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

CREATOR: Patricia E. Romani (ROMANI_P) (OPD)

CREATION DATE/TIME:11-AUG-1994 14:27:25.64

SUBJECT: Jeff Levi cont.

TO: Carol H. Rasco (RASCO_C) (OPD)
READ:11-AUG-1994 14:38:09.15

TEXT:

Carol,
Spoke again with Jeff and he will be faxing info. to Patsy today.
No, he has not spoken with Patsy re. ACTUP but he has sent some faxed material to her. He had not heard back from her re. this issue.
He will make sure she touches base on Monday.
Another Item: I called Debra Frazer-Howze and she understood re. Dr. Prim. However, as we were ending conversation she wanted a list of persons invited to her group. I said I would check re. list, release of names, etc. Please advise.
Thanks,
Pat

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

CREATOR: Patricia E. Romani (ROMANI_P) (OPD)

CREATION DATE/TIME:11-AUG-1994 14:02:09.05

SUBJECT: Jeff Levi

TO: Carol H. Rasco (RASCO_C) (OPD)
READ:11-AUG-1994 14:12:48.95

TEXT:
Carol,
Jeff returned call and I relayed your message/question re. third party participation:
His "gut" instinct is that a third party is not needed. He felt CHR and Patsy should appear "ready to receive advice and concerns of attendees" and a third party might make meeting appear more formal and less receptive.
In favor of third person: it would "set ground rules"
He said although his instinct was to say a third person is not necessary he will contact Patsy and get her input. He said Patsy has a good relationship with almost everyone who is invited. Jeff will phone Monday with Patsy's response.
He added also that he is completing list of ACTUP members . He will fax this list to CHR this p.m. in case CHR decides to go with this meeting.
Regards,
Pat

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: tap-drugs@essential.org@INET@EOPMRX

CREATION DATE/TIME: 9-AUG-1996 20:24:00.00

SUBJECT: Abbot Labs-AIDS Profiteer

TO: Multiple recipients of list (tap-drugs@essential.org@INET@EOPMRX)
READ:NOT READ

IND_TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:13-AUG-1996 09:51:24.49

TEXT:
The second day of the International AIDS Conference in Vancouver (July 8, 1996) ACT UP chapters from the United States and Europe confronted Abbot Laboratory in front of hundreds of scientists, and participants at the conference. This is the text of the press release criticizing Abbot for price gouging and failure to provide people with AIDS who take their drug life saving information. For this reason 50 activists descended on their booth, applying stickers which read "AIDS Profiteer" and "Greed equals Death" . We then presented them with the Golden Funeral Urn.

ACT UP AWARDS GOLDEN URN TO:

ABBOTT LABS

for killer pricing policies.

Under the garish Abbott tower, in the center of the exhibition hall at BC Place Exhibition hall., members of ACT UP (The AIDS Coalition to Unleash Power) presented a Golden Urn to Abbott Laboratories, the maker of Ritonavir, a new protease inhibitor that costs patients $8,000 US per year, the highest price of any of the protease inhibitors. ACT UP's Golden Urns are given to drug companies, public officials and organizations whose policies and actions are hastening the deaths of people with AIDS.

Abbott has refused to justify this price and has rejected calls for an independent audit of its research and manufacturing costs. Activists have repeatedly met with Abbott officials to try to convince them to lower this price, which can contribute to overall drug costs of as much as $30,000 US per person year.

"Abbott is exploiting people with AIDS by charging all the market will bear," commented ACT UP Golden Gate member Stephen LeBlanc. "Ritonavir's cost puts the drug out of reach for millions of people with HIV." Added ACT UP Philadelphia's Steven Parmer, "Public health institutions have a choice: go bankrupt trying to pay for these potentially life-saving medications, or deny access to whole nations of people with AIDS."

Abbott's deceit also limited access before FDA approval to a 1,000 person lottery, claiming it had severely limited drug supply. Two months later, after FDA approval, they suddenly had enough drug to stock every pharmacy in the United States.

Abbott has balked at providing crucial patient education information to US clinics. Patient information is important because Ritonavir is associated with numerous potentially lethal drug interactions. The drug blocks an enzyme in the liver that helps the body process many drugs. Without this enzyme, patients can overdose on common drugs they are taking including antihistamines, antifungal drugs, antidepressants, tuberculosis treatments, and many more.

Thus far, Abbott has failed to perform crucial drug interaction studies on many of the drugs listed above, as well as other protease inhibitors and non-nucleoside reverse transcriptase inhibitors (NNRTIs).

Abbott also delayed research into HIVIG - a treatment that may prevent perinatal transmission - for over two years by refusing to release the drug to NIH researchers. Only after the drug was bought by another company did trials begin.

"Ritonavir can be dangerous and it costs too much," said ACT UP Atlanta member Roger Garza, "The company continually refuses to pay for the studies needed to give us answers on why the drug fails many people and the huge unanswered questions about serious drug interactions."

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 9-AUG-1996 20:25:00.00

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from storm.eop.gov (storm.eop.gov)
 by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01I832B3UCDC000H5H@PMDF.EOP.GOV> for
 romocki_l@a1.eop.gov; Fri, 09 Aug 1996 20:24:38 -0400 (EDT)
Received: from prince.essential.org (prince.essential.org)
 by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I8329YSI7O002KWM@STORM.EOP.GOV> for
 romocki_l@a1.eop.gov; Fri, 09 Aug 1996 20:23:43 -0700 (MST)
Received: from prince (localhost [127.0.0.1])
 by prince.essential.org (8.7.5/8.7.3) with SMTP id UAA21622; Fri,
 09 Aug 1996 20:23:16 -0400 (EDT)
Errors-to: tap-drugs-owner@essential.org
X-Mailer: Pegasus Mail for Windows (v2.33)
Precedence: bulk
Originator: tap-drugs@essential.org
X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: tap-drugs@essential.org@INET@EOPMRX

CREATION DATE/TIME:14-AUG-1996 12:16:00.00

SUBJECT: Fair Pricing demo at AIDS Conference

TO: Multiple recipients of list (tap-drugs@essential.org@INET@EOPMRX)
READ:NOT READ

IND_TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:27-AUG-1996 13:53:31.47

TEXT:
AIDS ACTIVISTS DENOUNCE AIDS PROFITEERS
AT OPENING OF INTERNATIONAL AIDS CONFERENCE

"Access for All" & "Greed = Death" are Rallying Cries

(Vancouver, July 7) -- Hundreds of AIDS activists from around the world demonstrated during the opening session of the IX International AIDS Conference. Members of the activist group ACT UP (the AIDS Coalition to Unleash Power) unfurled banners during the ceremony proclaiming "Roche, Merck, and Abbot: Greed = Death", and "Demand Access for All", threw bundles of "AIDS Profiteer" money into the air, distributed leaflets to conference attendees, and brought the ceremony to a halt while they chants, whistles, and sirens. Among their chants targeting drug companies were "greed kills -access for all."

Activists expect a "don't worry, be happy" message to be the central theme of the XIth International AIDS Conference, due to the recent advent of a new class of anti-HIV drugs called protease inhibitors. "Some people are doing very well on these new therapies, and we do not argue with that fact," said ACT UP/Philadelphia member Asia Russell. "However, these people represent a very small fraction of the 19 million people on this planet who are living with HIV. The prices being charged for combination protease inhibitor therapy leaves millions of people with HIV for dead. Public health systems world-wide will be bankrupted."

Most people with HIV in the world will never be benefit from the treatment advances being discussed at this meeting."

Most of the conference's attention focused on a new class of drugs called protease inhibitors that show promise in slowing the progress of AIDS as a disease. However, many questions remain on the effects of long-term effects of these drugs, and because their price is so high, they will only be available to those whose national health programs or private insurance will cover it.

"Access is now one of the big issues for people living with AIDS

around the world", said Asia Russell of ACT UP/Philadelphia. "It's not just treatments, but a whole range of matters such as information, education, advocacy, prevention, international aid, testing, and basic health care."

More than 19 million people are infected with the HIV virus worldwide, but only a few million have access to AIDS drugs. In many countries, there are no effective AIDS medications and even the HIV test is too expansive for most people to afford. even inexpensive drugs to prevent AIDS-related pneumonia, a leading killer of people with HIV, are out of reach for most people. In other countries, even the HIV test is too expensive for many to afford.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:14-AUG-1996 12:17:00.00

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from storm.eop.gov (storm.eop.gov)
 by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01I89KPLK96O001R6S@PMDF.EOP.GOV> for
 romocki_l@a1.eop.gov; Wed, 14 Aug 1996 12:16:28 -0400 (EDT)
Received: from prince.essential.org (prince.essential.org)
 by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I89KOCOPGY00007K@STORM.EOP.GOV> for
 romocki_l@a1.eop.gov; Wed, 14 Aug 1996 12:15:28 -0700 (MST)
Received: from prince (localhost [127.0.0.1])
 by prince.essential.org (8.7.5/8.7.3) with SMTP id MAA28220; Wed,
 14 Aug 1996 12:13:33 -0400 (EDT)
Errors-to: tap-drugs-owner@essential.org
X-Mailer: Pegasus Mail for Windows (v2.33)
Precedence: bulk
Originator: tap-drugs@essential.org
X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME: 9-OCT-1997 12:15:08.00

SUBJECT: LinguaFranca on the Gay Sex Wars (Part One of Two)

TO: sarsenault (sarsenault @ akingump.com @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:
Here it is.

---------- Forwarded by Paul J. Yandura/OPD/EOP on 10/09/97 12:12 PM ----------

Fenceberry @ aol.com
10/08/97 10:31:00 AM
Record Type: Record

To: Stuart D. Rosenstein, Richard Socarides, Paul J. Yandura
cc:
Subject: LinguaFranca on the Gay Sex Wars (Part One of Two)

MIME-Version: 1.0
Content-type: text/plain; charset=unknown-8bit
Content-transfer-encoding: 8BIT

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P L E A S U R E P R I N C I P L E S

QUEER THEORISTS AND GAY JOURNALISTS
WRESTLE OVER THE POLITICS OF SEX

(Part One)

By CALEB CRAIN

Nearly two hundred men and women have come to sit in the sweaty ground-floor
assembly hall of New York City's Lesbian and Gay Community Services Center.
They've tucked their gym bags under their folding chairs, and, despite the

thick late-June heat, they're fully alert. Dozens more men and women cram the edges of the room, leaning against manila-colored card tables littered with Xeroxes or perching on the center's grade-school-style water fountain, a row of three faucets in a knee-high porcelain trough. A video camera focuses on the podium, where activist Gregg Gonsalves and Columbia University law professor Kendall Thomas welcome the audience to a teach-in sponsored by the new organization Sex Panic.

It might have been the Sex Panic flyer reading danger! assault! turdz! that drew this crowd. Handed out in New York City's gay bars and coffee shops, the flyer identified continuing HIV transmission as the danger. It pointed to the recent closing of gay and transgender bars and an increase in arrests for public lewdness as the assault. And it named gay writers Andrew Sullivan, Michelangelo Signorile, Larry Kramer, and Gabriel Rotello as the Turdz.

The flyer, however, is not how I first found out about the Sex Panic meeting.
A fellow graduate student recommended it to me as a venue for academic networking. "It's a Who's Who of queer theory," he told me. "You should go."
Indeed, speaking at the teach-in are the independent historian Allan B?rub?, 1996 winner of a MacArthur "genius" grant and author of Coming Out Under Fire: The History of Gay Men and Women in World War II; NYU professors Phillip Brian Harper and Lisa Duggan; and Rutgers's Michael Warner, one of the deans of queer theory. In the audience are the well-known academics Douglas Crimp, Jeff Nunokawa, Ann Pellegrini, and Carole Vance, as well as nearly every lesbian and gay graduate student I've ever met.

DURING THE TEACH-IN B?rub? will sketch a history of American "sex panics"; Maura Bairley of the New York City Gay and Lesbian Anti-Violence Project (AVP) will report that earlier this year sixty-seven men were arrested over two days in a single World Trade Center restroom; attorney Bill Dobbs will explain the new city zoning law due to close an estimated 85 percent of New York's 175 adult businesses; and a mustachioed drag king named Murray Hill will campaign for mayor. But it is hard for me to shake the feeling that these performances are beside the point. This crowd is angry. In his introductory remarks, Kendall Thomas refuses to identify the people he calls "the backlash boys--gay positive but sex negative." But the speakers who follow him are not so reticent, and the crowd rewards anyone who mentions Rotello, Signorile, Kramer, or Sullivan with hisses, boos, and laughs. The men and women here tonight feel sure of their enemies, and as the evening advances, these enemies condense into one creature, a hyphenated neoconservative bogeyman named Rotello-Signorile-Kramer-Sullivan.
Where did this sex-negative monster come from? And as a wounded Signorile askein print several weeks later, "Why would esteemed scholars...do this?"

AT THIS POINT, Rip van Winkles of lesbian and gay politics may be

scratching
their heads, even if they have napped for only a couple of years. Andrew Sullivan and Larry Kramer are allies? Kramer famously helped to instigate both the Gay Men's Health Crisis (GMHC) and the AIDS Coalition to Unleash Power (ACT UP). Sullivan sprang to prominence as the Roman Catholic Thatcherite appointed to edit The New Republic. How could they be confused?

Every member of Sex Panic I speak to either regrets or downplays the group's
ad hominem attacks and name-calling. (A late revision of the teach-in flyer excised the word "Turdz.") "It's a mistake to focus on these individuals," Lisa Duggan says. "The mud-wrestling scene is not interesting." But it might
not be wise to look away from the brawl too soon. The emotions in this debate
stem from intellectual disagreements that are no less sharp for being hard to
see.

Some of these disagreements pit the value of gay male promiscuity against the
dangers of HIV transmission. Others involve the struggle for authority between ivory-tower academics and market-savvy journalists. But perhaps the sharpest disagreement is over something called queer theory. Relatively new,
queer theory represents a paradigm shift in the way some scholars are thinking about homosexuality. It proposes that traditional notions of lesbian
and gay identity may be as confining as homophobia itself. Queer theory's presiding spirit is Michel Foucault; its stars are Eve Kosofsky Sedgwick and
Judith Butler. But it was Michael Warner, now one of Sex Panic's informal leaders, who in 1993 put together the anthology that crystallized queer theory as a movement: Fear of a Queer Planet (Minnesota). As Warner wrote in
his introduction to that collection, queers don't want "simple political interest-representation." To liberalism's offer to tolerate lesbians and gays
as just another minority, queer theory says no. Instead, queer theory declares it opposes all identity pigeonholes on principle and aligns itself with anyone who troubles gender or sexual norms, including drag queens, transsexuals, and sex workers. According to Warner, the move from "gay" to "queer" is a radical change, representing "a more thorough resistance to regimes of the normal." Despite the highly theoretical vocabulary, in Warner's view, queer theory has a distinct politics, and Sex Panic is an instance of that politics put into practice.

THOUGH Sex Panic now tags them as "neoconservative," gay reporters Gabriel Rotello and Michelangelo Signorile began their careers in good standing with
the left. Both got their start at New York City's legendary Outweek magazine,
pioneer of a new, brasher, and more sophisticated gay journalism. Signorile

headed ACT UP New York's media committee from 1988 to 1990 and was one of four co-founders of the activist group Queer Nation. As the advance guard and lightning rod of the outing controversy, he was once praised by Eve Kosofsky Sedgwick as "the Jacques Derrida of gossip," a deconstructor of the closet. Rotello spent years writing angry articles about the politics of AIDS in what he calls a "guerrilla war against the pernicious agenda of blame." He vehemently attacked Michael Fumento's The Myth of Heterosexual AIDS, which labeled gays "the rats and fleas of the new plague." Rotello could be speaking for both Signorile and himself when he writes that throughout most of his career "I not only followed the party line, I helped write it."

The party line among gay activists in the early 1990s held that AIDS need not mean the end of gay sexual liberation. With condoms and a little versatility, gays could figure out "How to Have Promiscuity in an Epidemic," as the title of a Douglas Crimp essay put it. But several years ago, that consensus on AIDS and gay sex started to disintegrate. Epidemiologists had long noted that despite aggressive campaigns to promote condoms, roughly a third of gay men continued to have unprotected anal sex. In a survey of predominantly sexually active gay men conducted in New York City between 1993 and 1995, for example, 32.1 percent of the HIV-negative men had had unprotected receptive anal sex within the previous three months. For years, gays had managed to celebrate their successes in HIV prevention without confronting this stubborn remainder. But in late 1994, although the facts had not changed, the willingness of the gay community to talk about them had.

One catalyst was a Berkeleyðbased psychologist named Walt Odets. While counseling his uninfected patients, Odets uncovered a number of reasons a gay man might want to expose himself to HIV: guilt over surviving HIV-positive lovers and friends, fear of losing his emotional connection to them, envy of the support and respect accorded to people with AIDS, a wish to be punished for sexual desires that society had taught him to despise, and anxiety to be done with waiting for a seroconversion felt to be inevitable. More controversially, Odets felt that in some (rare) cases, a gay man in good mental health might decide that unprotected sex meant enough to be worth the risk. In conference papers and privately circulated essays that formed the basis of his 1995 book In the Shadow of the Epidemic: Being HIV-Negative in the Age of AIDS (Duke), Odets criticized the peppy and diffuse messages that HIV-prevention workers had glibly handed out with condoms. Almost single-handedly, Odets dismantled what he called "one of the truly grand fallacies of the epidemic: Gay men are doing just fine with safer sex,

thank
you very much."

Odets is central to the Sex Panic debate. Although they're on opposite sides
of the fence, Signorile and Warner both cite Odets's work to support their arguments. Not coincidentally, Signorile and Warner are also two of the best-known gay figures to confess to unsafe sex in print. In a September 1994
column for Out magazine, Signorile reported letting himself be fucked by a Navy officer--a "classic gay hunk: tall and masculine, with a buzzed haircut,
razor-sharp cheekbones, a body of granite, and a Texas drawl." In a January 1995 article for The Village Voice, Warner, then HIV-negative, reported a series of intoxicating unsafe encounters where "the quality of consciousness
was...like impulse shoplifting." Warner described how powerless he felt, writing that "my monster was in charge."

The experience of unsafe sex challenged both men to come to new understandings of themselves. The journalist looked to the culture around him. Signorile began to criticize the unexamined gay hedonism that had encouraged him to put a higher value on sex with a well-muscled Navy officer
than on his own health. He wrote passionately, if somewhat sensationally, about the steroids, drugs, extravagant parties, and "body fascism" that he felt narrowed and crippled gay life.

THE QUEER THEORIST, on the other hand, looked inward, to the unruly and asocial force within him that wanted to be unsafe. Struggling to articulate a
new, distinctively queer approach to HIV prevention, Warner warned AIDS educators that "the appeal of queer sex, for many, lies in its ability to violate the responsibilizing frames of good, right-thinking people." While Signorile urged gay men to reform their sexual ethics, taking the feminist attempt to reform straight men in the 1970s as a model, Warner argued that sex between men, as a queer act, would always escape if not defy ethical systems. At the very least, a queer effort at HIV prevention would have to resist concealing unconventional or self-destructive sexual desires under a moral prohibition.

Meanwhile, Rotello's journalism had undergone a sea change. He had come to believe that, although his old enemy Fumento had been homophobic, what he had
predicted was turning out to be true: In America, gays were offering HIV an ecological niche that non-drug-injecting heterosexuals did not and probably would never offer. When a bathhouse called the West Side Club opened in New York City in January 1995--the first in over a decade--Rotello attacked, calling it "a bathhouse like the legendary bathhouses of old, those bustling
hives of contagion that helped spread death throughout the gay male world." Rotello and a new group, Gay and Lesbian HIV Prevention Activists (GALHPA), insisted that any sex club that condoned behavior riskier than voyeurism and

mutual masturbation should be shut. In their zeal, GALHPA (although not Rotello personally) met with city officials and broke one of the most solemn taboos of gay activism: They asked the government to intervene. Health officials agreed that more careful monitoring of sex clubs was warranted. According to the local newspaper LGNY, in 1995 the city made nearly fourteen hundred separate inspections of between forty and fifty establishments, issued warnings to thirty, and shut down nine.

GALHPA's actions infuriated Warner and many other activists, who suspected Rotello of hiding a hostility to sex inside the Trojan horse of a public health campaign. According to Warner, Rotello's attack on the sex clubs mistook gay culture's innovative, nonstandard forms of sexual intimacy for "a pathological, instinct-driven, thoughtless, reductive animality." Sex clubs, Warner points out, are sometimes the first place where queers who spend childhoods in alienation at last find themselves. Anonymous gay sex can be "transformative," he adds, pointing out that most straight people never experience anything remotely like it. Talking about public sex, Warner sounds almost Whitmanesque. "The phenomenology of a sex club encounter is an experience of world making. It's an experience of being connected not just to this person but to potentially limitless numbers of people, and that's why it's important that it be with a stranger. Sex with a stranger is like a metonym."

To counter GALHPA's activities, Warner started an organization of his own: the AIDS Prevention Action League (APAL), a precursor to Sex Panic. Both groups petered out as the issue dropped from news coverage, but one legacy of the 1995 debate was that a group of prominent academics realized that the state regulation of public sex was an activity they wanted to oppose.

