and the Rockefeller Foundation.

Thurman's AIDS-related activities include serving on the Presidential Advisory Council on HIV/AIDS; on the Georgia State AIDS Task Force; the Fulton County HIV Planning Council; and the executive committee of Cities Advocating Emergency AIDS Relief. In addition, she has served on the board of directors of the National Episcopal AIDS Coalition, Sisterlove Inc. and the Atlanta AIDS Interfaith Network. In 1995, Thurman testified before Congress with Elizabeth Taylor on federal AIDS programs and priorities.

Before joining AID Atlanta in 1988, Thurman was public affairs director for AmeriPlan Health Services, Georgia's largest health maintenance organization, and as a job placement specialist working with ex-offenders at the Georgia Department of Labor, Correctional Services Division. She holds a bachelor's degree in human resources administration and management from Mercer University in Georgia.

The Human Rights Campaign is the largest national lesbian and gay political organization, with members throughout the country. It effectively lobbies Congress, provides campaign support and educates the public to ensure that lesbian and gay Americans can be open, honest and safe at home, at work and in the community.

- 30 -

Message Sent
To:_____
Michael D. McCurry/WHO/EOP
Mary E. Glynn/WHO/EOP
Barry J. Toiv/WHO/EOP
April K. Mellody/WHO/EOP
Patricia F. Lewis/WHO/EOP

========== ATTACHMENT 1 ==========
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07 Apr 1997 20:50:56 -0400 (EDT)
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by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01IHFRFXF534000FN9@PMDF.EOP.GOV> for

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 by mail.sdsu.edu (8.8.4/8.8.4) with ESMTP id RAA18899; Mon,
 07 Apr 1997 17:45:30 -0700 (PDT)
X-Sender: dcase@mail.sdsu.edu
================== END ATTACHMENT   1 ==================
```

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME:30-JUL-1997 16:27:08.00

SUBJECT: Press Release on Zimbabwe trip

TO: Cheryl D. Mills (CN=Cheryl D. Mills/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

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

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

TO: Jena V. Roscoe (CN=Jena V. Roscoe/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:
---------- Forwarded by Richard Socarides/WHO/EOP on 07/30/97 04:26 PM ----------

Boykink @ aol.com
07/30/97 02:10:00 PM
Record Type: Record

To: Richard Socarides
cc:
Subject: Press Release on Zimbabwe trip

Richard,
As promised, here's the press release on the Zimbabwe trip. Thanks again for
all your help!
--Keith Boykin

NEWS RELEASE

FOR IMMEDIATE RELEASE
July 28, 1997
Contact: Monique Meadows (202) 483-6786 (NBLGLF@aol.com)

AFRICAN AMERICAN GAY LEADER MEETS WITH
GOVERNMENT OFFICIALS, GAY LEADERS IN ZIMBABWE

Washington -- In response to recent anti-gay policies of the government of Zimbabwe, a black gay official from the U.S. met with black leaders of Gays and Lesbians of Zimbabwe (GALZ) and with American and Zimbabwean government officials during a trip to Harare, Zimbabwe last week.

Keith Boykin, the Executive Director of the National Black Lesbian and Gay Leadership Forum, was the only openly gay person to participate in President
Clinton's 35-member U.S. delegation to Zimbabwe. While in Harare, Boykin met
with half a dozen gay and lesbian activists and visited the office of GALZ,

Zimbabwe's only major gay and lesbian organization.

"I was very inspired by the courage of the lesbians and gay men I met in Zimbabwe," said Boykin. "In the face of stiff resistance, these freedom fighters press on for justice."

Homosexual conduct is illegal in Zimbabwe, and GALZ members reported that police routinely harass gays and lesbians. For the past two years, Zimbabwe's President Robert Mugabe has ordered Zimbabwe's gay organization banned from participating in an annual international book fair and has labeled them as "sexual perverts" and compared them to "dogs and pigs." Zimbabwe's state-dominated media will not allow positive coverage of gay and lesbian issues, according to a local reporter in Harare, who interviewed Boykin about the situation.

GALZ members are preparing for another possible confrontation next month when the international book fair returns to Harare. In addition, they are preparing for a conference of the World Council of Churches to take place in Zimbabwe in the fall of 1998.

Boykin met with the Honorable Justice Mahomed A. Adam of the High Court of Zimbabwe and discussed Zimbabwe's lack of formal legal protections for gays and lesbians. Adam said that he was unaware of any legal challenges to Zimbabwe's sodomy laws, but Boykin noted that the one-party government's anti-gay rhetoric had intimidated many activists from coming out and challenging the laws. President Mugabe's ZANU PF Party controls the entire Zimbabwean Parliament.

Also in Harare, Boykin met with the U.S. Ambassador to Zimbabwe, Johnnie Carson, and with the U.S. Embassy staff, who briefed him on the current political climate for gays and lesbians in that country. During the same trip, he met with U.S. Ambassador Joseph Wilson, the African Director of the National Security Council, and he urged the American government to raise human rights concerns in meetings with the leaders of Zimbabwe's government.

"The situation in Zimbabwe poses a challenge for American policy makers," said Boykin. "On one hand, the U.S. must help support the development of African countries, including Zimbabwe, but on the other hand, the U.S. cannot ignore its responsibility to speak out on critical issues of human rights," he added. "It's important that we support Africa and support human rights at the same time," said Boykin, who noted that Zimbabwe's neighbor South Africa is the first country in the world to protect gays and lesbians in its constitution.

The official U.S. delegation was led by U.S. Transportation Secretary Rodney Slater and the Rev. Jesse Jackson and included Coretta Scott King; Dorothy Height of the National Council of Negro Women; former New York City Mayor David Dinkins; Ernest Green, who was one of nine black students who integrated Little Rock Central High School in 1957; George Haley, brother of famed "Roots" author Alex Haley; Michael Brown, President and CEO of the

Ronald H. Brown Foundation; and Niara Sudarkasa, President of Lincoln College
in Pennsylvania.

The summit took place from July 20 to July 25 and addressed topics including
AIDS and health care, arts and culture, business and economic development, media and communications, education, democracy and governance, population, and women's issues.

According to the World Health Organization, nearly two-thirds of all people living with HIV/AIDS are in sub-Saharan Africa. In Harare, Zimbabwe, an estimated 1 out of every 5 men is HIV-positive and the number rises to 1 out
of 3 in the uniformed services, according to the U.S. Embassy. Despite the presence of several major American businesses at the Zimbabwe Summit, virtually no American pharmaceutical companies participated, according to Boykin.

"It's well past time for American drug companies and American political leaders to play a larger role in reducing the spread of AIDS throughout Africa," Boykin said.

The National Black Lesbian and Gay Leadership Forum is the only national organization dedicated to empowering the nation's 2.5 million black lesbians
and gays by increasing their visibility, advocating for the interests of the
community, and developing and supporting strong leaders for the future. Founded in 1988, the organization has thousands of members nationwide.

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========== ATTACHMENT 1 ==========
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by STORM.EOP.GOV (PMDF V5.1-7 #6879)
with ESMTP id <01ILUMPMCKFI000J41@STORM.EOP.GOV> for socarides_r@a1.eop.gov; Wed, 30 Jul 1997 14:11:07 -0400 (EDT)
Received: (from root@localhost) by emout11.mail.aol.com (8.7.6/8.7.3/AOL-2.0.0)

id OAA02562 for socarides_r@a1.eop.gov; Wed, 30 Jul 1997 14:10:58 -0400 (EDT)

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

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME:28-OCT-1997 15:18:30.00

SUBJECT: World AIDS Day request.

TO: Capricia P. Marshall (CN=Capricia P. Marshall/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

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

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

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

C. Wayne Skinner (CN=C. Wayne Skinner/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

TEXT:
I am coordinating the Administration's response to World AIDS Day through the Office of National AIDS Policy. As you may know, World AIDS Day is Monday, December 1st. The theme this year is "Give Children Hope in a World with AIDS". We are still in the preliminary planning stages and remain unsure as to what the day will ultimately look like, but, I was hoping you could help expedite a couple of specific requests:

1. As in years past, The American Association of World Health asks that the White House dim its lights (exterior) for fifteen minutes from 7:45 to 8:00 p.m. (EST) to commemorate World AIDS Day and to offer a tribute to those infected and affected by HIV/AIDS and as a visual demonstration expressing our commitment to stop the spread of HIV/AIDS.

In the past, as I understand, the White House Head Ushers Office has granted the request.

2. Also in the past, panels of the AIDS Memorial Quilt have been hung outside the OEOB. This year we would like to hang them inside the Residence (on quilt stands provided) in the East Wing, East Colonnade so that visitors could view them as they enter for the public tour.

Any help or guidance that you could provide would be greatly appreciated.

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

___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:
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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," 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

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

CREATION DATE/TIME: 1-DEC-1997 15:39:13.00

SUBJECT: OMB Edits to World AIDS Day Talking Points

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

TEXT:
It's the domestic funding section at the bottom that you want to use.
---------- Forwarded by Richard Socarides/WHO/EOP on 12/01/97 03:38 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

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.

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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

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: Maureen A. Hudson (CN=Maureen A. Hudson/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME: 7-AUG-1998 12:26:35.00

SUBJECT: World AIDS Day message

TO: Sean P. Maloney (CN=Sean P. Maloney/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

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

CC: Shannon M. Hinderliter (CN=Shannon M. Hinderliter/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

CC: Delia A. Cohen (CN=Delia A. Cohen/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

CC: Carmen B. Fowler (CN=Carmen B. Fowler/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

CC: Daniel W. Burkhardt (CN=Daniel W. Burkhardt/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:
Although we do a proclamation for World AIDS Day in December each year, we also do a message for the event each year for publication in the front of the resource booklet of the American Association for World Health. I am clearing the final language thru AIDS Policy Office -- is this one that you want to review before dispatch?

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Ellen Dahl (Ellen Dahl [UNKNOWN])

CREATION DATE/TIME:27-OCT-1998 19:54:44.00

SUBJECT: ...no subject...

TO: Sarah E. Gegenheimer (CN=Sarah E. Gegenheimer/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

TEXT:
Draft Questions and Answers on the Department's Response to HIV/AIDS and Racial and Ethnic Minority Communities
Background - For Internal Use Only

Q. What is being announced here today and how does it relate to the status of discussions between the Congressional Black Caucus (CBC) on their call for a "state of emergency" on HIV/AIDS in the black community?

A. Today, the President announced an additional $156 million to enhance
the federal response to HIV/AIDS in racial and ethnic minority communities. This funding is spread across three broad categories: technical assistance and infrastructure support; increasing access to prevention and care; and building stronger linkages to address the needs of specific populations.

These new efforts to address the concerns of the Congressional Black Caucus build on what we're already doing and reaffirm our commitment in response to HIV/AIDS in communities of color. Already, a substantial portion of our federal dollars are serving persons of color. For example, 63 percent of participants in NIH-sponsored AIDS clinical trials are minorities, of whom 40 percent are African-American. Some 42 percent of clients served by Title I of the Ryan White CARE Act are African-Americans and 24 percent are Hispanic, and some 80 percent of Title IV Ryan White clients are racial and ethnic minorities. However, it is imperative that we continue to define effective strategies and target investments to better prevent and treat HIV disease among racial and ethnic minority communities.

The response to HIV/AIDS in racial and ethnic minorities has been helped by an over 90 percent increase in overall funding for AIDS-related programs during the Clinton Administration, with Ryan White funding increasing by 266 percent and assistance for the purchase of AIDS drugs increasing by 787 percent during that same period.

Q. Is HHS reacting under pressure from the Congressional Black Caucus (CBC) in issuing this response?

A. Certainly we're responding directly to their request for special emphasis on HIV/AIDS in communities of color. But overall we're responding to the epidemiology and statistics. The National Center For Health Statistics reported this month that the AIDS death rate declined by 47 percent from 1996-97. Yet, it is still the leading killer for African-American men age 25-44 and the second leading killer for African American women in the same age bracket.

No question we think it's a very serious crisis. African Americans and Hispanics have increasingly accounted for a larger proportion of new AIDS cases over the years. The numbers are large, and greatly disproportionate to their representation in the population. Although the

absolute numbers of African Americans with AIDS may not be going up, it is of greatest concern that African-American and Hispanic individuals are not benefiting equally from the available treatments and good prevention strategies that have brought down mortality rates for other populations.

