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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	U.S. - France Cooperation on Health Issues (2 pages)	n.d.	P1/b(1)
002. report	The Politics of AIDS in France (2 pages)	n.d.	P1/b(1)
003. telcon	Telcon with Chancellor Kohl of Germany on November 29, 1993 (4 pages)	11/29/1993	P1/b(1)
004. memo	For Patti Solis from William H. Itoh re: Suggested Response to Mrs. Arnaz Marker (1 page)	05/28/1993	P1/b(1)

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NATIONAL SECURITY COUNCIL

2/8

Dixie,

Here is the package I called about. We didn't receive it until after 11:30 am today.

Nancy

9405065 1791

United States Department of State

Washington, D.C. 20520

March 7, 1994

UNCLASSIFIED
(WITH ~~CONFIDENTIAL~~ ATTACHMENT)

MEMORANDUM FOR WILLIAM H. ITOH
EXECUTIVE SECRETARY
NATIONAL SECURITY COUNCIL

Subject: Talking Points for Hillary Rodham Clinton's Meeting with French Minister of Health Philippe Douste-Blazy, March 8, 1994

Attached are talking points and background information for Hillary Rodham Clinton's use in her meeting with the French Minister of Health, Philippe Douste-Blazy, March 8.

Thank you for your attention in this matter.

for Marc Grossman
Executive Secretary

Attachments:

Tab 1 - Talking Points
Tab 2 - Background Paper on French Health Care
Tab 3 - Background Paper on Politics of AIDS in France
Tab 4 - Article on French Blood Scandal
Tab 5 - Biography of Dr. Douste-Blazy

file WHSC

UNCLASSIFIED

TALKING POINTS FOR MARCH 8 CLINTON/DOUSTE-BLAZY MEETING

Health care reform

- I share your concern about the importance of health care reform and its relationship to the health of our domestic economies.

- What are your views regarding the progress of health care reform measures in France?

AIDS

- We appreciate the efforts by the Government of France in heightening the awareness of the AIDS issue by proposing a meeting of senior governmental officials. We agree that improved donor country coordination will enhance international efforts to stem the spread of HIV/AIDS.

- The USG official with the key responsibility for coordinating the USG position on the French proposals is the National AIDS Policy Coordinator, Kristine Gebbie.

- USG officials believe that a June Ministerial is more feasible than a June summit. We note, however, that the timeframe is still short to prepare for a Ministerial level meeting in June.

- We would like to know more about the goals and objectives of the Ministerial meeting. What is the expected outcome? We would like to review this information before taking a firm position on the proposal. We look forward to receiving the agenda, draft documents, and the official invitation to the Ministerial meeting.

- If undertaken, the June Ministerial meeting should support the objectives of other HIV/AIDS efforts already underway, particularly the U.N.'s cosponsored program on HIV/AIDS and the Tenth International AIDS Conference in Yokohama.

- At the same time, the Ministerial should seek to improve donor coordination and to bring high level attention to the international AIDS issues.

- We see the U.N.'s global strategy and the U.N.'s co-sponsored program as the most appropriate structures for coordinating the international response to the HIV/AIDS pandemic. We believe that a conference, if it does occur, could address broader issues, such as human rights, empowerment of women, and poverty, as a means of strengthening the existing international mechanisms and global strategy.

- The U.S. opposes the establishment of a new organization to coordinate and implement the international efforts on HIV/AIDS. We believe the important task ahead is to ensure the coordination of the work of the existing international organizations.

- Without a fuller understanding of the goals of a possible November AIDS summit, the U.S. government does not now have a position on that proposal. Much of our thinking would be determined by the outcome of the June meeting, if it occurs.

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LETTER FROM EUROPE

BAD BLOOD

The plan was for the French to help hemophiliacs lead healthier lives and to dominate Europe's blood-products market. Instead, three hundred people are dead of AIDS, and a thousand more are dying. Four doctors have been convicted, but the question of where ultimate guilt lies has left France divided.

BY JANE KRAMER

PARIS

A FEW people said that the doctors were framed. Those people were mainly other doctors, and they called it a case of a dishonored state offering scapegoats to the mob—"the Dreyfus trial of the twentieth century." A few—among them Jean-Pierre Allain, one of the doctors who are in prison now—said no, it was more like the famous trial, fifty-one years ago, in Riom, where five innocent Frenchmen stood accused by Vichy of the fall of France, and gave Pétain his "explanation" for the Occupation. Some people said it was a travesty of justice because the doctors were answering for crimes of cynicism and venality and pride plotted in places as high as the Prime Minister's office, and some said it was a travesty of justice because no one had committed a crime at all. Not even the judges claimed that the exercise was anything but symbolic. Laurent Greilsamer, who wrote about it for *Le Monde*, told me that maybe, to understand it, you had to accept that justice in France was often symbolic, that what everyone here calls *La Justice* was as particular to its country as the size, shape, and color of a French banknote—that it was a kind of currency, recalled in times of doubt or crisis, on which a proper, satisfying idea of France was tested and stamped and put confidently back in circulation. He might have said that the idea of French blood, "the blood of France," was just as symbolic, because in the end the scandal that came to be known as the *affaire du sang contaminé*—in which four doctors, representing the state and what was believed to be one of its most benevolent institutions, have now been convicted for their part in distributing AIDS-contaminated blood-protein concentrates to hemophiliacs back in 1985, four years into the epidemic—was less a trial of the doctors than of the blood they sold, and of the image of France that it contaminated along with three hundred hemophiliacs who have already died and a thousand who are dying now.

When AIDS appeared in France—seventeen French cases were reported at the end of 1981 by the World Health Organization—the French called it "the American disease." Only six months had passed since the first case was symptomatically diagnosed and reported in San Francisco, and the name evoked everything that France supposedly was not—permissive, promiscuous, perverted, a country of meat-rack morals that had nothing to do with the way Frenchmen led their proper, womanizing lives. France had just elected its first Socialist government since the Popular Front of Léon Blum (who, of course, was one of the "traitors" tried at Riom), and there was a lot of talk about restoring the moral, not to mention the medical, health of the country. The politics in Paris then were still more *gauche baguette* than *gauche caviar*—which means that the government was young, smug, doctrinaire, and not a little punishing, and produced a lot of rhetoric about "the people" and about Socialists' knowing what was best for the people. For a while, at least, there was a bargain struck, and the bargain was that if the people were agreeable and paid their huge new taxes and did not ask questions about why their banks and their businesses were getting nationalized or their children were coming home from school reciting lessons about "American imperialism and the social history of the banana," the government would look after their innocent interests, and protect them from American diseases, too.

The Socialists thus laid claim to the old republican notion of the *état protecteur*. They may have been arrogant in their claim, and even (and often) wrong, but they were clean—everybody said so—and they were going to stand between the people and anybody trying to harm the people or hustle the people or simply disregard the people. Even Frenchmen who hated the Socialists and their plans for France tended to believe that for a while, at least, there would be less political scandal and wild financial fraud than in the days when Georges Pompidou was handing half of Paris over to developers and Valéry Giscard d'Estaing was putting a billion francs of public money into a plane that could "sniff" offshore oil deposits from ten thousand feet in the air.

Part of the republican notion of a protector state had to do with what you might call the "equality" of French blood. The "*sang impur*" (of aristocrats and priests and other degenerates of the *ancien régime*) that for two centuries has flowed, unsingable, through the ditches in "La Marseillaise" was supposed to have been the last bad blood in France. Once it was spent, there was, presumably, only "the people's blood": all of it good, because the people were good; all of it equal, because the people were equal; all of it held, as it were, in common, because the people were a community, a unity, indivisible under the calm and perfect scrutiny of their protector state. The equality of French blood meant that in the spring of 1985, when Michel Garretta, the director of the Centre National de Transfusion Sanguine—which held a monopoly on forty per cent of the blood and plasma products sold in France—made the decision to sell off his contaminated lots of the blood-coagulant concentrates called Factor VIII and Factor IX before switching to heated, uncontaminated products, every hemophiliac who used those products had an "equal" chance of

being contaminated. The equality of French blood meant that it was illegal in France to give blood for your own use or to have your friends or family give blood for you, or even to know the name or the identity or the medical history of a stranger whose blood you used, because anonymity was the legal expression of that equality. It is a principle that few Frenchmen ever stop to question, even now, and even when they violate it. It doesn't really matter if you call that principle "republican," the way the Socialists do, or "Christian," as many French Catholics prefer to (saying that a Frenchman gives blood "in the humble and anonymous spirit" of Christ's sacrifice). In France, to question the quality of French blood, freely given (it is illegal to sell it), is tantamount to ordering your communion wine from Château Latour instead of taking your chances with the *vin de table* available at the railing. When AIDS appeared in France, it encountered a mystique of purity that would surely have appeared misguided, if not insane, to any Frenchman who observed it next door, in Germany.

JUGEMENT

SCANDALE DU SANG

Jean-Pierre Allain (left) and Michel Garretta, both of the Centre National de Transfusion Sanguine, are serving time for their roles in the distribution of what were known to be AIDS-contaminated blood concentrates.

Officially, the blood of France was represented by an association of eight hundred thousand men and women who were always described, collectively, as the *bénévoles*. The *bénévoles* were the amateurs of sacrifice; they gave their blood as often as the law and their health (as they perceived their health) allowed, and were much celebrated and decorated by the government for it, and, while they did not exactly encourage the mystique, they were the source of a certain confusion in the public mind about the difference between good blood and good intentions. In the public mind, bad blood was bought blood. In 1985, not many Frenchmen knew that when the stock ran low here they got plasma that had been purchased abroad, or blood that had been collected from people who would never be asked to the Élysée on "donors' day" to receive a medal from the President, but that was the reality. The reality, in 1985, was that more than half a million other people were replenishing the blood of France—people who were not *bénévoles* by anybody's standards but bums and junkies and hungry students and African workers and prison inmates who contributed to what in proper theological fashion was called *la collecte*, as if it were a church offering, in exchange for a cup of coffee and a sandwich. The reality, in 1985, was that tested, treated blood proteins from, say, Austria or the United States were safer for a seven-year-old boy with hemophilia than blood proteins whose only imprimatur was "Made in France." The reality was that politicians lie and doctors are greedy and bureaucrats craven, and that people who believe that the blood of France flows to higher, nobler rules than the blood of everybody else's country are apt to become the victims of their own bizarre and credulous identity.

DR. MICHEL GARRETTA became the director of the Centre National de Transfusion Sanguine in September of 1984. He was by most accounts not a pleasant man. He was a persuasive man, and when he wanted something he could be seductive, but nobody called him nice, even then. Most people said "charming but abrasive." Some said "temperamental." A few said "megalomaniac." Garretta was forty when he took over the Center, and he does not look much different now from the way he looked at forty. He is wiry and slight, with sharp dark eyes and a head of thick brown hair. He wears a bushy and improbably dapper mustache. He is a little gaunt, a little drawn, after a year in prison, but at his appeal this summer it was noted that he had kept the mustache, which had been his trademark among the more decorous doctors of the French medical establishment. It was the trademark of a whole generation of French eighties entrepreneurs on a fast track to the top of their professions. When Garretta was on trial, the only other man in the courtroom with a mustache like that was his lawyer. Garretta had never claimed to be an ordinary doctor. He was not a practitioner or a researcher or, as it turns out, much of an administrator. His interest in medicine, such as it was, was in the business of medicine. He was not a Socialist, but he shared something with the Socialists—an ambition for French dominance disguised as French prominence. The board of the Center, which named him after a notably bitter battle, spoke of him less often as a doctor than as an "industrialist." The people who

LEFT PHOTO: NAHASSIA/SIPA PRESS; RIGHT PHOTO: RICHARD SOBOL/SIPA PRESS

"Fantastic crucifix!"

• •

wanted him for the job (they included the retiring director and the old board chairman) wanted him because he was an industrialist: they thought he could turn the Center into the most important blood-production company in Europe, and replace the big American companies like Baxter Travenol on the European market. The people who didn't want him (they included the new board chairman) didn't want him because, as far as they were concerned, he belonged in one of those American companies, talking high turnover and high technology, and not in charge of a public trust that was the guarantor of the blood of France for nearly half of France's population. His salary was enormous—more than a million francs a year by the time he left, which was twice what the Prime Minister earned—but his selling point was that he was not a bureaucrat or a politician, like the Prime Minister. He was an industrialist with a product, and that product was like any other product. Properly managed, it could create and control its market.

The Centre National de Transfusion Sanguine was a curious institution, with nothing, really, in its charter to discourage an industrialist. Legally, it was a nonprofit public trust. It was underwritten by the state, and the state was represented on its board, but, at the same time, it was independent in its operation and its functions. Garretta answered essentially to himself. He was accountable—to his board, to the government—only insofar as the director of an ordinary pharmaceutical company would have been accountable. His Center was supposed to be self-supporting and law-abiding and safe. He had to negotiate the cost of the services and products that the Center offered—the big transfusion center off the Place Cambronne, and the blood and the plasma products like Factor VIII—with the Social Security office, which reimbursed it. He had to account for the quality of those products and services to the Director General of Health, who is a kind of French surgeon general, and to the National Laboratory of Health, which is a French version of the Food and Drug Administration. But the Center itself was not what the French call *universitaire*. It produced its own research and determined its own protocols, and even, as it turns out, its own operating ethics, independent of any of the Paris university-hospital research labs or clinics and, for that matter, independent of the review board at the National Institute of Health and Medical Research, which usually authorizes, approves, and funds French test treatments and medical-research projects. Garretta himself had never been *universitaire*. He was known to have no patience with the system, which was bureaucratic and very political. He had gone to work at the Center as soon as he finished medical school, in 1972, and had only left the Center once, for a year of management school. By 1981, he was the deputy director in charge of all the Center's commercial ventures. He had a very free hand. The old director—a doctor named Jean-Pierre Soulier, who had been at the Center for thirty years—was paterfamilias to the *bénévoles*. He was mainly interested in blood banks. He left the blood markets to Garretta.

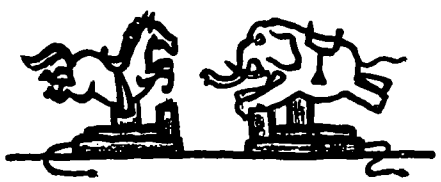
JEAN-PIERRE ALLAIN—the doctor who talked about Riom—was the senior scientist at the Centre National de Transfusion Sanguine. He was not much older than Garretta—he is fifty-one now—but in every other way he was Garretta's antithesis. He was rumpled and professorial, with a pleasant round face and a shock of brown hair that kept falling on his forehead. He listened to Mozart and was passionate about science (he was married to a scientist), and he loved playing tennis. It was said that the only thing that could tempt Allain out of his laboratory was the prospect of a good game. When I met him in June, during his appeal, he was camped out with one of his sons in a flat on the Place Dauphine; there were mattresses on the floor, and papers all over the

place, and the television was tuned to the French Open. He was going to watch while the judges had lunch.

Allain was by training a hematologist, with a specialty in hemophilia. He ran the research-and-development side of the Center—his title was deputy director in charge of research—and directed its clinical studies, but, unlike Garretta, he was also a practicing physician, with twenty-two hemophiliacs in his care, and, unlike Garretta, he had a reputation in his field. He and Garretta didn't get along. Garretta was "hot and arrogant," one of the lawyers at their trial told me, and Allain was "cool and arrogant"—by which she meant that Garretta worked people and Allain worked microscopes, and that each thought the other had made a stupid choice. Allain supposedly wanted the job Garretta got in 1984. By then, their relations were more self-serving than collegial. By the time they came to trial, in 1992, they despised each other so deeply (and blamed each other so thoroughly) that they sat together on the defendants' bench and never exchanged a word. What they shared, if anything, was ambition. Both of them had wanted something exceptional out of their time at the blood center. Garretta had wanted to turn French blood into a European industry—the government had built him a big new processing factory in Les Ulis, fifteen miles outside Paris—and to put the Center in joint ventures in Europe and America, where it would make money developing collagen and transfusion kits and plasma concentrates for the growth of scar tissue. Allain had wanted to get on with his research, and to command the funds for that research and a pool of patients on which to test his theories.

A few of the Paris hematologists and virologists say now that they never "approved" of Allain. They resented the fact that he "came from industry," like Garretta—he had worked at Abbott Pharmaceuticals, in Chicago, in the nineteen-seventies, and he went back to Abbott for a couple of years after he left the Center, in 1986—but this did not stop any of them from joining his various clinical-research protocols on hemophilia, contributing their own hospital laboratories, and adding their patients to the list of patients Allain saw in Paris or supervised at an in-patient children's clinic in the suburbs, in La Queue lez Yvelines. They complain now about his manner. They say he was "difficult," and never told them what, precisely, he was working toward, or what he was trying to compare in his protocols, or what kinds of blood products everybody else's patients were getting. They say he was "mysterious," even after the H.I.V. retrovirus was isolated and identified, and it was clear that it *was* a virus and transmitted by blood—even after it was clear that heating blood concentrates like Factor VIII killed that virus. Allain's protocols were coded, though once they were published some of the researchers saw a pattern beyond the usual pattern of testing the innocuity and then the efficacy of a product. The pattern seemed to suggest that Allain was testing a theory of sur-contamination and immunization. He had reason to believe that AIDS was multi-factorial; that is, that the acquired-immunodeficiency syndrome came not from one retrovirus but from what virologists call "opportunistic viruses," attracted to or encouraged by seropositivity, or not even from viruses at all. The researchers say now, in retrospect, that Allain was trying to prove that the retrovirus could function like a vaccine, and end up stimulating antibodies to produce immunity in the hemophiliacs who received it. This, alas, is not what happened.

At their trial, Allain and Garretta claimed that they were *dans le doute*, that in 1985 everybody was in doubt—about the disease, about how it spread, about how many seropositive patients actually got it, and about how many of those patients would actually die. They knew they were taking risks, but "statistical risks," with their unheated concentrates. The doctors on trial with them—Jacques Roux, the Director General of Health in 1985, and Robert Netter, the director of the National Laboratory of Health—knew that *they* were also taking "statistical risks." They did not say that those risks were more like certainties, because the unheated concentrates were known to be contaminated and at least potentially harmful.



They did not say that the risks were different from the statistical risks you took when you crossed the street and "risked" being run over by a car, or even when you tested medicine that you thought was good but that *could* be harmful. They thought that if they were on trial, then the Health Secretary and the Minister for Social Affairs, and even the Prime Minister—all of whom were also *dans le doute*—should be on trial, too, and so, for that matter, should their medical advisers, and every doctor who had sent a hemophiliac home with a vial of Factor VIII, and even the hemophiliacs running the French Hemophiliacs Association, who knew the literature and ignored it.