QUEER THEORISTS take as a founding principle the counterintuitive suggestion that Foucault made at the conclusion of the first volume of his History of Sexuality: "The rallying point for the counterattack against the deployment of sexuality ought not to be sex-desire, but bodies and pleasures." According to Foucault, lesbians and gays would not be liberated if they affirmed that their sexual desires defined their identities; they would only be further inveigled into a way of thinking that labeled and policed them. Instead, Foucault suggested, all people, whether classed as homosexual or heterosexual, should resist categorization by breaking down sexual identities into their component acts and by divorcing the practice of sex from the tyrannous insistence that it mean something.

The premiere of queer theory is Duke's Eve Kosofsky Sedgwick, a married woman who writes about male-male sexuality with such empathy and acumen that she

has lured hundreds of graduate students into following in her footsteps. Her prose has both cosmopolitan flair and a generous spirit that opens up new vistas, finding homoeroticism (and its fertile twin, the fear of homoeroticism) in authors whose writing has long gone unsuspected. Meanwhile, Berkeley professor of rhetoric and comparative literature Judith Butler has given to queer theory a certain density of vocabulary and the notion that gender is a kind of involuntary drag. For her, sexual identity is a straitjacket--not a pretty frock you don or doff at will. The best way for lesbians and gays to loosen the stays, Butler suggests, is to acknowledge, highlight, and exploit the artifice and provisional nature of all identities.

Sex Panic's Michael Warner came to queer theory from an unexpected direction. His first book, The Letters of the Republic (Harvard), explored the cultural meanings of print in colonial America's emerging public sphere. The subject was Habermasian, not even remotely homosexual--and that remoteness seems to be what incited Warner to edit Fear of a Queer Planet. Lesbian and gay studies, he felt, had been examining subjective and aesthetic angles to the exclusion of social ones. And social theory had been taking heterosexuality for granted. Queerness offered a way to rethink both the social realm and the place of homosexuality within it.

But when queer theory investigated the social, it discovered that almost the only thing all lesbians and gays have in common is a memory of noncommunity. Queers, Warner declared, are "a kind of social group fundamentally unlike others" because, unlike most members of a race, ethnicity, or gender, individual queers spend their childhoods in isolation, sometimes even hating the group they will later identify with. For Warner, the shared queer experience of not belonging is not merely a wound or defect but an underappreciated political force: He celebrates it as "an objection to the normalization of behavior in [a] broad sense."

Queer theory yields a politics very different from that of traditional lesbian and gay identity. To visualize the difference, it might help to borrow an image from Gayle Rubin's essay "Thinking Sex." Imagine that society controls and defines sex by drawing a "charmed circle" around it. Inside the charmed circle are all the good and normal kinds of sex--for example, married, heterosexual, monogamous. Outside are all the bad and unhealthy kinds, such as promiscuous, sadomasochistic, for money. For the last half century, homosexuality has been a disputed border territory, half in, half out. If the goal of lesbian and gay politics is to bring homosexuality inside

Rubin's charmed circle, then the goal of queer politics is quite different--to abolish the circle altogether or, where this seems impossibly utopian, to remain outside the circle as an act of protest.

As an issue that draws out the antagonisms between lesbian and gay identity and its queer critique, public sex--in clubs, parks, or restrooms--is exemplary. Sex Panic's willingness to shelter almost any kind of nonstandard sexual behavior under its umbrella confounds a traditional gay activist like Signorile. "I think most people who've come out of the closet don't have a lot of concern for married men who get arrested in toilets," Signorile says. His allegiance is to men and women who have publicly identified themselves as homosexual and can therefore be engaged in dialogue and changed and mobilized politically by the gay culture.

In the language of queer theory, Signorile speaks a "minoritizing discourse," a term coined by Sedgwick in Epistemology of the Closet. For him, gay identity defines a subset of the population, and closet cases are deserters in this minority's battle for recognition. Warner and Sex Panic, on the other hand, speak what Sedgwick calls a "universalizing discourse." They see what married men do in tearooms as their business because they feel that disowned, deviant desires affect everyone in society, even (or perhaps, especially) those who do not admit or act on them.

Queer theory's taste for public sex and its distaste for community norms are both evident in Policing Public Sex: Queer Politics and the Future of AIDS Activism (South End Press, 1996). Released in the wake of the 1995 GALHPA-APAL wars, the anthology was edited by Dangerous Bedfellows, a collective of NYU graduate students. "We are focusing on acts rather than identities," the collective declares in the introduction, sounding a distinctly queer note. Along with analytic essays, Policing includes interviews with sex-club owners, transcripts of legal documents, Odets on HIV prevention, and B?rub? on the history of bathhouses.

The book also contains evidence of queer theory's troubled relation to ethics. The editors' desire to "screw with the notion of a totalizing queer leadership class or gay 'community'" lets in voices that are radically free of any tribal or group affiliation. But in politics, as opposed to literary criticism, it can be unsettling to listen to a voice unconstrained by responsibility to a community. Between the same covers, Odets's chapter on HIV prevention lies uneasily with the essay by the HIV-positive former porn star Scott O'Hara, who writes, "The life of a Negative, at this point in our history, seems to me to be the most irrelevant and pointless of positions," and who applauds the attractive "strong personality" of a friend who

intentionally got himself infected. And it is not reassuring to hear the owner of the West Side Club both deny that what he runs is a sex club and say, "If I were to get AIDS today, it's my own fucking fault. I deserve it"--apparently restricting the blame for infections that occur in his club to the decisions his clients make as individuals.

In places, the theoretical sophistication of Policing seems only a shade removed from old-fashioned rationalization. In an April 1994 Newsday article,
for example, Rotello had described the unprotected anal intercourse that he witnessed in a sex club as a "sex murder/suicide." Upset by his imagery, Dangerous Bedfellow Alison Redick analyzes Rotello's text as follows:

"Several false equations are at work in this account. First, the act--unprotected anal sex--is equated with the contraction of the virus, which is then equated with death. Not only is this an inaccurate set of conclusions, based on assumptions about the serostatus of the individuals engaged in the act, but the equation AIDS = Death produces a representation of the disease that is both dangerous to PWAs and complicit in homophobic reactions against the epidemic."

Rotello's representation is alarmist, and Redick is correct to say he condenses probabilities into certainties. But anal sex without condoms is the
most common way gay men become infected with HIV; seroprevalence among gay men in cities is widely estimated to be 50 percent; and although people infected with HIV may live for decades--especially now, thanks to new protease inhibitor treatments--there is not yet a cure for AIDS. Rotello's characterization may strike Redick as homophobic, but her critique looks uncomfortably like denial. Why shouldn't it anger Rotello to watch two men who do not know each other fuck without rubbers? Sorrow or concern might also
be an appropriate response, but merely to parse the representational politics
seems a little cool.

(End of Part One)

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

TEXT:
RFC-822-headers:
Received: from conversion.pmdf.eop.gov by PMDF.EOP.GOV (PMDF V5.0-4 #6879)
id <01IOK9AH8AB400MVOM@PMDF.EOP.GOV>; Wed, 08 Oct 1997 11:24:43 -0400 (EDT)
Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01IOK9A8VX8000LDYC@PMDF.EOP.GOV>; Wed,

08 Oct 1997 11:24:31 -0400 (EDT)
Received: from emout09.mail.aol.com ([198.81.11.24])
by STORM.EOP.GOV (PMDF V5.1-7 #6879)

with ESMTP id <01IOK99JSQP80076SI@STORM.EOP.GOV>; Wed,
08 Oct 1997 11:23:59 -0400 (EDT)
Received: (from root@localhost) by emout09.mail.aol.com (8.7.6/8.7.3/AOL-2.0.0)

id KAA22292; Wed, 08 Oct 1997 10:31:47 -0400 (EDT)
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:16-APR-1999 17:28:06.00

SUBJECT: Re: Gore Worked To Soften South Africa Health Law

TO: Thomas M. Rosshirt (CN=Thomas M. Rosshirt/O=OVP @ OVP [UNKNOWN])
READ:UNKNOWN

TEXT:
Thanks for the article.

The AIDS community is really getting cranky about this issue. It is quite the hot topic these days among ACTUP and other activist organizations. This is not good for the VP given that the AIDS groups are still very angry that the Administration has not come up with a way to include the new anti-retroviral therapies under Medicaid for many who need them.

We probably need to do a little strategizing and outreach around this stuff before it gets out of hand.

Thanks.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME: 5-MAY-1999 15:23:04.00

SUBJECT: Re: US/South Africa - "Business Day" article on intellectual property issues

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

TEXT:
I asked Erica Barks-Ruggles about this - she said that USTR is not particularly good about "coordinating" with its colleague agencies - she said that a broad interagency group came to the decision to keep South Africa on the watch list and not move them to a more onnerous level, but USTR was fighting. Maybe working in your new group will help get them on board a little in terms of cooperation.

Sandra Thurman 05/05/99 03:10:13 PM

Record Type: Record

To: Todd A. Summers/OPD/EOP@EOP
cc:
Subject: Re: US/South Africa - "Business Day" article on intellectual property issues

I think we need to send our friends from ACTUP right on over to pat Charlene a little visit...don't you?

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: "Christen, Pat" <pchriste@sfaf.org> ("Christen, Pat" <pchriste@sfaf.org> [UNKNOWN])

CREATION DATE/TIME:24-MAY-1999 15:37:40.00

SUBJECT: FW: Urgent Sign on letter seeking increased global AIDS ffunding

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

TEXT:
Sandy -- Do you have an opinion about this? Would it be useful for you
to have us sign it?

> -----Original Message-----
> From: GlobalAIDS@aol.com [SMTP:GlobalAIDS@aol.com]
> Sent: Friday, May 21, 1999 10:38 AM
> To: ASlemmer@aol.com; actup@actupgg.org; asia@critpath.org;
> MoisesA@aol.com; MarkSKing@aol.com; Network@aidsaction.org;
> ramon_martinez@aidsquilt.org; tanderson@napwa.org; AdwMA@aphcv.org;
> ppgrpm@apla.org; raragon@sfaf.org; Savrett@aol.com; Wmsnow@aol.com;
> Bodyposedu@aol.com; sburden@macfdn.org; ecarela@box100.com;
> lcasazza@worldvision.org; pchriste@sfaf.org; rclary@projinf.org;
> jcolema@nmac.org; etoledo@wam.umd.edu; hcornman@fhi.org;
> lcox@aidsaction.org; gdallabetta@fhi.org; mdelaney@slip.net;
> Renee@advocatesforyouth.org; DIFFANYC@aol.com; adonnelly@projinf.org
> 'Donnelly; Ann'@aol.com; rdurazzo@sfaf.org; mfield@icrw.org;
> rfirestone@genderhealth.org; pfleming@erols.com; BigBob411@aol.com;
> fuglej@plan.geis.com; rgilad@aed.org; GGonsalves@email.msn.com;
> mgottem@genderhealth.org; mgrimaldo@juno.com; afxb@igc.apc.org;
> dharvey@aidspolicycenter.org; bhattoy@ios.doi.gov;
> lheise@genderhealth.org; jjacoboson@genderhealth.org;
> mgottem@genderhealth.org; khinton@aidsfund.org; bholmes@nmac.org;
> ehopkins@sfaf.org; JHuntLGhlt@aol.com; andy_ilves@aidsquilt.org;
> MTISBELL@aol.com; JJacobs@aidsaction.org; jjames@aidsnews.org;
> love@cptech.org; ronaldj@gmhc.org; jkelly@nastad.org;
> seth_kilbourn@hrc.org
> Subject: Urgent Sign on letter seeking increased global AIDS
> ffunding
>
> To: US AIDS Organizations
>
> From: Paul Boneberg (202-667-6300
> Global AIDS Action Network (GAAN)
>
> RE: Sign-on letter to Clinton Calling for Increased Global AIDS
> Funding
>
>
> Friends and Colleagues-
>
> As you all know we have sought increased in global AIDS funding for

> years,
> but have seldom been successful in part because the administration has
> never
> sought increased funds.
>
> In the last two weeks we learned that the President had been
> personally
> engaged on the issue as a result of Sandy Thurman's recent trip to
> Africa.
> There is some possibility that this may result in actions by the
> administration or the President on global AIDS programs in the very
> near
> future.
>
> Despite having been disappointed many times GAAN feels that we should
> seek to
> inform the President that the key thing he should do is increase
> funding for
> global AIDS and health programs. A sign-on letter to this effect is
> being
> circulated by Amy Slemmer of Mothers Voices and is attached. Amy is
> trying to
> get this out immediately to capture the short attention span of the
> administration.
>
> The Global AIDS Action Network will sign this letter. I urge your
> organizations to do the same.
>
> Time is urgent and the letter will go out at 5 PM Monday May 23.
> Please
> respond by email with the complete name of your organization and your
> name
> and title as the person who is authorizing sign-on. Send response to:
>
> ASlemmer@aol.com
> ----
>
> May 20, 1999
>
> Dear Mr. President,
>
> We are writing to urge you to dramatically improve the US
> response to
> our global AIDS emergency. Since you took office in 1993, this global
>
> pandemic has exploded with a 300% increase in the number of new HIV
> infections. Current estimates are that 47 million people worldwide
> are
> already infected, and that number will more than double by the year
> 2005.
> AIDS now kills more people annually than any other infectious disease,
> and in
> many sub-Saharan African nations, one-quarter of all children have
> already

> been orphaned by AIDS.
>
> Unfortunately, the US investment in global HIV prevention and
> AIDS
> care and support has fallen far short of keeping pace with this raging
>
> pandemic. While the death toll soars, the US global AIDS budget
> remains
> largely flat funded -- and has for years. If adjusted for inflation,
> this
> funding stagnation is actually equivalent to a 25% cut in real
> spending on
> our global AIDS effort. For a nation as wealthy as ours, this is
> shameful.
>
>
> We have followed with interest the Presidential AIDS Mission to
> sub-Saharan Africa which you charged ONAP Director Sandy Thurman to
> lead this
> April. After directing the Administration and the Congress to bear
> witness
> to the ravages of AIDS, it is now time for concrete and bold action.
> The
> undersigned organizations urge you to amend your FY2000 budget request
> and
> push for a $100 million increase in our global AIDS effort. This new
> investment will put our nation on track toward a global AIDS program
> that
> begins to address the magnitude of this pandemic.
>
> If we hope to help stem the rising tide of HIV and bring some
> modest
> level of care and support to those who are suffering, we must
> immediately
> escalate our current efforts, and continue to do so until we have not
> only
> gained ground but begun to get ahead of the curve. A minimum down
> payment of
> at least $100 million would do just that. This investment must be new
> money,
> rather than funds shifted from the strapped budgets of other essential
>
> development accounts. Health, education, child-survival and
> micro-finance
> are all interconnected parts of a comprehensive human investment and
> AIDS
> strategy that must not be traded against each other.
>
> Families are being shattered, economies are being decimated, and
>
> hundreds of millions of US dollars invested in broad-based development
>
> objectives are being obliterated by our failure to fully engage in the
> battle

> against AIDS. The global AIDS epidemic has already cost an estimated
> $500
> billion.
>
> Last December on World AIDS Day, you envisioned a world without
> AIDS
> and spoke eloquently about our responsibilities as a leader in our
> global
> community. Last April, you traveled to Africa and called for new and
> vibrant
> partnerships with its many and varied nations. You are a Presidential
>
> pioneer in these endeavors. However, if we fail to put this nation's
> efforts
> on the war footing needed to combat the scourge of AIDS, it will
> surely
> devastate this vitally important legacy.
>
> AIDS is a plague of biblical proportions. Every day 16,000 more
>
> people become HIV infected -- one every 5 seconds. Everyday we wait,
> children and families pay the price. A new investment of $100 million
>
> increase in our global AIDS programs would not only save lives, it
> will help
> to secure our goals of economic growth and political stability.
>
> Every day counts. Together, let us seize this opportunity to
> secure
> your legacy of hope in Africa and around the world, through determined
>
> leadership in the battle against AIDS.
>
> Sincerely,
>
>

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: JWright@osophs.dhhs.gov@INET@LNGTWY (JWright@osophs.dhhs.gov@INET@LNGTWY [OA])

CREATION DATE/TIME:18-JUN-1999 12:47:54.00

SUBJECT: Vice President Gore and AIDS Drugs for Africa

TO: Daniel C. Montoya@eop (Daniel C. Montoya@eop [OPD])
READ:UNKNOWN

TEXT:
www.latimes.com/HOME/NEWS/NATION/t000054883.html

Friday, June 18, 1999

Protesters Mar Gore Campaign Stop
Politics: Four AIDS activists crowd him on stage. Secret Service cites
lack of 'direct physical threat' in decision to not intervene sooner.

By RONALD BROWNSTEIN, Times Political Writer

MANCHESTER, N.H.--The second day of Vice President Al Gore's presidential announcement tour was marred here Thursday by four protesters who suddenly crowded in on him and disrupted his speech while local police and the Secret Service initially decided not to intervene.

Network television tapes reviewed after the incident showed the protesters taunting Gore from close range for 40 seconds before the first Secret Service agent moved toward them. Almost 20 seconds after that, police officers escorted the group from the stage.

Chris Lehane, Gore's spokesman, said the Secret Service informed him they did not act sooner because in their judgment the protesters, a group of AIDS activists upset by administration policies, did not "present any direct physical threat" to the vice president.

Jim Mackin, spokesman for the Secret Service in Washington, said he could not comment on the specific incident. But he said: "We are always concerned about the safety of the vice president and Mrs. Gore.
But at the same time, there are other issues we have to be conscious of . . . in terms of freedom of speech."

Marla Romash, Gore's deputy campaign chairwoman, said the vice president's aides did not consider Gore to be in danger. "I trust the Secret Service with my life and know they are professionals. If they assess a threat to be serious, they move with lightning speed. They are just not in the habit of jumping people with banners--and rightfully so."

During the incident, Gore three times said the same thing to the protesters--"I'll be glad to talk with you afterwards"--though he appeared uncertain how to react as the group lingered behind him. Sitting just in front of the demonstrators, his wife, Tipper Gore, who has published a book of photographs, whipped out a camera and snapped pictures of the commotion.

The protesters represented a group called AIDS Drugs for Africa, which includes members of the AIDS Coalition to Unleash Power, or ACT UP. Protesters from the group also blew whistles and disrupted Gore's announcement in Carthage, Tenn., on Wednesday. Thursday afternoon, they appeared at a Gore rally on Wall Street. But in neither case did they get near the candidate.

By contrast, Thursday morning, three women, soon joined by a man, leaped up from seats arrayed behind Gore at a town hall-style event and, after getting as close as 2 feet from him, began blowing whistles and chanting: "Gore's greed kills! AIDS drugs for Africa!" They also unfurled a banner with that message.

The group claims the administration is trying to protect the profits of U.S. pharmaceutical companies by threatening trade sanctions against African nations that produce low-cost generic versions of patented drugs used to treat AIDS. Gore aides dispute the group's claims.

Law enforcement officials appeared to act only after a group of yellow-shirted firefighter union members in the audience rose from their seats and moved toward the stage to confront the demonstrators.

Some in the audience were unnerved by the protesters' ability to move so close to Gore and remain so near him without being challenged. "It was frightening, frightening," said Cindy Klerman, of Bedford, N.H.

Dick Crotty, one of the firefighters who rose in response to the event, said: "I was surprised nobody moved."

One spokesman for the protesting group said Gore can expect more encounters in the months ahead. "We are planning actions throughout the campaign," Julie Davids said in a telephone interview.

========== ATTACHMENT 1 ==========

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

TEXT:
www.washingtonpost.com/wp-srv/politics/campaigns/wh2000/stories/gore061899.htm

AIDS Activists Badger Gore Again

By Charles R. Babcock and Ceci Connolly
Washington Post Staff Writers
Friday, June 18, 1999; Page A12

NEW YORK, June 17 - For the second day in a row, AIDS activists disrupted Vice President Gore's presidential campaign tour today, protesting his behind-the-scenes role in a trade dispute over the cost of drugs in South Africa.

At two campaign stops today and one yesterday, Gore raised his voice and fired back at demonstrators as they chanted "Gore's greed kills." In one brief but tense exchange in New Hampshire, the protesters stood yelling just a few feet from Gore before being escorted out by police.

Health and AIDS activists accuse Gore of favoring drugmakers' profits over the lives of millions of South Africans infected with the human immunodeficiency virus, which causes AIDS. They say Gore, in talks with South African President Thabo Mbeki, has threatened trade sanctions if South Africa permits the widespread sale of cheaper, generic drugs that would cut into U.S. companies' sales.

"Vice President Al Gore is doing drug company dirty work," the group AIDS Drugs for Africa says in fliers distributed at Gore's appearances.

Small clutches of demonstrators first appeared Wednesday at Gore's announcement of his candidacy in Carthage, Tenn. Gore responded with a quick phrase about free speech. But today he was prepared with a full-throated response.

"I love this country. I love the First Amendment," Gore boomed in response to fewer than a dozen protesters here. "Let's give a hand to those who are exercising their First Amendment rights." As the audience clapped in approval, Gore's voice grew louder: "Let's give them a hand. Let's give them another hand. Make it louder." New York police removed the demonstrators, as Gore continued: "Now I'd like to have my say."

At the heart of the dispute is a South African law designed to give AIDS patients access to cheaper drugs. U.S. pharmaceutical companies see the law -- which allows South Africa's health minister to bring in less expensive imported AIDS drugs or locally produced generics -- as an infringement on their patent protections. They have pushed aggressively for help in Congress and at the White House, even proposing that foreign aid to South Africa be cut off.