Even before we began talking to the CBC, we initiated efforts to address racial disparities in HIV/AIDS. In February, President Clinton, Secretary Shalala and newly confirmed Surgeon General Satcher unveiled the Initiative to Eliminate Racial and Ethnic Disparities in Health to close the gaps between African-Americans and other racial and ethnic minorities and whites in six areas of health, including HIV/AIDS. The goal is to close these gaps by the year 2010. Congress recently provided initial funding of more than $50 million. The President is seeking $400 million over five years.

Q. Why haven't you addressed this crisis before?

A. We have. The Clinton Administration has long been concerned about
HIV/AIDS, especially the impact it has had in the African-American community and among other racial and ethnic populations. In February, President Clinton announced the Initiative to Eliminate Racial and Ethnic Disparities in Health. The goal of that initiative is to draw together resources from government and private sources to eliminate, by the year 2010, serious gaps between racial and ethnic minority groups and white Americans in six key areas of health. HIV/AIDS is one of those six areas. Congress provided more than $50 million in fiscal year 1999 for this effort. All of this builds on a series of other actions since 1993 to address the changing nature of the HIV/AIDS epidemic.

Q. Is this only for African-Americans?

A. Certainly our discussions with the CBC have focused on African Americans. But our efforts in this area are part of an ongoing strategy involving other racial and ethnic minority populations, especially those populations which have been disproportionately affected by the disease. Many of the affected areas to which we anticipate sending Crisis Response Teams are home to a number of different ethnic groups, including Latinos.

Q. Is this enough money to tackle such an ominous problem?

A. The Congress has responded with a critical major investment to address HIV/AIDS epidemic. This substantial boost in spending compliments the overall $7.7 billion this Administration will spend to prevent and treat HIV/AIDS in FY 1999. However, you cannot measure our response solely by how much money is involved. The real focus is and should be on ensuring that our strategies address the changing demographics of the disease.

Q. What will be the real impact of this response in local communities?

A. The real impact of these resources includes: 1) strengthening community-based responses in communities of color; 2) supporting targeted infrastructures to reach many who are outside the current system; 3) putting a new focus on changing the emerging discussion about HIV so that the context of learning HIV status is more accessible; and 4) making HIV/AIDS care more accessible. We expect Crisis Response Teams, for example, to help local communities assess their specific local problems and work towards developing strategies to address them.

Q. What exactly do the Crisis Response Teams do and how do communities
get them?

A. These teams are intended to work with the local communities in assessing the HIV/AIDS situation. We may go into some communities physically, and in other cases, it may mean putting one HIV/AIDS prevention program in touch with another program in another state. The response depends entirely on the local HIV/AIDS situation in that community. This assistance can be requested by the mayor or other chief elected officials in conjunction with their health officer.

Q. What level of involvement has the Surgeon General had in this?

A. Dr. Satcher has been very involved at every step. Because HIV/AIDS is a major priority of his portfolio as the nation's Surgeon General, especially as it relates to the President's strategy to eliminate racial disparities in HIV/AIDS and other areas, he is integral to the success of our plan.

Q. Where is this money coming from? Is this new money?

A. All of these monies represent increases in spending over the previous year. The Department of Health and Human Services will increase spending for minority HIV/AIDS activities by an additional $156 million. Included in this increase in spending is a new $102 million Congressional investment, provided in the recent budget agreement, which will go a long way in enhancing critical efforts to alleviate the ongoing crisis in communities of color.

Q. What does your research show regarding African-Americans and minorities and HIV/AIDS?

A. Racial and ethnic minorities account for more than 54 percent of the total AIDS cases reported since the beginning of the epidemic. In 1997, the fastest growing proportion of new AIDS cases was reported among women of color. For example, African-American and Latina women accounted for 80 percent of new AIDS cases among women. And 63 percent of new AIDS cases among children under 13 are among African-Americans.

Q. Was this a high priority for the Administration?

A. The HIV/AIDS crisis has always been a high priority for the Administration. Our ongoing commitment to fighting the disease in racial and ethnic communities is reflected in the fact that a substantial portion of our federal dollars are already serving persons of color in existing programs. For example, 63 percent of participants in NIH-sponsored AIDS clinical trials are minorities, of whom 40 percent are African-American. Some 42 percent of clients served by Title I of the Ryan White CARE Act are African-Americans and 24 percent are Hispanic, and some 80 percent of Title IV Ryan White clients are racial and ethnic minorities.

Q. What's the status of extending Medicaid coverage to people with HIV?

A. Currently, people with HIV-AIDS become eligible for Medicaid coverage when they meet specific low-income qualifications and disability or other categorical criteria. HHS is interested in providing technical

assistance to any state that wants to consider pursuing a waiver to extend broader Medicaid coverage for individuals diagnosed with HIV/AIDS. Our Health Care Financing Administration is prepared to assist those States that want to explore these objectives. In fact, we have received one state concept paper (from Maine) and are working with the state as they move towards submitting a formal proposal.

Q. How much money has the Clinton Administration targeted for HIV/AIDS in the black community?

A. A substantial portion of our federal dollars are serving persons of color. For example, 63 percent of participants in NIH-sponsored AIDS clinical trials are minorities, of whom 40 percent are African-American. Some 42 percent of clients served by Title I of the Ryan White CARE Act are African-Americans and 24 percent are Hispanic, and some 80 percent of Title IV Ryan White clients are racial and ethnic minorities.

Overall, the Clinton Administration has responded aggressively to the significant threat posed by HIV/AIDS with increased attention to research, prevention, and treatment. Overall funding for AIDS-related programs has increased by over 90 percent in this Administration, with funding for AIDS care under the Ryan White CARE Act increasing by 266 percent and assistance for the purchase of AIDS drugs increasing by 787 percent.

Q. If the HIV/AIDS situation in communities of color is such a crisis, why can't you sanction the use of clean needles to stop the spread of the disease, especially in communities of color?

A. As we said in April, the Clinton Administration has decided that the best course at this time is to have local communities which choose to implement their own programs use their own dollars to fund needle exchange programs, and to communicate what has been learned from the science so that communities can construct the most successful programs possible to reduce the transmission of HIV, while not encouraging illegal drug use. Further, as you know, the omnibus budget bill included a provision that bans federal funding of needle exchange programs for one year -- the life of the budget bill.

Q. How do you think the Federal government can gain the trust of these communities for greater participation in research efforts given the controversy over the AZT Trials in Africa and being just a year removed from the Tuskegee Apology?

A. I think we made it clear during the May 16, 1997 Tuskegee Apology that what happened with Tuskegee was in the very distant past and is no longer the way the government does business when it comes to research. The purpose of that event certainly was to apologize publicly to the victims and their families, but also to send a message to Americans of all races and ethnicities that we espouse the highest and most ethical standards when it comes to clinical trials and research and that we would never repeat the shame of Tuskegee. About a year ago, we convened a meeting in Atlanta of six agencies in the Department of Health and Human Services to follow-up Tuskegee and propose recommendations and strategies.

As for the AZT trials, those studies were scientifically well-founded,

ethical and essential to addressing a growing problem. The complex, expensive course of treatment used in the United States to prevent transmission is too costly and too complex to administer in many developing countries, where 300,000 babies are born infected each year. The trials in Africa and Thailand reflect the pressing need to find an affordable, accessible drug regime to help prevent the spread of AIDS to unborn children.

We have conducted an extensive review of the process of scientific development and ethical assessment applicable to these trials. The women in the study would otherwise have received no treatment, and are fully informed of the nature of the study. In June 1994, a group of international experts, convened by the World Health Organization (WHO), thoroughly reviewed the results of the study and concluded that the design of controlled studies such as those funded by NIH provided the best option for making rapid and scientifically valid assessments of interventions to reduce mother-to-child transmissions.

Q. Will you be unveiling special initiatives tied to other racial
and ethnic minority populations?

A. The data show that the hardest-hit are African-Americans and Hispanics, and this initiative, although the result of discussions with the Congressional Black Caucus, is designed to improve the way we address the HIV/AIDS crisis broadly in both these communities.

Q. Why not declare a "state of emergency?"

A. Regardless of what terms or language we use to describe the effort,
what we have here is a response that treats HIV/AIDS in the African-American community as the very severe and ongoing crisis that has been with us for sometime. We fully recognize that the epidemic continues to shift within communities and that African-Americans are disproportionately affected by HIV/AIDS, accounting for 44 percent of AIDS cases reported in 1997 despite comprising only 13 percent of the U.S. population. Hispanics and other racial and ethnic minorities will also benefit from this effort.

Q. Of the $156 million investment for HIV/AIDS in minority communities,
$50 million is in the Public Health and Social Services Emergency Fund. Will you need to declare a "state of emergency" to use these funds? How is this different from what you've said you wouldn't do?

A. As part of the emergency supplemental passed this year, Congress
chose to use the Public Health and Social Services Fund to address a wide variety of pressing needs, including HIV/AIDS in minority communities, capacity to respond to bioterrorism consequences, and longstanding efforts to eradicate polio and measles around the world. The Balanced Budget and Emergency designate certain spending as emergency requirements. The Congress has chosen this budgetary vehicle to address a number of severe and ongoing crises. This is a completely different fund than that referenced by the CBC several months ago.

BACKGROUND: The Congress requires that these funds are available only after the President submits a budget request designating the entire amount appropriated in the Public Health and Social Services Fund as an

"emergency" under the terms of the Balanced Budget and Emergency Deficit Control Act of 1985. This designation will be done in the very near future.

Q. What are you going to use this $50 million for?

A. The additional $50 million is available to address prevention and treatment needs of minority communities that are heavily impacted by HIV/AIDS, and should compliment existing and previously planned targeted HIV/AIDS minority activities. The funds are "counted" in the $156 million initiative announced today.

Q. What does a "state of emergency" mean?

A. The declaration, made simply by the Secretary issuing a determination, would enable the Secretary to expend funds from a "Public Health Emergency Fund," for which $45 million is authorized. There are at present no monies in the fund.

Q. How is this different from the Emergency Fund?

A. The State of Emergency everybody was referring to hasn't been used
in years and it wouldn't work for something like this because this is not something that requires a one-time emergency response. HIV/AIDS in African-American and other racial and ethnic minority communities is a severe and ongoing crisis that needs to be addressed short and long term.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Helen Veit (CN=Helen Veit/OU=WHO/O=GOV [UNKNOWN])

CREATION DATE/TIME:19-NOV-1998 18:23:37.00

SUBJECT: Friday, Nov. 20 - Sunday, Nov. 22, 1998

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

TO: Anne E. McGuire (CN=Anne E. McGuire/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TO: Lisa J. Levin (CN=Lisa J. Levin/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TO: David S. Beaubaire (CN=David S. Beaubaire/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TO: Helen Veit (CN=Helen Veit/OU=WHO/O=GOV @ WHO [UNKNOWN])
READ:UNKNOWN

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

TO: Thurgood Marshall Jr (CN=Thurgood Marshall Jr/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TO: Jon P. Jennings (CN=Jon P. Jennings/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TO: Kris M Balderston (CN=Kris M Balderston/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

CC: OCA Interns (OCA Interns [UNKNOWN])
READ:UNKNOWN

TEXT:
Friday, November 20, 1998

Treasury
Secretary Rubin will meet with German Finance Minister Lafontaine.

Justice
Attorney General Reno will speak at the 90th Anniversary of the FBI.

Deputy Attorney General Holder will attend the 90th Anniversary of the FBI.

Interior
Secretary Babbitt will travel to Grand Canyon National Park, AZ, to meet with environmental constituents and park staff on boundary protection issues.

USDA
Deputy Secretary Rominger will attend a meeting of the National Small Farms Commission in Columbus, NE.

ERS will release "U.S. Agricultural Trade Update," providing final trade

data for fiscal year 1998 by adding trade data for the month of September to the cumulative.

The Forest Service,s Coronado National Forest will release its most recent study of the feasibility of alternative sites for a shooting range for the Tucson Rod and Gun Club; in rejecting two proposals advanced by the club, and laying out several safety and environmental improvements necessary before the club can resume using the existing site, the study will likely attract congressional, public, and media attention, as it has in the past.

The Forest Service will release the Draft Environmental Impact Statement (DEIS) for the proposed Pelican Butte Ski Area on the Winema National Forest, in OR; the study proposes an alpine ski area with 9 lifts and 54 runs on land currently designated for semi-primitive recreation and bald eagle habitat, and will likely attract media coverage.

Commerce
PECSENC, an advisory subcommittee of the President,s Export Council (PEC) on encryption matters, will host a meeting at DOC that will include briefings by U.S. and Canadian government officials on major encryption issues, including the establishment of the FBI,s Technical Support Center and Canada,s current encryption initiatives.