The French code of medical ethics, which, as doctors, they were bound to follow, says that doctors in doubt do not risk lives unless they are acting in emergencies, trying to save those lives, or unless their patients agree with a "*consentement éclairé*." The truth was that most of the hemophiliacs getting AIDS-contaminated plasma concentrates in 1985 were not in danger—except, of course, from those concentrates. Nor had they consented to be put in danger. The hemophiliacs were getting their concentrates for home use, as prophylaxis—"comfort products," the French called them. They were part of a program—a marketing as well as a medical program, and somewhat contested by the experts in other countries—to provide hemophiliacs, and especially hemophiliac children, with normal lives by building up their coagulant capacities before accidents happened, and sending them off (to much publicity) on ski trips and sports holidays. Their parents welcomed the program and, in fact, had fought for the program, but it is unlikely that any parent whose son is dying now would have agreed to risk his life, even "statistically," for the sake of a few tumbles on the beginners' slopes at Chamonix.

A THIRTY-YEAR-OLD hemophiliac named Christian Garvanoff delivered the first complaint in the *affaire du sang* to the Paris Tribunal on April 4, 1987. The complaint was quickly dismissed by the General Prosecutor, and Christian died of AIDS on February 19, 1992, four months before the case finally came to trial. His brother Gabriel had

already died, but a third brother—a half brother—was still alive, and this brother, Jean Peron Garvanoff, had kept filing charges until the prosecutor ordered an investigation, and the process known here as an *instruction* started. Jean Peron Garvanoff used to play jazz piano. Back when his name was simply Jean Peron—before he added Garvanoff, "in solidarity" with his half brothers—he worked the jazz clubs with a famous French drummer known as Moustache, and started talking music with Dr. Allain. The brothers were all patients of Allain's, but Peron Garvanoff considered himself a special patient—if not a friend at least "a friend in music," because Dr. Allain liked music and had invited Jean to play the piano when he and his wife entertained. Jean learned from Allain in August of 1985 that he was seropositive. In 1987, he learned that he and Christian had been subjects in one of the Allain research protocols: it followed the effects of different heated and unheated blood concentrates on four hundred and five hemophiliacs during the period between September, 1983, and March, 1984. Jean says that at the time neither of them knew they were part of any protocol. It is a "betrayal" that haunts him. He is dying now, and he blames Allain—for himself and for his wife, who has AIDS, too.

Jean Peron Garvanoff lives in Nemours. It is fifty miles from Paris—an hour's drive on the A6—but he came to every session of the trial, which began in June of 1992, and all but one session of the appeal, which was heard this spring and summer. He had been waiting more than four years. He does not say "waiting since 1988," which is when he filed the suit that made him a civil party to the prosecution. He says, "waiting since the year before François Mitterrand awarded the Legion of Honor to Michel Garretta for 'exceptional services' to French medicine." By the time of the appeal, he was much weakened by the disease. He told me that he "owed it to Christian," and to what he called "*la mémoire*," to be in the courtroom every day, sitting quietly, listening, nodding, swallowing pills when his pain was bad, making notes in a trembling hand, and occasionally, when the arguments for the defense distressed him, shouting "*Assassins!*" at the doctors. As he weakened, his shouts were more like whispers in the courtroom. Peron Garvanoff is a big man, and he displayed

LOCAL SUPERSTITION

O my old night house.
I walk your property again
under five white stars
to see my rusted fence, my rock,
my maple tree—still there,
still chillingly legitimate.
Deer in the dark
move along the wood line
like the ghosts of débutantes
who've died violently and don't remember.

In my pocket your keys
on the galvanized ring,
hard old shiners
dying to be used.
I'm tired of their obsessive pleading.
I won't go through your doors,
afraid as I am of the dogs,
the basement. She's in there,
accusatory, sad,
sitting with her 12-gauge shotgun
and her big tin pots.

What about the analyst,
that expensive friend
who'd intercede for a fee?
What will he do with his candle,
stuck on the first step
down into your storm cellar,
a Grendel waiting for him,
prehistorically hungry?

No need to summon the professionals.
No remuneration
for hankering around the night house.
I crouch judiciously behind my rock
reciting weird Norwegian names
to drive off the doppelgänger.

Will her voice come back tonight
to this periphery?
I used to swear I'd follow her
to caves in the Carpathian Mountains,
that I'd bear up
under the rain-heavy docks of the world
like a human cantilever.
But even this last vow
has fetched up on nails.

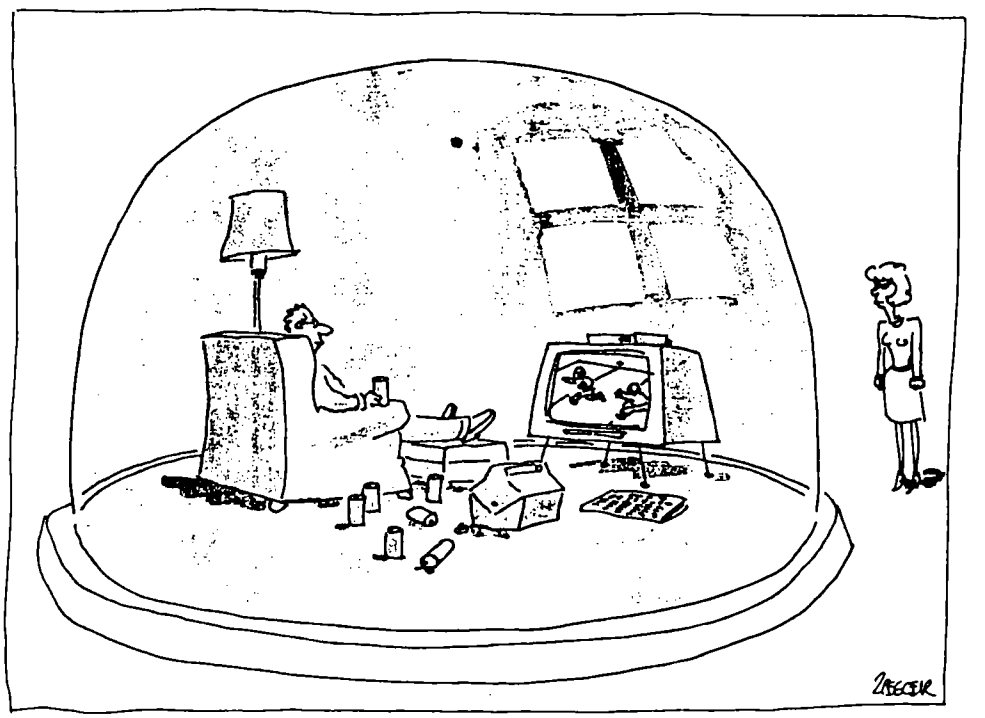
—JOHN FOY

the curious, soft frailty of big men who have lost their force. He looked diminished, as if he were sitting in his own shadow. It was obvious how much effort his trips to Paris cost him, but he always arrived dressed in a jacket and tie. On July 13th, the sweltering day when André Cerdini—the president of the Thirteenth Chamber of the Paris Court of Appeals and the judge who six years earlier had sentenced Klaus Barbie in Lyons—read the appeal verdict, he had added a winter scarf. He kept his vigil, but he never promoted himself, the way some of the other plaintiffs did, by looking for reporters or passing out documents or trying to sell their stories. People in the courtroom liked him for his courtesy, and his patience, which over the years of waiting never frayed.

He had trouble with lawyers. At first, no one he asked would take his case—not even the famous courtroom nihilist Jacques Vergès, who had represented Barbie and (among others) the terrorist George Ibrahim Abdallah. Vergès once told me that he offered himself to any client who fitted the strategy he called "*rupture*"—by which he meant a client whose case would expose the hypocrisies of the French élite and shatter the social and political equilibrium. But when Peron Garvanoff asked him he said no. By the time of the trial, Peron Garvanoff had been through six lawyers, who liked the publicity but not the work, and seem to have treated him with condescension, if not contempt—"like a terrorist myself," he says—because they couldn't imagine anyone connected with the blood of France behaving badly. The lawyers who stayed interested in Jean Peron Garvanoff were lawyers who saw the case to some political advantage. In 1991, Vergès wrote Peron Garvanoff to say that he had "reconsidered," but by then Peron Garvanoff had stopped looking on the left and had accepted the offer of an ex-deputy from the Front National.

The lawyer's name was Georges-Paul Wagner, and he was the Party's lawyer, as well as Jean-Marie Le Pen's lawyer. Peron Garvanoff liked him. He says, "I was reassured that finally I had found a lawyer who would fight to the end." And Wagner was clearly interested in Peron Garvanoff. The Front National practices its own *rupture*; it wants to convince the French that AIDS is a kind of medical miscegenation—a plot by leftists and foreigners to degrade the race and poison the blood of innocent Frenchmen. The year that Christian Garvanoff filed his first complaint, Le Pen was on the hustings with a plan for putting foreigners with AIDS into camps (the camps are an idea he shares with Fidel Castro) until they were deported or died, and a Front National doctor went public with the news that the disease was "secreted" through African sweat and African tears and then carried to Frenchmen by mosquitoes. The year that Jean Peron Garvanoff got his lawyer, there were posters on walls all over France—they were traced to the Party's printer—which featured a torch with a flame of letters that spelled out "*Socialisme, Immigration, Délinquance, Affairisme*," for SIDA, the French acronym for AIDS.

ARNAUD MARTY-LAVAUZELLE, a gay psychiatrist who is the president of an advocacy group for people with AIDS, says that Le Pen in fact offered to pay the costs of any hemophiliac who went to court. By the end of the trial, sixty-five civil suits were attached to the prosecution, and more than twenty lawyers were involved, and there were rumors that some of those suits had indeed been underwritten by the Front National. The connection distressed AIDS activists, who worry about anything that divides AIDS victims—in the victims' minds and, especially, in the public mind—into "good victims" and "bad victims," or, more accurately, into innocent victims, like the hemophiliacs, who didn't "deserve" to be infected, and guilty victims, like Marty-Lavauzelle himself, who by implication deserved the AIDS they got, or, at least, brought it on themselves. It was a worry much encouraged by the popular press, which discovered in the scandal all the ingredients of the *faits divers* that French people like to follow—beautiful dying children, grieving parents, chilly villains, and a disease of dark, carnal origin corrupting innocent French blood. The activists claimed that the coverage had very little to do with the hemophiliacs or their cause. They said it had to do with xenophobia and with homophobia—with making people afraid—and with exploiting a common confusion between race and nation. Last spring, in Nice, Le Pen put a hemophiliac with AIDS on the Front National list of candidates—an official innocent Frenchman contaminated by Socialism, immigration, delinquency, and profiteering. The candidate lost, having little but his disease to recommend him. But the Socialists lost more. They lost their majority and, with it, the government, and they lost in large part because of scandals involving an abuse of the public



BIOSPHERE 3

trust—the one thing they had promised to eliminate.

The *affaire du sang contaminé* was only one of those scandals. But it was certainly the most dramatic and the most painful, and it lasted the longest. People called it the most shocking example of Socialist cynicism and neglect in the twelve years of François Mitterrand's Presidency. The right, of course, was happy to stand back and let fanatics hang posters and see the Socialists shamed. The right made a great deal of the fact that the Socialists who could be said to have colluded in the distribution of contaminated blood—Laurent Fabius, who was Prime Minister in 1985, and his Health Secretary and his Social Affairs Minister—were not on trial. It did not much matter that the people who *were* on trial had never been Socialists, then or now. The right beat the Socialists without losing a single seat in the Assembly to the Front National, and then most politicians on the right stopped accusing the Socialists of anything more than bad judgments *dans le doute*, which was pretty much what the Socialists had decided to say about themselves. Most people on the right figured, reasonably, that, if they succeeded in punishing the Socialists, the Socialists would find a way to hold them to account for *their* old scandals.

There was never much protest about the way the Socialists managed their scandal—not even when, in 1989, they tried to stop the scandal in its tracks by offering a hundred thousand francs to any hemophiliac with AIDS who agreed to renounce all claims against the state and signed a paper saying he would not press charges. Nearly all the hemophiliacs—a thousand of them—did sign. Two years later, the courts recognized the financial responsibility of the state in the blood scandal, and eventually an indemnifaction law was passed, making the old agreement invalid.

PERON GARVANOFF did not sign, and neither did the hemophiliacs represented by a Paris lawyer named Georges Holleaux, who had filed the only really serious charge that the Tribunal, under tacit if not explicit pressure from the government, was likely to accept once the scandal broke—or, more accurately, once the hemophiliacs started dying and a medical journalist by the name of Anne-Marie Casteret started publishing stories so incriminating that some sort of investigation was inevitable. Georges Holleaux had five clients, among them a young hemophiliac who had actually stayed for a while at the Allains' house and had been a subject in one of the doctor's protocols. That hemophiliac may also have felt "betrayed" by Allain, but Holleaux says that, being a practical man, he himself was less interested in the ambiguities of betrayal than in winning cases. He accepted the fact that the court was refusing, and would probably go on refusing, to consider the kinds of charges that most of the hemophiliacs wanted. He accepted that no one was going to be tried for poisoning or for manslaughter, or for any other crime that could by definition be extended to include the medical advisers from Laurent Fabius's 1985 Cabinet and even, at the level of a High Court of deputies and senators (the only way a French politician can be called to account for crimes or misdemeanors committed in national office), to Fabius and the ministers themselves. He started studying the case, and eventually came up with an old law, written in 1905 to cover the misdemeanor of merchandising fraud—*tromperie sur la marchandise*—and amended in 1978 to include all medical products and services. He says now that, as far as he was concerned, people like Peron Garvanoff, talking about assassins and *la mémoire*, were beside the point of practical justice. Practical justice meant indicting the men who had actually sold the contaminated blood, and who, as producers and "merchandisers," would not be able to hide behind the argument that they had been waiting for stop orders from Laurent Fabius's Cabinet. Holleaux looked at his copy of the Code Pénal and thought, he told me, "A lawyer could do something interesting with that old law." In the fall of 1991, ten years after the first reported case of AIDS and four years after the first French hemophiliacs filed their complaints at the Tribunal, Jean-Pierre Allain and Michel Garretta were indicted for the misdemeanor of merchandising fraud. For good measure—symbolic measure, since it was probably as high and as far as the prosecutor dared to go in accusing anybody from the government—the court added Peron Garvanoff's charge of "non-assistance to persons in danger" and indicted Robert Netter and Jacques Roux.

It was said at the time that the Socialists considered Netter and Roux "expendable"—Netter being a bureaucrat with no particular political connections, and Roux being an old Communist with connections that the Socialists wanted to forget. By then, the Socialists had agreed to agree that "the system" hadn't worked, that the system was dysfunctional and sloppy, and whatever else they called it, but then the system was not on trial, and neither were most of the people who claimed, with Georgina Dufoix, who had been Minister for Social Affairs in 1985, that *dans le doute* they were "responsible but not guilty." It was not a distinction that meant much to the hemophiliacs, for whom the fact remained that those people knew the blood lots at the Centre National de Transfusion Sanguine were contaminated. In July of 1985, the Prime Minister probably knew and Mme. Dufoix certainly knew and so did Edmond Hervé, the Health Secretary. Their medical advisers knew, and most of the AIDS researchers in the country knew, and many of the doctors treating hemophiliacs knew. And while those people discussed the problem, at length, among themselves, and even argued about the problem, no one with the power to stop the sale of contaminated blood stopped it, and no one without the power to stop it quit a job in protest, or talked to the press, or warned a patient until it was much too late to have saved his life.

THE statute of limitations on the misdemeanor called *tromperie sur la marchandise* is three years, which means that, for the purposes of a trial, the period of fraud at the Centre National de Transfusion Sanguine began on March 21, 1985—three years to the day before the General Prosecutor accepted Georges Holleaux's deposition and turned over the dossiers to a *juge d'instruction*, with orders to open an investigation—and ended on October 1, 1985, when the distribution of contaminated blood stopped. By French law, the examining judge—her name was Sabine Foulon—had her choice of investigators. She called on Lieutenant Colonel Jean-Louis Recordon, the man in charge of the criminal-investigation unit at the Gendarmerie Nationale, and the Colonel, as he puts it, started "track-

ing" the French medical establishment.

Recordon is a legendary Paris sleuth. He worked on the *affaire du sang* the way he worked on all his cases—with the assumption that everyone he met was harboring guilty secrets. He took no one at his word. He had what one of the doctors called "an alarming enthusiasm for his job." He liked talking to reporters, though he never went on the record with his information, and it was said that a lot of that information actually came from *them*. He talked to reporters about the day he arrested the collaborator Paul Touvier in Nice, and about the day he discovered the Noriegas running fake French champagne from Cuba to the United States, and about the day he broke the French connection of the Japanese mafia, and when he had finished investigating the doctors he talked about the day he refused to be taken in by Michel Garretta's charm. His investigation lasted three years, and people say that it was often blocked at the Tribunal by (or, at least, because of) the politicians involved in the affair. Once, it was blocked for nearly a year. It unblocked when Anne-Marie Casteret got hold of the minutes of a meeting at the Center in May of 1985 at which Garretta decided to keep his contaminated Factor VIII on the market; she printed extracts in the weekly *L'Événement du Jeudi*. The investigation took Recordon to Austria, where Garretta had been negotiating with a blood company called Immuno for a transfer of heating technology, and to America, where Garretta later put money in companies with Center connections. The Colonel says he had no trouble collecting evidence—even evidence as to who was *dans le doute* about AIDS in March of 1985 in the rest of the medical world. A lot of doctors are not so sure. The doctors think that the idea of asking a *gendarme* to evaluate scientific doubt, as if it were a protection racket or a bag of crack, was fairly criminal itself. The court did not call any expert witnesses on its own behalf.