One senior Gore adviser acknowledged the vice president is in a delicate position, balancing the magnitude of the AIDS crisis in South Africa and the needs of U.S. companies. "Obviously the vice president's got to stick up for the commercial interests of U.S. companies," the adviser said. But, he said, Gore realizes the disease "is a major threat to the welfare and even the future stability" of South Africa."

Gore has long had good relations with gay rights groups, an important Democratic Party constituency, and the South Africa issue does not appear to be endangering that relationship. David Smith, spokesman for the Human Rights Campaign, one of the largest gay rights lobbying groups, described the patent matter as a "complicated issue" with "no easy solutions" and added, "To single out the vice president is not fair."

However, AIDS activist Eric Sawyer told the President's Advisory Council on HIV/AIDS last week that it should help change a "misguided government policy" designed "simply to protect the excessive profits of drug companies." Two of the main companies producing the drugs -- Bristol-Myers Squibb and Glaxo Wellcome -- have given the bulk of their corporate contributions to the Republican Party in recent years.

Gore met with Mbeki, who was then deputy president, last August and again in February as part of regular bilateral talks. A State Department report released earlier this year called the patent dispute "a central focus" of the August talks, part of "an assiduous, concerted campaign" by top U.S. officials to persuade South Africa to change the law. South Africa denies the law would violate international patent rules.

An estimated 6 million South Africans are infected with HIV, compared with about 1 million in the United States. Many patients in this country use a "cocktail" of three AIDS drugs often costing more than $1,000 a month. South African patients may buy the cocktail for about $800 a month, but the new law -- which has yet to take effect because of a court challenge -- would pave the way for far lower prices.

During a speech at Hesser College in Manchester, N.H., this morning, Gore turned the protest into an opportunity to talk about AIDS awareness.

"Let me say in response to those who may have chosen an inappropriate way to make their point, that actually the crisis of AIDS in Africa is one that should command the attention of people in the United States and around the world," he said. "This epidemic was ignored for too long in the United States of America and I'm proud our nation is taking the lead to try to do something about it."

His wife, Tipper, snapped photos as the four demonstrators were led out.

Gore is in the middle of a four-day, cross-country announcement swing aimed at pumping some fresh energy into a campaign that has sputtered throughout the spring.

As his plane headed to New York today, he said a Senate run by Hillary Rodham Clinton "will generate enthusiasm there and around the country."

The new stump speech, which he has dutifully repeated at every stop,

makes clear Gore is ready to begin the shift away from President Clinton on moral issues while still hoping to share in the glories of the administration's policy achievements.

As he told reporters on Air Force Two today: "It's a new day because as a candidate for president, I am obviously presenting my own vision for the country's future."

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

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: BigBob411@aol.com (BigBob411@aol.com [UNKNOWN])

CREATION DATE/TIME:24-JUN-1999 01:26:12.00

SUBJECT: Fwd: On the New Presidential Global AIDS Initiative

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

TO: summers_t@a1.eop.gov (summers_t@a1.eop.gov [UNKNOWN]) (OPD)
READ:UNKNOWN

TO: montoya_dc@a1.eop.gov (montoya_dc@a1.eop.gov [UNKNOWN]) (OPD)
READ:UNKNOWN

TEXT:
Return-path: GlobalAIDS@aol.com
Date: Wed, 23 Jun 1999 12:58:50 EDT
From: GlobalAIDS@aol.com
Subject: On the New Presidential Global AIDS Initiative
To: DAbrams@sfaids.ucsf.edu, actup@actupgg.org, asia@CritPath.Org,
kate@advocatesforyouth.org, MoisesA@aol.com, MarkSKing@aol.com,
Network@aidsaction.org, jc216@columbia.edu (Chin John),
ramon_martinez@aidsquilt.org, tanderson@napwa.org, AdwMA@APHCV.ORG,
ppgrpm@apla.org, Virginia_Apuzzo@who.eop.gov, raragon@sfaf.org,
Savrett@aol.com, BillM29062@aol.com, Wmsnow@aol.com, Bodyposedu@aol.com,
sburden@macfdn.org, ecarela@box100.com, lcasazza@worldvision.org,
bcasimir@prodigy.com, bcasimir@prodigy.net, cgavin@cptech.org,
pchriste@sfaf.org, rclary@projinf.org (PI), jcolema@nmac.org,
etoledo@wam.umd.edu, lcox@aidsaction.org, gdallabetta@fhi.org,
mdelaney@slip.net (Delaney Martin), maryguinn@un.na,
Renee@advocatesforyouth.org, dr.bopper.deyton@mail.va.gov,
DIFFANYC@aol.com, adonnelly@projinf.org 'Donnelly,Ann'),
rdurazzo@sfaf.org, 73412.1435@compuserve.com, mfield@icrw.org,
rfirestone@genderhealth.org, pfleming@erols.com;, BigBob411@aol.com,
francis.don@gene.com, fuglej@plan.geis.com
Message-id: <2dadacf9.24a26c4a@aol.com>
MIME-version: 1.0
X-Mailer: AOL 4.0 for Windows 95 sub 13
Content-type: MULTIPART/MIXED;
BOUNDARY="Boundary_(ID_0Dlnj7wM5R3PlQI8WPOE9g)"
Full-name: GlobalAIDS
To: American AIDS Groups that Care About Global AIDS Issues

From: Paul Boneberg
Global AIDS Action Network --GAAN (202-667-6300)

RE: GAAN Response Proposed Presidential Global AIDS Effort-The Thurman Initiative

Date: June 22, 1999

Friends and Colleagues-

One of the most important and hopeful efforts on expanding the US response to the global AIDS pandemic is now underway in the highest levels of the Clinton administration. This is the "Thurman Initiative" which was begun by a memo to the President by National AIDS Policy Coordinator Sandy Thurman after her recent trip to Africa. Responding to Thurman's extraordinary memo the President created a White House task force to provide formal recommendations as to how the administration can increase its response to the AIDS pandemic.

This task force is now meeting and the highest levels of the administration are seeking to determine how to respond to the President's direction. Obviously this is an extremely hopeful and important development.

GAAN and many other groups have been meeting with various members of the administration to propose specific ideas on how the US response should be expanded. However crafted a more comprehensive outline has been difficult and we have only now completed it. It is both below attached to this e-mail.

We urge all American AIDS groups who care about global AIDS issue to seize this moment to weigh in as to how you would see a maximum response by this president and his administration. Many officials have appealed directly for ideas and analysis as to how the US response can be strengthened and we believe public input will be valued. Those of you with existing relationships with federal agencies such as USAID or NIH should consider making agency specific proposals on an expanded global AIDS response. More general comments can be sent either to Sandy Thurman or the White House itself.

We hope it is useful and interesting to you and as always-welcome feedback. We would be particularly interested in comprehensive proposals-such as ours seeks to be-as to an administration-wide response. Our contact information is above.
--

A Maximum Presidential Response to the AIDS Pandemic
The Perspective of One AIDS Activist Group

In the last several weeks President Clinton has created a White House task force to recommend how the administration could increase its response to the AIDS pandemic. At recent meetings members of this task force specifically challenged community groups to articulate what a maximum presidential response to AIDS might entail.

The Global AIDS Action Network (GAAN) applauds this initiative and offers the following specific proposals to these policy makers.

Summary

President Clinton should declare that AIDS is a global emergency of the highest order and therefore:

1. Commit the United States to lead a global effort to lessen, reverse, and ultimately end the AIDS pandemic. This public commitment should seek to obtain multinational support and be made in a highly visible venue, such as a special session of the United Nations.

2. Commit the United States to leading a one billion-dollar per year global AIDS campaign of which America would contribute one third. To this end the President should seek immediately $100,000,000 in additional global AIDS funding with a specific priority of meeting the emergency in Africa.

3. Commit the United States to continuing its effort to develop AIDS vaccines and therapeutics and making these widely available to the peoples of all nations.

4. Direct his cabinet, particularly the Secretaries of State, Health and Human Services, Treasury, and the Special Trade Representative to elevate attention given to global AIDS issues and to propose new initiatives that their agencies can undertake in this regard.

1. Challenging the World to End AIDS

As President Kennedy challenged the nation to do the seemingly impossible and put a man on the moon, so President Clinton should challenge the world to end AIDS and pledge American leadership to this endeavor.

The world is watching with horror as HIV spreads across Africa and Asia. It is looking for bold and credible leadership as to how it can respond to this pandemic, the worst natural disaster of modern times. Americans also want our nation to lead efforts to fight this plague. Millions of families understand what the statistics from other nations mean; millions understand what it is to have no access to treatment, or to lose a loved one to this disease.

The President's proposals must be bold not simply because the global AIDS situation is grave, but also because skepticism high. Previous global initiatives, notable the 1994 AIDS Summit, were long on words and short on resources. The world does not believe that a credible effort is being made to stop AIDS, or that one will be undertaken. The world assumes that the

projections of hundreds of millions of new infections will occur on schedule.

However this cynicism is wrong. Humankind has the ability to slow and ultimately reverse the spread of HIV. This has been done in a number of nations with the most cited examples being Uganda, Senegal, and Thailand. Further new tools such as microbicides and vaccines can and will be developed. With these HIV could be eliminated, just as smallpox has been. This will take decades, but it is certainly plausible that within one lifetime the HIV pandemic could have begun and ended. That is to say that some who saw the beginning of AIDS will live to see its ending.

This can not be done by the United States alone. However without strong American leadership it can not be done at all. The United States must lead by example, committing substantial financial and political resources, and challenging other nations to join us in a campaign to end AIDS.

The president should issue this "call to arms" from a location that will distinguish it from other announcements. This could be one of several venues, but GAAN suggests that the most appropriate would be a special session of the United Nations. This location is not only inherently inclusive, but also a potent vehicle to exert pressure on other nations to participate in this global initiative.

2. Launching a Billion-Dollar Global AIDS Initiative

Without increased funding for existing AIDS programs no global effort can succeed, but in recent years-global AIDS funding has decreased. The problem has been the widespread belief that the amount of funds needed is so large it cannot be obtained, and even if funds were raised they may not succeed.

This belief is outdated as recent data clearly demonstrates that reasonable amounts of funds can construct effective AIDS programs even in underdeveloped nations. The best example of this is Uganda, which has succeeded in recent years in dramatically reducing the spread of HIV. This was done using funding equal to two dollars per adult per year in the context of a strong overall government effort to address AIDS. Replicating this program for all adults in sub-Saharan Africa would cost roughly $500,000,000. (250,000,000 adults * $2.)

What is more Uganda provided 10% of the funds from its own budget and another 20% from World Bank loans. Bilateral assistance provided the remaining 70%. Extrapolating this for an Africa-wide initiative would therefore require some $350,000,000 in bilateral funding for AIDS programs. GAAN proposes that the US commit to providing half of this figure if support from other nations is

also identified. This would involve roughly doubling US funding for AIDS programs in Africa in such a way as to leverage substantial increases in funding from both other donors and the region itself.

It becomes much more difficult to identify the amount of AIDS program funding
the US should provide to address the challenge elsewhere in the world. For example India has a larger population then all of Africa, but is generally wealthier and would certainly limit massive bilateral interventions by the US. Similarly complex situations exist in the large nations at great risk around the world: Brazil, Indonesia, Russia, and China.

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In addition the President should make clear that it is the United States' intent that the benefits of its research be offered, as far as possible, to the peoples of all nations. This is a vast commitment and surely can not be done by simply purchasing medicines and shipping them overseas. It will require a highly integrated strategy for the US to provide the benefits of is
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In short, the President should declare that United States intends not only to
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4. Making AIDS a Government Wide Priority-Essential Policy Changes

AIDS is a disaster of such magnitude and duration that it requires fundamental changes in US international policies and the structures that implement these polices. In GAAN's opinion most federal agencies are in denial about the most basic reality of the AIDS pandemic this being that AIDS
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However in many departments (the telling exception being HHS) the global AIDS
pandemic is dealt with as an "add on" to existing programs with either minimal staff at the lowest level or no AIDS expert personnel at all. Coordination within a department is therefore difficult and administration-wide coordination is nearly impossible.

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2. Even when an agency recognizes there is an emergency they do not know how

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3. The old analysis of addressing health as a symptom of the economic or political problems of a nation provides a rationale for old policies to remain in place. Agencies can persuade themselves that the best thing they can do for AIDS is to strengthen the political and economic infrastructure and neglect AIDS specific programs. (The fact is that AIDS will be the cause
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Therefore the president should:
1. Direct all federal agencies notably State, Treasury, Commerce, as well as
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2. Direct all agencies to create within 45 days a global AIDS response plan identifying in detail specific actions they will undertake to address this emergency.

3. Direct all federal agencies to evaluate their need for high level expertise to lead their response and consider elevating AIDS/health experts within each agency or create entirely new positions to meet this need. GAAN specifically urges that the Department of State's Bureau for Oceans, International Environment, and Scientific Affairs be re-designated the Bureau
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The Interests of the American People

In moving boldly to stop the global AIDS pandemic the President is in line with the will of the American people. Americans know the pain of AIDS and empathize with those in other nations. The AIDS community-millions of people
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The president should remind Americans of their losses to this virus, of their compassion as a people, and of their unique responsibility as citizens of the only nation that can end this plague. We believe he will find strong and enduring public support for committing the United States to ending the AIDS pandemic.

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

TEXT:
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========== END ATTACHMENT 1 ==========

A Maximum Presidential Response to the AIDS Pandemic
The Perspective of One AIDS Activist Group

In the last several weeks President Clinton has created a White House task force to recommend how the administration could increase its response to the AIDS pandemic. At recent meetings members of this task force specifically challenged community groups to articulate what a maximum presidential response to AIDS might entail.

The Global AIDS Action Network (GAAN) applauds this initiative and offers the following specific proposals to these policy makers.

Summary

President Clinton should declare that AIDS is a global emergency of the highest order and therefore:

1. Commit the United States to lead a global effort to lessen, reverse, and ultimately end the AIDS pandemic. This public commitment should seek to obtain multinational support and be made in a highly visible venue, such as a special session of the United Nations.

2. Commit the United States to leading a one billion-dollar per year global AIDS campaign of which America would contribute one third. To this end the President should seek immediately $100,000,000 in additional global AIDS funding with a specific priority of meeting the emergency in Africa.

3. Commit the United States to continuing its effort to develop AIDS vaccines and therapeutics and making these widely available to the peoples of all nations.

4. Direct his cabinet, particularly the Secretaries of State, Health and Human Services, Treasury, and the Special Trade Representative to elevate attention given to global AIDS issues and to propose new initiatives that their agencies can undertake in this regard.

1. Challenging the World to End AIDS

As President Kennedy challenged the nation to do the seemingly impossible and put a man on the moon, so President Clinton should challenge the world to end AIDS and pledge American leadership to this endeavor.

The world is watching with horror as HIV spreads across Africa and Asia. It is looking for bold and credible leadership as to how it can respond to this pandemic, the worst natural disaster of modern times. Americans also want our nation to lead efforts to fight this plague. Millions of families understand what the statistics from other nations mean; millions understand what it is to have no access to treatment, or to lose a loved one to this disease.

The President's proposals must be bold not simply because the global AIDS situation is grave, but also because skepticism high. Previous global initiatives, notable the 1994 AIDS Summit, were long on words and short on resources. The world does not believe that a credible effort is being made to stop AIDS, or that one will be undertaken. The world assumes that the projections of hundreds of millions of new infections will occur on schedule.

However this cynicism is wrong. Humankind has the ability to slow and ultimately reverse the spread of HIV. This has been done in a number of nations with the most cited examples being Uganda, Senegal, and Thailand. Further new tools such as microbicides and vaccines can and will be developed. With these HIV could be eliminated, just as smallpox has been. This will take decades, but it is certainly plausible that within one lifetime the HIV pandemic could have begun and ended. That is to say that some who saw the beginning of AIDS will live to see its ending.

This can not be done by the United States alone. However without strong American leadership it can not be done at all. The United States must lead by example, committing substantial financial and political resources, and challenging other nations to join us in a campaign to end AIDS.

The president should issue this "call to arms" from a location that will distinguish it from other announcements. This could be one of several venues, but GAAN suggests that the most appropriate would be a special session of the United Nations. This location is not only inherently inclusive, but also a potent vehicle to exert pressure on other nations to participate in this global initiative.

2. Launching a Billion-Dollar Global AIDS Initiative

Without increased funding for existing AIDS programs no global effort can succeed, but in recent years-global AIDS funding has decreased. The problem has been the widespread belief that the amount of funds needed is so large it cannot be obtained, and even if funds were raised they may not succeed.

This belief is outdated as recent data clearly demonstrates that reasonable amounts of funds can construct effective AIDS programs even in underdeveloped nations. The best example of this is Uganda, which has succeeded in recent years in dramatically reducing the spread of HIV. This was done using funding equal to two dollars per adult per year in the context of a strong overall government effort to address AIDS. Replicating this program for all adults in sub-Saharan Africa would cost roughly $500,000,000. (250,000,000 adults * $2.)

What is more Uganda provided 10% of the funds from its own budget and another 20% from World Bank loans. Bilateral assistance provided the remaining 70%. Extrapolating this for an Africa-wide initiative would therefore require some $350,000,000 in bilateral funding for AIDS programs. GAAN proposes that the US commit to providing half of this figure if support from other nations is also identified. This would involve roughly doubling US funding for AIDS programs in Africa in such a way as to leverage substantial increases in funding from both other donors and the region itself.

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(Drafted by the Global AIDS Action Network
202-667-6300
E-mail—globalaids@aol.com)

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

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

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

Collection: 2006-0947-F

Bucket: OPD

Creation Date: 1999-07-16

Subject: Re: Rollout

Creator: BigBob411@aol.com BigBob411@aol.com [UNKNOWN]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

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

CREATION DATE/TIME:28-JUL-1999 13:02:52.00

SUBJECT: FW: updated PACHA minutes

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

TEXT:
Can you review and see if there are any questions you have about the minutes? Please ask your colleagues, Johanna, Marissa, Elizabeth and Jason to review as well. I would like to finalize these by early next week. I would like to also send copies to various people, including the Council chairs, when finalized. Please remind me and we'll talk about who.

Thanks,

dcm
---------- Forwarded by Daniel C. Montoya/OPD/EOP on 07/28/99 01:02 PM ----------

"Hall, Andrea" <AHall@s-3.com>
07/28/99 11:08:03 AM
Record Type: Record

To: Daniel C. Montoya/OPD/EOP
cc:
Subject: FW: updated PACHA minutes

Daniel,

Attached are the June 1999 PACHA full council minutes with R. Aragon's comments/changes.

Please let me know if there are any more changes or if the minutes can be made final.