Labor
The Vice President and Secretary Herman will host an event to announce the second round of W2W competitive grantees totaling approximately $270 million. Selected members of the Cabinet may engage in amplification activities following the event.

ABC Strike Update: The parties in the dispute have agreed to mediation and DOL will continue to facilitate their return to joint negotiations. CWA representatives met with mediators on November 18, and representatives from ABC are scheduled to meet with mediators on November 20.

By November 20, DOL will announce the award of a $13,858,469 Job Corps contract to the Home Builders Institute of Washington, DC. The contract will provide training for Job Corps students in the electrical, landscaping, building and maintenance trades.

By November 20, DOL will announce the award of a $5,328,758 Job Corps contract to the National Plastering Industry's Joint Apprenticeship Trust Fund of Washington, DC. The contract will provide training for Job Corps students in the plastering and cement masons trades.

By November 20, DOL will announce the award of a $4,623,580 Job Corps contract to the Transportation Communications International Union of Rockville, MD. The contract will provide advanced training and job placement support for Job Corps students trained in clerical skills and computer-based occupations. It will also provide funding for the referral of qualified students for work experience and pre-employment training.

HHS
Secretary Shalala will attend the Welfare-to-Work event.

CDC Morbidity and Mortality Weekly Report (MMWR) Articles, Volume 47, Issue 45 (EMBARGOED UNTIL November 20): Because of space constraints and clearance considerations, the contents of this issue may change.
Overweight Among Third- and Sixth-Grade Children--New York City:
Childhood overweight is the leading cause of pediatric hypertension, and

overweight children are at high risk for developing a number of long-term chronic conditions such as adult-onset diabetes mellitus, coronary heart disease, orthopedic disorders, and respiratory disease. Previous reports from national surveys have shown an increase in overweight in children and adolescents in the United States from 1976-1980 to 1988-1991. Information is needed to describe the prevalence of overweight in smaller geographic areas for local health planning. This report presents findings from a study examining the weight status of third- and sixth-graders in New York City (NYC). The results indicate a high prevalence of overweight among NYC third- and sixth-graders regardless of sex or racial/ethnic characteristics.

Risks for HIV Infection Among Persons Living in the Rural Southeast--Selected Sites, 1995-1996: The southern region of the United States accounts for the largest proportion of all reported AIDS cases (35 percent) and 55 percent of AIDS cases among persons residing in rural areas. This report describes the characteristics of persons infected with HIV who reside in rural areas and small cities of the southeastern United States; these data indicate that, before infection, although the prevalence of risk behaviors was high, the prevalence of perceived risk was low. In addition, the prevalence of high-risk sexual and drug-use behaviors was higher among men in small cities than among men in rural areas, which is consistent with the higher rate of AIDS cases in smaller cities than rural areas.

Laboratory-Based Surveillance for Rotavirus--United States, July 1997-June 1998: Each year in the United States, rotavirus causes an estimated 2.7 million gastroenteritis cases in children less than 5 years of age, resulting in 30 to 50 percent of hospitalizations for diarrhea among children in this age group. In August 1998, the Food and Drug Administration approved the first rotavirus vaccine for use in infants. This report summarizes surveillance data from the National Respiratory and Enteric Virus Surveillance System for the 1997-1998 rotavirus season and reviews rotavirus issues relevant to a national rotavirus vaccine program.

Unrecognized Osteoporosis Among Estrogen-Deficient Women--United States: 1988-1994: In the United States, hip fractures result in an estimated 300,000 hospital admissions and $9 billion in direct medical costs annually. Most of these fractures result from osteoporosis among postmenopausal women who have accelerated bone loss after natural or induced menopause. The measurement of bone mineral density (BMD) is believed to be the best tool available to assess osteoporotic fracture risk for women at menopause, and that one standard deviation (SD) reduction in femoral BMD is comparable to a 14-year increase in age related to the risk of hip fracture. A new technology that allows highly accurate and precise measurement of bone mass is dual energy x-ray absorpt iometry (DXA), which is not yet widely used as a diagnostic or screening tool primarily because of cost. The Third National Health and Nutrition Examination Survey (NHANES III) was the first nationally representative survey that used DXA to estimate osteoporosis prevalence based on BMD in the U.S. population, thus providing baseline information for assessing prevention and intervention needs for osteoporosis. This report compares self-reported health information with BMD measurements from NHANES III. Most estrogen-deficient women in the United States who had femoral osteoporosis based on BMD were unaware of having this condition.

Update: Influenza Activity--United States, 1998-99 Season: In collaboration with the World Health Organization (WHO), its collaborating laboratories, and State and local health departments, the Centers for Disease Control and Prevention (CDC) conducts surveillance to monitor influenza activity and to detect antigenic changes in the circulating strains of influenza viruses. This report summarizes influenza surveillance activity from October 4 through November 7, 1998. During this period overall influenza activity in the United States was low.

HUD
Secretary Cuomo will announce housing grants via satellite.

DOT
Secretary Slater will be in Miami, FL to amplify the Vice President's welfare to work announcements. He will meet with Metro-Dade Mayor Alexander Penelas and representatives of United and American Airlines.

Energy
Secretary Richardson will tour DOE facilities in Kansas City, MO.

Education
Secretary Riley will participate in the K-Mart Race Against Drugs event in Miami, FL.

VA
Deputy Secretary Gober will speak to the graduating class of the 1998 Leadership VA Session in Williamsburg, VA.

EPA
Acting Deputy Administrator Robertson will:
attend an Inter-Agency Meeting on the May 1999 National Town Meeting on Sustainability.
meet with NEC Deputy Director Katzen and OMB Acting Administrator for Information and Regulatory Affairs, Don Arbuckle.

USTR
Ambassador Barshefsky will continue her travel with the President in Seoul, Korea.

ONDCP
Director McCaffrey will address 1000 attendees at the Community Anti-Drug Coalitions of America (CADCA) National Leadership Forum at the Omni Shoreham Hotel in Washington, DC. CADCA represents community coalitions in over 4000 cities nationwide and are active partners supporting the National Youth Anti-Drug Media Campaign.

Deputy Director Vereen will address the CADCA National Leadership Forum.

SBA
Administrator Alvarez will attend a Microlending meeting with business foundations sponsored by the Ms. Foundation and the Rockefeller Foundation in New York, NY.

GSA
Administrator Barram will speak at the NOAA building dedication in Boulder, CO.

SSA
Commissioner Apfel will address the National Academy of Public Administrators fall conference in Washington, D.C. Commissioner Apfel will lead a GPRA-based performance management case study discussion.

Saturday, November 21, 1998

Justice
Associate Attorney General Fisher will address the Southern California Mediation Association's 10th Annual Conference in Malibu, CA

DEA Administrator Constantine will be the keynote speaker at the Opening of the 1998 Annual Conference of the California Narcotic Officers Association (CNOA);in San Diego, CA.

USDA
Deputy Secretary Rominger will attend the National Commission on Small Farms in Columbus, NE.

HHS
A public health plan aimed at reducing the painful burden of arthritis for nearly 43 million Americans will be released by the Arthritis Foundation, the Centers for Disease Control and Prevention (CDC), and the Association of State and Territorial Health Officials. The National Arthritis Action Plan: A Public Health Strategy is the first comprehensive national strategy to address arthritis as a serious public health problem. The plan shifts the traditional emphasis on treating individuals with arthritis to a public health approach that emphasizes: (1) preventing arthritis; (2) identifying arthritis at its earliest stage and initiating prompt, appropriate management; and (3) reducing the consequences of arthritis once it has developed. Arthritis affects nearly one out of every six Americans, making it one of the most common diseases in the United States. By the year 2020, an estimated 60 million people will have arthritis. Certain groups are at greater risk of arthritis than others, namely, women, children, and a few racial and ethnic groups (e.g., African Americans, Hispanics, American Indian/Alaskan Natives, and Asian/Pacific Islanders). In addition, arthritis is the leading cause of disability, limiting daily activities for more than seven million citizens, and is second only to heart disease as a cause of work disability. Medical and social costs related to arthritis and its complications total almost $65 billion.

Sunday, November 22, 1998

SBA
Administrator Alvarez is slated to appear on the cover of PARADE Magazine on November 22. The story will focus on the Administrator[illegible],s efforts to open doors of economic opportunity for all Americans, with aggressive outreach to women and minorities.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME:22-DEC-1998 13:34:23.00

SUBJECT: Harlem meeting

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

TEXT:
In case you didn't see this in today's NYTimes - thought you might be interested in seeing it.

Todd

"Challenging the Conventional Stance on AIDS"
New York Times (12/22/98) P. D6; France, David

Conspiracy theories about HIV still abound despite a wealth of available scientific evidence. Recently, the Rev. Al Sharpton and his National Action Network sponsored the Harlem AIDS Forum, which featured many outspoken opponents to traditional views on HIV and AIDS. Of approximately 12 speakers, only one believed that HIV is the cause of AIDS, but he also argued that the virus was being spread to people of color throughout the world through World Health Organization via its vaccine programs. Event organizer Curtis Cost explained that the objective of the meeting "was to allow people to hear disparate perspectives, and to do their own research." According to a survey conducted by the Institute of Minority Health Research at Emory University's Rollins School of Health, 74 percent of African-Americans questioned believed they were very likely or somewhat likely to be used as test subjects for studies without their consent. Eighteen percent reported that they believe that HIV was an engineered virus and almost 10 percent said that AIDS is part of a genocidal plot to kill black people. The AIDS epidemic has been particularly prevalent in the African-American community; although African-Americans comprise only 13 percent of the United State's total population, they accounted for 57 percent of new infections last year, according to the Centers for Disease Control and Prevention. Some AIDS activists among the community disapprove of the conspiracy theories, asserting that they serve to subvert prevention efforts such as testing and safe sex.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Helen Veit (CN=Helen Veit/OU=WHO/O=GOV [UNKNOWN])

CREATION DATE/TIME: 6-APR-1999 18:10:26.00

SUBJECT: Wednesday, April 7, 1999

TO: Irma L. Martinez (CN=Irma L. Martinez/OU=WHO/O=EOP @ EOP [WHO])
READ:UNKNOWN

TEXT:
---------- Forwarded by Helen Veit/WHO/GOV on 04/06/99 07:14 PM

Helen Veit

04/06/99 06:03:24 PM

Record Type: Record

To: See the distribution list at the bottom of this message
cc:
Subject:Wednesday, April 7, 1999

Wednesday, April 7, 1999

Treasury
Secretary Rubin will:
meet with the Sperling press group for a roundtable discussion.
meet with Chairman Greenspan.

Korea Certification: The IMF Executive Board will consider the fifth Quarterly Review of Korea , s December 1997 Standby Arrangement. A positive review will enable Korea to receive its next disbursement of funds, equal to about $245 million. Prior to each disbursal of funds to Korea, the Secretary of the Treasury must certify to Congress that certain conditions specified in the Omnibus spending bill of 1998 are met. These conditions include ensuring that no IMF funds are directed to specific industries, and that Korea carries out its commitments under the IMF program. By April 7, Treasury will complete its efforts to verify that the conditions have been met and will transmit certification documents.

Justice
Attorney General Reno will appear on Larry King Live.

Associate Attorney General Fisher will speak at DOJ Bureau of Justice Assistance , s &Working Together for Peace and Justice in the 21st Century 8 partnership meeting.

USDA
Secretary Glickman will address the State Legislature in Topeka, KS, on USDA initiatives to alleviate the farm crisis.

Labor
Secretary Herman will participate in the White House Equal Pay Day Event.

HHS

Secretary Shalala will visit the Workbridge Program in Christchurch, a New Zealand social welfare program that assists disabled people in finding employment.

Surgeon General Satcher and Jeanette C. Takamura, Assistant Secretary for Aging, will give presentations in observance of World Health Day 1999 in line with the theme, &Healthy Aging, Healthy Living. 2010 8. The event will be held at PAHO.

Health Resources and Services Administration ,s (HRSA) HIV/AIDS Bureau will co-host the &AIDS on the Front Line 8 Conference along with the University of California, Irvine Pacific AIDS Education and Training Center, and Orange County Health Care Agency in Costa Mesa, CA.

HUD
HUD will host a Business Roundtable Conference to discuss reconstruction efforts and opportunities for investment in economic recovery in Central America and the Caribbean. The forum will facilitate collaboration for trade and investment between U.S. businesses and organizations and their counterparts in Central America and the Caribbean. Organizations from Honduras, Nicaragua, and the Dominican Republic that are working to further trade and investment will attend the meeting, as well as representatives from the U.S. government, and U.S. organizations working on business promotion and economic recovery in the region. The Business Roundtable is being held as a follow-up to the December 15, 1998 White House Conference on Central American and Caribbean reconstruction following Hurricanes Mitch and Georges. HUD chaired a housing working group at the White House conference and organized a discussion with businesses about investment strategies in Central America.