The Colonel did not go into the files at the Prime Minister's office or into the various files where the logs and calendars and correspondence of Fabius's ministers and their medical advisers were stored. He looked at the files at the Direction Générale de la Santé, where Jacques Roux had kept his records. Those files had been emptied. He says, "I wanted to be correct," but he really had no access to the kinds of papers that might have explained why the government was at the very least collusive; why no one ordered Michel Garretta to switch to heated stock, the way the German Health Minister had ordered *his* producers to switch, after a conference in the summer of 1984 had made it clear that commercial blood lots filled by collects were by then, and almost by definition, contaminated; or why, once Garretta had to heat, no one stopped him from selling off the stock he had. It was obvious to the Colonel that, while he had the authority "to ask politely" (his words) for those papers, he had no authority to walk in and take what he wanted. The ministers were immune, and their medical advisers, as such, had no legal identity or status. Legally speaking, they *were* those ministers—the French say "emanations" of those ministers—and this meant that from the point of view of a policeman looking for a piece of paper the advisers were immune, too. Some people said that Recordon was "too polite," and wondered why. But not many politicians did, except, in a manner of speaking, Fabius, who at one point asked to waive his immunity and offered himself up to "ordinary justice" in order to clear his name. Most politicians here defended what they called "the principle" of immunity. They argued that their extraordinary privilege was "in the interests of the democracy"; that because it dated from the Revolution it was a "revolutionary idea"; that it was an "expression" of the separation of judicial and political powers. (Other people said that the horrible irony of the *affaire du sang* was that while the hemophiliacs had lost their immunity the politicians kept theirs.) The politicians thought that the voters of France were their courtroom—their only appropriate courtroom. They said that "the translation of political into penal responsibility" would put them at the mercy of the masses and cripple their freedom to make decisions for the people. They had a peculiarly Leninist notion of their privilege, if they were on the left, and, if they were on the right, an almost monarchist notion. It amounted to the same notion, only the politicians didn't say "vanguard" or "aristocracy" when they were describing themselves. They said "the political class."

After three years of investigation, Recordon and his *juge d'instruction* were left with what he calls "four incontestably responsible" people to recommend for indictment and one "maybe responsible"—a doctor named Bahman Habibi, who had been in charge of distribution at the Centre National de Transfusion Sanguine and had signed an order that Garretta dictated in July of 1985, instructing his distributors to continue selling their contaminated stock to seropositive hemophiliacs until the stock was gone. Dr. Habibi was not, in the end, indicted, although he was cited often in the appeal's verdict. Certainly, the verdict itself—four years in prison for Dr. Garretta; four years, two of them suspended, for Dr. Allain; four years, all of them suspended, for Dr. Roux; and a one-year suspended sentence for Dr. Netter, who had actually been acquitted in 1992—did not resolve the problem of the *affaire du sang*. Even the examining judge had said that she could have indicted a hundred people, or no one at all. Two doctors went to prison, but nobody answered the questions people in France were asking about why the *affaire du sang* happened or in whose interest it happened. Nobody enlightened anybody else about the deals struck or the ambitions served or the silence purchased long before March 21, 1985, when, from the point of view of the law, the four doctors and the honor of France parted company.

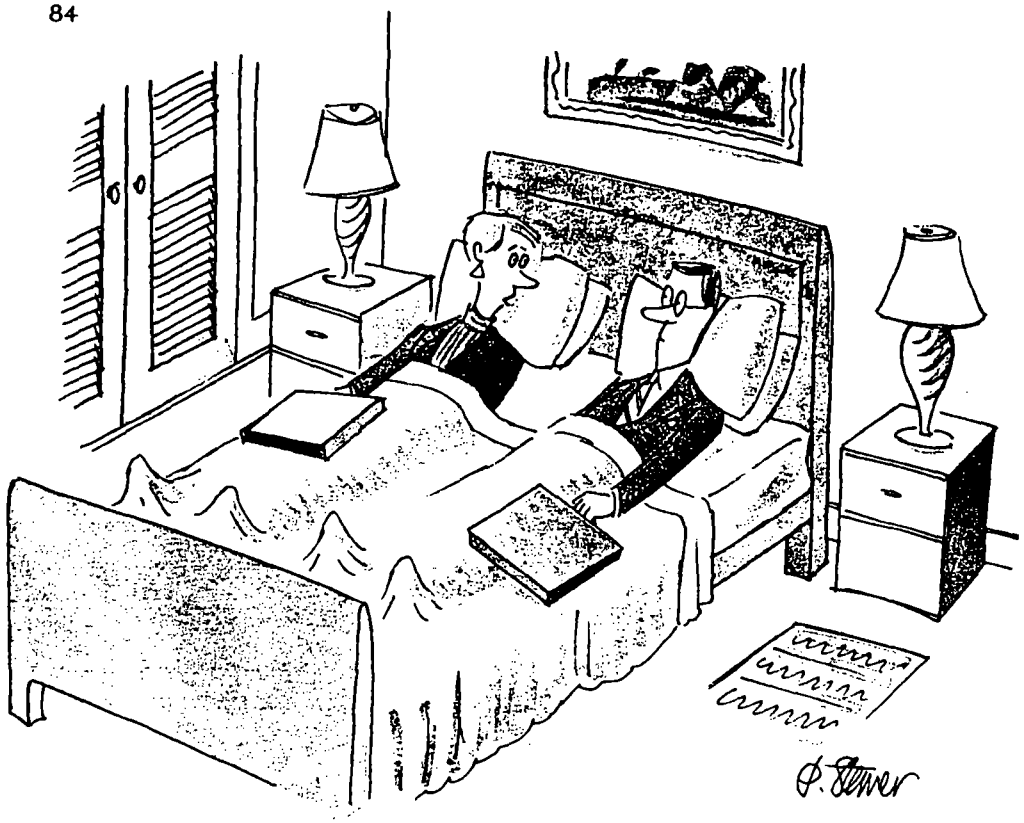
PEOPLE talking about the *affaire du sang* rarely start where the law does. They start in 1981, when the first AIDS cases were reported and, as Colonel Recordon puts it, "all the French kids who had gone to Kathmandu, shot heroin, had homosexual experiences said, 'Not us, it's only Americans who get it.'" Or they start in February of 1983, when Luc Montagnier, at the Institut Pasteur, announced the isolation of the AIDS virus, and the government, which had tended to ignore the people at Pasteur, began to suspect that this was the discovery that would bring back some of the scientific glory France had known in the days of the Curies, and of Pasteur himself. Or they start a few months later, when Laurent Fabius be-

came Prime Minister and took an old director of Pasteur, François Gros, as his chief scientific adviser, and glory began to become a policy, a "France for the French" project for Pasteur (and, indeed, for the Centre National de Transfusion Sanguine) that was not so different from the policy the Socialists pursued when they tried to ban English-language abstracts in their scientific journals. The idea of "scientific self-sufficiency," as the Socialists called it, was something that translated quickly and directly into a declaration of war against American science, for everything from prestige and prizes to publications and markets, and the war was joined in May of 1984, when Robert Gallo published a photograph of Montagnier's virus in *Science*, and claimed that *he* had isolated the virus, too, in his Washington lab.

AIDS researchers here tended to welcome the war. They said that French science had been a "colony" of American science for much too long, and there must have been some truth in that, because the government really started to support their work only after the American Secretary of Health and Human Services, announcing the Gallo "discovery," thanked the people at Pasteur. (It was almost an afterthought.) Part of the war—the project for scientific self-sufficiency—involved the blood factory that the government was building for Michel Garretta in Les Ulis. Garretta's factory was going to turn France into a "superpower of the blood world." It was going to revolutionize the treatment of hemophilia. It was going to replace the cryoprecipitates that used to be prepared in local transfusion centers—using the blood of local *bénévoles* and the fairly homespun methods of local doctors—with industrial concentrates, mass-produced in lots of five thousand units, and sold not only at home but all over Europe. France's comfort products were going to corner the market, although the government never talked publicly about markets; the government talked about Brussels and a European Community directive for "self-sufficiency" in blood. To this end, it had withdrawn the permission to import from every other blood-processing transfusion center in the country—there were seven in all, including Garretta's—and given Garretta an import monopoly on all the foreign plasma and plasma products used in France.

Garretta, as it happened, was on very good terms with the American blood companies. From 1988 until 1991, Haemonetics, in Boston, paid him twelve thousand dollars a year just for sitting on its board, and provided him with stock options; he took twenty-seven thousand shares. One of Garretta's *boites de recherche*—the research labs in which he invested Center money—was in America, too. (Last year, a reporter at *Libération* claimed that the money in that *boite* had "evaporated," which led her to conclude that Garretta's investments were something of a "screen.") Garretta was even on good terms with Baxter Travenol's subsidiary Hyland Therapeutics, which started heating its plasma products in May of 1983. Company officials wrote to Garretta to let him know they were heating. They warned him about contamination in unheated products.

Baxter Travenol had begun to test heated plasma concentrates in 1978, because of the risk of hepatitis B—"serum hepatitis"—in transfusions. (Hepatitis A, or "infectious hepatitis," is a milder illness, and is rarely transmitted by blood.) Scientists at the company discovered that by heating the concentrates at a hundred and forty degrees Fahrenheit for seventy-two hours they effectively killed the virus for hepatitis B, and eventually—almost incidentally—they discovered that they killed the AIDS retrovirus, too. Their letter to Garretta arrived at the Centre National de Transfusion Sanguine two and a half years before Garretta switched his own factory to heated products. It was a form letter, and it turned out to be something of an exaggeration, since the company was still selling unheated products to Japan in 1985. (The Japanese wanted their own monopoly on heated products.) It offered, at a cost of thirty per cent less than the cost of the unheated plasma products available in France, to supply Garretta with the company's new heated Hemofil T (the "T" was for "treated") Factor VIII and Factor IX, which were the concentrates corresponding to the two protein deficiencies that cause hemorrhaging in hemophiliacs. Garretta did import a small amount of heated Factor VIII in 1983 and during the first eight



"It's not you, Rob. It's just that things are moving a little too fast."

• •

months of 1984—just enough for Allain's protocols. In August, a month and a half before he became the director of the Center, he began to supply the patients at the Center (and at the blood banks it serviced) almost entirely from his new factory. When Allain needed heated concentrates, Garretta sent plasma powder to the Immuno factory, in Vienna, and Immuno heated it and sent it back.

Garretta's argument at the trial was that American blood, being "mercenary" blood, carried a much higher risk of hepatitis, and that was certainly true before the Americans started heating. It did not have much to do with the reality in 1983, when the Americans *were* heating, although some doctors did suspect that there were other problems with heated Factor VIII in 1983 (problems with antigens, for example). The real problem for Garretta was that the factory at Les Ulis was built specifically for the production of unheated concentrates. It had to produce something—the government had already spent a lot of money for it—and at the time Garretta lacked the technology to convert it. It may be that he was stubborn or incredulous or, as an industrialist "on the cutting edge," embarrassed. It may be that he wanted his factory to show a profit. It may even be that he believed Allain, whose early research seemed, astonishingly, to indicate that there was "no relation . . . between AIDS and transfusion," although at the time of those first trial tests no one could really say how long it took a seropositive patient to develop the symptoms that could properly be diagnosed as AIDS. Certainly the government did nothing to persuade Garretta to act responsibly, or even honestly. Jacques Roux, as the only Communist left in high office in a Socialist administration, was not notably well disposed toward Garretta, who, if he had any politics at all, was said to be closer to Jacques Chirac and his Gaullist party than to Roux *or* the Socialists. (Roux, in fact, refused to enter the Center once Garretta's appointment was confirmed.) Edmond Hervé, the Health Secretary, didn't like Garretta any better; nor, for that matter, did the Socialists running the Finance Ministry and the Social Security office and any of the other offices that could have pushed him or threatened him, or even helped him. It may be that they wanted to see him ruined, or that they were not only *dans le doute* but entirely in ignorance—about AIDS, about blood, about the workings of the Centre National de Transfusion Sanguine—the way almost everybody else in France was. But it may also be that they were dupes of a misguided patriotism, and couldn't believe that—in this, at least—France was "wrong." No one is saying, even now. All that anyone can say for sure is that Garretta did not have the technology he needed to stabilize a heated molecule of Factor VIII, or the money he would have needed to adapt his machines to that technology if he had had it. Someone was going to have to pay, and Garretta couldn't. He and his lawyer already had plans to "revive" the Center with a private, commercial, profit-making sector. (They called it Espace Vie, a name that was quoted, with some rancor, by the hemophiliacs at his trial.) He had plans to put himself, and the Center, in twenty sister companies. He supported those plans with the sale of blood products.

In July of 1984, scientists at an international conference on transfusion, in Munich, warned everyone in the blood business to heat concentrates; Garretta kept producing and selling his unheated products. In October, the Centers for Disease Control, in Atlanta, announced that heating was an "absolute necessity"; Garretta kept selling. He did not stop in November, when a young French epidemiologist named Jean-Baptiste Brunet, who worked for Roux at the Direction Générale de la Santé and was known in Paris for that work as "Mr. SIDA," reported to a special commission on blood transfusion that ten per cent of all the people testing seropositive were certain to develop AIDS within the next five years, and that the only way to save the hemophiliacs was to start heating Factor VIII or, by implication, to start importing it. He did not stop in December, when a professor named Maurice Goudemand, who ran the blood-processing center in Lille, took his losses and started heating. One by one, the other blood-processing centers stopped distributing unheated products, but Garretta kept selling. Allain produced the results of a second clinical-research protocol: thirty-five per cent of the seronegative hemophiliacs he had

treated and tested through the Centre National de Transfusion Sanguine were now seropositive. Garretta kept selling. He said later that the medical wisdom then was that "only ten to twenty per cent" of those seropositive patients would develop AIDS, and that AIDS itself was not necessarily any more fatal than hepatitis. He took the "statistical risk." He continued selling in March of 1985, when Brunet reported to Roux that all the blood lots in Paris were "probably contaminated," and even in June, when he himself complained to Robert Netter that the lots were contaminated. He refused to order uncontaminated concentrates from the United States, or even from Dr. Goudemand, in Lille, who twice offered to supply them. (He said that Goudemand was trying to penetrate his market.) The only heated Factor VIII at the Centre National de Transfusion Sanguine in the spring of 1985 was the Factor VIII that Dr. Allain needed for his protocols. Allain told the doctors who wanted it for their own patients that none was available. At the trial, it was estimated that on March 21, 1985, the day the *tromperie sur la marchandise* began, the cost to the Center of recalling and replacing its contaminated Factor VIII and Factor IX would have been forty million francs, which at the time was four million dollars.

Garretta spoke to seven of his deputies at the meeting he called on May 29, 1985. The minutes, which were stamped "Confidential," have him saying that, although it was "statistically shown" that all the Center's lots were contaminated, it was up to the *autorités de tutelle*—the "supervisory authorities"—and not to him, to take the responsibility and ban them. Netter and Roux claimed later that they hadn't banned them because it was up to the Health Secretary. The Health Secretary said that it was up to the Minister for Social Affairs. The Minister for Social Affairs claimed that medicine was not "my specialty." The Prime Minister said that he didn't know. In fact, the government never did order Garretta's unheated products off the market. What the government did, on July 23, 1985, was announce that in ten weeks' time the Social Security office, which handles health insurance here, would stop reimbursing them. The government gave Garretta his chance to unload the contaminated stocks he had.

It wasn't enough time for Garretta. In August, he complained to the president of a group of transfusion specialists about holding three million francs' worth of contaminated concentrates that were "barely selling," and in October he complained again, saying that all the "unfortunate publicity" about heated products had hurt his sales of the contaminated products that were left. He has said in his defense that by the summer of 1985 he was shipping unheated Factor VIII only to hemophiliacs "known" to be seropositive already. (That decision was not just his; it was made with the consent of the French Hemophiliacs Association.) He has said that he asked for "orders" to distribute heated products: he had written in May—to Jacques Roux's office—that it was "absolutely urgent" to start, because in his opinion a delay of even three months meant "the death of five or ten hemophiliacs and certain of the people close to them." (The reality was closer to fifty.)

Garretta produced that letter at the trial. Everyone produced letters, and put the blame on whoever received them, but the hemophiliacs took his letter as proof that he knew exactly what he was doing, and was covering himself in the event of an investigation later. Garretta's defense was that he hadn't known that a delay meant death to *all* the hemophiliacs who used Factor VIII. He did know that those "five or ten" would die, and that so would "certain of the people close to them." Allain knew, and he also produced a letter—a letter he had written to Garretta early in January of 1985, which put him on record as having warned his boss about the level of contamination among his patients and about the risks that Garretta was taking. But he is not known to have warned any of those patients—not even the ones who were getting unheated concentrates, as many of the protocol patients were—except the boy who had been staying at his house. In December of 1984, he told the boy to stop using unheated Factor VIII. Georges Holleaux claimed at the trial that by December the boy was already infected. The Centre National de Transfusion Sanguine produced seventy or eighty per cent of the coagulants sold in France, and it is known now that the rate of infection among Allain's patients was the highest among any hemophiliacs in the country.

THERE are only five thousand French hemophiliacs, and only three thousand of them are "major" hemophiliacs—meaning hemophiliacs with little or no coagulant enzymes in their blood. But the hemophiliacs were big business in the early eighties. Their comfort products were expensive. They cost between a million and a million and a half francs a year in health insurance for a single patient. They depended on enormous stocks of whole blood from the *bénévoles* or on plasma stocks or refined coagulants from abroad. Factor VIII was a highly concentrated product—it took the blood of four or five thousand donors to produce one lot of Factor VIII—and it was by definition risky. The process of mixing and extracting and stabilizing and concentrating Factor VIII made it risky. Factor VIII was much easier to administer than the old concentrates, but it was also known, at least by March 21, 1985, to be much more difficult to control. The "evidence" on March 21, 1985, was indisputable: when one of the five thousand donors contributing to an industrial lot of Factor VIII was seropositive, the entire lot could be said to be contaminated—unless, of course, that lot had been heated first.

Most of the doctors treating hemophiliacs knew this. Yvette Sultan, a doctor from the Hôpital Cochin and an admitted enthusiast of comfort products, took part in Allain's third protocol, and at the trial she claimed to have asked Allain repeatedly for Factor VIII that was heated. She said that when he refused to provide it she did what she could to get it. She complained to Jean Bernard, who was the most important blood specialist in France as well as the Center's outgoing board chairman. Bernard told her that the risk of anybody's dying from AIDS was small—"smaller than hepatitis" was what he often claimed. She complained to Jacques Roux, who listened and dismissed her.

It was said, in 1985, that hemophiliacs were "not an electoral problem." It was said that hemophiliacs cost more

than they were worth to a politician out looking for votes—more, anyway, than the fifteen-to-twenty-per-cent increase in price for heated domestic Factor VIII that someone would have to pay, *dans le doute*, until the doubt was gone. Doubt, of course, was what was at issue at the trial. Brunet was the first doctor to warn the government about the contaminated lots, and even he says that it is "too easy," knowing what everyone knows today, to fix the guilt in the *affaire du sang* on policies made and decisions taken in 1985, when AIDS research was full of contradictions, and AIDS doctors expected a quick cure, and nobody really knew what it meant to be contaminated. The Prime Minister was not an AIDS expert. The Health Secretary, Edmond Hervé, was not an AIDS expert. He was a provincial politician, and certainly not very reflective. He preferred his cronies at the *mairie* in Rennes (he was the mayor of Rennes) to the medical journals in his Paris office, and his main concern when it came to AIDS was to keep American AIDS tests off the French market. The Social Affairs Minister, Georgina Dufoix, was a born-again Christian who believed in the power of love and *la médecine douce*—alternative medicine. She knew so little about serious research that she announced the end of the AIDS crisis after three doctors no one had ever heard of came to her with a "cure" involving a cyclosporine immunodepressant they claimed to have perfected. She called a press conference and told the reporters that the "spectacular" scientists standing beside her had solved the problem of AIDS by treating "the bad with the bad." The doctors, it turned out, had based their cure on eight days' work with two patients. One of the patients died eleven days after the press conference, and the other died a few days after that, but the doctors got very good jobs—and they still have them.