Thanks,
Andrea

> -----Original Message-----
> From: Ross, Julia
> Sent: Wednesday, July 28, 1999 10:56 AM
> To: Hall, Andrea

> Subject: updated PACHA minutes
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========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

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dvisoryBoardwilllookatprioritiesdraftedbyCDC,andwillanalyzewhattheagencyisdoing
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saidshewouldattendthatmeetingaswell. StateDepartment,USAID,andOtherAgencies: Ms
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sidentialMemo.Sheaddedthattheissueofcompulsorylicensingcontinuestopercolate,and
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tates,Mr.Lloyd,andotherrepresentativesfromtheDepartmentofStateandtheU.S.Agencyf
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questionfromReginaAragon,Ms.Thurmansaidshedidnotknowwhetherthe Presidentwouldvet
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terfunding,andthatAdministrationofficialsatthehighestlevelsarepayingattentionto
it.Shesaidsheshouldhaveanideaonappropriationsforglobalhealthinthenextweek.Benja
minSchatzaskedforanupdateontheHealthCareWorkerGuidelines.Dr.EvaSeilerofCDCrepor
tedthattheguidelinesarestillatCDC.Dr. Jeffrey Koplanreadthedraftguidelines (#
4 andfeltmoreworkneededtobedone.Hewasconcernedthattherewerenotenoughpatientprot
ections,sotheguidelinesarenowbeing repackaged.Ms.Thurmanvolunteeredtocallboth t
+&8 KevinThurmandDr.Koplantoinquireaboutatimetableforreleaseoftheguidelines.
Dr.R.ScottHitt t PACHAInterimActivities & 11Dr.Hittreportedonthreemajoractivit
iessincethelastPACHAmeeting. MeetingwithKevinThurm: TheExecutiveCommitteemetwit
hMr.ThurmonApril27, ^ duringwhichCommitteemembersfocusedonseveralrecurringissu
es.AccesstoCare:Dr.HittemphasizedtoMr.ThurmthattheCouncilwantstoseea bigplan.A

oneortwopagerfromHHSoutliningapolicyonaccesstocarewouldindicatesomeleadership
ontheissue.KnowYourStatusCampaign:Dr.HittsaidtheCommitteemadeitclearthatabig,bo
ldinitiative b isneeded,includingCDCaswellastheWhiteHouseandONAP.IfCDCcontinues
toleadonthis,thecampaignmaygetlostinthebureaucracy.Leadershipfromaboveisneeded.
NeedleExchange:Dr.Hittemphasizedthatnew,updatedscienceneedstobedisseminatedto $
healthexpertsandlegislatorsacrossthecountry.Henotedthattheoppositionhasbeenact

iveingettingitsmessageout,whereasHHShasbeensilent.AmorepublicroleonthepartofHHS wouldhaveanimpact.SurveillanceGuidance:Thelanguagehasnotbeenfinalizedyet.TheExe cutiveCommitteeis $. encouragingHHStostatethatuniqueidentifiersareasgoodasnames reporting.FromtheCouncilsviewpoint,eitheronewouldbesatisfactory.Thisiscurrently ahotissueinCalifornia,whereanamesreportingbillwasrecentlyscuttled,andauniqueide ntifiersbillispending.OfficeofMinorityHealth(OMH):TheCommitteeurgedtheAdministr ationtodowhateveritn+&8 cantoensurethatthe$8millioninOMHfundingthatwasleftouto ftheFY1999appropriationsbillberestoredsothattheplannedprogrammingcanbegin.Healt hCareWorkerGuidelines:Mr.Thurmdidnotknowthestatusofthese. & HHSRegionalMeetings :TheseendedinearlyJune.TheCouncilwantsareportonanyaction takenasaresultofthesemeetings.Mr.ThurmsaidHHSwantstorevamphowtheylookatAIDSwit hintheDepartment.Overall,Dr.HittsaidthemeetingwithMr.Thurmwas hardedged.TheExec utiveCommitteeconveyedthefeelingthatthereisalackofleadershipatHHS.Issuesarenotm oving.ThenextPACHAExecutiveCommitteemeetingwithMr.ThurmisscheduledforJuly13.HHS SecretaryDonnaShalalahascommittedtoattendtheOctoberCouncilmeeting.Mr.Summersemp hasizedthatthemeetingwithMr.Thurmdidhaveanimpact.Followingthemeeting,Mr.Thurmex pressedsomefrustrationtoseveralHHScolleaguesthattheissuesidentifiedbytheCouncil werenotmovingfastenough.Dr.HittalsosaidhemetwiththeNationalOrganizationsRespond ingtoAIDS(NORA)ExecutiveCommitteetodiscusscoordinatingtimingandstrategiesonmany ofthesameissues.NORAisfocusingonRyanWhitereauthorization.Dr.HittaskedNORAtokeep theCouncilinformedontheiractivitiesregardingRyanWhite. LetteronOmnibusAppropria tionsBill: TheCouncilsentalettertothePresidentdiscussing ~$. thepotentialnegati veimpactofthebillonpubliclyfundedHIV/AIDSresearch. LetterontheEarlyTreatmentofH IVActof1999: TheCouncilalsosentaletteraskingthe (#4 Presidenttosupporttheintent ofthislegislation. t+&8 QuestionsandComments: Mr.SummersnotedthatDr.PaulGais twouldbestartingJune14astheNIHagencyrepresentativeatONAPandwouldbeactinginthisr oleforthenext6months.Mr.SummersandDanielMontoyanotedthatDr.GaryNabeloftheNIHVRC wasntabletoattendthecurrentCouncilmeetingduetoplanningfortheVRCdedication,butis interestedinattendingtheOctobermeeting.Dr.HittdirectedMr.Montoyatosetupconferen cecalltimestomeetwithDr.Nabel.Dr.HittstressedthatCouncilmembersneedtobeeducated onthecompulsorylicensingissue,whichtheInternationalSubcommitteeistakingupinitsm eeting.Hesaiditisimportantthatmembersnotletafewindividualsontheirswaytheir opinionontheissue,becauseitissocomplex.HeaddedthattheCouncilneedstoaddressit,th oughithasnotbeenapriorityissuetodate.Dr.HittsaidtheCouncilshouldalsoconsiderwhe theritwantstoissueaprogressreportthisfall.Hewouldlikeinputfromsubcommitteechair sonwhatsuchareportshouldlooklike,whomitshouldaddress,andwhatmessageitshouldconv ey.Mr.AndersonaskedMr.SummersifMs.Thurmancouldpresentastatementfromthecouncilon globalhealthappropriationsduringhermeetingwiththePresidentandReverendSullivanon June8.Mr.Summersrespondedthatthiswouldviolate WhiteHouseprotocol,butthatperhapsM s.Thurmancouldmentionthecouncilsposition. AfternoonGeneralCouncilSession%0!0 AccesstoCarePanelPresentationDE Dr.Hittintroducedthepanelofthreegovernmentrepr esentatives.Ms.AragonandThomas *V%6 Hendersonservedascofacilitatorsofthepanel.M s.Aragon,representingtheServices h+&8 Subcommittee,beganbyprovidingsomebackgrou ndontheissueofaccesstocare.Shenotedthat2yearsago,HHSissuednationalGuidelinesfor theTreatmentofHIVDisease.Theseguidelineswerehailedby AIDSadvocatesasamuchneededn ationalstandardofcare.Accesstocareisoneofthecouncilssixpriorities,andCouncilmem bershavediscussedtheissuewiththePresidentandwithMr.Thurmonmanyoccasions.TheServ icesSubcommitteehasidentifiedanumberofkeyissuesrelatedtoaccesstocare.1.Thecriti calroleofsupportiveservices.Addressingmedicalcareisnotenough.Supportive ^ serv icesthatfacilitateaccesstocaremustalsobeconsidered.2.Appropriations.Congression alspendingcapsthreatenaccesstocare.
3.Disparateoutcomesacrossracialandethnicg roups.HIVrelatedhealthoutcomescontinueto H varybyraceandethnicity.Eliminatingth esedisparitiesmustremainapriorityforthecouncilandtheAdministration.4.Medicaid.T

heSubcommitteehaslookedateligibilitycriteria.Therequirementthatsomeone mustb
everysickanddisabledbeforequalifyingforMedicaiddirectlycontradictsthetreatmentg
uidelines,whichencourageearlyaccesstocare.OnMedicaidreform,theJeffordsKennedybi
llincludesdemonstrationprojectsthatcouldhelpaddressaccesstocare,andthePelosiTor
ricellilegislationwouldallowStatestoexpandMedicaid.Ms.Aragonsaidthepurposeofthe
paneldiscussionwastoaddressanoverarchingplantoensureaccesstothePublicHealthServ
icestandardofcare.Whatisthebaselineforensuringaccesstocare?Whatistheplantoreach
populationsthatdonotcurrentlyhaveaccesstocare? DanielMendelson,OfficeofManage
mentandBudget (#4 MMr.Mendelsonbeganhispresentationbydescribingseveralconcerns
hehasasthecongressional h+&8 appropriationsprocessmovesforward.Regardingthe302B
allocations,henotedthatthelevelofundinginthecurrentHouseLaborHHSbillisdownabou
t18percentfromlastyear,whilethefundinglevelintheSenateappropriationsbillisdowna
bout13percentfromlastyear.The18percentdecreaseontheHousesidewouldtranslateintoa
cutinRyanWhitefundingofabout$254million.HHShascalculatedthatthiswouldresultinde
nialofservicesto69,000people.Mr.Mendelsoncalledthisa crisissituation,andencoura
gedtheCounciltogetthemessageouttotheAmericanpeople.CDCsreductionisabout$118mill
ionforHIVprevention.Mr.Mendelsonsaidthereisaproblemwithin CDC,partofwhichisperce
ption.The perceptionproblemisthatsomeofthemoneythatshouldbegoingintoHIVpreventi
onaccountscantbefound.Whathappensisthattherearesomelineitemswithin CDCwhereitisv
eryclearthatthemoneyisgoingintoHIVprevention,andthereareotherlineitemswhereanal
locationmethodologyisapplied.Inthelattercase,somefractionoftheactivitiesoflocal
publichealthofficialsisattributabletoHIVprevention.TheCDChasinitiatedaprocessto
assessthis.Mr.Mendelsonencouragedthe CounciltoletCDCknowthatthisisapriority.Hesa
idtheCouncilneedstomakesurethatCDCprogramshavethesamepoliticalcachetasRyanWhite
programs.RepresentativesCoburn,Bliley,andArmeyhavesentalettertotheGeneralAccoun
tingOffice(GAO)requestingafullauditofFederalHIV/AIDSprograms.Thiscouldappearasa
nappropriationsriderandcouldcompromisefundingstreamsandpublicperceptionsofhowmo
neyisbeingspent.Mr.Mendelsonmentionedasecondpotentialappropriationsriderissuere
gardingneedleexchange.Thisyearsriderwouldtakethepositionthatfundsarefungible,pr
ohibitinganyrecipientofFederalfundingfromrunninganeedleexchangeprogram.Itwouldd
enymoneytovirtuallyallneedleexchangeprogramscurrentlyoperating.OMBwillopposethi
seffort,usingthreearguments.ThefirstisaStatesrightsposition,e.g.,tellingStatesh
owtospendtheirmoneyiswrong.TheAdministrationwilltrytogetStatestoopposetherider.
Second,OMBwill h+&8 pointoutthattheriderwouldresultinadegradationofservices.CDC
willidentifywhichserviceswillbedisrupted.Finally,OMBwillemphasizethatabroaderba
nisdirectlyatoddswiththescientificevidence.RegardingtheJeffordsKennedybill,Mr.M
endelsonsaidOMBispleasedthatthedemonstrationprojectswillremainintact.Itiscritic
althatthebillbebroughttotheSenatefloor.Thedemonstrationprojectswillbeflexibleen
oughtoaccommodatewaiversforStateslikeMaine. EricGoosby,M.D.,HealthResourcesan
dServicesAdministration YDr.GoosbystatedthatbringingHIVpositivepopulationswit
houtaccesstocareintoacontinuumofcarehasbeenaleadingpriorityforHHSoverthelast2ye
arsandwillcontinuetobeapriorityoverthenext3years.TheHealthResourcesandServicesA
dministration(HRSA)andCDCaretheleadagenciesinthiseffort.HRSAhastakenonamottoof
100percentaccessandzeropercentdisparity.Thereisanongoingefforttolookatthelinkag
esbetweenexistinglinesoftreatment"suchasSTDclinics,familyplanningclinics,commun
ityhealthcenters,andmigrantfarmworkerhealthclinics"asreservoirsforpatientswhone
edtobeidentifiedandbroughtintotheAIDScaredeliverysystem.HRSAisworkingwiththeHea
lthCareFinancingAdministration(HCFA)todevelopinnovativerelationshipswithStatest
oembracepeoplewithoutsourcesofpayment.Thedatacomingoutoftherecent ChicagoandGene
vameetings,andfromJohnsHopkinsUniversity,indicatethatthiswillbeacosteffectiveap
proachinthelongrun.Dr.GoosbyaddedthatHRSAistryingtodelineatethefactorsthatcontr
ibutetothedisparitiesinlongevity,entryintocare,developmentofopportunisticinfect
ions,stageofcareuponentryintothemedicaldeliverysystem,andmortalitydataamongmino
ritypopulationsintheUnitedStates. h+&8 MikeHashHealthCareFinancingAdministra

tion b z_Mr.HashsaidHCFAsstrategicplanforAIDShasfocusedonthreeareas:coordinati
onofservices,accesstoqualitycareservices,andaccesstocareitself.Withrespecttocoo
rdinationofservices,HCFAhasestablishedaworkinggroupwithHRSAtoaddresswaystomaxim
izecoordinationbetweentheprovisionoffundsthroughtheRyanWhiteActandthroughMedica
idandMedicare.LastNovember,HCFAsentalettertoStateMedicaiddirectorsurgingthemtom
akecoordinationofservicedeliveryprogramsahighpriority.Accompanyingtheletterwere
twopublications:oneaddressingcoordinationbetweenMedicaidandTitleIIoftheRyanWhit
eAct,andoneaddressingcoordinationbetweenStateAIDS [Eps?] 6 andMedicaid.Inaddit
ion,asurveyofStateMedicaidDirectorsisbeingconductedbytheAIDSTreatmentNetworkwit
hsupportfromtheHenryKaiserFamilyFoundation.ThesurveyaddressesStateMedicaidcover
ageandeligibilitypoliciesastheyrelatetopersonswithHIV,e.g.,prescriptiondrugcove
rage,viralloadtesting,andnewmodelsofservicedelivery.AllbutfourStateshavecomplet
edthesurveytodate.HCFAisintheprocessofanalyzingtheresults.Onqualityofcare,HCFAi
stakingstepstomaximizeadherencetostandardsofcare.AworkinggroupatHHSislookingatw
aystooperationalizetheNIHTreatmentGuidelineswithinFederalandStatehealthcaredeli
veryprograms.Thegrouphastakenstepstodisseminatetheguidelines:theadultguidelines
werepublishedintheAnnalsofMedicine,andthepediatricguidelineswere $. publishedin
theMorbidityandMortalityWeeklyReport.Bothsetsofguidelineswerealsosent H'"2 outw
iththeStateMedicaidDirectorletter.LastSeptember,HCFApublishedanoticeofproposedr
ulemakingimplementingcertain n+&8 provisionsoftheBalancedBudgetActof1997withres
pecttoMedicaidandmanagedcare.Inthatregulation,HCFAsolicitedcommentsonthebeststr
ategyforensuringthehigheststandardsforprivatemanagedcareplansthatwishtocontract
withStatestoprovideservicestoMedicaideligiblepersons.HCFAisalsoparticipatingina
maternalandchildhealthprogramwithStatepublichealthdepartmentstodevelopanappropr
iateinitiativetoinformHIVpositivepregnantwomenandnewmothersofinfantsatriskforHI
Vofthesignificanceofstartingtherapyearly.Regardingaccesstocare,HCFA,OMB,andHHSh
avebeenworkingwithMainetofleshoutaproposalforan1115waiver.TheMaineproposalwassu
bmittedlastNovember,andFederalmeetingswithrepresentativesfromMainearecontinuing
.Outsideof1115waivers,16Statesnowhavespeciallytargetedhomeandcommunitybasedserv
icewaivers. QuestionsandComments: \ Mr.HendersonaskedthepaneltocommentonFeder
aldevelopmentofabroadplantoensure100percentaccesstoqualitycareacrosspopulations
.Howdothepiecesfittogether?Whatisthetimeframe?Dr.Goosbyacknowledgedthedifficult
yinreachingpopulationsthatarebecomingincreasinglydisenfranchisedfromthemainstre
amdeliverysystem.ButhesaidHRSAislookingata3yeartimeframeinwhichtheagencywouldst
arttoseedecreasingnumbersofpeopleoutofcare,decreasingnumbersofseroconversions,e
tc.Theideaistocreateacrossthreeagencies"HRSA,CDC,andtheSubstanceAbuseandMentalH
ealthServicesAdministration(SAMHSA)"anexpectationofserviceintegrationandprogram
coordination,combiningtreatmentandpreventionservices.HesaidHRSAneedstostartaski
nggranteestoviewtheirroleas netsofcare,sothatcooperativerelationshipsarepartoft
heFederalexpectation.Thiswouldbeimplementedintheformofguidanceexpectationandtec
hnicalassistancedeliveredbytheFederalGovernment. h+&8 Dr.Goosbysaidtherehasbeen
anacceptanceofthisvisionattheleadershiplevelinallthreeagencies,buttherearesome
bigholesinthereimbursementarenaaswellasalackofinfrastructure.Someruralandurbana
reasmayproveproblematic.Thisyear,therewillbethreeurbandemonstrationprojectscoor
dinatedbyCDCtointegrateservicesacrossfundinglines.Thesedemonstrationsshouldserv
easmodels.ThereisalsoaneffortunderwaytointegrateacrossHIV,STD,andTBprogramsatth
elocallevel.Thisinitiativewillbeginin20citiesinFY1999.Mr.HendersonaskedDr.Goosb
ytoquantifytheuniverseofthosewithoutaccesstocare.Dr.GoosbysaidHRSAbelievesthere
areabout300,000HIVpositivepersonsoutofcareanduninsured.Theseindividualslivepred
ominantlyinurbansettings,andmorethan50percentaremembersofminoritygroups.Pockets
intheNativeAmericancommunity,andinSanJuanandtheVirginIslands,alsoposeachallenge
intermsofaccesstocare.Mr.Mendelsonnotedthatitisextremelydifficulttoredirectstre
amsofFederalfunding,andtryingtodosomaythreatenonesbaseofsupport.HealsosaidtheGo
vernmentsinabilitytoaddressaccesstocareforHIVpositivepersonshasresultedfromthef

ragmentationofthepublichealthdeliverysystem.TheAdministrationdidtrytoaddressthi
sina$1billion,5yearinitiativeinthisyearsbudget.Mr.MendelsontoldtheCouncilthatOM
Bisveryopentomakingchangesintheappropriationsprocessandinthe Presidentsbudgetreq
uestnextyear.TerjeAndersoncommentedthathewouldliketoseeconcretenumbersputforwar
daspartofabroadplanonaccesstocare.Dr.Goosbyagreedthathighriskpopulationsineachc
ityneedtobeconcretelyidentified,alongwiththeirgeographicallocationsandbehaviora
lpatterns.Oncethesenumbersarederived,thewaysinwhichpreventionservicesinterfacew
itheachpopulationmustbeaddressed.HesaidHRSAhasattemptedtomovethedialogueinthatd
irection,butithasbeendifficult.TheFederalGovernmentisusedtothinkingintermsofSta
tesandcities,notspecificpopulations. h+&8 Mr.Hendersonstressedthatthe300,000fig
ureneedstobebrokendownintosegmentsforwhichstrategiestoimproveaccesscanbeimpleme
nted.Dr.StephenAbelaskedDr.Goosbywhatmethodologiesareavailablethrough Ryan Whitet
ocarryoutqualityassessments,andifsuchassessmentscouldbemandatedintoHRSAsprogram
s.Dr.Goosbyrespondedthatfewmethodologiesareavailable.HRSAunderstandsthisneedand
inthelastyearhasshifteditsfocusfortechnicalassistanceontoqualityassurance.Theag
encyrecentlyhiredDr.MichaelJohnsontodevelopaqualityassurancecapabilityatHRSAtha
twillencompasstechnicalassistanceandtheAIDSeducationaltrainingcenters.Theagency
hasreorganizeditsresourcestomakequalityassurancearealpriority.Dr.Goosbyalsonote
dthatthetightadministrativecapsinRyanWhitemakeitdifficulttoplacealargeexpectati
ononGranteestodevelopaqualityassurancecapability.TheHCSUSstudypointedoutthesear
easofdeficiency.Mr.Mendelsonsaiditisverydifficulttokeepoutcomesmeasurescurrent,
particularlywhentreatmentisevolvingasrapidlyasitisforHIV/AIDS.Therefore,heiscon
cernedabouttyingspecificoutcomesmeasurestomoney.Itcouldhaveunanticipatedconsequ
ences.Mr.HashaddedthatHCFAisworkingtofindwaystoholdintegratedhealthcareplansacc
ountableformeetingappropriatestandardsandtodemonstrateperformanceimprovementann
ually.Ms.StokesquestionedtheGovernmentsabilitytogobeyondoutcomesmeasurestodefin
equalitycare,assessingfactorssuchaspatientsabilitytogetappointmentswiththeirloc
alRyanWhitefundedphysician.Dr.Goosbysaiditwouldbedifficulttogettothatlevelofint
imacywithagranteeandsuggestedthattheappropriateFederalroleinasituationwhereinap
propriatecareisbeingprovidedwithgoodoutcomesmeasuresshouldbediscussed. h+&8 Ret
urningtotheissueofRyanWhiteadministrativecaps,Ms.AragonsaiditisimportantforHRSA
tobeabletokeepandusethe1percenttechnicalassistanceandevaluationshaveavailableth
roughtheRyanWhiteCareAct,ratherthanhavethesefundsdistributedtootherHHSprograms.
ThiswouldallowHRSAtoprovidemorerobusttechnicalassistanceandevaluation.Mr.Summer
saddedthatperhapsfundscouldbeobtainedthroughchannelsthatarenotdesignatedasHIVor
AIDSspecific,suchastheMinorityHealthProfessionsAct.Mr.Robinsonemphasizedtheneed
forFederalagenciestospecificallyaddressthelackofinfrastructureinracialandethnic
minoritycommunities.Wheretheinfrastructureexists,HIV/AIDSdollarseitherarentavai
lableorhaventbeendistributed.RabbiJosephEdelheitaskedthepaneliftheestimated69,0
00personsdropinthenumberofHIVpositiveindividualsservedasaresultoftheHousebudgetc
utisincludedinthe300,000figureofHIVindividualscurrentlyoutofcare.Thepanelagreed
thatthe69,000figureisprobablynotincludedinthe300,000total.RabbiEdelheitalsoaske
dDr.GoosbytoexplainHRSAsandCDCstimidityonthe KnowYourStatuscampaigninlightofHRS
Asgoaltoidentifyallseropositiveindividuals.Dr.Goosbyrespondedthatthetwoeffortsa
relinkedandthatbothagencieshopetheywillcomplementeachother.Mr.Robinsonaddedthat
itiscriticaltonormalizetheideaofbeingtested.Dr.Hittsaidhethinksthe300,000outofc
arenumberisanunderestimate,consideringthattherearea bout900,000HIVpositiveindivi
dualsintheUnitedStates,anditisestimatedthatathirddontknowtheirstatus.Mr.Fogelas
kedthepaneltoexplainwhyvariousHIV/AIDSinitiativesaremovingsoslowly h+&8 through
theFederalprocess.Referringspecificallyto1115waivers,Mr.HashnotedthatHCFAtakesc
aretoconsiderwhatkindsofprecedentsitmightbesettingandwhatkindsofunintendedconse
quencesmightoccurasaresultoftheagencysdecisionsonwaivers.Theagencymustcontendwi
thavarietyofstatutoryrestrictions,andbudgetaryandprogrammaticconcerns,topreserv
eMedicaidasanentitlementprogram.Mr.Summersnotedthat,inthecaseof1115waivers,ands

pecificallytheMainewaiver,theprocessisadialoguewiththeStateinvolved,sodelaysare incurredonthepartofbothFederalandStatenegotiators.LynneCoopercommentedthatthela ckofsupportiveservicesisoftenthebiggestobstacletoaccesstocare.Mr.Andersontoldth epanelthatasenseofurgencyneedstobereinstilledintheAdministrationregardingmaking lifesavingtreatmentsavailabletoHIVpositiveindividuals.BarbaraArandaNaranjostres sedtheneedfortheAdministrationtoexpandaccesstocareforthe300,000individualslivin gwithHIVwhoareoutofcare.Shenotedthattheseindividualsaredonothavetheresourcestoc ometoWashingtontoadvocateforthemselves,so.,soitisimportantfortheCounsiciltoadvr peresentrepresenttheirintertests.Bringingthediscussiontoconclusion,Ms.Aragonsai doneofthemostimportantthingsmentionedbythepanelwasthefigureof300,000outofcarein dividuals.Shesaidthisfigureshouldserveasastartingpointtoestablishaplantobroaden accesstocare,andrequestedthatpanelmembersconveytheCouncilsrequestforacomprehens iveplantoSecretaryShalala.Mr.Mendelsonnotedthatmanypeopleintheadministrationhad workedhardtopushtheJeffordsKennedybillthrough,andthatthelegislation,ifpassed,wo uldaddresssomeoftheCouncilsfundamentalconcerns. h+&8 Dr.Hittsummedupbysayingtha tleadershipandcoordinationareclearlylackingineachoftheagenciesrepresentedonthep anel.Hereiteratedtheneedforaonepagememofromeachagencyoutliningtheobstaclestoimp rovingaccesstocareandsettingforthanoverallplanandaproactiveapproach. Tuesday, June8