DOT
Secretary Slater will continue his intermodal tour in Seymour and Indianapolis, IN and Meridian, MS.

An Open Skies bilateral negotiation will take place with Kenya.

Education
Secretary Riley is scheduled to address the National Association for Equal Opportunity in Higher Education regarding the Administration's support for historically black colleges and universities.

DOEd will host a seminar for the National Association for Equal Opportunity in Higher Education (NAFEO), which represents historically black colleges and universities (HBCUs). In the past, HBCUs have been exempt from DOEd's practice of cutting off loan funding to institutions with high student loan default rates. However, as of July 1, HBCUs must implement a plan to achieve the goal of reducing their default rates to 25 percent by 2002, when their exemption expires. The seminar will inform participants how to accurately measure the default rate and describe the consequences associated with high default rates.

VA
In honor of Former Prisoner of War Recognition Day, Secretary West will deliver remarks at a ceremony at the West Los Angeles, CA, VA Medical Center.

Deputy Secretary Gober will:
participate, at the request of Congresswoman Shelley Berkley, in a public forum on veterans , issues being held in Las Vegas, NV.
make site visits to VA facilities in Las Vegas.

USTR
Ambassador Barshefsky will speak to the U.S. Council for International Business.

Ambassador Scher will:
speak to the U.S. Council for International Business concerning the next round of WTO negotiations.
interview with the BBC concerning EU beef regulations.

ONDCP
Director McCaffrey will:
begin his day in Chicago with a visit to the Cook County Sheriff's Boot Camp.
meet with Cook County officials to discuss counterdrug strategies at the local level.
attend a working luncheon with Federal, State, and local law enforcement hosted by the Chicago High Intensity Drug Trafficking Area (HIDTA).
attend a taped interview with the Chicago Municipal Cable Program.

SBA
Administrator Alvarez will attend the premier of the HBO film
▯&Americanos.▯8 (T)

GSA
Administrator Barram will join colleagues for a satellite broadcast of a GSA TeleWORK Rally. The three elements of GSA's "TeleWORKforce Vision" (results, team protocols, place) will be discussed. GSA teleWORKers will share their experiences and will give GSA employees an opportunity to ask GSA Leadership teleWork questions. GSA will also be using the occasion to ramp up for a TeleWORK experiment planned for April 23, the date of the NATO 50th Anniversary event.

Message Sent
To:_____
Kris M Balderston/WHO/EOP @ EOP
Jon P. Jennings/WHO/EOP @ EOP
Lisa J. Levin/WHO/EOP @ EOP
Thurgood Marshall Jr/WHO/EOP @ EOP
Anne E. McGuire/WHO/EOP @ EOP
Irma L. Martinez/WHO/EOP @ EOP
Sean P. O'Shea/WHO/EOP @ EOP
Clay Reed/WHO/EOP @ EOP
Helen Veit/WHO/GOV

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Jason H. Schechter@EOP@LNGTWY@LNGTWY (Jason H. Schechter@EOP@LNGTWY@LNGTWY

CREATION DATE/TIME:22-APR-1999 19:46:35.00

SUBJECT: Statement by the Press Secretary: Smallpox

TO: Melissa B. Ratcliff@OVP@EOP (Melissa B. Ratcliff@OVP@EOP [UNKNOWN])
READ:UNKNOWN

TO: Renee C. Riley@eop (Renee C. Riley@eop [OA])
READ:UNKNOWN

TO: Robert S. Weiner@eop (Robert S. Weiner@eop [ONDCP])
READ:UNKNOWN

TO: Wayne C. Johnson@EOP (Wayne C. Johnson@EOP [OA])
READ:UNKNOWN

TO: Peter Rundlet@eop (Peter Rundlet@eop [WHO])
READ:UNKNOWN

TO: John A. Gribben@eop (John A. Gribben@eop [WHO])
READ:UNKNOWN

TO: Steven J. Naplan@eop (Steven J. Naplan@eop [NSC])
READ:UNKNOWN

TO: Karen L. Barbuschak@EOP (Karen L. Barbuschak@EOP [OA])
READ:UNKNOWN

TEXT:
Message Creation Date was at 22-APR-1999 19:42:00

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release April 22, 1999

STATEMENT BY THE PRESS SECRETARY

President Clinton has decided to seek a delay in the destruction of the declared stocks of smallpox virus. The two known supplies are currently housed at the Centers for Disease Control and Prevention in Atlanta, and in Koltsovo, Russia. The debate on this issue will take place in Geneva at the World Health Assembly, beginning May 17.

The President!,s decision is based on a consensus recommendation of his advisors, reflecting agreement among all Departments. Two recent independent reports from The Institute of Medicine at the National Academy of Sciences concluded that smallpox virus would be essential to the development of new antiviral drugs against smallpox and novel vaccines that could be used in those

with AIDS or those whose immune systems are not working well. The results of these reports had a significant impact on our decision-making process.

The decision also reflects our concern that we cannot be entirely certain that after we destroy the declared stocks in Atlanta and Koltsovo, we will eliminate all the smallpox virus in existence. While we fervently hope smallpox would never be used as a weapon, we have a responsibility to develop the drug and vaccine tools to deal with any future contingency -[illegible]!) a research and development process that would necessarily require smallpox virus.

In the end, we reached the conclusion we believe is most likely to reduce the possibility of future loss of life as a result of smallpox.

# # #

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Eric Sawyer <esawyer@igc.org> (Eric Sawyer <esawyer@igc.org> [UNKNOWN])

CREATION DATE/TIME: 8-MAY-1999 08:13:56.00

SUBJECT: compulsory licensing and US Gov't trade pressure on South Africa

TO: Virginia Apuzzo (CN=Virginia Apuzzo/OU=WHO/O=EOP [WHO])
READ:UNKNOWN

CC: "Love@Cptech. Org" <love@cptech.org> ("Love@Cptech. Org" <love@cptech.org> [UN
READ:UNKNOWN

TEXT:
Ginny, long time no see. Hope you are well! I'm surprisingly still alive
and
well and ACT ing Up as always.

I'm not sure if you have heard about the whole compulsory licensing battle
that we AIDS activists are having with the drug companies over generic
production of essential medicines in developing countries, but it is
starting to get some big press and will only heat up more as time goes on.
Drug Co. Stock Divestiture campaigns are in the works, to mention part of
current plans. I can send you some articles if you don't know the issue.

We have also discovered some information about trade watches, threats of
trade sanctions, embargoes, withholding foreign AID etc. against the Gov.'s
of Thailand, South Africa and India - that really make the administration
look evil and, quite frankly, genocidial against poor African's with AIDS,
TB and other such diseases. The administration, and Al Gore especially
look
really bad in some State Department Documents that depict the
Administrations efforts to get So. Africa to Repeal their 1997 Article
15(c)
Amendment to the South African Medicines and Related Substance Act of 1965.
This State department document can be found at the website of cptech.org
(www.cptech.org) look under compulsory licensing - Anyhow, the press is
starting to take notice and it is going to hurt Al Gore's election efforts
if the administration does not turn around it's policy of making trade
policy in a vacuum that ignores public health consequences - to protect the
trade rights and profits of drug companies at the expense of human lives.

This So. African act and compulsory licensing and parallel importing of
essential medicines is completely legal according to article 6 and 31 of
TRIPS (part of GATT and WTO policy).

I have always regretted how aggressive we went after Gov't Cuomo after he
was voted out of office in fear that we may have aided Pataki's election
and
I don't want to see Gore loose. But the Republicans are starting to reach
out to us to offer help because the see the vulnerability of Gore on this
issue - it is waving a big red flag to me that we are really on to
something
that will hurt Gore if we push it into a campaign issue, but the
administration's actions are so immoral that they are really causing the
premature deaths of sub-saharian Africans by blocking access to essential
medicines - just to protect drug companies profits.

Please help us get Gore's attention on this issue- He has to change his

policies, distance himself from the drug company's action and help make drugs available to people in developing countries, 40 million people are going to die in the next five years - it is a holocaust worse than all the Wars in the 1900's combined. He has to stop listening to people like David Beier and Podesta, they are leading him down a short gang plank - compulsory
licensing and parallel importing are completely legal and everyone is catching on.

Please let me know if you can help. We need to get a meeting with him, or someone has to get him to change his position - Shalala could read a statement in support of compulsory licensing and parallel importing (or call
for providing developing countries with health emergencies with access to essential medicines at cost or at 5% profits) in Geneva at the World Health Assembly. The administration could drop the So. Africa bi-lateral pressure and the issue will disappear. If not, the American public will revolt at the thought or denying dying Africans essential medicines and supporting drug company lawsuits against Nelson Mandella- Americans love that man, he if like Gandhi to young people, especially young people of color.

Well enough of my preaching. Please respond by e-mail or phone (212 864 5672). Hope your well. Eric Sawyer.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Grantham71@aol.com (Grantham71@aol.com [UNKNOWN])

CREATION DATE/TIME:16-MAY-1999 16:13:38.00

SUBJECT: FDA on GAYS

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

TEXT:
Richard, FYI, this is being circulated in LGBT community on the intenet:

The Food and Drug Administration (FDA) is trying to prevent gay men from having children.

At its Human Tissue Seminar on April 8, 1999 the FDA announced proposed regulations which would make it illegal for gay men to be sperm donors, block medical assistance for infertility and almost eliminate the possibility of having biological children. Outlining the regulations was the FDA's chief architect of the proposal, Ruth Solomon, M.D., Director of the Human Tissue Program, Office of Blood and Research and Review, Center for Biologics Evaluation and Research (CBER) of the FDA.

The regulations, due to be finalized by the end of 1999, will do two things. First, gay men would be banned from being anonymous sperm donors. Under these regulations heterosexual men may have multiple sexual partners and be acceptable. However, gay men in a long-term mutually monogamous relationship would not. Current fertility industry standards require anonymous sperm donations to be frozen and quarantined for six months, then donors are retested for HIV before their sperm is released for inseminations. The HIV window period; the time after infection until an HIV antibody test is positive, is one to three months. In 14 years of using the HIV antibody test, the Centers for Disease Control (CDC) could only point to one case of a man who appeared healthy and went beyond this window period. He did not turn positive for 2 years. He was heterosexual and specialized tests conclusively showed he was infected by his wife who was infected by an extra-marital relationship. (Morbidity and Mortality Weekly Report 1996; 45: 181-185). In light of the effective screening procedures already in place and because there is no scientific or medical basis for excluding gay donors, such as ban would be discrimination.

Secondly, it would force directed donors, men who wish to father children with a woman they already know, to freeze their sperm, quarantine it for 6 months and be retested for HIV before their sperm is used for insemination. Given the fact that only 1 out of 6 men (16%) have sperm that survives the freezing process well enough to meet the World Health Organization's minimum standard of fertility, this second rule will effectively prevent 84% of gay men from the possibility of having children. The only way that some of these 84% who have minimal survival after freezing may use their sperm is by expensive and invasive high tech fertility methods. The price for these methods range up to $12,000 per attempt with very low success rates. Health insurance rarely covers this and most will not have the money for such expensive and otherwise unnecessary procedures.

The FDA denies they are discriminating on the basis of sexual orientation. They do acknowledge that they exclude "men who have had sex with other men in the last five years" (MSM). "Now, that does not discriminate against

gay men per se, but I can see how someone might interpret it that way," is a standard response.

On May 7, 1996 Tom Spira, M.D., Assistant Chief for Medical Science for the CDC, said, "I would not, categorically, want to exclude them (gay men) since we have appropriate testing. If you do so, I believe, you gain a false sense of security." Charles Schable, Chief of the AIDS Diagnostic Laboratory at the CDC, said, "If one is freezing the sperm and retesting the donor after six months the only reason to apply that criterion (MSM) to semen donors is homophobia." Both men stressed that they were speaking for themselves and not the CDC as the CDC has a policy advising against gay donors (MSM). Letters from the CDC admit they have no scientific evidence to support their policy but are simply following the "advice of a consultant panel."

The FDA does not have to come up with new sperm banking regulations at all. A California Health Department Subcommittee has completed work on proposed regulations, not yet enacted, which follows scientific evidence, protects public health and does not discriminate. California has already enacted a Health and Safety Code (Division 2 - Chapter 4.2 Section 1644.5), which specifically allows the use of fresh or frozen sperm for directed donation as long as the donor has been appropriately screened and the woman has been appropriately counseled about her risks. These two documents are a package that insures both our health and our rights. Dr. Solomon ignored the "California Plan" in devising the FDA's regulations.