It has to be said that in 1985 the miracle cure was anybody's guess. Patients had no choice except to believe in the doctors they chose, and patients with hemophilia—especially children with hemophilia—were particularly dependent. Hemophilia left them dependent on everyone—on *bénévoles*, on doctors, on parents who looked to their comfort products as a lifeline to "normalcy," and were encouraged to administer those products themselves, at home, because home was so obviously more normal

ARTIST AT LARGE BY BOB KNOX

than a transfusion center or a hospital. The anthropologist Françoise Héritier-Augé (who is also the president of Mitterrand's National AIDS Council) has a theory: she thinks that the parents of hemophiliacs must have suffered from tremendous guilt—especially the mothers of hemophiliacs, who carried the deficiency gene but, as women, didn't get hemophilia themselves. She says that maybe this is why they tended to "believe fiercely" in the doctors they chose, as if the right choice would be a kind of exoneration. In any case, they believed in Factor VIII. They were credulous, in the face of whatever evidence they did have, and they lived in a suffocating world of euphemism and reassurance, which their doctors usually tried to lighten with more euphemism and reassurance. Even the doctors who fought to import heated products say that they couldn't in conscience have told parents who were already sick with worry whenever their little boy climbed a tree or cut his meat at dinner that the treatments they prescribed were dangerous—even "statistically" dangerous.

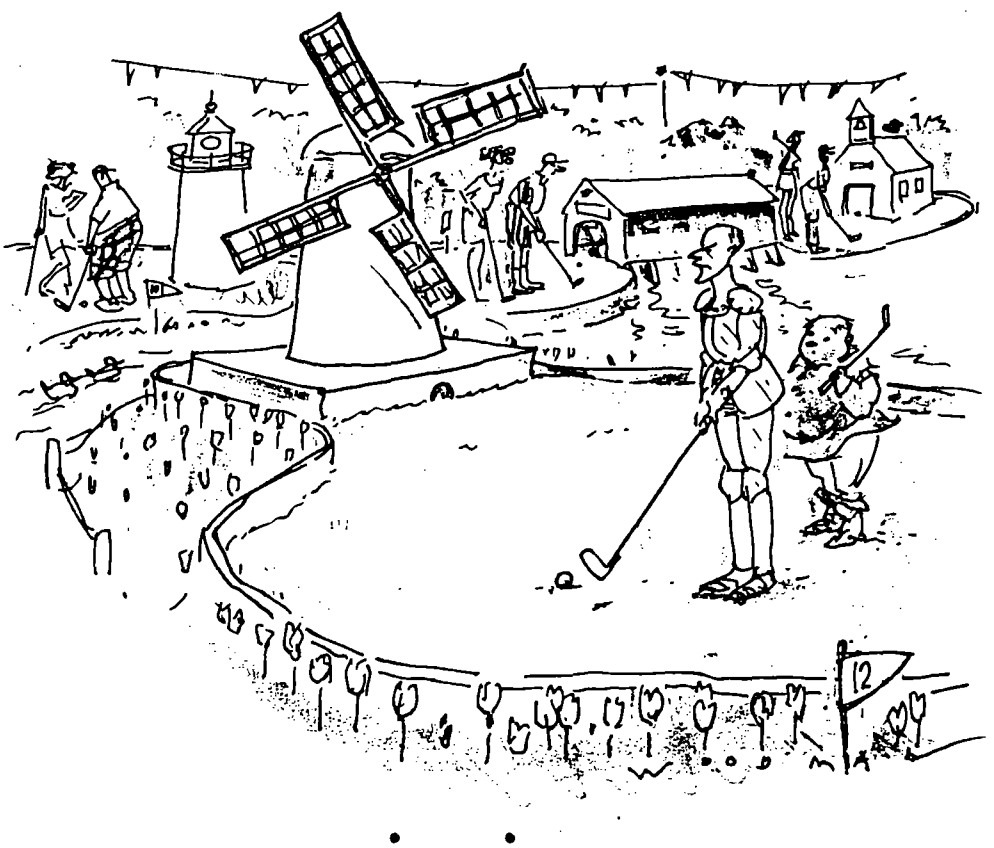
Some of the doctors themselves were ready to believe that AIDS was a myth, "the American disease," and had nothing to do with the blood of France—that the blood of France was the miracle that sent happy children off to the Alps to ski, children who five years earlier could have died from a fracture. Even the people running the French Hemophiliacs Association believed it. They were enthusiasts of Factor VIII, and, in fact, promoters of Factor VIII. They never did what anybody *dans le doute* should have done, which was to abandon the treatment and demand that the doctors go back to their old methods. When the scandal broke, they were more interested in negotiating indemnities than in reflection. It was another kind of exoneration.

It may be that the world of hemophiliacs was in every respect infantilizing. Héritier-Augé says that the nature of the disease made the doctors treating it paternalistic and protective, and Allain himself says that it made them reluctant to alarm and, where AIDS was concerned, reluctant to add to that alarm before the truth about AIDS—who actually got it, who actually died from it—was established. Before Allain went to prison this summer, he told me that in December of 1984 he had "put the subject of disclosure on the agenda." He called a meeting of the doctors working on his protocols, and when the subject came up he told them he was in favor of informing patients about their treatment risks—even in favor of informing patients who had already tested seropositive that they had the disease. The decision was no. Allain says the reason it was no was that the other doctors at the meeting felt strongly that the test, being in its "experimental stage," was not "definitive."

In December of 1984, the new board chairman at the Center, a doctor named Jacques Ruffié, tried to get rid of Garretta. He had managed to block Garretta's confirmation, and while Garretta won in the end—he was confirmed as director, and a few months later it was Ruffié who had to go—Allain thinks that Garretta would certainly have lost if anyone had pressed or publicized the issues of contamination and heating. He is undoubtedly right about that. He never challenged Garretta about the blood in public. No one knows why; most people you ask about Jean-Pierre Allain say that he is "*très ambigu.*" His friends are hard put to it to say what makes him ambiguous, or what he stood to gain from his ambiguity. Allain himself says, "Going public was not the scientific way." He says that the scientific way, "the basic rule of serious scientists," is to stick with your group and publish your findings in a scientific journal and talk to "the public" afterward. His defense has been: "If I had painted myself red and gone to the Health Secretary, people would have said I was crazy." He was determined to stay at the Center "for the patients." He was known to have loved his patients. He wanted to wait it out—until Garretta stopped stalling, until Garretta signed a transfer-of-technology contract with Immuno, until that technology was in place.

Garretta did sign for the heating technology, in January of 1985, but he refused to use Immuno's vats—he wanted French vats—and he told the government that there were going to be "delays." He kept manufacturing his own unheated Factor VIII through May of 1985, and, while he did start distributing heated products in June to hemophiliacs who were thought to be seronegative, he never recalled the stock that was already in homes or on the market—as Dr. Goudemand did in Lille, going from house to house to collect it. The stock had a refrigerator shelf life of two years. A memo from Garretta's "office of technical services"—someone provided Anne-Marie Casteret with a copy—made the suggestion of dumping the stock that was still at the factory "in foreign countries." By June, of course, everyone in the blood business knew what was happening at the Centre National de Transfusion Sanguine. Allain himself had tried going public—he talked to a reporter at *Le Matin*, which never printed the story—and Garretta had tried to fire him, and eventually forced him to resign. Allain stayed until March of 1986 (along with his wife, who was head of diagnostics at the Center), and then he left for Abbott, in Chicago. In April of 1991, seven months before his indictment, he accepted the chair in transfusion medicine at Cambridge, where he is still officially on the faculty.

Some doctors—not many—suspect that Allain was one of the people who provided Garretta's memos to patients like Peron Garvanoff, and even to journalists like Casteret, once his protocols were finished and he had collected his severance pay and was on his way to Chicago. If those doctors are right, the most ambiguous thing about Allain may be that he never imagined the information would backfire, and be used against him. Some of his colleagues say he was blinded by what they call, not always admiringly, "his international reputation." He was never seized by the court, as Garretta was, after the 1992 trial. He continued to teach at Cambridge, pending his appeal, and by the time the appeal was heard the Royal College of Pathologists had issued a long statement in his defense, and the journal *Science* had named him one of the "heavy hitters" of the AIDS world. He was arrested in the courtroom on July 13th this summer, and taken directly to prison. Ten days later, *The Lancet* published an editorial in protest. The editorial was called "Palais d'Injustice." Thirty-seven Cambridge scientists signed a letter supporting it.



Some French scientists regret that no one here published an editorial like *The Lancet's*. Dr. Brunet, who had been considered something of a hero by the hemophiliacs, stunned everyone in court by supporting Allain *dans le doute*. He said that he understood why Allain hadn't quit his job or talked to the papers. He told me, "When you are in the middle of a fight, you don't think of resigning. You think of staying to write more, to pressure more, to make better protocols. You prove you are right that way." Other scientists are not so sure. They think that maybe a better way of describing what happened to Jean-Pierre Allain at the Centre National de Transfusion Sanguine would be to say that a scientist with a new disease to study, a scientist absorbed in his research—obsessed, even, by his research—does not easily abandon it, that the sacrifices he makes in the name of science are not necessarily his own. There were no laboratory animals ready for AIDS research when Allain began his protocols. There was no way to test the effects of blood concentrates—for the rate of viral inactivation through heating, for the rate of infection if you didn't heat—except to give those concentrates to people and test *them*. Allain stopped using seronegative patients on his third protocol. If that protocol was "dubious," as some of the hemophiliacs claimed (since no one knew the effects of recontamination on seropositive patients), there is little doubt about the ethics of the second protocol: seronegative hemophiliacs were given unheated concentrates, and thirty-five per cent of them became seropositive. Luc Montagnier, testifying at the appeal, said, "*Dans le doute*, you always abstain." He neglected to mention that he himself was one of the protocol signatories.

In 1983, a young French immunologist by the name of Jacques Leibowitch wrote a book about AIDS called "Un Virus Étrange Venu d'Ailleurs." Leibowitch was working then at the Hôpital Raymond Poincaré, and, like a lot of other young French doctors, he was trying to find that strange virus in cultures he got from Robert Gallo's Washington lab. Early in 1984, he started working on what he calls "a little artisanal test" for seropositivity. It was in fact not a very sophisticated test. It was an immunofluorescence test—a test for antibodies—and it was also what virologists call a "subjective" test. It left a large margin of interpretative error, and it produced a statistically significant number of false results. Leibowitch says he was "thrilled" to have had a test at all. As he tells the story, his interest in AIDS-contaminated blood began in July of 1984, when his father-in-law was in the hospital for an operation. He called the doctor who ran the blood bank at the hospital—it was the Hôpital Cochin, and the doctor's name was François Pinon—to say that, in an emergency, he didn't want his father-in-law receiving untested blood. What he wanted was to send some blood donors he had screened with his "little artisanal test" over to Cochin, and have Pinon use *their* blood for his father-in-law. Pinon refused. He thought that the idea of a "*transfusion dirigée*" violated the principle of the anonymity and equality of French blood. He offered Cochin blood to Leibowitch. He said it was bound to be "less dangerous than any old blood," because it came from *bénévoles*. Leibowitch refused. The doctors sat down together and worked on what Pinon calls their "ethical problem"; they decided that Pinon would send some "anonymous" blood to Leibowitch, and Leibowitch would test that. Pinon sent, all told, thirty samples. They tested negative. (Pinon says, "It gave me the security to use the blood for other patients.") In October of 1984, he and Leibowitch started testing blood samples on a large scale. By December, they had tested two thousand donors from Cochin and from blood-donor trucks operated by two other Paris hospitals. All of the donors had been screened—they were given questionnaires—and all of them were considered "clean." Some of them had given blood three months earlier. Ten tested seropositive, and everyone who had received their blood turned out to be seropositive, too.

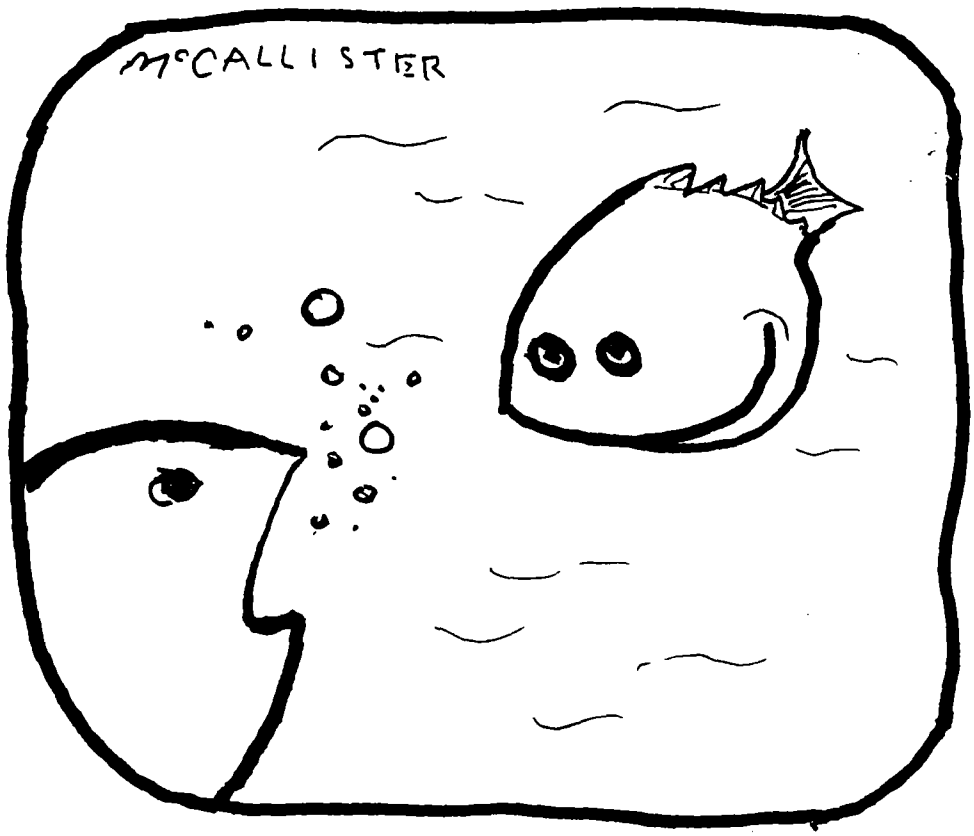
The implications for Paris were enormous—even accepting that a few of those seropositives were false. Blood for transfusion—whole blood—cannot be treated, like plasma, to inactivate a virus. The blood has to be tested and, if necessary, eliminated, and there was no other public testing in place in Paris, which was certain to have a much higher rate of seropositivity than, say, a farming village in Auvergne or a little fishing town in Brittany. Paris was "open." It had homosexuals and drug addicts and immigrants from what were

already considered AIDS-epidemic countries, and the local hospital blood banks and transfusion centers often depended on collects that were made in neighborhoods where those homosexuals and addicts and immigrants congregated—neighborhoods like Les Halles or the Boulevard Saint Michel, either of which would have looked like Sodom and Gomorrah to a Breton fisherman—or they depended on collects in Paris prisons, which presumably had the same sort of population.

Pinon wanted to see the Leibowitch test put in place at the blood banks and the Paris hospitals—at least, until a better test was ready. He told his colleagues at the Hôpital Cochin that people were getting AIDS from Paris blood. Most of them said "Impossible!" They thought he was insulting the blood of France and putting the purity of the *bénévoles* in question. Pinon called up Dr. Brunet, at Roux's office, with his results, and when he ran into Roux at a meeting he told him about them directly. He sent a copy of those results to the Direction Générale de la Santé; there was no reply. He knew that the people at Pasteur were working on a test of their own. The test wasn't ready, and it was clear to Pinon and Leibowitch that until it *was* ready there would be no publicly approved and funded AIDS testing done in France.

Jacques Leibowitch is a flamboyant character. He likes to receive on the first floor of the Café de Flore, where Sartre and Camus held court, and he is given to exaggeration. He describes himself as "the corsair of AIDS research" and his wife, who is the movie star Carole Bouquet, as "the queen of France," but he is not exaggerating when he describes the image of the Institut Pasteur that was officially revived and nurtured after Montagnier announced the identification of the AIDS virus (and Gallo "confirmed" it). He says that the only reality in 1984 was that the virus killed and that Pasteur didn't have a test to sell—and that everything else was "politics." He means by politics that the government was not going to let him interfere with its plans for Pasteur. The politics were to keep the honor and also the profits at the institute. The government owned forty-nine per cent of the companies Diagnostics Pasteur and Pasteur Serums et Vaccins, which were Pasteur's commercial arm and were attached to the state petrochemical companies Sanofi and Rhône-Poulenc. It stood to make a great deal of money from the Pasteur test, and it wanted that test to have a monopoly.

THE sign by the door to the Thirteenth Chamber of the Paris Court of Appeals said "Procès du Sang Contaminé," and it was obvious why. The government—once it accepted the inevitability of a trial—wanted to keep that trial focussed on blood, and not on testing. If it indulged the prosecutors in charges of merchandising fraud and "non-assistance to persons in danger," it did so because those charges effectively contained the scandal. They made it a hemophiliacs' scandal. And if the doctors on trial were scapegoats, it was mainly because the scandal in March of 1985 was not simply that Garretta's blood center was leaving hemophiliacs with unheated Factor VIII but that the government was leaving everybody else in France without an AIDS test at a time when a test—from Abbott—was already in commercial use in the United States, and even people here were offering stopgap tests until the Pasteur test was ready. What the government seems to have done in 1985 was to downplay the risk of anyone's getting AIDS from blood transfusions, in order to cover for the delay. It is estimated that some twelve hundred hemophiliacs were contaminated by March 21, 1985, and that anywhere from a hundred to three hundred more were contaminated between March 21st and October 1st. No one can say exactly how many, since from the point of view of the law a hemophiliac with no history of transfusions is "virgin." It is also estimated that fifteen hundred people without hemophilia were contaminated through blood transfusions by March of that year, and that during the next four months the rate of contamination by transfusion was six to ten people a day. The estimate is modest. Four or five thousand transfusion patients are known to be contaminated now. Charges of poisoning or manslaughter would have extended the statute of limitations to ten years and opened the courts to suits by



"Who ever heard of the bluefish of happiness?"

those people. They would also have extended legal definitions of who, exactly, was responsible for what happened in 1985. They would—or could—have involved not only Netter and Roux and the doctors at the Centre National de Transfusion Sanguine but a lot of other people who had been party to the decisions that delayed all licensed testing in France until the Pasteur test was ready for commercial use. Garretta's lawyer, François-Xavier Charvet, claims that the five thousand people who eventually got AIDS from unheated Factor VIII or IX or from contaminated blood transfusions were not the only victims. He says the question that should be asked—and isn't being asked—is how many of the hundred and ten or twenty thousand other people reported to be seropositive in France got *their* AIDS because of the government's reluctance to accept a foreign test.