AfternoonGeneralCouncilSession L PublicComment WayneTurner,ACTUP,Washing ton,DC "r Mr.TurnerdiscussedAIDSaccountabilityandtheneedtostrengthencommunity oversightofFederalAIDSfunding.HetoldtheCouncilaboutatrialunderwayinPuertoRico,w hereeightpeoplehavebeenchargedwithembezzling$2.2millioninFederalAIDSfunds.Sixof theeighthavepleadedguilty,andtheGovernorofPuertoRicoisimplicatedinreceiving$250 ,000inAIDSfundsforhis1992politicalcampaign.Activistsareholdingdailyvigilsoutsid ethecourthousetobringattentiontothefactthatwhenAIDSmoneyisstolen,peopledie.Mr.T urnersaidtheminorityleaderofthePuertoRicoStateLegislaturewrotealettertoSecretar yShalalain1993outliningirregularitiesandconflictofinterestviolationsconcerningA IDSfunds.Heposedthequestion:IfHRSAhadcarriedoutitsoversightfunctionin1993,howma nypeoplemightstillbealive?HesaidthesituationinPuertoRicoisnotanisolatedone.Coun cilmembersneedtoexaminewaystostrengthenoversightsothatthisdoesnotkeephappening. ACTUP,theAIDSAccountabilityProject,andothershavecalledforaGAOperformanceauditon AIDSfunding.HenotedthatitwasRepublicanRepresentativesCoburn,Bliley,andArmeywhow rotealettertoGAOrequestinganaudit. h+&8 Mr.Turnerofferedtwoproposals:TheGAOaudi tmustbecarriedout,andconflictofinterestrulesmustbeenforced.InWashington,DC,fore xample,only4of60planningcouncilmembersarenotdrawingsalariesandarenotboardmember soforganizationsreceivingFederalAIDSmoney.Theplanningcouncilsarebuiltinstructur esforcommunityoversight,andmembershiprequirementsneedtobeadjustedtoensuretherei snoconflictofinterest. Comments: L HelenMiramontescommentedthatsaidtheCounci lshoudldexercisecautionisnsupportingtheauditMr.RobinsonsaidtheCouncilhadbeeneng agedwithlocalagenciestosupportheminteiroversightactivities,buttheCouncilcould playagreaterroleinthisarea.Mr.AndersonnotedthattheHRSAAIDSAdvisoryCommitteemeti nMaytodraftaseriesofrecommendationsregardingthereauthorizationoftheRyanWhiteAct .Oneoftherecommendationsstatedthatatleast51percentofthemembershipofanyplanningb odyshouldbefreeofanyconflictofinterestasdefinedinthelaw.DebraFraserHowzeurgedth eCounciltobecautiousaboutsupportingtheperformanceaudit.Shenotedthat,historicall y,everytimealargeamountoffundingisdirectedtocommunitiesofcolor,acallforanauditf ollows.ShesaidtheAIDScommunityshouldwaittoseehowthingsplayoutinPuertoRicobefore layingblame.Dr.ArandaNaranjoandHelenMiramontesalsoquestionedtheintentofthosebeh indtheauditrequest.CharlesTroupestressedthattheissueofmisappropriationoffundsis indeedapartisanone,andthattheAIDScommunityshouldnotlooktoRepublicansforsympathy andsupport. SubcommitteeReports %0!0 . ResearchSubcommittee (#4 Dr.Levinefi rstremindedMr.Montoyatoscheduleaconferencecallwith ChrisCollins.ShenotedthatRepr esentativePelosihassponsoredabill,H.R.1274,togivea30percenttaxcredit h+&8 tocor

porationsorindividualsdoingvaccineresearchforanydiseasethatkillsmorethanonemill
ionpeopleworldwideperyear.Thecreditwouldnotapplytothosedoingresearchunderany Gov
ernmentgrantorcontract.Thesubcommitteewillseekmoreinformationonthebillandwillre
portbacktotheCouncilinOctober.Thesubcommitteeexpectstospeaktо Dr.Nabelviaconfere
ncecallregardingthevaccineresearcheffortatNIH.ShesaidMichaelIsbellreportedonrec
entactivitiesoftheInternationalAIDSVaccineInitiative(IAVI).IAVIisfocusedonmovin
gquickly,tryinginnovativeapproaches,andworkingwithunderdevelopednations.Theorga
nizationisdevelopinginternationalpartnerships.Onepartnership,linkingOxfordUnive
rsityinEnglandwiththeUniversityofNairobiinKenya,isfocusingonaDNAviralapproachto
avaccine.Thisinitiativeisexpectedtomoveintoclinicaltrialslaterthisyear.Asecondp
artnershipisusingVenezuelanequineencephalitisasavectorfortestingavaccine.Thisin
itiativejoinsVenezuelaandSouthAfricaandisexpectedtomoveintoclinicaltrialsinearl
y2000.IAVIalsoreceiveda$25milliondonationfromBillGates,whichwillbedistributedin
sumsof$5millionayear.Thesubcommitteeanticipatesaconferencecallwith IAVIoverthesu
mmertooffertheCouncilsassistance.Dr.JudithAuerbachoftheOfficeofAIDSResearchatNI
Halsospoketothesubcommitteeaboutbehavioralinterventions.TheNIHbudgetforbehavior
alandsocialscienceresearchincreasedby21percentthisyear;theonlyotherincreasethat
wascomparablewasforvaccines,whichroseby31percent.Themoneybeingspentthisyearforb
ehavioralinterventionsresearchis$213million,whilethevaccinefundinglevelis$148mi
llion"afigurethatisstillverylow.NIHislookingatsettingsastheyrelatetominoritypop
ulations,gender,anddruguse,andisdoingveryapplied,focused,interventionbasedresea
rch.ThesubcommitteeaskedDr.Auerbach h+&8 foracompletelistingofresearchprojectsi
nthisarea.Dr.LevinenotedthatDr.NealNathansonshouldbecommendedformovingquicklyin
thisdirection.NIHsfundingprioritiesinthisareaareonprimaryprevention,secondarypr
evention,andmethods.Thesubcommitteeexpressedaconcernthatthereisadisconnectbetwe
enNIHandCDCthatimpedesthetranslationofresearchintoactualinterventions.Dr.Helene
GayleofCDCagreedthatthisisaproblemandthatanadministrativemechanismisneeded.Thes
ubcommitteealsostressedthatalloftheplayersneedtobecommunicatingallofthetime.Dr.
GaylesaidshewouldtaketheseconcernsbacktoCDC.IfnothinghappensbythenextCouncilmee
ting,thesubcommitteewillmakeaformalrecommendationregardingtheseissues.Thesubcom
mitteescheduledthreeconferencecallsforJuly21,August18,andSeptember15or16,allat1
0:00a.m.OnecallwillbewithDr.Nabel,onewillbewithIAVI,andonewillberelatedtothePel
osibill.Dr.Hittaskediftherehadbeenanyoppositiontothe Pelosibill.NoneoftheCouncil
membershadheardofanyopposition.Healsoaskedaboutcoordinationonthevaccineeffort.D
r.LevinesaidtheCouncilshouldwaittobebriefedbyDr.Nabelatthenextmeeting.Ms.Miramo
ntesnotedthattheAIDSVaccineAdvocacyCoalition(AVAC)hadjustreleasedareportcalled
EightYearsandCountingonthevaccineeffort.ShecalledAVACandrequestedenoughcopiesfo
reachCouncilmember. PreventionSubcommittee %0!0 Mr.Robinsonreportedthatthesubc
ommitteediscussedCDCseffortsrelatedtoprevention.First,aCDCAdvisoryCommitteework
inggroupiscarryingoutaninventoryofCDCsAIDSspecificprogramsandexaminingtheirprio
rities.Dr.Gaylesaidthisprocessshouldbecompletedby JulyorAugust,andareportwillbei
ssued.Thesubcommitteeexpressedsomeskepticismh+&8 aboutthevalueofthisprocess,bu
tdecidedtherearesomebenefits,suchasbroaderaccesstoinformation.Dr.Gaylesaidshewo
uldupdatethesubcommitteeoncetheprocessiscompleted.Sincetheprocessisaninternalon
e,thesubcommitteeisconcernedabouttheobjectivityofanyresultingrecommendations.Mr
.RobinsonnotedthattheGAOauditwilloccursimultaneously,andthishassparkedacommitme
ntamongsometoimplementsignificantchangesinCDCsapproach.Second,thesubcommitteere
ceivedanupdateonthe KnowYourStatuscampaign.MemberswereimpressedthattheCDChaswor
kedtobuildaweekofactivitiesaroundNationalTestingDay.However,thecrossagencyleade
rshipneededtobringanationalfocustothiscampaignisnotevident.Therefore,thesubcomm
itteehascommittedtobiweeklymeetingswithrepresentativesfromHHS,CDC,andONAPtogaug
etheirprogressonthecampaign,andtocoordinateaccesstoanduseofresourcesandcontacts
.ThesubcommitteealsosuggestedthataCDCcoordinatorforthecampaignbeplacedatONAP.Af
tersomediscussion,itwasdecidedthatDr.HittwouldsendamemotoMr.ThurmpriortotheJuly

13meetingrecommendingplacementofanFTEcoordinatorbyCDCatONAP.Ms.ThurmansaidDr.Ga
ylehadbeentryingtorecruitsomeonetotakethepositionbuthadnotbeensuccessful.Dr.Hit
tsaidhewouldcallDr.GayletoreinforcethemessagethattheFTEisapriorityfortheCouncil
.AtDr.Hittssuggestion,itwasdecidedthatMr.Andersonwouldsendoutageneralbroadcastf
axoremailtoallCouncilmembersfollowingeachbiweeklymeetingonthe KnowYourStatuscam
paigntoupdateeveryoneoncampaignactivities.Thesubcommitteealsodiscussedthehealth
CareWorkerGuidelines.Dr.GaylesaidthatCDCsreviewoftheguidelinesshouldbecompletew
ithinaweekto10days,andthedocumentwouldthenbeforwardedtoHHS. h+&8 Dr.Hittsuggest
edincludingarequestforatimelineontheguidelinesinthememotoMr.Thurm.Mr.Montoyarem
indedallsubcommitteechairsthattheyshouldsubmitinwritinganyitemstobeincludedinth
ememotoMr.ThurmpriortotheJuly13meeting.Finally,Mr.Robinsonmentionedthattheupdat
eonthe1996youthreport [isthisfromCDC?] L isunderway,andisexpectedtoberelease
dbyWorldAIDSDay.Thesubcommitteealsorecommendedthat Dr.KoplanbeinvitedtotheOctobe
rmeetingwhenSecretaryShalalaispresent.Dr.HittsuggestedthattheCouncilsExecutiveC
ommitteetrytoscheduleapreliminarymeetingwiththeSecretaryandMr.ThurmbeforetheOct
obermeeting. RacialandEthnicPopulationsSubcommittee b Dr.NilsaGutierrez said
thesubcommittee decidedtoorganizeapresentationtothefullCouncil t onthecharact
eroftheepidemicinLatinocommunities,tobegivenattheOctobermeeting. An , outline
ofthepresentationwasdistributedtoeachCouncilmember.Thepresentationwilladdresssi
xareas:ageneraloverviewofLatinosubpopulations;thehealthstatusofLatinopopulation
s;HIVinfectiontrendsandproblemsofunderreporting;theparticularitiesofthehealthca
reinfrastructureinLatinopopulations;theimpactofsubstanceabuseanduseinthespreado
fHIVinfection;andthecaseoftheVirginIslands,wheretheGovernmentisfacingbankruptcy
andarapiddegradationofservicesisoccurring.Thepresentationwilltake90minutes.Howt
heepidemichasaffectedthegayLatinocommunity,women,andinmateswillalsobeaddressed.
Dr.Hittsaidthepresentationwasagoodidea,butthattheExecutiveCommitteeneedstorethi
nklogisticsandschedulingfortheOctobermeetinginordertofiteverythingin. z+&8 Ms.A
ragonsuggestedthatLatinocommunityleadersbeinvitedtotheOctobermeetingforthepresе
ntationandafollowupmeeting.Dr.Gutierrezsaidthesubcommitteehadalsodecidedtobegin
toincludetheLatinoperspectivesofnongovernmentalorganizations,immigrationcoaliti
ons,andpublicinterestattorneysinsubcommitteemeetings.AspectsoftheepidemicinMexi
coandPuertoRicowillalsobediscussedinfuturesubcommitteemeetings.Mr.Montoyasaidhe
neededtoclearlogisticsfortheLatinopresentationwiththesubcommittee.SteveLewadded
thatthesubcommitteewouldalsoliketoscheduleadiscussionofAsianandPacificIslander(
API)populationsatafutureCouncilmeeting.CharlesBlackwellnotedthatthePresidentjus
tsignedanexecutiveorderonAPIhealthcareissues,andthattheissuemightbeappropriatef
ortheDecemberCouncilmeeting.HeaddedthattheCouncilmayneedtorevisitadiscussiononN
ativeAmericanpopulations,andthataninterimmeetingofthesubcommitteemightbeneeded.
Mr.MontoyasaidtheCouncilshouldpushforthenewPresidentialCommitteeonAPIstoschedul
eapresentationonHIV/AIDStohighlightnotjusthealthissuesrelatedtoHIV,buteducation
andlaborissuesaswell. InternationalSubcommittee !
* Mr.Andersonreportedonseveralpresentationsbeforethesubcommitteeonthecompulsory
licensingissue,includingthosefromthePharmaceuticalResearchandManufacturersofAme
rica(PhRMA),MedecinsSansFrontieres,theWorldBank,theJointUnitedNationsProgrammeo
nHIV/AIDS(UNAIDS),theHealthGapCoalition,andconsumeradvocates.Mr.Andersonsaidthe
waysinwhichU.S.copyright,patent,andtradepoliciesaffectcompulsorylicensingarenot
easilyunderstood,andthesubcommitteeisstrugglingtounderstandalloftheh+&8 issues
implications.Thesubcommitteewouldliketofocusontwotasks:(1)afurtherexaminationof
currentandfutureU.S.policyoncompulsorylicensing,whichwouldinvolvehearingfromU.S
.Governmentagencies,and(2)afactfindingofperspectivesfromthedevelopingworld.Acon
ferencecallorinterimsubcommitteemeetingwithseveralU.S.Governmentrepresentatives
istentativelyplannedforthissummer.Mr.Andersonalsoemphasizedthattheu.S.Governmen
tsresponsetoHIV/AIDSonaglobalscaleneedstobeconsideredaspartofthediscussiononcom
pulsorylicensing.Mr.Andersonsaidhewoulddistributecopiesofthewrittenstatementssu

bmittedbythosepresentingbeforethesubcommittee.Mr.Montoyaindicatedhisstaffmember swouldbewritingasummaryofthesubcommitteessessiononcompulsorylicensing.Mr.Anders onsaidthesubcommitteeshouldbeabletomakeapresentationoncompulsorylicensingtothef ullCouncilbytheDecembermeeting.Mr.Montoyasaidhisofficewouldbesendingoutalotofin formationoncompulsorylicensing,andstressedthateachCouncilmemberhasaresponsibili tytoreadtheinformationbecausetheissueissocomplex.Mr.AndersonnotedthattheCouncil needstodeterminewhatparallelsexistwithregardtocompulsorylicensingforotherdrugsa nddiseases.Dr.HittmentionedthatTheVillageVoicehadpublishedanarticleaboutVicePre sidentGores !

* positiononcompulsorylicensinginSouthAfrica.Ms.Thurmansaidherofficehaddraftedt alkingpointsinresponsetothearticle.ShesaidtheVicePresidenthadnotsidedwiththepha rmaceuticalindustryperse,buthadadvocatedstrongpatentprotectionandfindingabalanc ebetweenprovidingincentivesfordrugdevelopmentandprotectingprofits.Mr.Andersoncl arifiedthatSouthAfricaisnotcurrentlyusingcompulsorylicensing,butalawisonthebook sthatwouldallowit.Thereisconcernin theU.S.tradecommunityaboutthe h+&8 potentiali mpactofthislaw.Ms.Thurmannotedthattherehavebeentimeswhentheunitedstatesandother countrieshaveusedcompulsorylicensing,sotheAdministrationisgatheringinformationa nddeterminingwhatprecedenthasbeenset.Mr.Troupequestionedwhetherpharmaceuticalco mpaniesareseekingexcessiveprofitsinthedevelopingworld.Ms.Greenbergercommentedth atpricing,compliance,andpatentissuesmakecompulsorylicensingacomplicatedissue"it snotjustaboutprofits.Dr.BruceWenigersaidhewassurprisedattheU.S.Governmentsaggre ssivenessinpursuingpunitiveaction(e.g.,withdrawingtariffpreferences)againstSout hAfricabeforeanylicensinghadactuallyoccurred.Dr.Hittnotedthatgeneric AZTisavaila bleinCanadaandcostsabout40percentlessthanwhatitcostsintheUnitedStates.Mr.Anders onnotedthatthiswasaparalleltradeissue,notacompulsorylicensingissue.Dr.Hittreque stedthatsomeoneontheInternationalSubcommitteedraftanexecutivesummaryoncompulsor ylicensingasthediscussionprogresses.Mr.Andersonsaidmostnationalorganizationsare reallystrugglingtodevelopapositiononcompulsorylicensing.UNAIDSiscurrentlyworkin gonapositionstatement,anditwouldbeinstructivetolookatthatstatementwhenitisrelea sed.Ms.Thurmansaidsherecentlymetwith PeterPiotofUNAIDSandrepresentativesoftheVic ePresidentsoffice,theDepartmentofCommerce,andtheU.S.TradeRepresentativesofficet odiscusstheAdministrationspolicyoncompulsorylicensing.Thegroupdraftedaninitials etoftalkingpoints,butacompletepolicystatementisstillbeingdebated. h+&8 Appropr iationsSubcommittee Ms.Aragonreportedthatthesubcommitteediscussedthe FY2000app ropriationsprocessandthebudgetcapsissuethatMr.Mendelsonaddressedinhispresentati ontothefullCouncil.Shenotedthatthisisaserioussituationforboththe LaborHHSbilland theVAHUDbill.ShesaidHouseSpeakerDennisHasterthasbeentalkingabouttransferringsom eDepartmentofDefensemoneytoHHS.SheurgedCouncilmembersnottobedeceivedbythismove, astheamountofthetransferwouldbeinsignificantincomparisontothecutstakentomeetthe budgetcaps.Thismovecouldendupunderminingthe AIDScommunitysadvocacyefforts.Itisim portantthatadvocatesmakeAIDSa squeakywheelandconveythemessagethatthebudgetcapsa renotacceptable.Thesubcommitteewouldlikeanupdatefromthe AdministrationinOctobero nhowthe$156millionfromtheCBCisbeingspent.TheCBCisleadinganefforttoadd$180millio ninnewfundingforHIV/AIDStothe FY2000appropriationsbill.Thisfundingrequestwouldpr obablyincludeLatinosandothercommunitiesofcolorinadditiontotheAfricanAmericancom munity.Ms.AragonaskedthattheAppropriationsSubcommittee,theRacialandEthnicPopula tionsSubcommittee,andtheInternationalSubcommitteemeetingsnotoverlapduringtheOct oberCouncilmeeting.Mr.Troupesuggestedthatmoneylostthroughthebudgetcapsmightbere placedthroughfundingfromtheNationalConferenceofStateLegislatures(NCSL)andtheNat ionalBlackCaucusofStateLegislatures(NBCSL).HestressedthattheAIDScommunityneedst ostartlookingattheStatesforfundingratherthandependingontheFederalGovernment.Ms. AragonagreedthattheStatesareimportantpartners,butemphasizedthatthemagnitudeofcu tsthatcouldoccuriftheFY2000budgetcapsaresustainedwouldfarexceedthecapacityofSta teorlocalentities,andthatcriticalservicescouldbelost. h+&8 ServicesSubcommitte

e Thesubcommitteeorganized Mondaysaccesstocarepanelpresentation. Ms. Aragonsaidt hesubcommitteewouldfollowupwiththethreepresentersregardingdevelopmentofabroadpl antoaddressaccesstocare. Inaddition, thesubcommitteeheardapresentationfromNanRoma nandRandyRussellofthe NationalAIDSHousingCoalition, which, alongwithNORA, isrequest inga$60millionincreasefortheHousingOpportunitiesforPersonswithAIDS(HOPWA)progra minFY2000. Theydiscussedthecriticalroleofhousinginstabilizingthosewith HIVandinfa cilitatingaccesstocare. Forthisreason, thesubcommitteewillcontinuetomonitorHIVhou singissues. Thesubcommitteealsodiscussed Ryan White reauthorization. Memberswouldlik etoinvitecommunityadvocatestoprovideaninformationalupdateonthereauthorizationpr ocessduringtheOctobermeeting. Finally, Ms. Aragonsaidthesubcommitteehadscheduledit snextfourorfiveconferencecalls. OtherBusiness F& Mr. Montoyaremin dedCouncilme mbersthatthenextmeetingwillbeheldOctober4and5, 1999. TheExecutiveCommitteewillhol ditsfirstconferencecallonJune23at10:00a.m. Easterntime. Allsubcommitteechairsmust submittheirconferencecallschedulestoMr. Montoya. Travelreimbursementsmustbesentin assoonaspossible. FortheJune23conferencecall, itisimportantthatallsubcommitteecha irssubmittoMr. MontoyatheiragendaitemsfortheJuly13meetingwithMr. Thurm, requestsfo rinterimCouncilactivitybeforetheOctobermeeting, andrequestsforCouncilagendatimea ttheOctober h+&8 meeting. Dr. Hittreiteratedthat, inhismemotoMr. Thurm, hewouldmenti ontheFTEforthe KnowYourStatuscampaignandatimetablefortheHealthCareWorkerGuideli nes. RegardingCouncilmemberterms, Dr. Hittsaidthevettingprocessfornewmemberswouldt akeacoupleofmonths. Seventeenmemberstermswillendin July, fiveadditionalmembersterm swillexpirebyDecember, andonlytwomembershaveexpressedadesiretorotateofftheCounci l. ItisDr. Hittsunderstandingthatvacancieswillbefilledbyrandomselection. Heexpects afairturnoverbetweennowandDecember. Themeetingwasadjournedat4:15p.m.i +.'5 h+&*

h+&* ========== END ATTACHMENT 1 ==========

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

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D53]ARMS23563590X.236 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 2 ==========