The FDA's regulations would override California laws and would be a program of mass sterilization by regulation. They will deprive lesbians of the choice of having children with gay men. Banning gay men from being donors perpetuates the myth that AIDS is a gay disease. To protest these proposed regulations and to support the "California Plan" please write to the Department of Health and Human Services which oversees both the FDA and the CDC.

Secretary Donna Shalala
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775
e-mail: hhsmail@os.dhhs.gov

Please send us a copy of your letters at: leland@gayspermbank.com

signed/
Robert Kim, Staff Attorney, American Civil Liberties Union of Northern California
bkim@aclunc.org

signed/
Jennifer Pittman, Policy & Program Associate, Gay and Lesbian Medical Association jpittman@glma.org

signed/
Kate Kendell, Esq., Executive Director, National Center for Lesbian Rights
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signed/
Leland Traiman, R.N./F.N.P., Executive Director, Rainbow Flag Health Services & Sperm Bank

leland@gayspermbank.com

signed/
Maura Riordon, Executive Director, Sperm Bank of California
maura@thespermbankofca.org

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Meridith A. Webster (CN=Meridith A. Webster/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME:19-MAY-1999 12:00:49.00

SUBJECT: More on World Health Organization

TO: Phu D. Huynh (CN=Phu D. Huynh/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
fyi
---------- Forwarded by Meridith A. Webster/WHO/EOP on
05/19/99 12:00 PM ----------

HEATHER M. MARABETI
05/19/99 10:01:26 AM
Record Type: Record

To: Meridith A. Webster/WHO/EOP@EOP
cc:
Subject:More on World Health Organization

Sandy Thurman was no contacted and had no interest in attending the WHO Conference. The agenda does not have an AIDS component. Folks were selected based on the subjects covered on the agenda. Hope that helps explain things.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Irma L. Martinez (CN=Irma L. Martinez/OU=WHO/O=EOP [WHO])

CREATION DATE/TIME:27-MAY-1999 17:45:55.00

SUBJECT: mmwr

TO: Helen_Veit (CN=Helen_Veit/OU=who/O=gov@WHO [UNKNOWN])
READ:UNKNOWN

TEXT:
---------- Forwarded by Irma L. Martinez/WHO/EOP on 05/27/99 05:45 PM ----------

Drew Holzapfel <"Drew_Holzapfel/IOS/HHS/GOV"@rose.os.dhhs.gov>
05/27/99 05:39:41 PM
Record Type: Record

To: Irma L. Martinez/WHO/EOP
cc:
Subject: mmwr

we are working hard to correct some old habits of those submitting to me. hopefully, we will start doing better at meeting the deadlines. sorry to add to the frustration. the following is the mmwr.

Upcoming CDC Morbidity and Mortality Weekly Report (MMWR) Articles, Volume 48, Issue 20 (EMBARGOED UNTIL (Friday, May 28): Because of space constraints and clearance considerations, the contents of this issue may change.

? abProgress Toward Global Poliomyelitis Eradication, 1997-1998: Since 1988, when the World Health Assembly resolved to eradicate poliomyelitis globally by 2000, substantial progress in implementing the recommended polio eradication strategies has been reported from all polio endemic countries. Although progress has been dramatic in many of these areas, obstacles remain, particularly in 14 priority countries (i.e., global reservoir countries or countries experiencing internal strife or civil war). This report updates progress during 1998 toward global eradication and describes planned activities toward eradicating polio by 2000.

? ab Cigarette Smoking During the Last 3 Months of Pregnancy Among Women Who Gave Birth to Live Infants--Maine, 1988-1997: Cigarette smoking during pregnancy is associated with complications of pregnancy and adverse birth outcomes such as low birthweight and preterm delivery. The adverse effect of smoking on birthweight occurs primarily during the last trimester. Data on smoking during pregnancy are important for targeting smoking-cessation interventions to specific populations and to evaluate interventions. To determine the prevalence of smoking over time among women who gave birth to a live infant, the Centers for Disease Control and Prevention (CDC) and the Maine project staff analyzed self-reported data from the Pregnancy Risk Assessment Monitoring System during 1988-1997. This report summarizes the results of this analysis, which indicate that despite the overall decline in smoking prevalence in Maine among women who gave birth to a live infant, smoking prevalence remains high among young

women and low-income women participating in the Special Supplemental Nutrition Program for Women, Infants, and Children.

? ab Incomplete Use of Selective Broth Media for Preventing Perinatal Group B Streptococcal Disease-Connecticut, Georgia, and Minnesota, 1997-1998: Group B streptococcus (GBS) remains a leading cause of neonatal sepsis in the United States. Because administration of intrapartum antibiotics decreases the incidence of neonatal sepsis, the Centers for Disease Control and Prevention (CDC), the American College of Obstetricians and Gynecologists, and American Academy of Pediatrics issued GBS prevention guidelines in 1996 that recommended clinicians adopt either a screening-based or a risk-based strategy to identify which women should receive intrapartum antimicrobial prophylaxis. To assess adherence to the guidelines, during May 1997-February 1998 State health departments in Connecticut, Georgia, and Minnesota surveyed microbiology laboratories in their States about methods for GBS detection. This report summarizes the results of those surveys.

? abA Cluster of HIV-Positive Young Women--Upstate New York, 1997-1998: The Centers for Disease Control and Prevention (CDC) recently assisted the New York State Department of Health and the Chautauqua County Department of Health in an investigation of a cluster of HIV infections among young women, reportedly infected through heterosexual sex with the same man. Results of the investigation indicate that 13 (or 31 percent) of the 42 identified primary sexual contacts of the infected man were HIV-positive. DNA analyses revealed that at least 10 of these young women (ages 13-24) were infected by the same individual. The results of the investigation indicate that HIV was transmitted heterosexually from one infected male to a large percentage of his female partners.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Eric Sawyer <esawyer@igc.org> (Eric Sawyer <esawyer@igc.org> [UNKNOWN])

CREATION DATE/TIME: 2-JUN-1999 14:11:18.00

SUBJECT: FW: URGENT: Global AIDS Funding Sign-on Letter to President Clinton

TO: president@Whitehouse.GOV (president@Whitehouse.GOV [UNKNOWN])
READ:UNKNOWN

CC: Intaids <intaids@hivnet.ch> (Intaids <intaids@hivnet.ch> [UNKNOWN])
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CC: "WWDBob@aol. com" <WWDBob@aol.com> ("WWDBob@aol. com" <WWDBob@aol.com> [UNKNOW
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CC: Asia Russell <asia@critpath.org> (Asia Russell <asia@critpath.org> [UNKNOWN]
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CC: Virginia Apuzzo (CN=Virginia Apuzzo/OU=WHO/O=EOP [WHO])
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CC: Treatment-access forum <treatment-access@hivnet.ch> (Treatment-access forum <tr
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CC: Bob Lederer <bobl@poz.com> (Bob Lederer <bobl@poz.com> [UNKNOWN])
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CC: "Love@Cptech. Org" <love@cptech.org> ("Love@Cptech. Org" <love@cptech.org> [UN
READ:UNKNOWN

CC: "Global Health Council ("Global Health Council / Global AIDS Program" <AIDS@gl
READ:UNKNOWN

TEXT:
Eric Sawyer
Executive Director
The HIV/AIDS Human Rights Project
545 Manhattan Avenue #101
New York, NY 10027

President William J. Clinton
1600 Pennsylvania Ave., NW
Washington, DC 20500
May 31, 1999

Mr. President:

I am writing to express my outrage over the lack of appropriate action by the United States of America with regard to the global spread of HIV. I am also writing to urge you to take bold action to increase America's response to the Global HIV/AIDS crisis.

AIDS will kill more people in the next fifteen years than died in all major wars during the last 100 years. AIDS will also kill more people than the Black Plague, making it the deadliest plague of all time. Yet the USA, the World's only remaining superpower is taking actions - like imposing a 301 Trade Watch against South Africa for expressing an interest in producing affordable generic equivalent drugs to fight HIV - that are condemning poor

South Africa people of color to an early death. This is a willful act of genocide by the US government and it must stop.

Mankind stated after W.W.II that we must never allow genocide to occur again. We take action to stop genocide against white Europeans in Kosovo, why are we participating in genocide against poor South Africans of color by
denying them AIDS, cancer and TB drugs?

The US government must immediately take action to grant limited use licenses
to the World Health Organization or to other governments, empowering these bodies with the right to manufacture cheap generic versions of and AIDS, cancer, TB, or Malaria drugs for which the US government retains ownership rights - to facilitate stopping the spread of epidemics globally. Failure to do this will make the Clinton - Gore administration, the US government and the people of the USA guilt of allowing genocide through infectious disease to continue unchallenged.

You must also ask Congress to establish a five billion dollar fund to fight epidemics like HIV/AIDS and TB during the remainder of your administration. Failure to do so will establish your role in history as a President who stood by and did nothing to fight the worst global epidemic ever seen by mankind. And history will recall your actions in South Africa as active participation in genocide. I am sure none of us wants to see your role in history remembered in this light.

I donated small amounts of the limited money I earn to both of your campaigns because I saw you as a moral leader who made campaign promises to cure AIDS during your Presidency. Time for courageous leadership against AIDS is running out. Please ACT NOW!

Sincerely,

Eric Sawyer
Someone Living With AIDS since 1990.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: SUNTUM_M@A1@CD@LNGTWY (SUNTUM_M@A1@CD@LNGTWY [UNKNOWN]) (WHO)

CREATION DATE/TIME: 7-JUN-1999 16:03:57.00

SUBJECT: correction: VP's remarks -- faith-based orgs. not state-based

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TO: INFOMGT@A1@CD@LNGTWY (INFOMGT@A1@CD@LNGTWY [UNKNOWN]) (SYS)
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TO: US@2=WESTERN UNION@3=@5=ATT.COM@*ELN\62955104@MRX@LNGTWY (1=US@2=WESTERN UNION@
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TEXT:

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release June 7, 1999

REMARKS BY THE PRESIDENT,
THE FIRST LADY, THE VICE PRESIDENT,
AND MRS. GORE
AT WHITE HOUSE CONFERENCE ON MENTAL HEALTH

Blackburn Auditorium
Howard University
Washington. D.C.

12:32 P.M. EDT

MRS. GORE: Wow! Thank you so very much for that warm welcome. Good afternoon. We are all so very pleased to be hosting the first White House Conference on Mental Health. And I want to thank Michael Stevenson for producing the film that you just saw, with its extraordinary spirit showing the faces of mental illness. Thank you very much, Michael. (Applause.)

And, of course, I'd also love to thank on behalf of all of us President Swygert for hosting us here at wonderful Howard University. You and the staff at Howard University have been absolutely fantastic. We cannot thank you enough. (Applause.)

And please, all of you who are here -- all of you are here for the right reason, a reason that unites us all because we care so much about this issue and the lives that have been affected by it -- join me in the spirit of gratitude in thanking President Clinton; my husband, Vice President Gore; and First Lady Hillary Rodham Clinton for helping to make this conference possible, for believing in their hearts that this issue is one that is extremely important. Thank you so very much. (Applause.)

We also would not be here today if it weren't for the efforts of Secretary Shalala -- I'd like you to stand; Secretary Riley; Attorney General Reno; OPM Director Janice Lachance; and all the representatives of our administration that have worked so very hard. (Applause.) I would like to also acknowledge the distinguished members of Congress who are here and those that are joining us in their states, in their districts, at the downlink site. Would those who are here please stand and let us applaud you? Thank you so much. (Applause.)

I'm pleased to say that we are being joined by our neighbors and friends in communities all across this country, by nearly 6,000 downlink sites around the country. This is phenomenal and we really appreciate their participation via the Internet. The discussions that are going to happen, the information that's going to be shared in communities is going to be extremely worthwhile.

I would especially like to thank Mayor Vera Katz from Portland, Oregon; and Mayor Woodrow Stanley in Flint, Michigan; and Mayor Bill Campbell in Atlanta, who are with us as I speak. For all that you have done in hosting the interactive satellite sites in your district and for organizing them in your cities. Thank you so much for helping reach more Americans. (Applause.)
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Finally, I want to thank all of you for being here at this historic conference. It is historic and it's time that it happened because this issue is so extremely important to so many American families and so many American lives. And, of course, that's what this administration has been all about from its beginning.

I want to thank each and every one of you who participates here, because of your passionate advocacy for those who have mental illness, or for someone that you know personally, someone that might be in your family or a neighbor, or for the fact that you know that because this country was founded on fundamental principles of fairness and inclusion, and even though we've never been perfect we have always worked very hard to strive toward that ideal. And that is why you are here. And I want to thank you so much for your

presence today. Thank you for coming. (Applause.)