France had a terrible record of contamination through transfusion. During the first months of 1985, while Edmond Hervé was blocking the Abbott test and Jacques Roux was demanding money for Pasteur in order to keep Abbott out of the French market, the British, who had never made street collects or prison collects, organized their blood screening. Britain, with roughly the same population as France, reported seventy-five cases of AIDS linked to blood transfusions for the entire year. French epidemiologists—some of whom tried to stop the collects in 1985—often compare those seventy-five cases with France's fifteen hundred cases. They are left with the same story of official obfuscation.

THE Pasteur test was developed at the Hôpital Claude Bernard, in coöperation with Pasteur, in 1983 and 1984. Two young researchers from the first French working group on AIDS, the virologists Christine Rouzioux and Françoise Brun-Vézinet, developed it, and then they turned it over to the people at Pasteur to industrialize—that is, to develop for mass production. It belonged, so to speak, to Rouzioux and Brun-Vézinet, and when they volunteered to do the blind tests on Jean-Pierre Allain's clinical-research protocols it was the test they used, in *its* "artisanal" form, to monitor the hemophiliacs' blood. Rouzioux, who holds the chair in virology at the Hôpital Necker now, says that the protocols were originally designed to look for the causes of "deformation" in the immunological system of hemophiliacs; that is, they were designed to track the responses of different hemophiliacs to different Factor VIII and Factor IX products, and then, incidentally, to demonstrate the role that the retrovirus played in the breakdown of that immunological system in hemophiliacs with AIDS. She says that by the fall of 1984 "the evidence was there"—and that after that no one, in conscience, should have been giving unheated Factor VIII or IX to a patient. By then, her relations with Allain were, as she puts it, strained. She thought that his research protocols were "not very interesting," and that his distance from the doctors participating in those protocols ("We had no opening to see what he was doing," she says) was "not very conscionable." She wondered if Allain had "a certain lack of scientific ethics." She suspected that the entire French transfusion system—operating outside of any real scrutiny—had a certain lack of scientific ethics. In December of 1984, she stopped working on Allain's second research protocol, and withdrew from any participation in the third.

Rouzioux testified against Allain this summer. She didn't want to testify. She says, "To speak badly of a colleague—that's unethical, too." She hesitated at first, but then, she says, she thought about being a mother and about something like AIDS happening to *her* child, and she decided to do it. By all accounts, she was a very fair witness, but she says now that she was nervous and frightened, because the lawyers for the defense tended to insult the women who testified for the hemophiliacs. Yvette Sultan—the doctor who says she tried to get heated products for her patients and was refused—was so humiliated in court by Garretta's lawyer that she broke down and called him a "little bastard." (The

ANGELS AMONG THE SERVANTS

Build a chair as if an angel
was going to sit on it.
—*Thomas Merton.*

St. Zita, patron saint
of scrub buckets and brooms,
spiritual adviser to mops,
protector of charwomen,
chambermaids, cooks,
those who wait on us
and mend our ways,

for forty-eight years you
lit the morning fire
in the dark kitchen
of Fatinelli of Lucca
and baked his bread,
till the Sunday you knew
you could not serve

two masters and did not open
the bins of flour or unlock
the treasures of yeast
and water. Telling no one,
you trudged off to Mass,
still wearing his keys
on your belt.

And while you opened your mouth
for the wafer, a coin
minted from moonlight,
angels arrived in aprons
and mixed light and salt,
and kneaded loaf after loaf,
punching them down

for their own good,
and praised the mystery
of bread, which rises to meet
its maker. But who
is the servant here?
The loaf will not rise
till the baker follows
the rules set down by the first loaf

for the ancient order of bread.
St. Zita, bless the fire
that boils water, the air
that dries clothes, and keys
that have lost their doors:
may angels keep them
from the deep river.

—NANCY WILLARD

his losses and importing safe plasma products, or buying them from Dr. Goudemand, in Lille. It may be that they both bought time by practicing a little of what the French call *chantage*—which is a kind of pressure verging on blackmail. Casteret thinks it was a case of "Don't talk about our test and we won't talk about your heating." They may have agreed that silence was in everybody's interest.

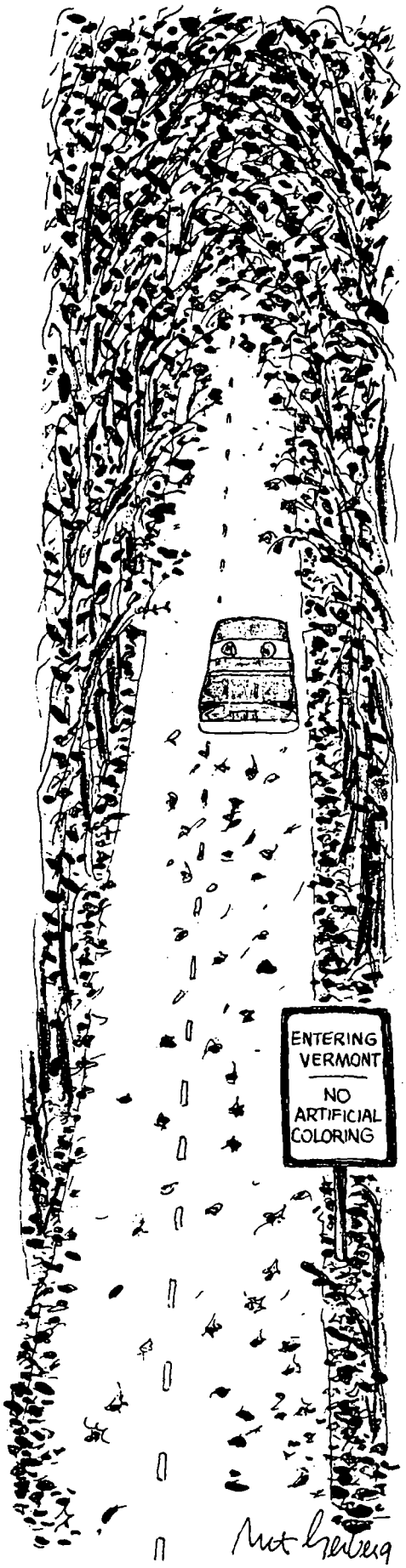
TODAY, the Socialists admit that they made a "mistake" in 1985, but the mistake they usually mention has nothing to do with AIDS tests or contaminated comfort products. They say their mistake was not paying off the hemophiliacs quickly, and "solving the problem" that way. Robert Badinter, who is the president of the Constitutional Council and was the Socialists' Justice Minister in 1985, says that if the government had offered to pay up, right away and "graciously," it might have avoided the disaster—the disaster being, to his mind, less the trial than what he calls "the confusion of real and symbolic guilt," which led to the accusations against his old Prime Minister and to "populist notions that the higher the criminal, the more 'just' the punishment." He thinks that if the scandal had broken right away, and the hemophiliacs had been compensated "*à bureau ouvert*," then Fabius and his two ministers would have had to resign as politically "responsible," but the question of "guilt" in any legal sense would never even have been raised. Badinter's point is that out of office they are no longer politically accountable. Fabius has not been Prime Minister for seven years. The Socialists themselves are not even in power anymore. They have nothing to resign *from*, and no election to lose, and Badinter is convinced that this is what has fed a kind of public frustration, and encouraged "fantasies" of coverups and scapegoats, and in the end led hemophiliacs to demand that the ministers be judged "like criminals," in the courts.

Maybe. Most people here accept the notion that the political class is a class apart, not accountable in ways that ordinary people are accountable. They accept that as citizens of a democracy in 1993 they have no real access to information, or even rights to information, about what their public and political servants do—that there is no real concept of the public record. They know that they will never have all the "facts" about a scandal like the *affaire du sang*, and they accept it. They call it "the mentality." France is a country whose idea of disclosure—the French say "*transparence*"—is to ask deputies to deposit a statement of assets in the safe at the National Assembly when they get elected, and take it away with them when they leave. It is not a country that is apt to ask why Colonel Recordon didn't find the documents he needed at the Direction Générale de la Santé, or even why the mass media and the Front National were able to turn a French scam into a plot against French blood. Badinter likes to talk about the tyranny of public opinion, but the public has little access to anything except opinion where the people running the country are concerned.

The agreements that the hemophiliacs signed in 1989—the agreements not to sue in exchange for a hundred thousand francs—have now been replaced by a government guarantee of up to two million francs to any hemophiliac with AIDS and to any patient infected by transfusions. (Wives and children with AIDS are covered, too.) The money kept a lot of those people out of court, but not everybody agrees with the Socialists that it settled anything. People who work with AIDS victims complain that the budget for indemnifying hemophiliacs already amounts to more than twice the yearly budget for AIDS prevention (and many times the budget for AIDS research). Arnaud Marty-Lavauzelle puts it this way: "When you negotiate the price of your death, you don't do anything for your treatment." And Françoise Héritier-Augé says that it leads to "the false supposition that all the medical treatment a patient gets in life is going to be therapeutic." The trials of the past two summers encouraged another common and fallacious hope—that justice would be therapeutic, too. But justice is a discipline, not a cure, and negotiating death did not buy life for any of the victims who sat in the Thirteenth Chamber of the Court of Appeals this summer and waited for a verdict. It only put a few of the people who could be said to have played a part in their deaths in jail.

FRANCIS GRAEVE was eighty this summer—certainly the oldest man in the courtroom. He did not have hemophilia, but his sons were hemophiliacs, and they were infected by coagulants from the Centre National de Transfusion Sanguine. One of them was a diplomat. He died of AIDS the year the doctors were indicted, and Graeve is grieving for him. He goes to the Center every day—he is the *président d'honneur* of the French Hemophiliacs Association, which still has an office at the Center—dressed quietly in a sports jacket and a striped tie, and waits, and grieves. He has time on his hands, and he uses it to try to make some sense of what happened to his children. He says, sometimes, that "the children were delivered into the hands of the doctors, and we delivered them." Or he says, "We had confidence in the doctors." He has learned that "the discourse of science and the practice of medicine are not the same thing." He used to believe in medicine; he thought that doctors answered a "civilizing" calling that was not so different from his own calling, which took him through law school and Sciences-Pô with half the people in De Gaulle's Cabinet and made him one of the last great prefects of the French empire. He comes from a colonial family, and he believed in the colonial mission—what the French call the *mission civilisatrice*—to conquer, to educate, to administer, to cure, in the name of France. His father was the last white deputy to the National Assembly from Guadeloupe, and he himself was *directeur du cabinet* for one of the last governor generals in Algeria.

It may be that, believing in France, he believed too much. He believed the doctors who told him that AIDS was something the Americans got—that it was carried by American blood, but never by the blood of France. He thought that the doctors at the Center had a "noble role," like *his* role in Algeria—that they were the intermediaries between "the power and the people." He



lawyer sued.) After that, all the women who testified were "hysterical."

On February 11, 1985, Abbott filed a test-license application at Robert Netter's National Laboratory. On February 25th, Pasteur filed for *its* license. Nothing happened in February. In March, when the Abbott test got F.D.A. approval, Netter wrote to Jacques Roux, asking him what to do. He told Roux that the Abbott file he had was "incomplete," and Roux, in turn, told Abbott. He asked Abbott for information, ignoring the advice of Dr. Brunet, who wanted a test in place right away and had suggested calling the F.D.A. to get it. Brunet's argument was that a medical emergency existed in France that was more important than any principle of self-sufficiency or *concurrence*, or even profit. The Pasteur test wasn't ready, and everyone—not just Brunet—knew it. Nothing happened in March. On April 25th, Abbott filed again. The file then was undeniably complete, and it presented the government with another sort of emergency. On May 9th, François Gros—the old director of Pasteur and the medical adviser to the Prime Minister—called a meeting of Cabinet advisers on the subject of AIDS and AIDS testing, and asked that the Abbott file be put aside until the Pasteur test was ready and approved. That was the decision taken.

Jacques Roux approved the Pasteur test on June 21st. Three days later, he approved the test from Abbott. People in France who got AIDS from contaminated blood transfusions during the five months between February and June believe, with some reason, that the delay is what has cost them their lives. It was no surprise to them when the parquet limited the *affaire du sang* to suits by hemophiliacs: all the letters and memos and calls concerning the availability of an AIDS test in France became inadmissible as evidence. It was no surprise to the doctors on trial, either. They believed that if they were guilty, then François Gros, who held up the Abbott test, was guilty, and so was Claude Weisselberg, the Health Secretary's medical adviser, who was a party to that decision (he said that the test, which was going to be cheaper than the test from Pasteur, would "invade" the market if it was approved first) and who may or may not, depending on whom you ask, have neglected to tell the Health Secretary that the vats of Factor VIII at the Centre National de Transfusion Sanguine were contaminated. The doctors believed that the advisers to the Minister for Social Affairs were also guilty, because, according to Georgina Dufoix, those advisers neglected to tell *her* until the second week in July.

As far as the doctors were concerned, the entire Socialist Party was guilty, since anybody who wanted to stay in favor in 1985—to keep his job and get his fair share of the budget—accepted the Socialists' priorities, even when that meant protecting France's markets more than France's patients. Jacques Roux had seen his budget cut by a quarter, to eight hundred thousand francs, by 1985—not a lot for a surgeon general. (Roux says that the money went to a Socialist project, a center for "information and liberty.") Pasteur itself never got the money it needed—not even when the honor of Pasteur became Socialist policy. In August of 1983, Montagnier had asked the government for two million francs to use in developing an AIDS test. He had asked at every ministry and agency that might have it, including the Ministry for Research and Technology, which at the time Fabius ran. The government said no. It isn't surprising that his old boss decided to be useful. The decisions made on May 9, 1985, guaranteed the Institut Pasteur at least thirty-five per cent of the AIDS-test market in France. Six weeks later, the test was approved, and Fabius ordered the compulsory testing of all French blood donors. The testing began, officially, in August. On October 1st, the distribution of contaminated blood concentrates stopped.

One theory going around the courtroom this summer—it was by no means proved—was that the problems with Montagnier's test and the problems with Garretta's concentrates, coming, as they did, at the same time, provided the people at Pasteur and the people at the Center with a kind of protection. They had something on each other. The people at the Center (and their friends in the government) knew that the institute should be letting Abbott into the market until its test was ready, and the people at Pasteur (and *their* friends in the government) knew that until Garretta started heating he should be taking

is a courteous man, and does not really condemn the doctors. He grasps the ambiguities of the *affaire du sang* better than a lot of hemophiliacs, or their parents. His sons were not under intensive comfort-product treatment; they took coagulants if they had an accident, or felt a hemorrhage coming on, but they often forgot their Factor VIII. They were busy with their lives. The worst thing about having hemophilia for Jean-Luc Graeve—who was the diplomat, and was posted in Delhi when he discovered he was seropositive—was that he loved tennis, like Dr. Allain, and couldn't take the risk of playing. His wife had asked his doctor for heated coagulants. She wanted to take them to India, but she couldn't get any. Graeve's other son, who is an actor, got them after July of 1984. He was one of the "seronegatives" in Allain's second protocol, and Graeve suspects that he was infected either by Center coagulants he had taken before or by Center coagulants Graeve himself had bought in July, when the family was packing for a summer vacation. He calls the *affaire du sang* an "extraordinary fraud." What he blames the doctors for is their hypocrisy and their silence.

Graeve wears the rosette of the Legion of Honor, like Michel Garretta, and he says it is shocking to him that "a person of that quality" could make the decisions Garretta made. It is not lost on parents that Garretta could be out of prison in a year, and that while he will lose his rosette he will keep his standing, since the French medical-ethics board has changed its mind about revoking his license and has simply suspended him from practice for a period of two years. And he will not be poor. The Center is paying his court costs and his lawyers' fees, and he collected three million francs in severance pay in 1991, when the scandal broke and he had to resign. (He also got a bodyguard and an armored car; a group calling itself Honneur de la France had planted a bomb in his old car, which exploded.) His arrangement with the Center was such that it will also pay his fine of five hundred thousand francs, and the millions of francs he owes in damages from civil suits against him.

Jacques Roux, as a civil servant, has no damages to pay. The Communist Party paid for his lawyer, and even supplied the lawyer. He seemed to expect as much, being seventy and an old Central Committee hand who had run for the National Assembly on the Party ticket in ten elections since the war. He was faithful. Whether by accident or neglect or pigheadedness or guile, he refused to ban the contaminated lots, and, in the process, succeeded in discrediting the Socialists he worked for *and* the capitalists, in the person of Michel Garretta and his business partners. Robert Netter owes no damages, either, and the Health Secretary's office paid his bills. In his case, no one seemed to mind. He made a pallid, bewildered villain. He had never been known for much courage or imagination; he was a bureaucrat who followed orders and did what his bosses wanted, and the general opinion was that if you made a villain of a man like that you would have to indict most of the bureaucrats in France. Jean-Pierre Allain is probably the doctor who will suffer most. No one is paying his court costs or his legal fees, and he is bitter about it, because his debts are enormous. He cannot begin to pay them on a Cambridge professor's salary. The royalties from the book "Le SIDA des Hémophiles: Mon Témoignage," which he wrote after the trial and published during the appeal, are going to a fund for AIDS research at Cambridge. He is the only defendant left, in his words, "unprotected."

THE most surprising thing about the *affaire du sang* may be that anyone was unprotected. People in France do not often complain about protection. They are, if anything, respectful. They identify with the state and its immense authority; they understand that the state is sacred. They may have an appetite for scandal, but once a scandal happens they shake their heads and accept it. The press—which is, after all, a Latin press, highly partisan and at least as interested in ideology as in information—pleads the cause of its particular political friends, and the result is that most people are left with a "scandal" to remember but with very little of the information they would have to have to evaluate that scandal, or even understand it. There is no "freedom of information act" in France. The press, like everyone else, has no legally guaranteed access to documents entered and accepted as evidence in a trial. Those documents are classified not only during the instruction but during all the various judicial stages—from the "first instance" to the appeal to the Cassation Court, which rules on juridical and procedural complaints (and which Allain counts on to declare a mistrial, since by some oversight of the court he was never formally notified of his indictment, and always came to his trial through the visitors' door, as a "volunteer"). Then the documents enter the archives of the Justice Ministry, where it is sometimes possible to see them—at the minister's discretion.