FOIA Number: 2019-0460-F

Clinton Presidential Records Automated Records Management System [EMAIL]

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

Hex Dump file is not in a recognizable format, has been incorrectly decoded or is damaged.

File Name: p_v0953650_opd_html_2.tnf

Attachment Number: [ATTACH.D53]ARMS23563590X.236

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: "Hall, Andrea" <AHall@s-3.com> ("Hall, Andrea" <AHall@s-3.com> [UNKNOWN])

CREATION DATE/TIME:28-JUL-1999 11:17:44.00

SUBJECT: FW: updated PACHA minutes

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

TEXT:
Daniel,

Attached are the June 1999 PACHA full council minutes with R. Aragon's comments/changes.

Please let me know if there are any more changes or if the minutes can be made final.

Thanks,
Andrea

> -----Original Message-----
> From: Ross, Julia
> Sent: Wednesday, July 28, 1999 10:56 AM
> To: Hall, Andrea
> Subject: updated PACHA minutes
>
>
>
>

- minutes699.wpd - winmail.dat========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
WPC
'Y? %U6t?jE S,#D?k%K]t-JHjk)8\
zJorS|IZ`=4Q-,Qv5S(2X~10j[DpqrB 85]|IsmCq^R>p8E,{y1k{i\9J2wg7A2
RaE4M5.
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B1rYs"SDL(5kb<cQBe-bO"4lcp#A
do8%M[jk>Gly
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vI Pyi_?K[zo 0STOT* \R[A @JQHh5e
UXD RV; #!UN %0(w@E4 mHP LaserJet 4Si/4SiMX
PS0x9 Z6Times New Roman RegularX($
EEEEEE&3|x!U
! 8P7XXdd8PresidentialAdvisoryCouncilonHIV/AIDS FullCouncilMeeting June7
8,1999RadissonBarceloHotelWashington,DC MINUTES Present:

(X(#(#(R.ScottHitt,M.D.,ChairStephenN.Abel,D.D.S.TerjeAndersonReginaAragonBarb
araArandaNaranjo,Ph.D.JudithBillings,J.D.CharlesBlackwell,J.D.JerryCade,M.D.Lyn
neM.CooperRabbiJosephA.EdelheitRobertFogelDebraFraserHowzeKathleenGerusPhyllisG
reenbergerNilsaGutierrez,M.D.,M.P.H. B.ThomasHendersonMichaelT.Isbell,J.D.Rona
ldJohnsonAlexandraMaryLevine,M.D.SteveLewMiguelMilanes,M.P.A.HelenH.Miramontes,
R.N.MichaelRankin,M.D.H.AlexanderRobinson,M.B.A.DebbieRunionsSeanSasserBenjamin
Schatz,J.D.DeniseStokesCharlesQuincyTroupeBruceWeniger,M.D.
(5(#(#Xd5 PresentfromONAP: ((X(#(#(SandraThurman,Director X * DanielMontoya,
ExecutiveDirector,PACHA D!+ ToddSummers,DeputyDirectorDanielMontoya,ExecutiveDi
rector,PACHADanielMontoya,ExecutiveDirector,PACHA
0"- 5(#(#X5 Absent: $X- (X(#(#(NicholasBollmanRobertHattoy '#1 JeremyLandauRev
.AltagraciaPerez
'#3 5(#(#X[5)$3 h+&5 Monday,June7,1999 MorningGeneralCouncilSession b
CDr.R.ScottHitt,Chair,openedtheThirteenthMeetingofthePresidentialAdvisoryCounci
lonHIV/AIDS(PACHA)at8:30a.m.HeimmediatelyintroducedSandraThurman,DirectoroftheO
fficeofNationalAIDSPolicy(ONAP),asshehadtoleavetheCouncilmeetingearlytoattendth
eWhiteHouseConferenceonMentalHealth. SandraThurman,Director,ONAP,andToddSumme
rs,DeputyDirector,ONAP UpdateonONAPActivities "r > VaccineResearchCenter(
VRC): Ms.Thurmanbeganbyannouncingthededicationofthe 6 DaleandBettyBumpersVaccin
eResearchCenterattheNationalInstitutesofHealth(NIH)onWednesday,June9.ShesaidPre
sidentClintonwasscheduledtoparticipateintheceremony,andnotedthatDr.HaroldVarmus
andDr.AnthonyFauciwouldgivepresentationsonthestateofvaccineresearch. JeffordsKe
nnedyBill: Ms.ThurmansaidtheJeffordsKennedybilllookedlike ago,andthat 8" avotew
aspending.Thebillendedupat$300million.ShesaidONAPwaspleasedwiththeeffortsofSena
torsJeffordsandKennedy,andcalledthelegislationa noseunderthetentofMedicaidexpan
sion. Medicaid: Ms.Thurmansaidtherehadbeensomeprogressontheedicaidfront:Maineh
as (#x, submittedandMassachusettsispreparingtosubmitawaiver,andtheFloridaandGeo
rgiawaiversarestilldeveloping.TheDepartmentofHealthandHumanServices(HHS)isprovi
dingtechnicalassistancetoanyStateinterestedinawaiver. CongressionalBlackCaucus(
CBC): ONAPhasbeenworkingwiththeCBCtobegina *h%6 dialogueonservingcommunitiesofc
olor.Aroundofmeetingsisscheduledtobeginthisweek. +&8 U.S.ConferenceofMayors: D
uringtheweekendofJune1213,ONAPwillmeetwiththeU.S. ConferenceofMayorstodiscussu
rbanissuesandHIV/AIDS.TwentyoneAIDSCoordinatorswillattendthemeeting,andRyanWhit
ereauthorizationwillbeamongthetopicsaddressed. CentersforDiseaseControlandPreve
ntion(CDC): Mr.Summersreportedthatseveral >
CouncilmembersparticipatedinaMaymeetinginAtlantaonthe KnowYourStatuscampaign,a
ndnotedthatDr.HeleneGayleoftheCDCwouldbegivingtheCouncilanupdateduringthecurren
tCouncilmeeting.TheCDCspreventionplanningprocessisunderwaytoassesstheagencyspri
oritiesforHIVpreventionfunding.Mr.SummerssaidONAPencouragedCDC,andCDCagreed,toi
ncludecommunitygroupparticipationinthatassessment.AworkinggroupofCDCsCommunityA
dvisoryBoardwilllookatprioritiesdraftedbyCDC,andwillanalyzewhattheagencyisdoing
withthe$640millionallocation.Therehasbeenconsiderablediscussionofthisissueat CDC
,theOfficeofManagementandBudget(OMB),andonCapitolHill.ONAPshopeisthattheprocess
willleadtodevelopmentofanoverarchingplanforreducingHIVinfections.Mr.Summerssaid
hedidnotknowthestatusoftheHealthCareWorkerGuidelines.RegardingtheSurveillanceGu
idelines,hesaidCDChadhiredLarry GostinofGeorgetownUniversityLaw $ Schooltowork
onproposedprivacyandconfidentialitystandards.HHSwasnotsatisfiedwiththosestandar
ds,soitiscurrentlyredraftingandstrengtheningthem.ONAPexpectstogetareportfromHHS
onthestatusoftheguidelinessoon.ONAPwantstomakesurethattheconfidentialitystandar
dsareasstrongastheothersectionsofthedraftguidelines.Onthefulltimeequivalent(FTE
)issue,Mr.SummerssaidCDCisintheprocessofredoingitsbudgetprocesstoclarifywhereth
eagencysmoneyisgoingandhowitisbeingused,particularlywithrespecttoadministrative
areas. African/AfricanAmericanSummit: Ms.Thurmanreportedthattheexpanded Presiden

tial z+&8 MemoonthestateoftheepidemicinAfricaisstillbeingdrafted.ONAPisstillget
tinginputfrommembersofthedelegationtoAfrica,butsheexpectsthememowillbereleaseds
hortly.ONAPstaffrecentlyattendedtheAfrican/AfricanAmericanSummitinGhana.Reveren
dSullivan,acivilrightsleader,foundedthetradeconference10yearsago,and5,000people
attendedtheeventthisyear.ThiswasthefirsttimeHIV/AIDSwasontheconferenceagenda.ON
APwasexcitedtoparticipateintheeventbecauseongoingleadershiponHIV/AIDSisneededin
thereligiouscommunityandintheAfricanAmericancommunity.SeveralHeadsofStatefromAf
ricaparticipated.AlexanderRobinson,whoattendedtheevent,saidtherewassignificantd
iscussionoftheimpactofHIVoneconomicdevelopmentinAfrica.Hesaidtheconferencehadma
deanimpactonAfricanAmericanleaders,includingJesseJacksonandtheEditorofEssencema
gazine,who H heardthemessageaboutAIDSinAfricaandAIDSamongAfricanAmericansinanew
way.Ms.ThurmansaidJesseJacksongavea5minutespeechonAIDSinAfricabeforetheAfricanA
mericandelegationdepartedfromAndrewsAirForceBase.Shesaidthiswassignificantbecau
seitwasahighprofilecorporateandpoliticalgroup.SecretaryofLaborAlexisHermanalsoi
ncludedHIV/AIDSinherspeechesforthefirsttime,reflectingamultisectoralapproachtot
heissuewithinGovernment.Ms.ThurmansaidReverendSullivanwouldbearrivinginWashingt
ononTuesday,June8,tomeetwithPresidentClintonforapostSummitdebriefing.Ms.Thurman
saidshewouldattendthatmeetingaswell. StateDepartment,USAID,andOtherAgencies: Ms
.ThurmansaidONAPhasbeenworking B'"2 withFrankLloyd,UnderSecretaryforGlobalAffai
rsattheDepartmentofState,toreenergizetheStateDepartmentsresponsetotheepidemic.O
NAPhopesforsomemovementfromwithintheDepartmentnowthatMr.Lloydisinplace. n+&8 Ms
.ThurmansaidsheispleasedthattheDepartmentsofCommerceandLaborareshowingmoreleade
rshiponHIV/AIDS;bothareparticipatingintheWhiteHouseWorkingGroupontheexpandedPre
sidentialMemo.Sheaddedthattheissueofcompulsorylicensingcontinuestopercolate,and
shelooksforwardtoadialoguewiththeCouncilonthisverycomplexissue.Mr.Summerssaidth
eStateDepartmentrecentlyreleasedacompendiumofU.S.Governmentprogramsinvolvedinin
ternationalAIDSefforts.Inconjunctionwiththereleaseofthatdocument,theDepartments
entcablestoHeadsofMissionsdirectingthemtoengagetheircounterpartsontheissueofHIV
/AIDS,withcorrespondingtalkingpoints.TheDepartmentisalsoratchetingupitseffortsi
nWashington.Mr.Summersrecentlyattendedameetingwith11or12AmbassadorstotheUnitedS
tates,Mr.Lloyd,andotherrepresentativesfromtheDepartmentofStateandtheU.S.Agencyf
orInternationalDevelopment(USAID)toelevateHIV/AIDSasaforeignpolicyissue.Ms.Thur
manstressedthattheAdministrationsHIV/AIDSworkontheinternationalfrontinnowaydetr
actsfromitsworkonthedomesticfront,butthataglobalperspectiveisneeded. SpermDonat
ion: Mr.SummerssaidtheFoodandDrugAdministration(FDA)hadspokentoo F& soononsperm
donationregulations.TheWhiteHouseandHHSstillneedtobebriefedontheissue.ONAPisexp
ectingabriefingfromKevinThurminthenext2weeks.WhatevertheFDAspolicyis,itwillbecl
oselyscrutinized. 302Bs: Mr.Summerssaidthereisabattleunderwayon CapitolHillregar
ding302Bs,which %6!0 aretheallocationsgivenbytheAppropriationsCommitteetoeachof
thesubcommittees.Theallotmentsthatwerehandedoutcorrespondedtobudgetcapsestablis
hedinthepastanddonotcorrespondtotheincomecurrentlyflowingintotheGovernment.Mr.S
ummerssaidthebudgetcutsthatwouldberequiredtomaintaintheestablishedcapswouldbe d
raconian.TheLabor t+&8 HHScutswouldbeapproximately$1012billion.Thiscouldcomeout
ofprogramslikeRyanWhite,HIVprevention,andresearch. NeedleExchange: Ms.Thurman
reportedthatbillshavebeenintroducedinboththeHouseand & Senatetobanindirectfundi
ngofanyprogramssupportingneedleexchange.ONAPisorganizingameetingofprivatefunder
stofacilitatethedissemination ofinformationonneedleexchangethroughprivatechannel
s.Themeetingisplannedforfall.Mr.SummersaddedthatHHSiscurrentlydraftinga streetl
evelguideonthescienceofneedleexchange. QuestionsandComments: (x Respondingtoa
questionfromReginaAragon,Ms.Thurmansaidshedidnotknowwhetherthe Presidentwouldvet
oanyfreestandinglegislationbanningindirectordirectfundingofneedleexchangeprogra
ms,butshecommittedtospeakingtothePresidentaboutit.Ms.AragonsaidfinalHIVsurveill
anceguidelinesissuedbyCDClaterthisyearshouldbefreeofbias.ShestatedthattheCounci
lhopesthatONAPwillcontinuemonitoringthisissuetoensurethatthefinaldraftdoesnotco

ntinuetobebiasedagainstnonnamebasedreportingsystemsandthatthepresentationofthes
cientificevidenceonthedeterrenteffectsofnamesreportingbepresentedfairly.RobertF
ogelaskedaboutthestatusofthePresidentsunderstandingoftheneedforgreaterfundingon
globalhealthissues.Ms.ThurmansaidthePresidentcertainlyunderstandstheneedforgrea
terfunding,andthatAdministrationofficialsatthehighestlevelsarepayingattentionto
it.Shesaidsheshouldhaveanideaonappropriationsforglobalhealthinthenextweek.Benja
minSchatzaskedforanupdateontheHealthCareWorkerGuidelines.Dr.EvaSeilerofCDCrepor
tedthattheguidelinesarestillatCDC.Dr. Jeffrey Koplanreadthedraftguidelines (#
4 andfeltmoreworkneededtobedone.Hewasconcernedthattherewerenotenoughpatientprot
ections,sotheguidelinesarenowbeing repackaged.Ms.Thurmanvolunteeredtocallboth t
+&8 KevinThurmandDr.Koplantoinquireaboutatimetableforreleaseoftheguidelines.
Dr.R.ScottHitt t PACHAInterimActivities & 11Dr.Hittreportedonthreemajoractivit
iessincethelastPACHAmeeting. MeetingwithKevinThurm: TheExecutiveCommitteemetwit
hMr.ThurmonApril27, ^ duringwhichCommitteemembersfocusedonseveralrecurringissu
es.AccesstoCare:Dr.HittemphasizedtoMr.ThurmthattheCouncilwantstoseea bigplan.A

oneortwopagerfromHHSoutliningapolicyonaccesstocarewouldindicatesomeleadership
ontheissue.KnowYourStatusCampaign:Dr.HittsaidtheCommitteemadeitclearthatabig,bo
ldinitiative b isneeded,includingCDCaswellastheWhiteHouseandONAP.IfCDCcontinues
toleadonthis,thecampaignmaygetlostinthebureaucracy.Leadershipfromaboveisneeded.
NeedleExchange:Dr.Hittemphasizedthatnew,updatedscienceneedstobedisseminatedto $
healthexpertsandlegislatorsacrossthecountry.Henotedthattheoppositionhasbeenact
iveingettingitsmessageout,whereasHHShasbeensilent.AmorepublicroleonthepartofHHS
wouldhaveanimpact.SurveillanceGuidance:Thelanguagehasnotbeenfinalizedyet.TheExe
cutiveCommitteeis $. encouragingHHStostatethatuniqueidentifiersareasgoodasnames
reporting.FromtheCouncilsviewpoint,eitheronewouldbesatisfactory.Thisiscurrently
ahotissueinCalifornia,whereanamesreportingbillwasrecentlyscuttled,andauniqueide
ntifiersbillispending.OfficeofMinorityHealth(OMH):TheCommitteeurgedtheAdministr
ationtodowhateveritn+&8 cantoensurethatthe$8millioninOMHfundingthatwasleftouto
ftheFY1999appropriationsbillberestoredsothattheplannedprogrammingcanbegin.Healt
hCareWorkerGuidelines:Mr.Thurmdidnotknowthestatusofthese. & HHSRegionalMeetings
:TheseendedinearlyJune.TheCouncilwantsareportonanyaction
takenasaresultofthesemeetings.Mr.ThurmsaidHHSwantstorevamphowtheylookatAIDSwit
hintheDepartment.Overall,Dr.HittsaidthemeetingwithMr.Thurmwas hardedged.TheExec
utiveCommitteeconveyedthefeelingthatthereisalackofleadershipatHHS.Issuesarenotm
oving.ThenextPACHAExecutiveCommitteemeetingwithMr.ThurmisscheduledforJuly13.HHS
SecretaryDonnaShalalahascommittedtoattendtheOctoberCouncilmeeting.Mr.Summersemp
hasizedthatthemeetingwithMr.Thurmdidhaveanimpact.Followingthemeeting,Mr.Thurmex
pressedsomefrustrationtoseveralHHScolleaguesthattheissuesidentifiedbytheCouncil
werenotmovingfastenough.Dr.HittalsosaidhemetwiththeNationalOrganizationsRespond
ingtoAIDS(NORA)ExecutiveCommitteetodiscusscoordinatingtimingandstrategiesonmany
ofthesameissues.NORAisfocusingonRyanWhitereauthorization.Dr.HittaskedNORAtokeep
theCouncilinformedontheiractivitiesregardingRyanWhite. LetteronOmnibusAppropria
tionsBill: TheCouncilsentalettertothePresidentdiscussing ~$. thepotentialnegati
veimpactofthebillonpubliclyfundedHIV/AIDSresearch. LetterontheEarlyTreatmentofH
IVActof1999: TheCouncilalsosentaletteraskingthe (#4 Presidenttosupporttheintent
ofthislegislation. t+&8 QuestionsandComments: Mr.SummersnotedthatDr.PaulGais
twouldbestartingJune14astheNIHagencyrepresentativeatONAPandwouldbeactinginthisr
oleforthenext6months.Mr.SummersandDanielMontoyanotedthatDr.GaryNabeloftheNIHVRC
wasntabletoattendthecurrentCouncilmeetingduetoplanningfortheVRCdedication,butis
interestedinattendingtheOctobermeeting.Dr.HittdirectedMr.Montoyatosetupconferen
cecalltimestomeetwithDr.Nabel.Dr.HittstressedthatCouncilmembersneedtobeeducated
onthecompulsorylicensingissue,whichtheInternationalSubcommitteeistakingupinitsm
eeting.Hesaiditisimportantthatmembersnotletafewindividualsontheirsweytheir