The interest in this conference has been absolutely remarkable, and some of which can be understood from things that I have just said. Mental illness is not just something that happens to other people, somebody over there. We have to realize that it happens in our American family, in our American communities, and that that means that it calls on a response from all of us. It touches us, it touches ourselves.

We're going to talk about that in very personal and very real terms in just a few moments because we want this to be a conversation. And we, most importantly, want to inform people who are listening about what mental illness is and what you can do about it, so that people will understand it, and they won't fear it.

Because one of the things that struck me the most when I first began studying this many years ago, was how hard it is to talk, either publicly or privately, about mental health issues to people. And that's because of one thing: the stigma -- the stigma and the shame that is attached to this particular illness above all others.

I think, if you will think back with me, we can remember a day when we could not talk about cancer. That was a secret in everyone's families. We hardly could speak of it. And how many people suffered, or didn't come forward for treatment, because of that kind of cultural climate that existed. And then we didn't want to talk about AIDS.

Now, this is the last great stigma of the 20th century, that we need to make sure ends here and now. (Applause.)

And because of that, this dialogue that we're going to be joining in today is breaking that silence. And to break down the silence, we break down the myths and the disillusionments and the misperceptions that are associated with mental health issues. And we want to encourage more Americans to get the help that they need, because when they get the help that they need, and it's the right help, they can lead productive lives in their communities, in our society. And they should be invited to do that.

We must talk about mental illness in our homes, in our workplace, in our communities, with our colleagues , everywhere that we can, because we must uncover those who have it or are suffering with it and encourage them to get the help they need. We must recognize mental illness for what it is. It is an illness that can be treated, and it can be treated successfully. (Applause.)

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I'd like you to consider this fact: 51 million Americans will experience a mental health issue at some point in their life. That's an awful lot of us. And that means not only that individual, but their families. And I'm talking about illnesses that range from depression to bipolar illness to schizophrenia, to many, many more. But only one in five of those people -- only one in five -- will seek treatment because, again, of the stigma and the shame that has been attached.

And despite the fact that now we have such a broad range of treatment and diagnoses that work, it makes it even more heartbreaking to think that those people will not feel comfortable reaching out and getting help. Hopefully, after today, this is a new beginning for them, and they will.

Why are we so reluctant to seek treatment for mental illness? Why? I've asked many people this question preparing for this conference, and we've talked about the shame -- it always comes up: I feel ashamed; I don't want to come forward because I don't want to be labeled, I don't want to be joked about; I don't want people to treat me differently than my neighbor who has diabetes, or has a broken leg.

And yet, they do. And it happens everywhere, from hospitals to workplaces. That is something that we need to change -- because people feel discriminated against. They feel this discrimination in their lives. That's not what America is about. America is about fighting discrimination wherever we find it. We must end the discrimination that those with a mental illness feel. (Applause.)

I'd like to say one more thing about the misperception, and that is that most people treat someone with a mental illness as if it's their fault, or as if they could just snap out of it, or if they could just pray harder, somehow they would feel better and get well. And in replacing that misperception and that myth with facts and with knowledge and with the science where it is today, which is so hopeful for people with mental illnesses, I think we can go a long way toward allowing people to feel hope in their heart and the freedom to come forward.

I think it's important because I know, I had this experience myself. I found that after a traumatic incident in my life that sometime afterwards I had a delayed reaction and I found that I was not myself. And friends pointed that out to me. Since I had studied this I knew a lot about it. I checked the list and I went to a mental health professional and I said, I'm not here as a friend this time. I'm not here as a volunteer for the cause, I'm here because I need some help. And I was diagnosed with clinical depression.

I received treatment with medication and I'm happy to say that it worked. And I want people that are in the sound of my voice who perhaps are suffering with this or any other mental illness to know that there is the right diagnosis and the right treatment and the right health care professional out there for you. Don't hold back. Go and seek them. And to the families, support the person that is in need and help them get the help they need and learn what you can about the illness because they can recover and they can continue to function very well. (Applause.)

And that leads us to the guest on my right. And I, of course, really don't need to introduce him. He's an award-winning journalist. He's someone that all of us admire. And one thing that's interesting is that he has always been very tough and very fair, and we know him as tough Mike Wallace. And he is that. And I think one of the most courageous, and one of the toughest things he probably ever did was to recognize his illness and

to talk about it. And I want you to know that that's one of the things I admire about you the most. (Applause.)

But you're here today to talk a little bit about your story, to help other people. And I appreciate that so much. Mike, will you tell us what happened with you?

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MRS. GORE: I want to thank each of you, for all of us, for sharing your stories so publicly and in the hopes, I know, that it will help other people -- that is your motivation -- and so that people will see that it's very wrong to discriminate against people who have a mental health issue -- it's just plain flat wrong and unfair. And we must change it.

And as Americans, we cannot tolerate discrimination in any form, whatsoever. I know all of you would join me in thinking about that. That is why I am very pleased, and I want to thank you, President Clinton, for asking me to serve as the honorary chairperson of the Anti-Stigma Campaign which we will be launching as a result of this conference. And I think that's going to be extremely important. And we'll be talking more about that later. But we wanted to reach every community and every workplace so that people will understand that stigma is just a piece of this puzzle that needs to go away.

And as people, like yourself, myself, Mike, John, are willing to talk about these issues, I think that we will destigmatize and people will understand what mental health issues are.

And to that end, our administration has also announced another very important step, and that is we are expanding our caring for every child campaign, and that's the target -- parents and teachers and child care providers and social service workers -- with education programs about the mental health needs of young children, so that they will intervene early. (Applause.)

Early intervention is prevention, and can prevent so much of this pain. And we're also launching a new outreach effort through NIMH and the administration on aging to educate older Americans that they, too, might very well be at risk, particularly -- for any mental illness, but particularly for depression.

Some people think depression is just a natural part of aging. But so many of our elderly citizens are actually suffering from clinical depression, which can be relieved with the right treatment. And we are finding that door is opening as well. And we want it to continue to.

Now, in two weeks, my husband and I will be hosting our 8th annual Family Reunion Conference in Nashville, Tennessee, and the issue is going to be families and communities. I have learned a great deal about how communities can work better and also how mental health in communities can work better from so much of the work that Al has done in this area. And I want to, with great, great pleasure, introduce to you the Vice President of the United States to lead our 9th discussion. And you might want to get up and go over --

THE VICE PRESIDENT: Yes, ma'am. (Laughter and applause.)

MRS. GORE: -- over there and begin your discussion. (Applause.)

THE VICE PRESIDENT: Right here? Thank you. I'm anxious to follow instructions carefully. (Laughter.) But departing from my instructions, I want to start off by saying to all of you, I hope you can imagine how proud I am of Tipper and her leadership role. (Applause.) It is a great joy for me and for our children and for Tipper's parents and mine and all of our family to see what a wonderful thing she has done and is doing in advising the President, in helping to spread the word, to organize this conference. And I'm very, very grateful, as I know you all are.

And my role in this discussion is to highlight with my two guests here the role of families and especially the role of communities. I'd like to say, first of all, where the role of families is concerned that we learned from Tipper's experience that -- what so many of you know -- that when mental illness strikes, it affects not only the person who is involved, but the entire family. And for our family, we became much stronger as a result of this experience. And that's principally due to the tremendous courage that Tipper herself showed and, of course, the fact that she had this knowledge that she had gained in academic settings, and her work on the issue for so many years I think made it perhaps a little easier for her to educate us than might be the case with some others in a similar situation.

But one of the things that we did learn was how crucially important it is for families to be supportive and understanding, to educate themselves, and to surround the person with love, and to help the healing process.

And in some communities families are able to find out how to play that role, and it makes such a big difference. Because the way I look at this -- in the same way that a family is always there for a family member who needs help, communities should always be there for families that find themselves in a situation where they need to reach out for new services, new help, new understanding.

And, unfortunately, too many communities across our country are not used to providing this kind of support because of the stigma that Tipper and Mike talked about earlier, because the new treatments are just that -- new -- and because some old outdated attitudes are still persisting and some people mistakenly believe that these conditions are untreatable or virtually untreatable, the way many of them were in decades past. Many communities are not organized to give the kind of attention that is needed.

So, under President Clinton's leadership, this administration has been moving to try to make changes in that reality, and give communities more of the help that they need. And that's because we believe that the people who do need help should find a waiting ear, and not a waiting list. And, in fact, a recently released survey by the National Health Association confirms that only one in three Americans who were surveyed said that the communities in which they live have these services readily available for families that need it. Now, that must change.

As part of this year's budget, we have proposed the largest increase in mental health block grants in history. (Applause.) And today we're proposing to build on that proposal with three new ideas. First of all, we're launching a new initiative to help ensure that vulnerable homeless Americans with mental illness get the treatment and services that they need. (Applause.) Second, we're beginning a new effort to reach out to those people who can't work because of mental illness and are presently on disability insurance, to help them get the treatment that they need to return to work. (Applause.)

Third, we are launching a new effort to meet the mental health needs of crime victims, including a renewed commitment to ensure that our efforts to respond to major crises do address the mental health needs in those communities.

I remember in some of the instances where Tipper and I have represented the administration and the country in going to communities that have been hit by disasters, Tipper has always spoken out to say, now, don't forget, in addition the to the broken bones and the grieving that needs to be attended to and all of that, there are mental health needs. And we need to incorporate that into the normal response to crises.

A lot of people don't realize even today that after the horrible bombing in Oklahoma City, after some time had passed, suicides increased dramatically, and at least a half a dozen people associated with the effects of that bombing have taken their own lives. And at least twice as many more have attempted suicide. So our new initiative will help ensure that the response to tragedies like these include mental health training and services to help the victims recover and lead normal lives.

Now, obviously, government alone is not going to solve this, it has to be a partnership with private organizations, volunteer organizations; state-based organizations have a big role to play.

And I want to talk now with a couple of folks who have had personal experience with how this kind of community effort can work. First of all, Robin Kitchell. Robin is from Nashville, Tennessee, and participated with Tipper in one of the many events that she held as a warm-up to this conference.

And Robin, you have a son who suffers from bipolar disorder. Tell us about some of the challenges and the rewards of caring for a child with a mental illness.

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THE VICE PRESIDENT: Well, you speak very eloquently about your own experience, and the lessons that we ought to draw from it.

What I hear you saying is that anyone who talks about how important it is for families to stay together, and for families to be strong, ought to recognize an obligation to make sure that the communities where those families live are supportive, when families face struggles like the one that you faced -- whether it's the health

insurance community, or the medical community, or the schools, or the business community, or the peer group. They need to be understanding and supportive of families in this situation.

And mentioning the business community leads me to Dr. Wayne Burton, who is the Medical Director for Bank One Corporation.

Dr. Burton, your business is unusual in that you provide comprehensive mental health services. And your experience has been different from what is feared by some businesses who refuse to offer these services. Tell us about what your company has experienced.

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THE VICE PRESIDENT: Just to draw out what may be an obvious point that everybody understands, but I want to make sure I understand it -- the percentage of your cost attributable to mental health services dropped so sharply because in providing a comprehensive approach and in educating the entire work force about being open and eliminating stigma, you were able to provide preventative services and earlier-stage intervention that were far more effective and far more cost-effective, thereby resulting in the cost decrease. Is that the point you're making?

DR. BURTON: That's correct. We felt that by providing out-patient care early on, where an employee can continue to work, but attend, perhaps, a day hospital or an evening hospital -- back in the early '80s, when there were not very many of these programs around -- that it would benefit us by reducing the more costly hospital stays and so forth.

THE VICE PRESIDENT: Well, the same experience that your son had, Robin, going back, with only six months to go before 8th grade graduation and all of a sudden feeling that stigma and the very tangible form of proposed segregation is the kind of approach that some employees in the work force face, if the work force has not been educated, if the employer doesn't send a strong signal that the stigma is not permitted here, that we're going to lead the way. And so by having that kind of support in the community and having that kind of support in the workplace, you can get the people the help that they need.

Now, Doctor, one other question on this. I know that there are some business executives who have taken a different position over the years, and maybe they're questioning to themselves whether or not the new treatment success rate and the new economics that you're reporting really would work for them. Some of them are still kind of manning the barricades and fighting against opening up coverage of mental health services in the same way that they cover treatment for physical ailments. I should put that a different way, for heart disease and for other kinds of illness.

What would you say to a corporate executive who was still resisting the kind of step that your company took? What's the most persuasive argument that you could make?