In the *affaire du sang contaminé*, there was really only one reporter who persisted, over the years, in anything resembling an investigation, and that was Anne-Marie Casteret. She was not an important reporter—what the French call *un grand reporter*. She was, by her own description, a provincial, and "a little naïve." She lived in a small suburban house, and kept a garden, and had a fondness for tea. She started writing about the problem of AIDS and blood stocks early on, in 1983, and she never let go of the story. She had the advantage of being a doctor looking at other doctors, but that was an advantage that most of the medical reporters here had. What she really had was a passion for the victims. She devoted six years to investigating what they told her, and she managed to document the scandal, which finally broke in *L'Événement du Jeudi*. Last year, she published a book called "L'Affaire du Sang." It is one of fourteen books about the scandal, but at the time it was—and probably still is—the only one that could be called the book of record. A few people called it "hysterical." The defense, which was careful about attacking Casteret outside a courtroom, settled for "emotional." No one doubted her sincerity. Most people agreed that she was a woman of courage. Garretta's lawyer, François-Xavier Charvet, paid her a kind of compliment when he talked to me about why he had decided against taking Garretta's case to the Cassation Court and trying to overturn the conviction. He said that, after Castaret, Garretta preferred to take his punishment.

TIMES change. No one in Paris talks anymore about the Centre National de Transfusion Sanguine. The Center has changed its name, along with its director, and is now called the Agence Française du Sang. No one talks about

heated plasma, either. The Center stopped heating in 1986, and the plasma at Les Ulis is now cleaned by a detergent solvent. Casteret's startling figures—seventy-one per cent of all the hemophiliacs in Paris were infected by October of 1985; ninety per cent of Allain's private patients were infected—have turned into statistics. Yvette Sultan—the doctor who bothered everyone for heated concentrates—has turned into an embarrassment to the profession. People in the blood world get along. Garretta is now a "prisoner of his industrial politics." Allain is a prisoner of the "*palais d'injustice*." Doctors here have begun to repeat a cynical claim that Garretta made: that the blood that contaminated the hemophiliac children was not necessarily the contaminated blood from *his* factory. They say that, in any event, Baxter Travenol would never have been able to supply the heated stock that the hemophiliacs in Paris needed in 1985. (The truth is that the company had enough for all the hemophiliacs in France—sixty million units, or about a fifth of its total export stock—and by then six or seven other big foreign blood companies were heating.) Doctors have begun to say what Garretta said in court—that he was frightened of American blood, of "mercenary" blood, which still carried the risk of hepatitis nonA-nonB, the one hepatitis virus that didn't respond to heating. They have already forgotten that in 1983, when Garretta was importing, he bought seventeen million units of Baxter Travenol's unheated Factor VIII and never mentioned hepatitis. They look at Belgium—where no one used comfort products and only seven per cent of the hemophiliacs were infected—and say that maybe the people to blame for the *affaire du sang* were not the specialists at all but "the little doctors" who prescribed those products, and the hemophiliacs who wanted them so badly. They no longer talk about accountability, or about Garretta's monopoly. They say that even America never really banned unheated products.

"O.K., just for our records, how many of you have been getting away with sleeping on top of the VCR?"

• •

They forget that America didn't have to ban them. There was no monopoly in America. American companies heated plasma for the simple reason that if they didn't the doctors would start buying from their competitors. The doctors here talk about the fallacy of "retrospective knowledge." They observe what people in France like to call "the hierarchies."

One of the reasons France had an *affaire du sang* is that everyone here observes the hierarchies. Ten years ago, Jean Bernard's word was better than Jean-Baptiste Brunet's word or Christine Rouzioux's word because Dr. Bernard was at the top of the hierarchy and he said that AIDS was not a serious problem. All the important doctors said that it was not a problem, and people believed them because the doctors were covered with honors, they were members of the Academy, they were the professors. They were called *les médecins mastodontes*—and they looked out for themselves. Bernard left the board of the Center quickly, in December of 1984, and Jean-Pierre Soulier (who had tried for years to heat) went with him, but they never said why and they never said "Stop!" Jacques Roux, who was one of the mastodons, never said "Stop!" Luc Montagnier, who was made a mastodon, never said it, either.

The young doctors who were working on AIDS said it, but no one listened. They were a small, close group. They had been working together since 1982, and one of them—Willy Rozenbaum—had brought the first AIDS-infected ganglion to the Institut Pasteur for culturing. But no one else was much interested in AIDS. It was not, as the French say, *rentable*—in terms of grants, in terms of reputation. The doctors are convinced that if they had gone to the press—if Rozenbaum or Rouzioux or Brunet, or even Claude Weisselberg, who had once been part of their group, had gone to the press—"Who would have believed us?" But they do not often ask themselves why they didn't try—why they observed the hierarchies—or what it says about "the mentality." They do not explain why everyone waited for the *autorités de tutelle* to do something, why no one simply stopped and said, "The responsibility is mine."

Garretta flew to Boston after the first trial, and came home only when the verdict was in and he had to go to prison. Allain went back to Cambridge and taught for the year. Colonel Recordon started investigating eleven more people—including Weisselberg, Gros, Habibi, and even Jean-Baptiste Brunet—on charges that they "poisoned" the hemophiliacs with their silence. This month, a new High Court will presumably decide whether to hear the ministers themselves. The literal meaning of the word *tutelle* is guardian. Everyone here has a guardian of some sort to take the responsibility for what he does, or does not, choose to do. ♦

FACTS ON
FRANCE

Philippe Douste-Blazy

Minister of Health

Philippe Douste-Blazy was appointed Minister Delegate of Health in the cabinet of Prime Minister Edouard Balladur on March 30, 1993.

A member of the centrist UDF party, he was elected to the National Assembly from the Hautes Pyrénées "département" in March 1993. He was previously spokesman on health issues for the Union of the Opposition.

Dr. Douste-Blazy has been mayor of Lourdes since March 1989 and a regional councilor since 1993.

A physician by profession, Dr. Douste-Blazy is a former professor of epidemiology and the economics of health care and prevention. He was national director of ARCOL (an association for research into cholesterol levels and arteriosclerosis) from 1989 to 1992. He also served as head of a cardiology clinic in Toulouse (1982 to 1986).

Philippe Douste-Blazy was born in Lourdes (southwestern France) in January 1953 and studied medicine at the University of Toulouse. In addition to his work in cardiology and arteriosclerosis, he was the architect of a study, "The Epidemiological Approach to Health Problems," and the author of a report presented at the government-sponsored symposium, "Methodology and Promotion of Health." He also organized the first-ever summer university on health at Gavarnie in June 1992.

Dr. Douste-Blazy is the recipient of several awards in medicine and a member of numerous professional societies, including the New York Academy of Sciences.

He is married to a cardiologist.

Februray 1994

Official Biography

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. telcon	Telcon with Chancellor Kohl of Germany on November 29, 1993 (4 pages)	11/29/1993	P1/b(1)

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National Security Council

2013-0359-S
ry1505

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]

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RR. Document will be reviewed upon request.

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b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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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]

faxed to NSC 8/26

THE WHITE HOUSE
Office of the First Lady

DATE: Aug. 26

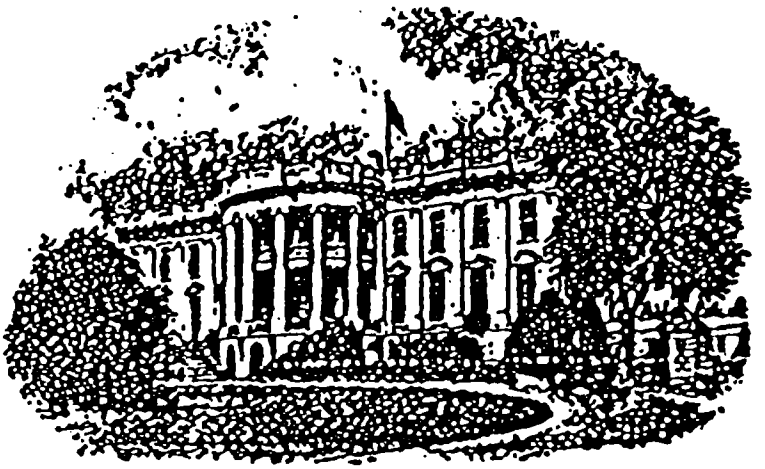
TO: Wendy Gray

FROM: DGL

RECEIVER FAX: X2560

RECEIVER PHONE: X26534

NUMBER OF PAGES (INCLUDING COVER SHEET): 6



COMMENTS: Per our conversation.

NATIONAL SECURITY COUNCIL

August 17, 1993

TO: EVELYN

FROM: WILL

Per your request, attached is a copy of Tony Lake's reply to Foreign Minister Kinkel, informing him that Mrs. Clinton is unable to speak at the "Berliner Lektion" in the fall.

Attachments
1. Lake letter to Kinkel
2. Backup package

THE WHITE HOUSE

WASHINGTON

August 12, 1993

Dear Klaus:

Thank you very much for your letter transmitting Bertelsmann AG's invitation to Mrs. Clinton to speak at the "Berliner Lektion" this fall. Please also accept my apologies for the delay in my response.

Unfortunately, the First Lady's schedule this fall precludes the possibility of including a trip to Germany. She is, however, most appreciative of the consideration this kind invitation reflects.

Sincerely,

Tony

Anthony Lake
Assistant to the President
for National Security Affairs

His Excellency
Klaus Kinkel
Minister of Foreign Affairs of the
Federal Republic of Germany
Bonn

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20506

Evie
Please call - get to the bottom of this
the answer is no

July 16, 1993

MEMORANDUM FOR MARGARET WILLIAMS

FROM: WILLIAM H. ITOH

SUBJECT: Invitation from German Foreign Minister Kinkel to the First Lady to Address "Berliner Lektion"

German Foreign Minister Klaus Kinkel wrote to Mr. Lake inviting Mrs. Clinton to give the keynote address to "Berliner Lektion," a prestigious annual lecture series in Berlin. This would be a good opportunity for Mrs. Clinton to address subjects of concern to her in a setting that would also reinforce the strong cultural and political ties between Germany and the United States. We recommend that Mrs. Clinton give serious consideration to attending this event in the fall. If you would like further assistance, please contact Charles Kupchan on the NSC staff (395-3201).

We are enclosing a copy of the letter of reply from Tony Lake to Foreign Minister Kinkel.

Attachments
Tab A Incoming Invitation and Information
Tab B Copy of Letter from Mr. Lake to Foreign Minister Kinkel

8/17 Will - please advise on response sent Maggie says no - do you have letter? Thanks. Evelyn

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A

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3957

Translation

The Federal Minister
for Foreign Affairs

Bonn, 16 March 1993

Dear Tony,

During my last visit to Washington we discussed the possibility of Hillary Rodham Clinton visiting Germany.

A very good forum for a public appearance by Mrs Clinton would be the "Berlin Lecture", which is organized by Bertelsmann Inc. and receives broad media coverage. As you know, Berlin is not only the German capital but also the hub of the cultural and political changes in our country. Speakers in previous years have included Mikhail Gorbachev, Willy Brandt, Helmut Schmidt and Teddy Kollek.

Thirty years after President Kennedy's historic words outside the Schöneberg Rathaus - "Ich bin ein Berliner" - a visit by the First Lady of the United States of America would be an event whose symbolism and impact in Germany and beyond could not be overestimated.

Ambassador Stabreit will be able to give you further details. For my part, I would be delighted if we could win Mrs Clinton for this event.

Yours sincerely,
(sgd) Dr Klaus Kinkel

Mr Anthony Lake
National Security Adviser
to the President of the
United States of America
The White House
Washington, DC

Bertelsmann Berliner Festspiele

As the venue of cultural and political changes the metropolis of Berlin has always been a point of attraction for progressive thinkers in the arts, in science and in politics.

In this city of Berlin the series of events called "Berliner Lektionen" (Berlin lessons) has become a place for listening and for thinking aloud in public. Initiated in 1987 on the occasion of the 750th anniversary of the then still divided city of Berlin the series has attracted as its speakers philosophers, artists, scientists and politicians who made Berlin the starting point of their reflexions. There has indeed already been a wide range of speakers: Teddy Kollek, Willy Brandt, Helmut Schmidt, Billy Wilder, Nadine Gordimer, Sir Yehudi Menuhin, Michail Gorbachev. These are just a few of the names featured in this matinée event organized by the media group Bertelsmann AG in conjunction with the Berlin Festival management company. The events are "public" and are extensively covered by all the print media, by radio and by television.

For the autumn 1993, we hope to have Hillary Clinton for our "Berliner Lektion".
If there is the possibility of combining the European trip with a brief excursion to Germany we suggest a visit to the Bavarian state capital of Munich. Here in this city the Bertelsmann company also organizes a prestigious series of speaking events in the "Münchener Kammerspiele" (a Munich drama theater) called "Speeches about Germany". Hillary Clinton's appearance in the "Münchener Kammerspiele" might perhaps supplement her itinerary quite sensibly.

Since the two series of speeches both take place on a Sunday or public holiday the following combination of dates would be desirable:

Sunday, October 31, 1993, Berlin
Monday, November 1, 1993, Munich
or
Sunday, November 14, 1993, Berlin
Wednesday, November 17, 1993, Munich
or
Wednesday, November 17, 1993, Berlin
Sunday, November 21, 1993, Munich

This latter combination would permit a more comprehensive program of visits in Germany.

It goes without saying that many more permutations are conceivable.

Berlin, the re-awakening metropolis in the center of Europe, is the turntable and at the same time the focal point of cultural and economic development. The historic words spoken by John F. Kennedy in his address given from the balcony of Schöneberg City Hall in Berlin on June 26, 1963 - "Ich bin ein Berliner" - made the Berliners open their hearts to America.

In 1993, that is to say thirty years later, we look forward to the visit of the First Lady of the United States of America and we would be delighted if she delivered to us a "Berliner Lektion".

March 10, 1993

Bertelsmann AG · Büro des Vorstandsvorsitzenden
Carl-Bertelsmann-Straße 270 · 4830 Gütersloh 100 · Telefon (0 52 41) 80-24 59 · Telefax(0 52 41) 7 30 32 · Telex 933 868

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B

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TONY LAKE'S LETTER TO BE

INSERTED AFTER SIGNED.

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TAB A

Divider Title: _____

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20506

August 10, 1993

MEMORANDUM FOR PATTI SOLIS

FROM: WILLIAM H. ITOH WC

SUBJECT: Response to Elena Bonner

You asked us to respond to a letter to Mrs. Clinton from Elena Bonner, who has asked for our help in arranging access to an experimental drug to treat Lou Gehrig's disease for her close friend, the well-known historian Aleksandr Nekrich.

Mrs. Bonner is requesting that we make an extremely exceptional case for "compassionate use," which would go outside of the Food and Drug Administration's approved trial clinic in one of two ways: we would be asking that Mr. Nekrich be included in a study for which he may not qualify and which may already be filled to capacity; or we would be asking that his doctor be allowed to administer the drug outside of the trial tests now being conducted by the drug's manufacturer. Unfortunately, the decision to take either of these paths would mean taking the drug away from another patient involved in the experiment. We join the Health Care Task Force in concluding that "compassionate use" is not an option.

In the draft response (Tab A) we offer Mrs. Clinton's deepest sympathy, along with important information on the trial clinics currently being run by the pharmaceutical company testing the drug. However, we make clear that we cannot make the drug available through channels other than those already established by the Food and Drug Administration.

Attachments
Tab A Draft Response and List of Clinics
Tab B Incoming

REGENERON PHARMACEUTICALS, INC.
Alison Echevarria, Secretary for Clinical Research
777 Old Saw Mill River road
Tarrytown, New York 10591-6707, USA
Telephone: (914) 345-7597
Telecopier: (914) 345-7544

UNITED STATES

STATE	CITY	INVESTIGATOR	MEDICAL CENTER	TELEPHONE
AZ	Scottsdale	Dr. E. Peter Bosch	Mayo Clinic Scottsdale	602-391-7287
CA	Los Angeles	Dr. Michael C. Graves	University of California Los Angeles	310-825-7266
CA	Los Angeles	Dr. W. King Engel	University of Southern California School of Medicine	213-743-1611
CA	San Diego	Dr. Richard A. Smith	CNS (Center for Neurologic Study)	619-455-5463
CA	San Francisco	Dr. Richard K. Olney	University of California San Francisco	415-476-1986
CO	Denver	Dr. Hans E. Neville	University of Colorado Health Sciences Center	303-270-7221
FL	Miami	Dr. Walter G. Bradley	University of Miami School of Medicine	305-548-7516
FL	Tampa	Dr. C. Warren Olanow	University of South Florida College of Medicine	813-253-4455
GA	Atlanta	Dr. Linton C. Hopkins	Emory University School of Medicine	404-248-3754
IL	Chicago	Dr. Raymond P. Roos	The University of Chicago School of Medicine	312-702-6385
IL	Chicago	Dr. Teepu Siddique	Northwestern University Medical School	312-503-4737
KY	Lexington	Dr. Edward J. Kasarskis	University of Kentucky - Chadler Medical Center	606-281-4920
MA	Boston	Dr. Jeremy M. Shefner	Brigham and Women's Hospital	617-732-5771
MD	Baltimore	Dr. Ralph W. Kunci	Johns Hopkins School of Medicine	410-955-6435
MI	Ann Arbor	Dr. Mark B. Bromberg	University of Michigan Medical Center	313-936-7165
MN	Rochester	Dr. William J. Litchy	Mayo Clinic	507-284-4349
MO	St. Louis	Dr. Alan Pestronk	Washington University School of Medicine	314-362-6981
MS	Jackson	Dr. S.H. Subramony	University of Mississippi Medical Center	601-984-5500
NY	Brooklyn	Dr. Roger W. Kula	Long Island College Hospital	718-780-1123
NY	Buffalo	Dr. Thomas H. Holmlund	Dent Neurologic Institute	716-887-4591
NY	New York	Dr. Hyman Donnenfeld	St. Vincent's Hospital	212-790-7762
NY	New York	Dr. Mark Sivak	The Mount Sinai Medical Center	212-241-8168
NY	Syracuse	Dr. Burk Jubelt	SUNY Health Science Center	315-464-4627
OH	Cincinnati	Dr. Frederick J. Samaha	University of Cincinnati	513-475-8730
OH	Cleveland	Dr. Hiroshi Mitsumoto	The Cleveland Clinic Foundation	216-444-5418
OH	Columbus	Dr. Jerry R. Mendell	Ohio State University Hospitals	614-293-4981
PA	Philadelphia	Dr. Shawn J. Bird	University of Pennsylvania Medical Center	215-662-6551
PA	Philadelphia	Dr. Terry D. Heiman-Patterson	Thomas Jefferson University Hospital	215-955-5379
PA	Pittsburgh	Dr. Michael Guiliani	University of Pittsburgh Medical Center	412-648-6000
TN	Nashville	Dr. Gerald Fenichel	Vanderbilt University Medical Center	615-322-3461
VT	Burlington	Dr. Rup Tandan	University of Vermont	802-656-4177
WA	Seattle	Dr. Allen D. Hillel	University of Washington	206-685-7883
WI	Madison	Dr. Barend Lotz	University of Wisconsin - Madison Medical School	608-263-9057

CANADA

	CITY	INVESTIGATOR	MEDICAL CENTER	TELEPHONE
Canada	Edmonton, Alberta	Dr. Michael H. Brooke	University of Alberta (Edmonton)	403-492-6707
Canada	London, Ontario	Dr. Michael J. Strong	University of Western Ontario Hospital	519-663-3874
Canada	Montreal, Quebec	Dr. Neil Cashman	Montreal Neurological Institute	514-398-1911

Dear Mrs. Bonner:

I read with great compassion of the serious illness of your dear friend, Aleksandr Nekrich. Along with you and all of the many people who dearly love him, I pray for his relief from the debilitating effects of Lou Gehrig's disease.