opinionontheissue,becauseitissocomplex.HeaddedthattheCouncilneedstoaddressit,th
oughithasnotbeenaprioryissuetodate.Dr.HittsaidtheCouncilshouldalsoconsiderwhe
theritwantstoissueaprogressreportthisfall.Hewouldlikeinputfromsubcommitteechair
sonwhatsuchareportshouldlooklike,whomitshouldaddress,andwhatmessageitshouldconv
ey.Mr.AndersonaskedMr.SummersifMs.ThurmancouldpresentastatementfromtheCouncilon
globalhealthappropriationsduringhermeetingwiththePresidentandReverendSullivanon
June8.Mr.Summersrespondedthatthiswouldviolate WhiteHouseprotocol,butthatperhapsM
s.ThurmancouldmentiontheCouncilsposition. AfternoonGeneralCouncilSession%0!0
AccesstoCarePanelPresentationDE Dr.Hittintroducedthepanelofthree Governmentrepr
esentatives.Ms.AragonandThomas *V%6 Hendersonservedascofacilitatorsofthepanel.M
s.Aragon,representingtheServices h+&8 Subcommittee,beganbyprovidingsomebackgrou
ndontheissueofaccesstocare.Shenotedthat2yearsago,HHSissuednationalGuidelinesfor
theTreatmentofHIVDisease.Theseguidelineswerehailed byAIDSadvocatesasamuchneededn
ationalstandardofcare.Accesstocareisoneofthecouncilssixpriorities,andCouncilmem
bershavediscussedtheissuewiththePresidentandwithMr.Thurmonmanyoccasions.TheServ
icesSubcommitteehasidentifiedanumberofkeyissuesrelatedtoaccesstocare.1.Thecriti
calroleofsupportiveservices.Addressingmedicalcareisnotenough.Supportive ^ serv
icesthatfacilitateaccesstocaremustalsobeconsidered.2.Appropriations.Congression
alspendingcapsthreatenaccesstocare.
3.Disparateoutcomesacrossracialandethnicg
roups.HIVrelatedhealthoutcomescontinueto H varybyraceandethnicity.Eliminatingth
esedisparitiesmustremainapriorityfortheCouncilandtheAdministration.4.Medicaid.T
heSubcommitteehaslookedateligibilitycriteria.Therequirementthatsomeone mustb
everysickanddisabledbeforequalifyingforMedicaiddirectlycontradictsthetreatmentg
uidelines,whichencourageearlyaccesstocare.OnMedicaidreform,theJeffordsKennedybi
llincludesdemonstrationprojectsthatcouldhelpaddressaccesstocare,andthePelosiTor
ricellilegislationwouldallowStatestoexpandMedicaid.Ms.Aragonsaidthepurposeofthe
paneldiscussionwastoaddressanoverarchingplantoensureaccesstothePublicHealthServ
icestandardofcare.Whatisthebaselineforensuringaccesstocare?Whatistheplantoreach
populationsthatdonotcurrentlyhaveaccesstocare? DanielMendelson,OfficeofManage
mentandBudget (#4 MMr.Mendelsonbeganhispresentationbydescribingseveralconcerns
hehasasthecongressional h+&8 appropriationsprocessmovesforward.Regardingthe302B
allocations,henotedthatthelevelof fundinginthecurrentHouseLaborHHSbillisdownabou
t18percentfromlastyear,whilethefundinglevelintheSenateappropriationsbillisdowna
bout13percentfromlastyear.The18percentdecreaseontheHousesidewouldtranslateintoa
cutinRyanWhitefundingofabout$254million.HHShascalculatedthatthiswouldresultinde
nialofservicesto69,000people.Mr.Mendelsoncalledthisa crisissituation,andencoura
gedtheCounciltogetthemessageouttotheAmericanpeople.CDCsreductionisabout$118mill
ionforHIVprevention.Mr.Mendelsonsaidthereisaproblemwithin CDC,partofwhichisperce
ption.The perceptionproblemisthatsomeofthemoneythatshouldbegoingintoHIVpreventi
onaccountscantbefound.Whathappensisthattherearesomelineitemswithin CDCwhereitisv
eryclearthatthemoneyisgoingintoHIVprevention,andthereareotherlineitemswhereanal
locationmethodologyisapplied.Inthelattercase,somefractionoftheactivitiesoflocal
publichealthofficialsisattributabletoHIVprevention.TheCDChasinitiatedaprocessto
assessthis.Mr.MendelsonencouragedtheCounciltoletCDCknowthatthisisapriority.Hesa
idtheCouncilneedstomakesurethatCDCprogramshavethesamepoliticalcachetasRyanWhite
programs.RepresentativesCoburn,Bliley,andArmeyhavesentalettertotheGeneralAccoun
tingOffice(GAO)requestingafullauditofFederalHIV/AIDSprograms.Thiscouldappearasa
nappropriationsriderandcouldcompromisefundingstreamsandpublicperceptionsofhowmo
neyisbeingspent.Mr.Mendelsonmentionedasecondpotentialappropriationsriderissuere
gardingneedleexchange.Thisyearsriderwouldtakethepositionthatfundsarefungible,pr
ohibitinganyrecipientofFederalfundingfromrunninganeedleexchangeprogram.Itwouldd
enymoneytovirtuallyallneedleexchangeprogramscurrentlyoperating.OMBwillopposethi
seffort,usingthreearguments.Thefirstisa Statesrightsposition,e.g.,tellingStatesh

owtospendtheirmoneyiswrong.TheAdministrationwilltrytogetStatestoopposetherider.
Second,OMBwill h+&8 pointoutthattheriderwouldresultinadegradationofservices.CDC
willidentifywhichserviceswillbedisrupted.Finally,OMBwillemphasizethatabroaderba
nisdirectlyatoddswiththescientificevidence.RegardingtheJeffordsKennedybill,Mr.M
endelsonsaidOMBispleasedthatthedemonstrationprojectswillremainintact.Itiscritic
althatthebillbebroughttotheSenatefloor.Thedemonstrationprojectswillbeflexibleen
oughtoaccommodatewaiversforStateslikeMaine. EricGoosby,M.D.,HealthResourcesan
dServicesAdministration YDr.GoosbystatedthatbringingHIVpositivepopulationswit
houtaccesstocareintoacontinuumofcarehasbeenaleadingpriorityforHHSoverthelast2ye
arsandwillcontinuetobeapriorityoverthenext3years.TheHealthResourcesandServicesA
dministration(HRSA)andCDCaretheleadagenciesinthiseffort.HRSAhastakenonamottoof
100percentaccessandzeropercentdisparity.Thereisanongoingefforttolookatthelinkag
esbetweenexistinglinesoftreatment"suchasSTDclinics,familyplanningclinics,commun
ityhealthcenters,andmigrantfarmworkerhealthclinics"asreservoirsforpatientswhone
edtobeidentifiedandbroughtintotheAIDScaredeliverysystem.HRSAisworkingwiththeHea
lthCareFinancingAdministration(HCFA)todevelopinnovativerelationshipswithStatest
oembracepeoplewithoutsourcesofpayment.Thedatacomingoutoftherecent ChicagoandGene
vameetings,andfromJohnsHopkinsUniversity,indicatethatthiswillbeacosteffectiveap
proachinthelongrun.Dr.GoosbyaddedthatHRSAistryingtodelineatethefactorsthatcontr
ibutetothedisparitiesinlongevity,entryintocare,developmentofopportunisticinfect
ions,stageofcareuponentryintothemedicaldeliverysystem,andmortalitydataamongmino
ritypopulationsintheUnitedStates. h+&8 MikeHashHealthCareFinancingAdministra
tion b z_Mr.HashsaidHCFAsstrategicplanforAIDShasfocusedonthreeareas:coordinati
onofservices,accesstoqualitycareservices,andaccesstocareitself.Withrespecttocoo
rdinationofservices,HCFAhasestablishedaworkinggroupwithHRSAtoaddresswaystomaxim
izecoordinationbetweentheprovisionoffundsthroughtheRyanWhiteActandthroughMedica
idandMedicare.LastNovember,HCFAsentalettertoStateMedicaiddirectorsurgingthemtom
akecoordinationofservicedeliveryprogramsahighpriority.Accompanyingtheletterwere
twopublications:oneaddressingcoordinationbetweenMedicaidandTitleIIoftheRyanWhit
eAct,andoneaddressingcoordinationbetweenStateAIDS [Eps?] 6 andMedicaid.Inaddit
ion,asurveyofStateMedicaidDirectorsisbeingconductedbytheAIDSTreatmentNetworkwit
hsupportfromtheHenryKaiserFamilyFoundation.Thesurveyaddressesstate Medicaidcover
ageandeligibilitypoliciesastheyrelatetopersonswithHIV,e.g.,prescriptiondrugcove
rage,viralloadtesting,andnewmodelsofservicedelivery.AllbutfourStateshavecomplet
edthesurveytodate.HCFAisintheprocessofanalyzingtheresults.Onqualityofcare,HCFAi
stakingstepstomaximizeadherencetostandardsofcare.AworkinggroupatHHSislookingatw
aystooperationalizetheNIHTreatmentGuidelineswithinFederalandStatehealthcaredeli
veryprograms.Thegrouphastakenstepstodisseminatetheguidelines:theadultguidelines
werepublishedintheAnnalsofMedicine,andthepediatricguidelineswere $. publishedin
theMorbidityandMortalityWeeklyReport.Bothsetsofguidelineswerealsosent H'"2 outw
iththeStateMedicaidDirectorletter.LastSeptember,HCFApublishedanoticeofproposedr
ulemakingimplementingcertain n+&8 provisionsoftheBalancedBudgetActof1997withres
pecttoMedicaidandmanagedcare.Inthatregulation,HCFAsolicitedcommentsonthebeststr
ategyforensuringthehigheststandardsforprivatemanagedcareplansthatwishtocontract
withStatestoprovideservicestoMedicaideligiblepersons.HCFAisalsoparticipatingina
maternalandchildhealthprogramwithStatepublichealthdepartmentstodevelopanappropr
iateinitiativetoinformHIVpositivepregnantwomenandnewmothersofinfantsatriskforHI
Vofthesignificanceofstartingtherapyearly.Regardingaccesstocare,HCFA,OMB,andHHSh
avebeenworkingwithMainetofleshoutaproposalforan1115waiver.TheMaineproposalwassu
bmittedlastNovember,andFederalmeetingswithrepresentativesfromMainearecontinuing
.Outsideof1115waivers,16Statesnowhavespeciallytargetedhomeandcommunitybasedserv
icewaivers. QuestionsandComments: \ Mr.Hendersonaskedthepaneltocommenton Feder
aldevelopmentofabroadplantoensure100percentaccesstoqualitycareacrosspopulations
.Howdothepiecesfittogether?Whatisthetimeframe?Dr.Goosbyacknowledgedthedifficult

yinreachingpopulationsthatarebecomingincreasinglydisenfranchisedfromthemainstre amdeliverysystem.ButhesaidHRSAislookingata3yeartimeframeinwhichtheagencywouldst arttoseedecreasingnumbersofpeopleoutofcare,decreasingnumbersofseroconversions,e tc.Theideaistocreateacrossthreeagencies"HRSA,CDC,andtheSubstanceAbuseandMentalH ealthServicesAdministration(SAMHSA)"anexpectationofserviceintegrationandprogram coordination,combiningtreatmentandpreventionservices.HesaidHRSAneedstostartaski nggranteestoviewtheirroleas netsofcare,sothatcooperativerelationshipsarepartoft heFederalexpectation.Thiswouldbeimplementedintheformofguidanceexpectationandtec hnicalassistancedeliveredbytheFederalGovernment. h+&8 Dr.Goosbysaidtherehasbeen anacceptanceofthisvisionattheleadershiplevelinallthreeagencies,buttherearesome bigholesinthereimbursementarenaaswellasalackofinfrastructure.Someruralandurbana reasmayproveproblematic.Thisyear,therewillbethreeurbandemonstrationprojectscoor dinatedbyCDCtointegrateservicesacrossfundinglines.Thesedemonstrationsshouldserv easmodels.Thereisalsoaneffortunderwaytointegrateacross HIV,STD,andTBprogramsatth elocallevel.Thisinitiativewillbeginin20citiesinFY1999.Mr.HendersonaskedDr.Goosb ytoquantifytheuniverseofthosewithoutaccesstocare.Dr.GoosbysaidHRSAbelievesthere areabout300,000HIVpositivepersonsoutofcareanduninsured.Theseindividualslivepred ominantlyinurbansettings,andmorethan50percentaremembersofminoritygroups.Pockets intheNativeAmericancommunity,andinSanJuanandtheVirginIslands,alsoposeachallenge intermsofaccesstocare.Mr.Mendelsonnotedthatitisextremelydifficulttoredirectstre amsofFederalfunding,andtryingtodosomaythreatenonesbaseofsupport.HealsosaidtheGo vernmentsinabilitytoaddressaccesstocareforHIVpositivepersonshasresultedfromthef ragmentationofthepublichealthdeliverysystem.TheAdministrationdidtrytoaddressthi sina$1billion,5yearinitiativeinthisyearsbudget.Mr.MendelsontoldtheCouncilthatOM Bisveryopentomakingchangesintheappropriationsprocessandinthe Presidentsbudgetreq uestnextyear.TerjeAndersoncommentedthathewouldliketoseeconcretenumbersputforwar daspartofabroadplanonaccesstocare.Dr.Goosbyagreedthathighriskpopulationsineachc ityneedtobeconcretelyidentified,alongwiththeirgeographicallocationsandbehaviora lpatterns.Oncethesenumbersarederived,thewaysinwhichpreventionservicesinterfacew itheachpopulationmustbeaddressed.HesaidHRSAhasattemptedtomovethedialogueinthatd irection,butithasbeendifficult.TheFederalGovernmentisusedtothinkingintermsofSta tesandcities,notspecificpopulations. h+&8 Mr.Hendersonstressedthatthe300,000fig ureneedstobebrokendownintosegmentsforwhichstrategiestoimproveaccesscanbeimpleme nted.Dr.StephenAbelaskedDr.GoosbywhatmethodologiesareavailablethroughRyanWhitet ocarryoutqualityassessments,andifsuchassessmentscouldbemandatedintoHRSAsprogram s.Dr.Goosbyrespondedthatfewmethodologiesareavailable.HRSAunderstandsthisneedand inthelastyearhasshifteditsfocusfortechnicalassistanceontoqualityassurance.Theag encyrecentlyhiredDr.MichaelJohnsontodevelopaqualityassurancecapabilityatHRSAtha twillencompasstechnicalassistanceandtheAIDSeducationaltrainingcenters.Theagency hasreorganizeditsresourcestomakequalityassurancearealpriority.Dr.Goosbyalsonote dthatthetightadministrativecapsinRyanWhitemakeitdifficulttoplacealargeexpectati ononganteestodevelopaqualityassurancecapability.TheHCSUSstudypointedoutthesear easofdeficiency.Mr.Mendelsonsaiditisverydifficulttokeepoutcomesmeasurescurrent, particularlywhentreatmentisevolvingasrapidlyasitisforHIV/AIDS.Therefore,heiscon cernedabouttyingspecificoutcomesmeasurestomoney.Itcouldhaveunanticipatedconsequ ences.Mr.HashaddedthatHCFAisworkingtofindwaystoholdintegratedhealthcareplansacc ountableformeetingappropriatestandardsandtodemonstrateperformanceimprovementann ually.Ms.StokesquestionedtheGovernmentsabilitytogobeyondoutcomesmeasurestodefin equalitycare,assessingfactorssuchaspatientsabilitytogetappointmentswiththeirloc alRyanWhitefundedphysician.Dr.Goosbysaiditwouldbedifficulttogettothatlevelofint imacywithagranteeandsuggestedthattheappropriateFederalroleinasituationwhereinap propriatecareisbeingprovidedwithgoodoutcomesmeasuresshouldbediscussed. h+&8 Ret urningtotheissueofRyanWhiteadministrativecaps,Ms.AragonsaiditisimportantforHRSA tobeabletokeepandusethe1percenttechnicalassistanceandevaluationshaveavailableth

roughtheRyanWhiteCareAct,ratherthanhavethesefundsdistributedtootherHHSprograms. ThiswouldallowHRSAtoprovidemorerobusttechnicalassistanceandevaluation.Mr.Summer saddedthatperhapsfundscouldbeobtainedthroughchannelsthatarenotdesignatedasHIVor AIDSspecific,suchastheMinorityHealthProfessionsAct.Mr.Robinsonemphasizedtheneed forFederalagenciestospecificallyaddressthelackofinfrastructureinracialandethnic minoritycommunities.Wheretheinfrastructureexists,HIV/AIDSdollarseitherarentavai lableorhaventbeendistributed.RabbiJosephEdelheitaskedthepanelifthe estimated69,0 00personsdropinthenumberofHIVpositiveindividualsservedasaresultoftheHousebudgetc utisincludedinthe300,000figureofHIVindividualscurrentlyoutofcare.Thepanelagreed thatthe69,000figureisprobablynotincludedinthe300,000total.RabbiEdelheitalsoaske dDr.GoosbytoexplainHRSAsandCDCstimidityonthe KnowYourStatuscampaigninlightofHRS Asgoaltoidentifyallseropositiveindividuals.Dr.Goosbyrespondedthatthetwoeffortsa relinkedandthatbothagencieshopetheywillcomplementeachother.Mr.Robinsonaddedthat itiscriticaltonormalizetheideaofbeingtested.Dr.Hittsaidhethinksthe300,000outofc arenumberisanunderestimate,consideringthatthereareabout900,000HIVpositiveindivi dualsintheUnitedStates,anditisestimatedthatathirddontknowtheirstatus.Mr.Fogelas kedthepaneltoexplainwhyvariousHIV/AIDSinitiativesaremovingsoslowly h+&8 through theFederalprocess.Referringspecificallyto1115waivers,Mr.HashnotedthatHCFAtakesc aretoconsiderwhatkindsofprecedentsitmightbesettingandwhatkindsofunintendedconse quencesmightoccurasaresultoftheagencysdecisionsonwaivers.Theagencymustcontendwi thavarietyofstatutoryrestrictions,andbudgetaryandprogrammaticconcerns,topreserv eMedicaidasanentitlementprogram.Mr.Summersnotedthat,inthecaseof1115waivers,ands pecificallytheMainewaiver,theprocessisadialoguewiththeStateinvolved,sodelaysare incurredonthepartofbothFederalandStatenegotiators.LynneCoopercommentedthatthela ckofsupportiveservicesisoftenthebiggestobstacletoaccesstocare.Mr.Andersontoldth epanelthatasenseofurgencyneedstobereinstilledintheAdministrationregardingmaking lifesavingtreatmentsavailabletoHIVpositiveindividuals.BarbaraArandaNaranjostres sedtheneedfortheAdministrationtoexpandaccesstocareforthe300,000individualslivin gwithHIVwhoareoutofcare.Shenotedthattheseindividualsaredonothavetheresourcestoc ometoWashingtontoadvocateforthemselves,so.,soitisimportantfortheCounsiciltoadvr peresentrepresenttheirintertests.Bringingthediscussiontoconclusion,Ms.Aragonsai doneofthemostimportantthingsmentionedbythepanelwasthefigureof300,000outofcarein dividuals.Shesaidthisfigureshouldserveasastartingpointtoestablishaplantobroaden accesstocare,andrequestedthatpanelmembersconveytheCouncilsrequestforacomprehens iveplantoSecretaryShalala.Mr.Mendelsonnotedthatmanypeopleintheadministrationhad workedhardtopushtheJeffordsKennedybillthrough,andthatthelegislation,ifpassed,wo uldaddresssomeoftheCouncilsfundamentalconcerns. h+&8 Dr.Hittsummedupbysayingtha tleadershipandcoordinationareclearlylackingineachoftheagenciesrepresentedonthep anel.Hereiteratedtheneedforaonepagememofromeachagencyoutliningtheobstaclestoimp rovingaccesstocareandsettingforthanoverallplanandaproactiveapproach. Tuesday, June8

AfternoonGeneralCouncilSession L PublicComment WayneTurner,ACTUP,Washing ton,DC "r Mr.TurnerdiscussedAIDSaccountabilityandtheneedtostrengthencommunity oversightofFederalAIDSfunding.HetoldtheCouncilaboutatrialunderwayinPuertoRico,w hereeightpeoplehavebeenchargedwithembezzling$2.2millioninFederalAIDSfunds.Sixof theeighthavepleadedguilty,andtheGovernorofPuertoRicoisimplicatedinreceiving$250 ,000inAIDSfundsforhis1992politicalcampaign.Activistsareholdingdailyvigilsoutsid ethecourthousetobringattentiontothefactthatwhenAIDSmoneyisstolen,peopledie.Mr.T urnersaidtheminorityleaderofthePuertoRicoStateLegislaturewrotealettertoSecretar yShalalain1993outliningirregularitiesandconflictofinterestviolationsconcerningA IDSfunds.Heposedthequestion:IfHRSAhadcarriedoutitsoversightfunctionin1993,howma nypeoplemightstillbealive?HesaidthesituationinPuertoRicoisnotanisolatedone.Coun cilmembersneedtoexaminewaystostrengthenoversightsothatthisdoesnotkeephappening. ACTUP,theAIDSAccountabilityProject,andothershavecalledforaGAOperformanceauditon