DR. BURTON: Well, we believe that providing appropriate mental health benefits and quality mental health benefits are important for our employees, their families, and the communities in which we do business. It's good business. (Applause.)

THE VICE PRESIDENT: Very good. I'd like to thank you and Robin Kitchell. Thank you. Thank you very much. (Applause.)

Now let me call on one of our largest sites that is linked up by remote satellite, in Atlanta, where Dr. Satcher is waiting.

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MRS. GORE: And thank you, Al, very much. And I want to thank all of you for telling your stories. And particularly, good luck with your son. And I'm delighted to hear the business aspect, that it doesn't break the bank, actually it's good business to cover for mental health services. That's something all of us in this room believe deeply and have been waiting to hear.

And this is the close of the decade of the brain, this is a time when we have been -- well, I personally haven't, but scientists and other researchers have been mapping the architecture of the human brain, and we have learned so much about it. And it's time to bring the science into the daylight of the light that is shining on mental health.

And no one could do that any better than the sunshine of all our lives, our great First Lady, Hillary Rodham Clinton. (Applause.)

MRS. CLINTON: Thank you. Thank you very much. Thank you. If I had any voice I would break into "You are the Sunshine of My Life," and dedicate it to Tipper. (Laughter.) But I'm delighted to be here, and so pleased not only to see this packed room with standing room only, but to know that nearly 6,000 sites around the country are sharing in this firsthand.

This is an historic conference, but it is more than that; it's a real signal to our nation that we must do whatever it takes not only to remove the stigma from mental illness, but to begin treating mental illness as the illness it is on a parity with other illnesses. And we have to understand more about the progress that has been made scientifically that has really led us to this point.

I don't believe that we could have had such a conference even 10 years ago, and I know we couldn't have had such a conference 25 or 30 years ago, when I was a young law student working at the Child Study Center at the Yale University and taking classes at the Med School and working at the Yale New Haven Hospital, and very interested in the intersection of mental illness and the law and in the development of children and other issues that we were only then just beginning to address. And we didn't have a lot of evidence to back up what we needed to know or how we should proceed with the treatment of a lot of the problems that we saw.

Well, today we know a lot more. And it is really our obligation and responsibility, therefore, to begin to act on that scientific knowledge. And I'm very pleased to be talking with a distinguished group of panelists about the science of mental health and mental illness.

We're happy to have with us Dr. Steven Hyman. He is a

distinguished scientist who directs the National Institute of Mental Health, one of the institutes of the National Institutes of Health. And I want to start with Doctor Hyman.

Dr. Hyman, you have been dealing with some very difficult diseases that affect millions of people. We've already heard several mentioned -- clinical depression, bipolar disorder, schizophrenia. What progress have we made in learning about these diseases in the last few years so that we understand them more scientifically, and, therefore, have a better idea of what to do about them?

DR. HYMAN: Well, Mrs. Clinton, the first thing that we've recognized is that the numbers are indeed enormous. More than 19 million Americans suffer from depression. More than 2 million children. More than 2 million Americans have schizophrenia. And the World Bank and the World Health Organization have recognized that depression is the leading cause of disability worldwide, including the United States.

We have also learned some very important facts about these illnesses, and if I can just encapsulate them briefly, it's that these are real illnesses of a real organ -- the brain. Just like coronary artery disease is a disease of a real organ -- the heart. We can make diagnoses, and these diseases are treatable.

In addition, we've learned that these diseases should be treated just like general medical disorders. If you have heart disease you would get not only medication, but also rehabilitation, dietary counseling, stress reduction. So it is with a mental illness. We've heard a lot already today about medication, but people need to get their medication in the context of appropriate psychotherapies and other psycho-social treatments. (Applause.)

MRS. CLINTON: So how then has these scientific discoveries changed the way that we as a society deal with mental illness? And following up on what you said, if we now know -- if you as experts and practitioners know that we should treat mental illness as real and as treatable, as a disease of a bodily part, namely the brain, what does that mean for the kind of response that we should be looking to in society?

DR. HYMAN: You know, sometimes people think of science as something cold, but actually it has been an enormously liberating force for families and for people with mental illness. Not two decades ago, people were taught that dread diseases like autism or schizophrenia were due to some subtle character flaw in mothers. This idea, unfortunately, has been perpetuated by ignorance far too often. And, indeed, these ideas didn't help with treatments. And what they did do is they demoralized families who ultimately had to take care of these poor sick children.

So science has shown us some alternative ideas. For example, it's turned out that autism, schizophrenia, manic-depressive illness are incredibly genetic disorders. What this means is that genes have an awful lot to say about whether somebody has one of these illnesses. And I have to tell you that as the human genome project approaches completion, in the next few years, we're going to be discovering the genes that create vulnerability to these disorders.

Now, that's important because genes are the blueprints of cells and by understanding those blueprints, I think we're going to come up with treatments that we could not possible have dreamt of.

The other thing, as you mentioned, is we're learning an enormous amount about how the brain is built and how the brain operates. I brought a few pictures -- I don't know if we can project them, but I think pictures are worth an awful lot. You can see on the left the brain of a healthy person, and on the right the brain of someone with schizophrenia, given a cognitive task that requires planning and holding something in mind. The kind of task that a person with schizophrenia has difficulty with. And what you can see just looking at the red spots, that people with schizophrenia don't activate their brain in the same way as a person without this illness.

We also know -- and I think this is really interesting -- if we could have the next slide -- that our treatments work because they work on the brain. No one is surprised that medication works on the brain, but what we're learning is that psychotherapy also works on the brain. (Applause.) So what you can see in the lower two brain diagrams is that this is someone with an animal phobia -- something that we can study relatively easily -- before treatment. Now, after a cognitive behavioral treatment that exposes and desensitizes the person, you can see new spots of activity -- they're shown in green -- and they represent activation of our prefrontal cortex, a modern part of the brain -- which is actually able to suppress some of the fear circuitry.

Now, I don't want to over-sell this, but ultimately we're going to understand how these treatments work in the brain.

And then, finally, I just want to show you a picture that is somewhat alarming, but what we see here on the left, someone with -- a healthy person with a normal brain, and then on the right someone who has had severe depression for a long time. What you see outlined in red at the bottom is that a key structure acquired from memory -- actually gets smaller, it deteriorates if depression is not treated.

Now, this is not so hopeless as it seems because we believe that with treatment these changes can be reversed. But I'm showing you these pictures again to remind us that these are real diseases of a real organ -- the brain -- that we can make diagnoses and that these should be treated just like general medical illnesses. (Applause.)

MRS. CLINTON: You know, this is very exciting to all of us, because I think we can, in our own memories, think of diseases that have gone through a process of first being just mysterious; and then myths and stigmas associated with them; and then finally, science being brought to bear, and then the better they're understood, the more diagnosable and treatable they become.

That's why I'm also very pleased that in July, under your leadership, the NIMH will launch a $7.3 million landmark study to determine the nature of mental illness and treatments. This will be a study that will help us guide strategies and policies for the next century by collecting information on mental illness, including the prevalence and duration of it, as well as the types of treatments that are most commonly used.

NIMH will announce the launch of two new clinical trials, investing a total of $61 million, to build effective treatments for those affected by mental illness. So we're taking this information and we're not just leaving it in a laboratory. We are attempting to use it to implement better policies and better treatment modalities.

And I would just underscore something that was said, and that is that as we learn more, through the human genome project, we have to be even more careful to guard against discrimination against both physical and mental illness. (Applause.)

I want to turn now to Dr. Koplewicz, who is an expert on mental health issues. He has shown me through the NYU Child Studies Center, and I know from firsthand experience and reports how he has brought to bear his extraordinary talent and experience on behalf of children as a child psychiatrist.

And I would like to ask you, you've worked with children and families on so many of these issues, what steps can we take to demystify mental illness?

DR. KOPLEWICZ: It's hard to believe that until 20 years ago we still believed that inadequate parenting and bad childhood traumas were the cause of psychiatric illness in children. And in fact, even though we know better today, that antiquated way of thinking is still out there, so that people who wouldn't dream of blaming parents for other types of disease, like their child's diabetes or asthma, still embrace the notion that somehow absent fathers, working mothers, over-permissive parents are the cause of psychiatric illness in children.

And the only way we can change that is through more public awareness. I mean, essentially, these are no-fault brain disorders. And as Dr. Hyman pointed out, these diseases are physiological, they respond to medicine. They're familial, they run in families. And they have a predictable onset and course. And as we learn more about this, it really becomes necessary for us to do three things.

We have to learn the costs of untreated mental illness, which really is lost school days, lost work days, dropout, marital distress, and also lost opportunity cost -- executives and leaders who are quietly depressed and who aren't functioning at full capacity.

The second thing we have to do is we have to educate kids as early as middle school about mental illness. They learn about AIDS, they learn about seatbelts, but they have to learn about depression anxiety. And we have to educate their parents also.

And the third part is that you need a national public awareness campaign, so that Americans have to understand depression the way they understand heart disease. And the only way that happens is that when you have recognizable national leaders, moral leaders, role models like Tipper Gore, like Mike Wallace, who come out and acknowledge that they have a psychiatric illness, it makes it so much easier for the average citizen then to accept that maybe their child or maybe themselves or maybe another relative might be suffering

also.

MRS. CLINTON: I think that's so right. I remember when Betty Ford went public with her breast cancer. And to the best of my memory, that was the first time anyone in a position like that had, and what a difference that made.

Let me ask you, do children have particular needs, though, when it comes to mental illness, so that we can't just talk about mental illness generally, we do need to talk specifically about children's needs.

DR. KOPLEWICZ: Right. Well, as we all know, kids are not little adults, their brains are different. But child psychiatry has really lagged behind in many ways. I mean, there are three major problems -- one is access. It is really a problem because there are 6,000 child and adolescent psychiatrists in the whole country. Pediatricians get very little training about mental health. And in many states across the United States Medicaid does not pay, forcing parents or forcing school officials or school teachers, so that treating a child is much more complex.

The next issue is research -- not only basic epidemiology, treatment, prevention -- in many ways we lag behind. And while the funding has increased dramatically in the last six years, it's still out of whack when you consider the impact and how common these child psychiatric illnesses are in society. So compared to childhood cancer, we really are not dedicating nearly enough funds for the research of child mental health.

And the last part again, of course, is that it's the stigma. The stigma is worse for kids. Let me remind you, teenagers are never volunteering to be customers for mental health services. So parents not only feel bad about themselves, many people are telling them they've done something wrong and then the kid doesn't want to go on top of that. So those things are much more difficult for children, adolescents, than for adults.

MRS. CLINTON: Well, I think that part of what we we've got to do, though, is reflect how we can both identify and get help to children who need it, whether or not they want it or are willing to accept it. I think all of us have the tragedy at Littleton in mind, and we also know of the other school shootings; and in the ones that don't get as much publicity, there may have been signs, there may have been some way that we could have intervened and prevented.

So what can we do to intervene early, before mental illness causes a child to be violent to others or, as we see increasingly, to be a victim of suicide, which is a leading cause of death of young people?

DR. KOPLEWICZ: I mean, the real tragedy of Littleton is that -- and in these other recent incidents of school violence -- is that they're most probably preventable. Normal children just don't snap and go out on a shooting spree. Children who commit violent crimes almost always have histories of violence, depression or other mental health problems. And, unfortunately, schools and parents ignore psychiatric illness.

The problem is that we have never really looked at the

underlying cause of all this violence, which is childhood psychiatric illness, which is a tremendous problem -- 12 percent of the population under the age of 18 -- that's about 8 million children, teenagers, in the United States today -- have a diagnosable psychiatric illness. And that means that about 2 million children have depression, teenagers have depression.

And not all of them are going out to shoot someone, but they're certainly more at risk and they're certainly suffering and at risk for hurting themselves or others. And the problem is that while teachers ignore it and parents ignore it very often, unless we have a national public awareness campaign, unless we dedicate ourselves to child mental health the way we have to other mental health issues, it becomes really quite impossible for us to address this problem. So that someday, if teachers, pediatricians, if family practitioners were more aware of mental health warning signs for children, adolescence, that's the first step.

And, frankly, with public awareness, I think we have reached the point with a focus that mending of broken bones should be the same as getting help for emotional distress. It should be just as acceptable. It should be just as expected. Because, you see, if we don't do that, I think what happens, these kids lose out on schooling, making friends, and at the end of the day they lose out on happiness that we expect for all of our children. (Applause.)

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MRS. CLINTON: I really want to thank you not only for coming forward, as you have in the past and again today, but for putting your energies behind this issue in the Congress and using your own personal experience to really make a difference, and I know that it will continue to do that.