I sincerely hope that Mr. Nekrich will be able to participate in one of the trial clinics now being conducted by Regeneron, the manufacturer of the experimental drug CNTF, about which you wrote to me. I am enclosing a list of the 36 hospitals currently participating in the testing of this promising drug. I understand that Dr. Benjamin Brooks of the University of Wisconsin oversees the study nationwide and will be able to tell you more about the medical protocol which they are following, as well as which clinics are currently able to accept new participants. He can be reached at his office at 608-263-9057.

I encourage you to contact the doctors leading the investigations and make a direct appeal on behalf of your dear friend. ~~I deeply regret that I am not able to infuence the administration of such critical experiments or ask that the drug be made available to any individual patient without violating the Food and Drug Administration's strict guidelines for this~~ experiment. If I were to ask the FDA and the manufacturer to make an exception on a "~~compassionate use~~" basis, as you requested in your letter, I may be taking the drug away from another patient or denying access to someone who also suffers from the disease.

I support your effort to do all that you can to provide the best possible care for Mr. Nekrich. Please extend my deepest sympathy and heartfelt hopes for his improvement to Mr. Nekrich and his family.

Sincerely,

Elena Bonner
54 Maplewood Avenue
Newton, Massachusetts
02159

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

TAB B

Divider Title: _____

5936

ELENA BONNER

Mrs. Hillary Rodham Clinton
The White House
Washington, D.C. 20500

July 22, 1993

Dear Mrs. Clinton,

It is only in true need that I turn to you for help in the case of the renowned Russian historian Aleksandr Nekrich, a true friend of mine for many years and also of my late husband's, Andrei Sakharov. Professor Nekrich lives near Boston and is a highly respected senior research fellow of the Russian Research Centre at Harvard University. He is suffering from amiotrophic lateral sclerosis, known as Lou Gehrig's disease. His health is deteriorating very quickly. There is, however, a medicine that his doctors feel might be helpful. It is Regeneron, which, as I understand, is being tested in blind studies at some 30 hospitals in the US. Unfortunately, being 73, Aleksandr may not have the time until it is available on a regular basis. I hoped you could find it possible to use your influence so that his doctor can obtain the drug on compassionate use basis for Professor Nekrich.

Aleksandr Nekrich's life, typical for his generation, is at the same time unique and tragic because of his civic courage and academic integrity. A young student of history at the outbrake of WWII, he went straight to the front and resumed his studies only after the defeat of Nazi Germany. But the respect my late husband had and I have for Professor Nekrich is due not only to this, but most of all to his courage in no less frightening times - the times of Stalin and post-Stalin totalitarianism.

Aleksandr Nekrich's unprecedentally honest book on the beginning of WWII, *"June 22, 1941"*, played a very important role in the process of reassessing the Stalin era. The Soviet authorities could not forgive this and started a campaign of persecution and eventually forced him to emigrate from Russia. In exile, he continued his work and published a brave and profound book *"Punished Peoples"* - on Stalin's "national policies", under which entire peoples were accused of treason and virtually sentenced to death. My country is still dealing with the horrible legacy of Stalin's crimes. Aleksandr Nekrich also wrote an exhaustive history of the Soviet Union under totalitarianism *"Utopia in Power."* His most recent book *"Forsake Fear"* tells the story of his courageous life. His works helped protect the persecuted, revealed the truth, and in the end helped bring down the monster of totalitarianism.

Now this man himself needs help. I know of your commitment to making medicine available to everyone, and being a medical doctor myself cannot but share your position. I understand that there may be certain serious issues to be considered when the drug is being tested. But I also know that you are a kind-hearted and sensitive person and that you believe in assessing each case individually. I, too, would have a hard time turning away someone who may be down to his last hope. Please, find a way to help my friend Aleksandr Nekrich.

Wishing you and your family all the best in your endeavors, with profound gratitude,

Sincerely,

Elena Bonner

THE WHITE HOUSE

WASHINGTON

Date June 11, 1993

MEMO FROM: MAGGIE WILLIAMS

TO:

Rahm Emanuel	___	Bernie Nussbaum	___
Mark Gearan	___	Howard Paster	___
Marcia Hale	___	John Podesta	___
Charlotte Hayes	___	Carol Rasco	___
Alexis Herman	___	Bob Rubin	___
Nancy Hernreich	___	Eli Segal	___
Anthony Lake	___	Nancy Soderberg	X
Bruce Lindsey	___	G. Stephanopoulous	___
Ira Magaziner	___	Patsy Thomasson	___
Macl McLarty	___	Christine Varney	___
Regina Montoya	___	David Watkins	___
_____	___	_____	___

faxed to Nancy via Kay Stebbins

The attached is for your:

Information ___

Advice ___

Action X

COMMENTS:

Please send response indicating that the letter should be sent through ambassador Selfy.

Thank you

7, Prince's Gate
London SW 7
Tel. 071-581-3663

1st June, 1993

Miss Maggie Williams
Chief of Staff
to Mrs. Clinton
The White House
1600 Pennsylvanis Avenue
Washington D.C. 20500

Dear Miss Williams,

I am writing to you concerning as ungent letter addressed to Mrs. Clinton offering a special kind of support for one of her major programs. It is important tnat it gets her personal attention. May I send to through you, or would you rather that it is sent through Raymond Seitz, our Ambassador in London. Please advise.

With very best wishes,

Yours sincersly,

Laima Sans Golestaneh

7, Prince's Gate
London S.W.7

MLOCR #C7

By air mail
Par avion

Miss Maggie Williams
Chief of Staff
to Mrs. Clinton
The White House
1600 Pennsylvania Avenue
Wahington D.C. 20500
U.S.A.

3.5

THE WHITE HOUSE
WASHINGTON

To: Nancy Soderberg

From: Maggie Williams

What is your recommendation on the enclosed?

Thanks.

3/6 To Maggie — no objection from our side if she wants to accept. Not worth any time commitment on her part

Nancy S.

United States Information Service

Embassy of the United States of America
Dag Hammarskjölds Allé 24
DK-2100 Copenhagen Ø

Telephone: (31) 42 31 44
Telefax: (31) 42 72 73

USIS

February 3, 1993

UNCLASSIFIED
MEMORANDUM

TO: Ms. Mary Ellen Connell
D/S USIA Secretariat

FROM: USIS Copenhagen

SUBJECT: Request for Assistance

The Embassy recently received a letter from the Danish committee for a smoke free environment asking for our help in extending the group's award for "Non-smoker of the Year" to Ms. Rodham Clinton.

A translation of the letter is attached. We would appreciate D/S's assistance in passing this communication on to Ms. Rodham Clinton's staff.

Should Ms. Rodham Clinton accept, the only action that would be required would be an acknowledgment that she is willing to receive the award. If she accepts, the Embassy would, of course, draft an appropriate reply.

Although the group has requested a meeting with the First Lady should she travel to Copenhagen, I am sure that the group would be delighted with a simple letter of acknowledgement.

Translation:

The national organization "Non-smoking Environment" kindly asks the embassy to assist us with the following:

Every year on May 31, WHO's annual non-smoking day, our organization nominates the Non-Smoker of the Year. In 1991 national football hero Morten Olsen was nominated. In 1992 the nominee was singer and entertainer Eddie Skoller. In 1993 we hope to be able to nominate the American First Lady Hillary Clinton as the Non-Smoker of the Year.

Would it be possible for the embassy - as quickly as possible - to assist us in submitting the proposal to the First Lady in such a way that she might accept the nomination?

The organization wishes to nominate Hillary Clinton as Non-Smoker of the Year both because the United States is the leading country in the fight against the harmful effects of tobacco smoking, and secondly because the First Lady publicly has stated that she is against smoking and wishes the White House to be a non-smoking area.

As Non Smoker of the Year Hillary Clinton will receive a work of art by the well-known Danish artist Finn Brandstrup, who will create a enamel picture especially for the White House. Finn Brandstrup will additionally make a print which will be presented to the First Lady when she visits Danmark in June (sic).

We hope to hear from you soon.

Sincerely,

Karen Bang
"Non-smoking Environment"

Karin Bang
Ryetvej 139, 1.th.
3500 Værløse
42 48 22 18

15.2.93

American Embassy
Press and Culturel Affairs
Dag Hammerskjölds Allé 24
2100 København Ø.

Landsforeningen Røgfrit Miljø beder ambassaden være os behjælpelig i følgende anliggende:

Hvert år kårer foreningen på WHO's røgfri dag den 31. maj årets ikkeryger. I 1991 blev det fodboldhelten Morten Olsen, i 1992 sangeren og entertaineren Eddie Skoller, og i 1993 håber vi at kunne udnævne den amerikanske præsidentfrue, Hillary Clinton, til årets ikkeryger.

Kan ambassaden - gerne hurtigst muligt - hjælpe os med at forelægge forslaget for præsidentfruen på den rigtige måde, der helst skulle resultere i, at hun accepterer udnævnelsen?

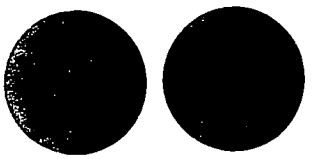
Når foreningen ønsker at kåre Hillary Clinton som årets ikkeryger, skyldes det både, at USA er foregangsland i bekæmpelsen af tobakkens skadevirkninger, og at præsidentfruen offentligt har udtalt, at hun er imod rygning og ønsker Det Hvide Hus røgfrit.

Som årets ikkeryger vil Hillary Clinton modtage et kunstværk af en anerkendt dansk kunstner, Finn Brandstrup, der vil skabe et emaljebillede specielt til Det Hvide Hus. Desuden vil Finn Brandstrup lave et tryk, som kan overrækkes præsidentfruen, når hun i juni besøger Danmark.

Vi håber at høre fra Dem inden længe.

Med venlig hilsen
Røgfrit Miljø
Karin Bang
Karin Bang

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20506



May 11, 1993

MEMORANDUM FOR MAGGIE WILLIAMS

FROM: WILLIAM H. ITOH

SUBJECT: Save the Children

As requested, attached is a draft message from Mrs. Clinton to be read at the Save the Children dinner on May 12.

Attachments
Tab A Draft Message

(to be read at the Save the Children dinner May 12, 1993)

I am very pleased to welcome Queen Noor of Jordan back to the United States, especially on the occasion of this important event for Save the Children.

Queen Noor's longstanding support for Save the Children and other efforts to better the lives of children all over the world is only one example of the strong ties of friendship and cooperation which bind the United States and Jordan at both the personal and governmental levels.

I regret being unable to be with all of you tonight, but wanted to express my warmest best wishes to both Queen Noor and Save the Children for their dedication to the hope of all of us - our children.

THE WHITE HOUSE

WASHINGTON

March 9, 1993

MEMORANDUM FOR NANCY SODERBERG
National Security Council

FROM: MAGGIE WILLIAMS
Office of the First Lady

SUBJECT: Invitation for First Lady Visit to Germany to Observe the German Health Care System

Mrs. Clinton does not see a time in the near future when she might visit Germany to observe the German Health Care system. Would you please suggest a draft which thanks them for their generous offer, and declines their invitation?

Attachment

Diane Draft

NATIONAL SECURITY COUNCIL

REFERRAL

ID 9300842

DATE: 22 FEB 93

MEMORANDUM FOR: MARGARET WILLIAMS

OFFICE OF FIRST LADY

DOCUMENT DESCRIPTION:

TO: CLINTON, H

SOURCE: STABREIT, IMMO

DATE: 12 FEB 93

SUBJ: INVITATION FIRST LADY VISIT GERMANY TO OBSERVE GERMAN HEALTHCARE SYSTEM

REQUIRED ACTION: APPROPRIATE ACTION

DUEDATE:

COMMENT:

Walter E. Avis

FOR WILLIAM H. LEARY

NSC RECORDS MANAGEMENT OFFICE

C842

Roy Wagner

DER BOTSCHAFTER
DER BUNDESREPUBLIK DEUTSCHLAND
THE AMBASSADOR
OF THE FEDERAL REPUBLIC OF GERMANY

Washington, 02/16/1993

Mr. Thomas F. McLarty
Chief of Staff
The White House
Washington, D.C. 20500

Dear Mr. McLarty:

The Minister of Health of the Federal Republic of Germany, Horst Seehofer, has extended an invitation to the First Lady, Mrs. Hillary Rodham Clinton, to visit Germany for a fact finding mission on the German Health Care System.

I am enclosing my letter to the First Lady regarding this invitation and would appreciate it if you could transmit it to her. Thank you very much in advance!

Yours sincerely,

sgd.
Immo Stabreit

c.c. *Ms. Jenonne Walker*
Special Assistant
to the President for
European and Eurasian Affairs
National Security Council
Old Executive Office Bldg.
Room 368
17th St. & Pennsylvania Ave., N.W.
Washington, D.C. 20506

DER BOTSCHAFTER
DER BUNDESREPUBLIK DEUTSCHLAND
THE AMBASSADOR
OF THE FEDERAL REPUBLIC OF GERMANY

Washington, 02-12-1993

The First Lady
Mrs. Hillary Rodham Clinton
The White House
Washington, D.C. 20500

Dear Mrs. Rodham Clinton:

During the meeting with President Clinton on February, 4th, 1993, the Minister for Foreign Affairs of the Federal Republic of Germany, Klaus Kinkel, extended an invitation to you to visit Germany for a fact finding mission concerning the German healthcare system.

In order to make preparations beforehand, the Federal Minister of Health, Horst Seehofer, would like to know if you will be able to accept this invitation and if so whether your schedule would allow you to come to Germany personally or if you would have to send a representative. The time schedule for this visit is at your convenience.

Minister Seehofer would be very happy to inform your personally about the German health care system; to accommodate your probably very tight schedule he could arrange a one day program, comprising talks to the representatives of the Federal Association of Sickness Funds "Bundesverband der Krankenkassen", the National Chamber of Physicians "Bundesärztekammer" and the Health Administration on state level. Should you have more available time, the program could be extended and enhanced at your convenience.

In order to make the necessary arrangements, Minister Seehofer would appreciate knowing your wishes and the tentative dates for the visit.

If you would like to get some additional information, I would be more than happy to provide you with more details.

Yours sincerely,

sgd.

Immo Stabreit

c.c. *Ms. Jenonne Walker*
Special Assistant
to the President for
European and Eurasian Affairs
National Security Council
Old Executive Office Bldg.
Room 368
17th St. & Pennsylvania Ave., N.W.
Washington, D.C. 20506

THE WHITE HOUSE

WASHINGTON

March 9, 1993

MEMORANDUM FOR NANCY SODERBERG
National Security Council

FROM: MAGGIE WILLIAMS [initialed]
Office of the First Lady

SUBJECT: Invitation for First Lady Visit to Germany to Observe the German Health Care System

Mrs. Clinton does not see a time in the near future when she might visit Germany to observe the German Health Care system. Would you please suggest a draft which thanks them for their generous offer, and declines their invitation?

Attachment

NSC

Sr. Dir. for European Affairs

Jenone Walker

- Tony Wayne wants to make sure that no one from the First Lady's ofc. will visit Germany. He said that Jenone Walker mentioned that you said HRC cannot come, but someone else would possibly. Before sending the draft, they want to make sure that NO ONE will go.

Melanne. I don't think anyone from our staff [illegible] the health [illegible] task force should go. Do you agree? [illegible]

Diane Draft

NATIONAL SECURITY COUNCIL ID 9300842

REFERRAL DATE: 22 FEB 93

MEMORANDUM FOR: MARGARET WILLIAMS

OFFICE OF FIRST LADY

DOCUMENT DESCRIPTION: TO: CLINTON, H

SOURCE: STABREIT, IMMO

DATE: 12 FEB 93

SUBJ: INVITATION FIRST LADY VISIT GERMANY TO OBSERVE GERMAN HEALTHCARE SYSTEM

REQUIRED ACTION: APPROPRIATE ACTION

DUEDATE:

COMMENT:

Walter E. Arvy

FOR WILLIAM H. LEARY

NSC RECORDS MANAGEMENT OFFICE

Date 11/8/94 NARA

0842

Roy Wagner

DER BOTSCHAFTER
DER BUNDESREPUBLIK DEUTSCHLAND

THE AMBASSADOR
OF THE FEDERAL REPUBLIC OF GERMANY

Washington, 02/16/1993

Mr. Thomas F. McLarty
Chief of Staff
The White House
Washington, D.C. 20500

Dear Mr. McLarty:

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Yours sincerely,

sgd.
Immo Stabreit

c.c. *Ms. Jenonne Walker*
Special Assistant
to the President for
European and Eurasian Affairs
National Security Council
Old Executive Office Bldg.
Room 368
17th St. & Pennsylvania Ave., N.W.
Washington, D.C. 20506

DER BOTSCHAFTER
DER BUNDESREPUBLIK DEUTSCHLAND
THE AMBASSADOR
OF THE FEDERAL REPUBLIC OF GERMANY

Washington, 02-12-1993

The First Lady
Mrs. Hillary Rodham Clinton
The White House
Washington, D.C. 20500

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In order to make the necessary arrangements, Minister Seehofer would appreciate knowing your wishes and the tentative dates for the visit.

If you would like to get some additional information, I would be more than happy to provide you with more details.