I want to thank our three panelists and really not only thank them, but all of you who work on the issue of mental health and mental illness, and particularly the scientific research that we're learning so much more about. And, hopefully, this conference and the work that is being done because of it will get that word out to many, many Americans, and maybe they'll say, well, you know, I heard Dr. Hyman or I saw the pictures or I listened to the Congresswoman or whatever it might be. And for that, we're very grateful, and especially to you, Tipper.

So, back to you. (Applause.)

MRS. GORE: Thank you. Good job. Thank you, Hillary. You did a good job, as always. I appreciate that. So did you, Al. Thank you. (Laughter.)

To all our participants, to all of the panelists, thank you for your courage. It gives me great pleasure as we have, I think, put faces on different mental illnesses today, very personally. I think we've learned a lot about it. I think we know that mental illness should be treated the same as physical illness in the medical profession, in the provider community, and certainly in our own communities and families.

And now I would like to present with great pride, introduce to you a man who has provided a caring heart for American

families all his life, our President, President Bill Clinton. (Applause.)

THE PRESIDENT: Thank you very much. I want to, first of all, thank all of you for coming, the members of Congress of both parties, members of our administration, but the larger community represented here in this room and at all of our sites.

This has been a truly remarkable experience, I think, for all of us -- stimulating, moving, humbling. I think it's because it is so real, and it has been too long since we have come together over something that's this real, that touches so many of us.

This is a moment of great hope for people who are living with mental illness and, therefore, a moment of great promise for our nation. We know a lot about it; we know a lot more than most of us know we know, as we found out today. And we wanted to have this conference to talk about how far we've come, and also to look forward into the future.

We all know we wouldn't be here today without the commitment of Tipper Gore. I asked her to be my national advisor for mental illness because she knows more and cares more about this issue than anyone else I personally know. She has dedicated herself to making this a priority of national policy and private life. And I think we are all very, very much in her debt. (Applause.)

I would also like to say one more word about Tipper and about the Vice President, about the way they have dealt with this issue as a family, and the gifts they have given to America -- going back to before the time when we all became a team and the election of 1992, when they began their annual family conferences. All people in public life talk about family values. No couple in public life has ever done remotely as much to try to figure out what it would mean to turn those family values into real, concrete improvements in the lives of ordinary families as Al and Tipper Gore have over a long period of time. (Applause.)

I sort of feel like an anti-climax at this convention -- not for the reasons the political reporters think -- (laughter) -- but because the real story here is in the people who have already talked, in their stories of courage and struggle, of endurance and hope. Americans with mental illness should have the same opportunity all Americans have to live to the fullest of their God-given ability. They are, perhaps, just the latest in our enduring challenge as a people to continue the work of our founders, to widen the circle of opportunity, to deepen the meaning of freedom, to strengthen the bonds of our community.

But what a challenge it has been. Clearly, people with mental illnesses have always had to struggle to be treated fairly and to get the treatment they need -- and they still do. We have made a lot of progress by appealing to the better angels of our nature, by drawing on our deep belief in equality, but also by hearing these stories.

So, again, I want to thank Mike, and John, and Jennifer, and Robin, and Dr. Burton. I thank Dr. Hyman, Dr. Koplewicz. I thank Lynn Rivers.

I think all of us can remember some moment in our lives

where, because of something that happened in our families or something someone we knew wrote or said, we began to look at this issue in a different way. I, myself, feel particularly indebted to the courage of my friend, the great author William Styron, for writing the book he wrote about his own depression. But I think that it is not enough to be moved. We have to have hope and then we have to have some sense about where we're going.

It was no accident that all of you were clapping loudly when Dr. Hyman showed us pictures of the brain. I remember when Hillary and I first met and began going together 28 years ago, and she was working at the Yale Child Study Center and the hospital, and we began to talk about all of this; like a lot of young students at the time I had been very influenced by Thomas Koontz book, "The Structure of Scientific Revolution." And I began to wonder whether we would ever develop a completely unified theory of mind and body; if we would ever learn that at root there are no artificial dividing lines between our afflictions. The human genome project, as you've heard explained today, offers us the best chance we have ever had to have our science match our aspirations in learning to deal with this and all other issues.

So this has been for me not simply emotionally rewarding, but intellectually reaffirming. And I hope it has been for all of you. We've been at this for quite a long while. One hundred and fifty years ago we had to learn to treat people with mental illness as basic human beings. Thirty years ago we had to learn that people with mental illness had to be treated as individuals, not just a faceless mob.

I'll never forget when journalists secretly filmed the nightmare world inside some of our nation's mental hospitals. Americans were heartbroken and horrified by what they saw, and we began to develop a system of community care for people. Today, we have to make sure that we actually provide the care all of our people need, so they can live full lives and fully participate in our common life.

We've worked hard to break down some of the barriers for people living with mental illness. On Friday, as many of you know, I directed all federal agencies to ensure that their hiring practices give people with mental disabilities the same employment opportunities as people with physical disabilities. (Applause.) On Saturday, Tipper and I did the radio address together and announced that Tipper will unveil our new campaign to fight stigma and dispel myths about mental illness.

But all of you who have had this in your own lives, or in your families' lives, know that attitudes are fine, but treatment matters most. Unfortunately, too many people with mental illness are not getting that treatment because too many of our health plans and businesses do not provide equal coverage or parity for mental and physical illness, or because of the inadequacy of government funding and policy supports.

I have heard heartbreaking stories from people who are trying hard to take care of their families -- and one day mental illness strikes. And when they try to get help they learn the health plans they've been counting on, the plans that would cover treatment for high blood pressure or heart disease, strictly limit mental

health care or don't cover it at all. Why? Because of ignorance about the nature of mental illness, the cost of treating it -- and, as Dr. Burton told us, the cost of not treating it.

A recent study showed the majority of Americans don't believe mental illness can accurately be diagnosed or effectively treated. If we don't get much else out of this historic conference than changing the attitudes of the majority, it will have been well done, just on that score.

Insurance plans claim providing parity for mental health will send costs and premiums sky-rocketing. Businesses believe employees will overuse mental health services, making it impossible for employers to offer health insurance. Now, there may be arguments to be made at the margins on both sides of these issues, but I believe that providing parity is something we can do at reasonable cost, benefit millions of Americans and, over the long run, have a healthier country and lower health care costs. (Applause.)

As we've heard again today, mental illness can be accurately diagnosed, successfully treated, just as physical illness. New drugs, better community health services are helping even people with the most severe mental illnesses lead healthier, more productive lives. Our ability to treat depression and bipolar disorder is greater even than our ability to treat some kinds of heart disease.

But left untreated, mental illness can spiral out of control, and so can the cost of mental health care. A recent World Bank study showed that mental illness is a leading cause of disability and economic burden that goes along with it.

Here in the United States, untreated mental illness costs tens of billions of dollars every year. The loss in human potential is staggering. So far, 24 states and a large number of businesses have begun to provide parity for their citizens and their employees. Reports show that parity is not notably increasing health care costs. For instance, Ohio provides full parity for all its state employees and has not seen costs rise.

As we heard, Bank One's employee mental health treatment program has helped it reduce direct treatment costs for depression by 60 percent. As a nation founded on the ideal of equality, it is high time that our health plans treat all Americans equally. (Applause.) Government can, and must, lead the way to meet this challenge.

In 1996, I called on Congress to make parity for mental health a priority. I was proud to sign into law the Mental Health Parity Act, which prohibited health plans from setting lower annual and lifetime limits for mental health care than for other medical services.

Again, I want to say, since we have so many congressmen here, Tipper Gore was very instrumental in that. But I was also deeply moved by the broad and deep bipartisan support by members of Congress in both Houses who had personal experiences that they shared with other members which helped to change America.

The law was a good first step. And I'm pleased to announce, with Secretary Herman here, that the Labor Department will now launch a nationwide effort to educate Americans about their

rights under the existing law, because a lot of people don't even know it passed.

But when insurers can get around the law by limiting the number of doctor's visits for mental condition; when families face higher co-payments for mental health care than for physical ailments; when people living with mental illness are forced to wait until their sickness incapacitates them to get the treatment they need, we know we have to do more. (Applause.)

So where do we go from here? First, I am using my authority as President to ensure that our nation's largest private insurer, the Federal Employee Health Benefit Plan, provides full parity for mental health. (Applause.)

Today, Janice Lachance, the Director of OPM, will inform nearly 300 health plans across America that to participate in our program, they must provide equal coverage for mental and physical illnesses. With this single step, 9 million Americans will have health insurance that provides the same co-payments for mental health conditions as for any other health condition, the same access to specialists, the same access to specialists, the same coverage for medication, the same coverage for out-patient care. (Applause.)

Thirty-six years ago, President Kennedy said we had to return mental health to the mainstream of American medicine. Thirty-six years ago he said it and we're still waiting. Today we have to take more steps to return Americans to the mainstream of American life. I ask Congress now to do its part by holding hearings on mental health parity. (Applause.)

The second thing we have to do is to reach out to the people who are most in need. Today I've asked HCFA, the Health Care Finance Administration, to do more to encourage states to better coordinate mental health services, from medication to programs targeted at people with the most serious mental disorders, for the millions of people with mental illness who rely on Medicaid.

Third, we must do more to help people with mental illness re-enter the work force. I asked Congress to pass the work incentives improvement act, which will allow people with disabilities to purchase health insurance at a reasonable cost when they go back to work. No American should ever have to choose between keeping health care and supporting their family. (Applause.)

Fourth, with an ever increasing number of people with mental disabilities in managed care plans, it is more important than ever for Congress to pass the patients' bill of rights. (Applause.)

Fifth, this year we requested the largest increase in history, some $70 million to help more communities provide more mental health services. And I asked Congress to fully fund this proposal. The absence of services and adequate funding and institutional support for sometimes even the most severe mental health problems is a source of profound worry to those of you who actually know what is going on out there.

I know that I was incredibly moved by the cover story in the New York Times Sunday Magazine a couple of weeks ago --

(applause) -- and I know a lot of you were. And I read that story very carefully. I talked to Hillary about it, I talked to Al and Tipper about it, and I asked myself then -- I am still asking myself -- what more we can do to deal with some of the unbelievable tragedies that were plainly avoidable, clearly documented in that important article. This is a good beginning and I hope that Congress will fund it.

And finally, it is profoundly significant what we have heard about children. We have to do more to reach out to troubled young people. One out of ten children suffers from some form of mental illness, from mild depression to serious mental disease. But fewer than 20 percent receive proper treatment.

One of the most sobering statistics that I have heard in all of this is that a majority of the young people who commit suicide -- now the third-leading cause of death in teenagers, especially gay teenagers -- are profoundly depressed. Yet the majority of parents whose children took their own lives say they did not recognize their children's depression until it was too late.

The tragedy at Columbine High School, as Hillary said, was for all of us a wake-up call. We simply can't afford to wait until tragedy strikes to reach out to troubled young people. Today, I'm pleased to announce a new national school safety training program for teachers, schools and communities, to help us identify troubled children, and provide them better school mental health services. (Applause.)

This new program is the result of a remarkable partnership by the National Education Association, EchoStar, and members of the Learning First Alliance, joined by the Departments of Education, Justice, and Health and Human Services. This fall, the Vice President and Tipper will kick off the first training session, which will be transmitted via satellite to more than 1,000 communities around our nation.

We're all very grateful to EchoStar, a satellite
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company based in Littleton, Colorado, and its partner, Future View, for helping make this possible by donating satellite dishes to 1,000 school districts, and 40 hours of free time. (Applause.) I want to ask businesses and broadcasters all around our country to follow EchoStar's lead and donate their time, expertise and equipment to help ensure that every school district in America can participate in this important training program.

Now, I want to introduce two of the people who are showing this kind of leadership: the President of the NEA, Bob Chase; and Bill Vanderpoel, the Vice President of EchoStar. I'd like to ask them to come up and talk a little bit about what they're going to do. Let's give them a big hand. (Applause.)

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THE PRESIDENT: Thank you both very much. Now, I'd like to ask Tipper to come up one more time so we can all tell her how grateful we are, and let me say this. You probably saw a little bit by the way she positioned Al on time and she positioned Hillary on

time, I think I'm going to start calling her "Sarge" behind her back. (Laughter.) She has driven us all. We've been on time, we've been at the place we were supposed to be, we say what we were supposed to say, we finished on time. So she not only has great sensitivity, she has phenomenal organizing ability, and we're very grateful for her. Thank you. (Applause.)

Now, I'd like to ask Hillary and the Vice President to come over, too. (Applause.) Thank you all very much. God bless you.

END 2:12 P.M. EDT