Yours sincerely,

sgd.

Immo Stabreit

c.c. *Ms. Jenonne Walker*
Special Assistant
to the President for
European and Eurasian Affairs
National Security Council
Old Executive Office Bldg.
Room 368
17th St. & Pennsylvania Ave., N.W.
Washington, D.C. 20506

To Williams

Date 3-12-93 Time 3:02

WHILE YOU WERE OUT

M. Tony Wayne

of NSC

Phone ext 5646

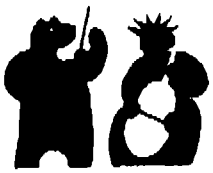
Area Code Number Extension

TELEPHONED		PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT	
RETURNED YOUR CALL			

Message VISIT TO RE: GERMANY

Operator

AMPAD EFFICIENCY® 23-023 CARBONLESS



American Russian Youth Orchestra

Affiliate Artists, Inc. 37 West 65 Street New York, NY 10023 212-580 2000 Fax 212-580-1356

Edythe M. Holbrook
Executive Director

Eric
Did you take care of this already?
MM

27 April 1993

Ms. Maggie Williams
Chief of Staff to the First Lady
Office of the First Lady
Old Executive Office Building
Room 100
Washington, DC 20500

Dear Ms. Williams:

Thank you for the splendid news that Hillary Rodham Clinton has accepted the Honorary Co-Chairmanship of the American Russian Youth Orchestra! Hillary Clinton is paying a magnificent tribute to the finest young talent from both nations.

Our Executive Director, Edythe Holbrook, has tried to reach you to no avail. Is there an ideal time for Ms. Holbrook to contact you or, if appropriate, can a phone meeting be arranged? She is ecstatic about the news and wishes to thank you personally.

We would like to announce Hillary Clinton's participation in our national press release, which is ready to be distributed. As a matter of protocol, I need to know how Hillary Clinton's name should officially appear.

With profound gratitude,

Sincerely,

Shawn Emamjomeh
Director of Public Relations
American Russian Youth Orchestra

THE WHITE HOUSE

WASHINGTON

April 29, 1993

MEMORANDUM FOR WILLIAM H. ITOH
Executive Secretary

FROM: MAGGIE WILLIAMS

SUBJECT: Danish "Non-Smoker of the Year" Award for the First Lady

The First Lady has decided not to accept the Danish "Non-Smoker of the Year" Award. Would you please suggest a draft response which thanks them for their kind offer, but declines their invitation?

Attachment

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20506

April 27, 1993

MEMORANDUM FOR MAGGIE WILLIAMS

SUBJECT: Danish "Non-Smoker of the Year" Award for the First Lady

In your March 17 memo (attached), you asked for our recommendation on an invitation from the Danish Committee for a Smoke Free Environment to the First Lady to accept the group's award for "Non-Smoker of the Year." We are told this group is "the" major Danish anti-smoking pressure group. If the First Lady were to accept their annual award, our Embassy believes it would be a major boost to the anti-smoking campaign in Denmark which is fighting an up-hill battle against some of the heaviest and most entrenched smokers in the world.

If the First Lady chooses to accept the award, she could either travel to Denmark to accept it at some point this year or she could ask our Ambassador to accept the award on her behalf. We see no negative foreign policy repercussions if the First Lady decides to accept or to decline the award. Whatever the First Lady's decision, we recommend transmitting her response through the State Department and our Embassy to the Danish group.

William H. Itoh
Executive Secretary

Attachment
Tab A Your Memo of March 17 and attachments

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

TAB A

Divider Title: _____

Staff

1624

THE WHITE HOUSE

WASHINGTON

March 17, 1993

MEMORANDUM FOR WILLIAM ITOH

FROM: PATTI SOLIS
DIRECTOR OF SCHEDULING FOR THE FIRST LADY

RE: SCHEDULING RECOMMENDATIONS

The enclosed letter from USIS concerns an invititation from the Danish committee for a smoke free environment (also enclosed) to the First Lady to accept the group's award for "Non-Smoker of the Year."

Please advise on course of action.

United States Information Service

Embassy of the United States of America
Dag Hammarskjölds Allé 24
DK-2100 Copenhagen Ø

Telephone (31) 42 31 44
Telefax (31) 43 72 73

USIS

February 3, 1993

UNCLASSIFIED
MEMORANDUM

TO: Ms. Mary Ellen Connell
D/S USIA Secretariat

FROM: USIS Copenhagen

SUBJECT: Request for Assistance

The Embassy recently received a letter from the Danish committee for a smoke free environment asking for our help in extending the group's award for "Non-smoker of the Year" to Ms. Rodham Clinton.

A translation of the letter is attached. We would appreciate D/S's assistance in passing this communication on to Ms. Rodham Clinton's staff.

Should Ms. Rodham Clinton accept, the only action that would be required would be an acknowledgment that she is willing to receive the award. If she accepts, the Embassy would, of course, draft an appropriate reply.

Although the group has requested a meeting with the First Lady should she travel to Copenhagen, I am sure that the group would be delighted with a simple letter of acknowledgement.

Translation:

The national organization "Non-smoking Environment" kindly asks the embassy to assist us with the following:

Every year on May 31, WHO's annual non-smoking day, our organisation nominates the Non-Smoker of the Year. In 1991 national football hero Morten Olsen was nominated. In 1992 the nominee was singer and entertainer Eddie Skoller. In 1993 we hope to be able to nominate the American First Lady Hillary Clinton as the Non-Smoker of the Year.

Would it be possible for the embassy - as quickly as possible - to assist us in submitting the proposal to the First Lady in such a way that she might accept the nomination?

The organization wishes to nominate Hillary Clinton as Non-Smoker of the Year both because the United States is the leading country in the fight against the harmful effects of tobacco smoking, and secondly because the First Lady publicly has stated that she is against smoking and wishes the White House to be a non-smoking area.

As Non Smoker of the Year Hillary Clinton will receive a work of art by the well-known Danish artist Finn Brandstrup, who will create a enamel picture especially for the White House. Finn Brandstrup will additionally make a print which will be presented to the First Lady when she visits Danmark in June (sic).

We hope to hear from you soon.

Sincerely,

Karen Bang
"Non-smoking Environment"

Karin Bang
Ryetvej 139, 1.th.
3500 Værløse
42 48 22 18

15.2.93

American Embassy
Press and Cultural Affairs
Dag Hammerskjölds Allé 24
2100 København Ø.

Landsforeningen Røgfrit miljø beder ambassaden være os behjælpelig i følgende anliggende:

Hvert år kårer foreningen på WHO's røgfri dag den 31. maj årets ikkeryger. I 1991 blev det rodboldhelten Morten Olsen, i 1992 sangeren og entertaineren Eddie Skoller, og i 1993 håber vi at kunne udnævne den amerikanske præsidentfrue, Hillary Clinton, til årets ikkeryger.

Kan ambassaden - gerne hurtigst muligt - hjælpe os med at forelægge forslaget for præsidentfruen på den rigtige måde, der helst skulle resultere i, at hun accepterer udnævnelsen?

Når foreningen ønsker at kåre Hillary Clinton som årets ikkeryger, skyldes det både, at USA er foregangsland i bekæmpelsen af tobakkens skadevirkninger, og at præsidentfruen offentligt har udtalt, at hun er imod rygning og ønsker Det Hvide Hus røgfrit.

Som årets ikkeryger vil Hillary Clinton modtage et kunstværk af en anerkendt dansk kunstner, Finn Brandstrup, der vil skabe et emaljebillede specielt til Det Hvide Hus. Desuden vil Finn Brandstrup lave et tryk, som kan overrækkes præsidentfruen, når hun i juni besøger Danmark.

Vi håber at høre fra Dem inden længe.

Med venlig hilsen
Røgfrit Miljø
Karin Bang
Karin Bang

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20506

August 9, 1993

MEMORANDUM FOR PAM BARNETT

FROM: KRISTIE A. KENNE

SUBJECT: Approval for Cable to Tel Aviv: Response from Hillary Rodham Clinton to the Israel Management Center

We would appreciate your clearance on the attached cable to Tel Aviv. The State Department has proposed this message as the simplest and quickest response to the invitation, we agree. We would appreciate your clearance and/or comments on the attached text by COB August 10. Appropriate NSC staff have already cleared. You can call your comments or edits to Michelle Bloxton or Kay Laplante on X6534.

Maggie -

please approve highlighted language. return to me.

Pam

called in to NSC

OUTGOING TELEGRAM

DEPARTMENT OF STATE

INITIAL HERE 5.1 8

AUTH Hmkfo DRAFT Hmkfo

CLEAR 1 Hmkfo 2 Hmkfo

3 ___ 4 ___ 5 Hmkfo

6 ___ 7 ___ 8 ___

URGENT

UNCLASSIFIED

NEA/IAI:SMIDURA:SSM
07/29/93 73672 SEIAIGEN 9415
NEA:DCKURTZER

NEA/IAI:TJMILLER
S/S:
S/S-C:TFILIPEK

S/P:AMILLER
S/S-O:
NSC/S:

PRIORITY TEL AVIV

E.O. 12356: N/A

TAGS: AMGT, IS

SUBJECT: RESPONSE FROM HILLARY RODHAM CLINTON TO THE ISRAEL MANAGEMENT CENTER

REF: TEL AVIV 10998

1. PLEASE PASS THE FOLLOWING MESSAGE FROM HILLARY RODHAM CLINTON TO URI MENASSE, CHAIRMAN, THE ISRAEL MANAGEMENT CENTER, PO BOX 33033, TEL AVIV 61330, IN RESPONSE TO HIS INVITATION TO SPEAK AT THE CENTER'S ANNUAL CONVENTION IN DECEMBER.

DEAR MR. MENASSE:

THANK YOU FOR YOUR KIND INVITATION TO ATTEND THE ISRAEL MANAGEMENT CENTER'S ANNUAL CONVENTION IN JERUSALEM THIS DECEMBER. I WAS HONORED TO BE ASKED TO DELIVER THE KEY-NOTE SPEECH. UNFORTUNATELY, I WILL BE UNABLE TO ~~TRAVEL~~ TO ~~ISRAEL AT THAT TIME~~. attend.

MY BEST WISHES FOR A SUCCESSFUL CONFERENCE.

SINCERELY,

UNCLASSIFIED

HILLARY RODHAM CLINTON

2. NO SIGNED ORIGINAL WILL FOLLOW. ASSISTANCE APPRECIATED. YY

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20506

March 4, 1993

MEMORANDUM FOR MAGGIE WILLIAMS

FROM: WILLIAM H. ITOH

SUBJECT: Draft Response for Mrs. Mitterrand

Attached is a draft reply to Mrs. Mitterrand from the First Lady. In it, we recommend that the First Lady respond positively to Mrs. Mitterrand's suggestion of a meeting, possibly this month. We also suggest that the reply be dispatched via the French Ambassador here before President Mitterrand's March 9 visit, with a copy provided to us and the State Department.

Attachments
Tab A Draft Response
Tab B Incoming

TO: MAGGIE

FROM: DIANE

MEMO

Date 3/11/93

The attached is for your:

Information ____

Advice X

Action ____

Signature ____

Comments:

Shared O send to NSC for their suggestion!
A Draft letter that rejects the invitation to meet -

Call Cathy Millison to check if this is DBE?

Give to MAC on 3/16 to discuss w/ HRC

NSC DBE??

Canadian Embassy

Ambassade du Canada

501 Pennsylvania Avenue N.W.
Washington, D.C. 20001

March 9, 1993

Ms. Maggie Williams
Chief of Staff
Office of the First Lady
The White House
Washington D.C. 20500

Dear Ms. Williams:

I have the honour to transmit to you a letter from the Honourable Elizabeth Cull, Minister of Health and Minister Responsible for Seniors, Province of British Columbia, Canada to Mrs. Clinton.

Should you or your staff have any questions about this invitation, I would be delighted to respond. I can be reached at (202) 682-7735.

Yours sincerely,

Gail Tyerman
Counsellor
Federal-Provincial Relations

Encl:

Province of British Columbia

OFFICE OF THE MINISTER

Ministry of Health

Parliament Buildings
Victoria
British Columbia
V8V 1X4

March 5, 1993

Ms. Hillary Rodham Clinton
1600 Pennsylvania Avenue N.W.
Washington, D.C.
USA 20500

Dear Ms. Clinton:

We were pleased to respond recently to a request from the Administration's transition team for information on the health care system in British Columbia.

Health care is a top priority in both our countries. While the history and circumstances in British Columbia differ from those in the United States, we have been working to define a system of services here that supports health closer to home. In addition, the health system requires a higher level of accountability to taxpayers and clients than has been the case in the past.

I understand that as part of your consultative process related to health care reform, you may be travelling to Seattle and the Pacific Northwest in the near future. In this event, if your busy schedule permits, I would be delighted to share our experiences with you and compare notes on the challenges ahead. In this regard, I would be pleased to meet you in Seattle or Vancouver.

...2/

I am enclosing a document related to our health system and recent initiatives. I wish you the best in proceeding with this complex but essential task.

Yours truly,

Elizabeth Cull
Minister of Health and
Minister Responsible for Seniors

Enclosure

cc: Honourable Mike Harcourt
Premier of British Columbia

Province of
British Columbia

OFFICE OF THE
MINISTER

Ministry of
Health

Parliament Buildings
Victoria
British Columbia
V8V 1X4

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Minister of Health and
Minister Responsible for Seniors

Enclosure

cc: Honourable Mike Harcourt
Premier of British Columbia

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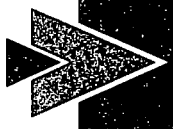
NEW DIRECTIONS FOR A HEALTHY BRITISH COLUMBIA

meeting the
CHALLENGE



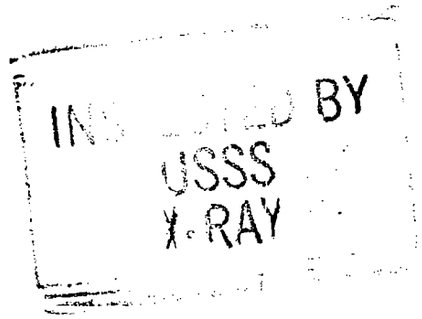
ACTION
for a healthy society

Honourable Elizabeth Cull
Minister of Health and
Minister Responsible for Seniors
Room 310
Parliament Buildings
Victoria, British Columbia
V8V 1X4

Ms. Hillary Rodham Clinton
1600 Pennsylvania Avenue, N.W.
Washington, D.C.
USA 20500

BY HAND

Ms. Maggie Williams
Chief of Staff
Office of the First Lady
The White House
Washington, D.C. 20500



file Diane
NSC

No Further
Action
Required

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. memo	For Patti Solis from William H. Itoh re: Suggested Response to Mrs. Arnaz Marker (1 page)	05/28/1993	P1/b(1)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Maggie Williams (Subject Files)
OA/Box Number: 12735

FOLDER TITLE:
National Security Council

2013-0359-S
ry1505

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]

NATIONAL SECURITY COUNCIL

July 12, 1993

NOTE FOR PATTI SOLIS

FROM: WILL ITOH

Since this letter is addressed directly to Mrs. Clinton in her role as First Lady, it would be very inappropriate for the letter to come from another office.

If you don't want the letter to come from Mrs. Clinton herself, a possible option would be to have the First Lady's Chief of Staff respond on her behalf.

CC: Evelyn Lieberman.

BC ltrs. re Bosnia

fm. Corr.

- Mtn
- find Bosnia ltrs.

DEPARTMENT OF STATE

DRAFT REPLY

Dear Mrs. Marker:

Thank you for your invitation to address the United Nations Ambassadors Wives Group. I share your concerns over the atrocities being committed in Bosnia-Herzegovina, particularly with respect to ethnic cleansing and rape. The number of refugees and displaced persons has reached monumental and shocking proportions. The United States has played a key role in Security Council adoption of resolutions calling for an end to the conflict and condemning ethnic cleansing.

Unfortunately, my schedule will not allow me to address the United Nations Ambassadors Wives Group in the near future. I wholeheartedly regret that I will not be able to meet with your group.

Sincerely,

Hillary Rodham Clinton

Mrs. Arnaz Marker, President,
United Nations Ambassadors Wives Group,
Pakistan House,
8 East 66th Street,
New York, New York.

CC: PATTI SOCIS
CHRISTY KENNY - NSC

PAKISTAN MISSION TO THE UNITED NATIONS
PAKISTAN HOUSE
8 EAST 65TH STREET
NEW YORK, N.Y. 10021

April 12, 1993

Dear Mrs Clinton,

I am writing this in my capacity as President of the United Nations Ambassadors Wives Group, as the wife of the President of the Security Council for April 1993, and above all as a woman and a mother.

As you are no doubt aware, we are at the grim anniversary of a brutal war that is taking place in the Republic of Bosnia and Herzegovina, a full fledged and independent state recognized by the United Nations and the international community at large.

The war, which has already taken 140,000 civilian lives, and created more than a million refugees and displaced persons, has shocked the world by its brutality and violence. This violence has created innocent victims, among them especially women and children, who have been starved by the siege of the cities, townships and villages, chased from their ancestral homes at gunpoint, wounded and let to die, or denied medical and humanitarian assistance.

Worst of all, rape has become almost an everyday tragic story; mothers are raped and sexually abused in front of their children, in the village squares as well as in prison camps, young girls of nine or ten are raped in front of their parents, teenage girls impregnated and isolated until their pregnancies began to show. Rape is a by-product of war. However, the Bosnian Serbian military has in this case used rape as another instrument of the policy of ethnic cleansing.

Yet another devastating manifestation of this cruel and vicious war is borne out in a recent report by independent medical specialists, who have observed that in Sarajevo, after a year of siege and heavy bombardment, every child is afflicted with the type of combat fatigue hitherto known only to hardened adult professional soldiers.

The United Nations and its Security Council have most rigorously condemned this violence. So has the peace-loving and democratic international public. Many national and international women's organizations have condemned this flagrant violation of individual human rights, as well as rape as an instrument of ethnic cleansing. I, therefore, write to request whether you would consider, Madam First Lady, addressing a representative gathering at the United Nations to express your concern at these outrageous events. Your statement, Madam, on this issue would not only be a policy declaration of your country, and yourself personally, but would also represent a significant pillar of support to all those in international community who are doing their utmost to stop the war in Bosnia and Herzegovina and to protect its population from further violence and suffering.

I have taken the liberty of conveying these thoughts to your most able and respected Permanent Representative to the United Nations, Ambassador Madeleine K. Albright.

Yours sincerely,

(ARNAZ MARKER)

Mrs. Hillary Rodham Clinton,
The First Lady,
The White House,
Washington DC.