AIDSfunding.HenotedthatitwasRepublicanRepresentativesCoburn,Bliley,andArmeywhow
rotealettertoGAOrequestinganaudit. h+&8 Mr.Turnerofferedtwoproposals:TheGAOaudi
tmustbecarriedout,andconflictofinterestrulesmustbeenforced.InWashington,DC,fore
xample,only4of60planningcouncilmembersarenotdrawingsalariesandarenotboardmember
soforganizationsreceivingFederalAIDSmoney.Theplanningcouncilsarebuiltinstructur
esforcommunityoversight,andmembershiprequirementsneedtobeadjustedtoensuretherei
snoconflictofinterest. Comments: L HelenMiramontescommentedthatsaidtheCounci
lshoudldexercisecautionisnsupportingtheauditMr.RobinsonsaidtheCouncilhadbeeneng
agedwithlocalagenciestosupportthemintheiroversightactivities,buttheCouncilcould
playagreaterroleinthisarea.Mr.AndersonnotedthattheHRSAAIDSAdvisoryCommitteemeti
nMaytodraftaseriesofrecommendationsregardingthereauthorizationoftheRyanWhiteAct
.Oneoftherecommendationsstatedthatatleast51percentofthemembershipofanyplanningb
odyshouldbefreeofanyconflictofinterestasdefinedinthelaw.DebraFraserHowzeurgedth
eCounciltobecautiousaboutsupportingtheperformanceaudit.Shenotedthat,historicall
y,everytimealargeamountoffundingisdirectedtocommunitiesofcolor,acallforanauditf
ollows.ShesaidtheAIDScommunityshouldwaittoseehowthingsplayoutinPuertoRicobefore
layingblame.Dr.ArandaNaranjoandHelenMiramontesalsoquestionedtheintentofthosebeh
indtheauditrequest.CharlesTroupestressedthattheissueofmisappropriationoffundsis
indeedapartisanone,andthattheAIDScommunityshouldnotlooktoRepublicansforsympathy
andsupport. SubcommitteeReports %0!0 . ResearchSubcommittee (#4 Dr.Levinefi
rstremindedMr.MontoyatoscheduleaconferencecallwithChrisCollins.ShenotedthatRepr
esentativePelosihassponsoredabill,H.R.1274,togivea30percenttaxcredit h+&8 tocor
porationsorindividualsdoingvaccineresearchforanydiseasethatkillsmorethanonemill
ionpeopleworldwideperyear.Thecreditwouldnotapplytothosedoingresearchunderany Gov
ernmentgrantorcontract.Thesubcommitteewillseekmoreinformationonthebillandwillre
portbacktotheCouncilinOctober.Thesubcommitteeexpectstospeaktto Dr.Nabelviaconfere
ncecallregardingthevaccineresearcheffortatNIH.ShesaidMichaelIsbellreportedonrec
entactivitiesoftheInternationalAIDSVaccineInitiative(IAVI).IAVIisfocusedonmovin
gquickly,tryinginnovativeapproaches,andworkingwithunderdevelopednations.Theorga
nizationisdevelopinginternationalpartnerships.Onepartnership,linkingOxfordUnive
rsityinEnglandwiththeUniversityofNairobiinKenya,isfocusingonaDNAviralapproachto
avaccine.Thisinitiativeisexpectedtomoveintoclinicaltrialslaterthisyear.Asecondp
artnershipisusingVenezuelanequineencephalitisasavectorfortestingavaccine.Thisin
itiativejoinsVenezuelaandSouthAfricaandisexpectedtomoveintoclinicaltrialsinearl
y2000.IAVIalsoreceiveda$25milliondonationfromBillGates,whichwillbedistributedin
sumsof$5millionayear.Thesubcommitteeanticipatesaconferencecallwith IAVIoverthesu
mmertooffertheCouncilsassistance.Dr.JudithAuerbachoftheOfficeofAIDSResearchatNI
Halsospoketothesubcommitteeaboutbehavioralinterventions.TheNIHbudgetforbehavior
alandsocialscienceresearchincreasedby21percentthisyear;theonlyotherincreasethat
wascomparablewasforvaccines,whichroseby31percent.Themoneybeingspentthisyearforb
ehavioralinterventionsresearchis$213million,whilethevaccinefundinglevelis$148mi
llion"afigurethatisstillverylow.NIHislookingatsettingsastheyrelatetominoritypop
ulations,gender,anddruguse,andisdoingveryapplied,focused,interventionbasedresea
rch.ThesubcommitteeaskedDr.Auerbach h+&8 foracompletelistingofresearchprojectsi
nthisarea.Dr.LevinenotedthatDr.NealNathansonshouldbecommendedformovingquicklyin
thisdirection.NIHsfundingprioritiesinthisareaareonprimaryprevention,secondarypr
evention,andmethods.Thesubcommitteeexpressedaconcernthatthereisadisconnectbetwe
enNIHandCDCthatimpedesthetranslationofresearchintoactualinterventions.Dr.Helene
GayleofCDCagreedthatthisisaproblemandthatanadministrativemechanismisneeded.Thes
ubcommitteealsostressedthatalloftheplayersneedtobecommunicatingallofthetime.Dr.
GaylesaidshewouldtaketheseconcernsbacktoCDC.Ifnothinghappensbythenext Councilmee
ting,thesubcommitteewillmakeaformalrecommendationregardingtheseissues.Thesubcom
mitteescheduledthreeconferencecallsforJuly21,August18,andSeptember15or16,allat1
0:00a.m.OnecallwillbewithDr.Nabel,onewillbewithIAVI,andonewillberelatedtothePel

osibill.Dr.Hittaskediftherehadbeenanyoppositiontothe Pelosibill.Noneofthe Council
membershadheardofanyopposition.Healsoaskedaboutcoordinationonthevaccineeffort.D
r.LevinesaidtheCouncilshouldwaittobebriefedbyDr.Nabelatthenextmeeting.Ms.Miramo
ntesnotedthattheAIDSVaccineAdvocacyCoalition(AVAC)hadjustreleasedareportcalled
EightYearsandCountingonthevaccineeffort.ShecalledAVACandrequestedenoughcopiesfo
reachCouncilmember. PreventionSubcommittee %0!0 Mr.Robinsonreportedthatthesubc
ommitteediscussedCDCseffortsrelatedtoprevention.First,aCDCAdvisoryCommitteework
inggroupiscarryingoutaninventoryofCDCsAIDSspecificprogramsandexaminingtheirprio
rities.Dr.Gaylesaidthisprocessshouldbecompletedby Julyor August,andareportwillbei
ssued.Thesubcommitteeexpressedsomeskepticismh+&8 aboutthevalueofthisprocess,bu
tdecidedtherearesomebenefits,suchasbroaderaccesstoinformation.Dr.Gaylesaidshewo
uldupdatethesubcommitteeoncetheprocessiscompleted.Sincetheprocessisaninternalon
e,thesubcommitteeisconcernedabouttheobjectivityofanyresultingrecommendations.Mr
.RobinsonnotedthattheGAOauditwilloccursimultaneously,andthishassparkedacommitme
ntamongsometoimplementsignificantchangesinCDCsapproach.Second,thesubcommitteere
ceivedanupdateonthe KnowYourStatuscampaign.Memberswereimpressedthatthe CDChaswor
kedtobuildaweekofactivitiesaround National TestingDay.However,thecrossagencyleade
rshipneededtobringanationalfocustothiscampaignisnotevident.Therefore,thesubcomm
itteehascommittedtobiweeklymeetingswithrepresentativesfromHHS,CDC,andONAPtogaug
etheirprogressonthecampaign,andtocoordinateaccesstoanduseofresourcesandcontacts
.Thesubcommitteealsosuggestedthatha CDCcoordinatorforthecampaignbeplacedatONAP.Af
tersomediscussion,itwasdecidedthatDr.Hittwouldsendamemoto Mr.Thurm priortothe July
13meetingrecommendingplacementofan FTEcoordinatorby CDCatONAP.Ms.Thurmansaid Dr.Ga
ylehadbeentryingtorecruitsomeonetotakethepositionbuthadnotbeensuccessful.Dr.Hit
tsaidhewouldcall Dr.Gayletoreinforcethemessagethatthe FTEisapriorityforthe Council
.At Dr.Hittssuggestion,itwasdecidedthatMr.Andersonwouldsendoutageneralbroadcastf
axoremailtoall Councilmembersfollowingeachbiweeklymeetingonthe KnowYourStatuscam
paigntoupdateeveryoneoncampaignactivities.Thesubcommitteealsodiscussedthe Health
Care WorkerGuidelines.Dr.GaylesaidthatCDCsreviewoftheguidelinesshouldbecompletew
ithinaweekto10days,andthedocumentwouldthenbeforwardedtoHHS. h+&8 Dr.Hittsuggest
edincludingarequestforatimelineontheguidelinesinthememoto Mr.Thurm.Mr.Montoyarem
indedallsubcommitteechairsthattheyshouldsubmitinwritinganyitemstobeincludedinth
ememoto Mr.Thurm priortothe July13meeting.Finally,Mr.Robinsonmentionedthattheupdat
eonthe1996youthreport [isthisfromCDC?] L isunderway,andisexpectedtoberelease
dbyWorldAIDSDay.Thesubcommitteealsorecommendedthat Dr.Koplanbeinvitedtothe Octobe
rmeetingwhenSecretaryShalalaispresent.Dr.Hittsuggestedthatthe CouncilsExecutiveC
ommitteetrytoscheduleapreliminarymeetingwiththeSecretaryandMr.Thurmbeforethe Oct
obermeeting. RacialandEthnicPopulationsSubcommittee b Dr.NilsaGutierrez said
thesubcommittee decidedtoorganizeapresentationtothefull Council t onthecharact
eroftheepidemicinLatinocommunities,tobegivenatthe Octobermeeting. An , outline
ofthepresentationwasdistributedtoeach Councilmember.Thepresentationwilladdresssi
xareas:ageneraloverviewofLatinosubpopulations;thehealthstatusofLatinopopulation
s;HIVinfectiontrendsandproblemsofunderreporting;theparticularitiesofthehealthca
reinfrastructureinLatinopopulations;theimpactofsubstanceabuseandduseinthespreado
fHIVinfection;andthecaseofthe VirginIslands,wheretheGovernmentisfacingbankruptcy
andarapiddegradationofservicesisoccurring.Thepresentationwilltake90minutes.Howt
heepidemichasaffectedthegay Latinocommunity,women,andinmateswillalsobeaddressed.
Dr.Hittsaidthepresentationwasagoodidea,butthatthe ExecutiveCommitteeneedstorethi
nklogisticsandschedulingforthe Octobermeetinginordertofiteverythingin. z+&8 Ms.A
ragonsuggestedthatLatinocommunityleadersbeinvitedtothe Octobermeetingforthepresse
ntationandafollowupmeeting.Dr.Gutierrezsaidthesubcommitteehadalsodecidedtobegin
toincludetheLatinoperspectivesofnongovernmentalorganizations,immigrationcoaliti
ons,andpublicinterestattorneysinsubcommitteemeetings.AspectsoftheepidemicinMexi
coandPuertoRicowillalsobediscussedinfuturesubcommitteemeetings.Mr.Montoyasaidhe

neededtoclearlogisticsfortheLatinopresentationwiththesubcommittee.SteveLewadded thatthesubcommitteewouldalsoliketoscheduleadiscussionofAsianandPacificIslander(API)populationsatafutureCouncilmeeting.CharlesBlackwellnotedthatthePresidentjus tsignedanexecutiveorderonAPIhealthcareissues,andthattheissuemightbeappropriatef ortheDecemberCouncilmeeting.HeaddedthattheCouncilmayneedtorevisitadiscussiononN ativeAmericanpopulations,andthataninterimmeetingofthesubcommitteemightbeneeded. Mr.MontoyasaidtheCouncilshouldpushforthenewPresidentialCommitteeonAPIstoschedul eapresentationonHIV/AIDStohighlightnotjusthealthissuesrelatedtoHIV,buteducation andlaborissuesaswell. InternationalSubcommittee !

* Mr.Andersonreportedonseveralpresentationsbeforethesubcommitteeonthecompulsory licensingissue,includingthosefromthePharmaceuticalResearchandManufacturersofAme rica(PhRMA),MedecinsSansFrontieres,theWorldBank,theJointUnitedNationsProgrammeo nHIV/AIDS(UNAIDS),theHealthGapCoalition,andconsumeradvocates.Mr.Andersonsaidthe waysinwhichU.S.copyright,patent,andtradepoliciesaffectcompulsorylicensingarenot easilyunderstood,andthesubcommitteeisstrugglingtounderstandallofthe h+&8 issues implications.Thesubcommitteewouldliketofocusontwotasks:(1)afurtherexaminationof currentandfutureU.S.policyoncompulsorylicensing,whichwouldinvolvehearingfromU.S .Governmentagencies,and(2)afactfindingofperspectivesfromthedevelopingworld.Acon ferencecallorinterimsubcommitteemeetingwithseveralU.S.Governmentrepresentatives istentativelyplannedforthissummer.Mr.Andersonalsoemphasizedthattheu.S.Governmen tsresponsetoHIV/AIDSonaglobalscaleneedstobeconsideredaspartofthediscussiononcom pulsorylicensing.Mr.Andersonsaidhewoulddistributecopiesofthewrittenstatementssu bmittedbythosepresentingbeforethesubcommittee.Mr.Montoyaindicatedhisstaffmember swouldbewritingasummaryofthesubcommitteessessiononcompulsorylicensing.Mr.Anders onsaidthesubcommitteeshouldbeabletomakeapresentationoncompulsorylicensingtothef ullCouncilbytheDecembermeeting.Mr.Montoyasaidhisofficewouldbesendingoutalotofin formationoncompulsorylicensing,andstressedthateachCouncilmemberhasaresponsibili tytoreadtheinformationbecausetheissueissocomplex.Mr.AndersonnotedthattheCouncil needstodeterminewhatparallelsexistwithregardtocompulsorylicensingforotherdrugsa nddiseases.Dr.HittmentionedthatTheVillageVoicehadpublishedanarticleaboutVicePre sidentGores !

* positiononcompulsorylicensinginSouthAfrica.Ms.Thurmansaidherofficehaddraftedt alkingpointsinresponsetothearticle.ShesaidtheVicePresidenthadnotsidedwiththepha rmaceuticalindustryperse,buthadadvocatedstrongpatentprotectionandfindingabalanc ebetweenprovidingincentivesfordrugdevelopmentandprotectingprofits.Mr.Andersoncl arifiedthatSouthAfricaisnotcurrentlyusingcompulsorylicensing,butalawisonthebook sthatwouldallowit.ThereisconcernintheU.S.tradecommunityaboutthe h+&8 potentiali mpactofthislaw.Ms.Thurmannotedthattherehavebeentimeswhentheunitedstatesandother countrieshaveusedcompulsorylicensing,sotheAdministrationisgatheringinformationa nddeterminingwhatprecedenthasbeenset.Mr.Troupequestionedwhetherpharmaceuticalco mpaniesareseekingexcessiveprofitsinthedevelopingworld.Ms.Greenbergercommentedth atpricing,compliance,andpatentissuesmakecompulsorylicensingacomplicatedissue"it snotjustaboutprofits.Dr.BruceWenigersaidhewassurprisedattheU.S.Governmentsaggre ssivenessinpursuingpunitiveaction(e.g.,withdrawingtariffpreferences)againstSout hAfricabeforeanylicensinghadactuallyoccurred.Dr.HittnotedthatgenericAZTisavaila bleinCanadaandcostsabout40percentlessthanwhatitcostsintheUnitedStates.Mr.Anders onnotedthatthiswasaparalleltradeissue,notacompulsorylicensingissue.Dr.Hittreque stedthatsomeoneontheInternationalSubcommitteedraftanexecutivesummaryoncompulsor ylicensingasthediscussionprogresses.Mr.Andersonsaidmostnationalorganizationsare reallystrugglingtodevelopapositiononcompulsorylicensing.UNAIDSiscurrentlyworkin gonapositionstatement,anditwouldbeinstructivetolookatthatstatementwhenitisrelea sed.Ms.Thurmansaidsherecentlymetwithpeterpiotofunaidsandrepresentativesofthevic epresidentsoffice,theDepartmentofCommerce,andtheU.S.TradeRepresentativesofficet odiscusstheAdministrationspolicyoncompulsorylicensing.Thegroupdraftedaninitials

etoftalkingpoints,butacompletepolicystatementisstillbeingdebated. h+&8 Appropr
iationsSubcommittee Ms.AragonreportedthatthesubcommitteediscussedtheFY2000app
ropriationsprocessandthebudgetcapsissuethatMr.Mendelsonaddressedinhispresentati
ontothefullCouncil.Shenotedthatthisisaserioussituationforboththeh.aborHHSbilland
theVAHUDbill.ShesaidHouseSpeakerDennisHasterthasbeentalkingabouttransferringsom
eDepartmentofDefensemoneytoHHS.SheurgedCouncilmembersnottobedeceivedbythismove,
astheamountofthetransferwouldbeinsignificantincomparisontothecutstakentomeetthe
budgetcaps.ThismovecouldendupunderminingtheAIDScommunitysadvocacyefforts.Itisim
portantthatadvocatesmakeAIDSa squeakywheelandconveythemessagethatthebudgetcapsa
renotacceptable.ThesubcommitteewouldlikeanupdatefromtheAdministrationinOctobero
nhowthe$156millionfromtheCBCisbeingspent.TheCBCisleadinganefforttoadd$180millio
ninnewfundingforHIV/AIDStotheFY2000appropriationsbill.Thisfundingrequestwouldpr
obablyincludeLatinosandothercommunitiesofcolorinadditiontotheAfricanAmericancom
munity.Ms.AragonaskedthattheAppropriationsSubcommittee,theRacialandEthnicPopula
tionsSubcommittee,andtheInternationalSubcommitteemeetingsnotoverlapduringtheOct
oberCouncilmeeting.Mr.Troupesuggestedthatmoneylostthroughthebudgetcapsmightbere
placedthroughfundingfromtheNationalConferenceofStateLegislatures(NCSL)andtheNat
ionalBlackCaucusofStateLegislatures(NBCSL).HestressedthattheAIDScommunityneedst
ostartlookingattheStatesforfundingratherthandependingontheFederalGovernment.Ms.
AragonagreedthattheStatesareimportantpartners,butemphasizedthatthemagnitudeofcu
tsthatcouldoccuriftheFY2000budgetcapsaresustainedwouldfarexceedthecapacityofSta
teorlocalentities,andthatcriticalservicescouldbelost. h+&8 ServicesSubcommitte
e Thesubcommitteeorganizedmondaysaccesstocarepanelpresentation.Ms.Aragonsaidt
hesubcommitteewouldfollowupwiththethreepresentersregardingdevelopmentofabroadpl
antoaddressaccesstocare.Inaddition,thesubcommitteeheardapresentationfromNanRoma
nandRandyRussellofthenationalAIDSHousingCoalition,which,alongwithNORA,isrequest
inga$60millionincreasefortheHousingOpportunitiesforPersonswithAIDS(HOPWA)progra
minFY2000.TheydiscussedthecriticalroleofhousinginstabilizingthosewithHIVandinfa
cilitatingaccesstocare.Forthisreason,thesubcommitteewillcontinuetomonitorHIVhou
singissues.ThesubcommitteealsodiscussedRyanWhitereauthorization.Memberswouldlik
etoinvitecommunityadvocatestoprovideaninformationalupdateonthereauthorizationpr
ocessduringtheOctobermeeting.Finally,Ms.Aragonsaidthesubcommitteehadscheduledit
snextfourorfiveconferencecalls. OtherBusiness F& Mr.MontoyaremindedCouncilme
mbersthatthenextmeetingwillbeheldOctober4and5,1999.TheExecutiveCommitteewillhol
ditsfirstconferencecallonJune23at10:00a.m.Easterntime.Allsubcommitteechairsmust
submittheirconferencecallschedulestoMr.Montoya.Travelreimbursementsmustbesentin
assoonaspossible.FortheJune23conferencecall,itisimportantthatallsubcommitteecha
irssubmittoMr.Montoyatheiragendaitemsfortheluly13meetingwithMr.Thurm,requestsfo
rinterimCouncilactivitybeforetheOctobermeeting,andrequestsforCouncilagendatimea
ttheOctober h+&8 meeting.Dr.Hittreiteratedthat,inhismemotoMr.Thurm,hewouldmenti
ontheFTEforthe KnowYourStatuscampaignandatimetablefortheHealthCareWorkerGuideli
nes.RegardingCouncilmemberterms,Dr.Hittsaidthevettingprocessfornewmemberswouldt
akeacoupleofmonths.SeventeenmembertermswillendinJuly,fiveadditionalmembersterm
swillexpirebyDecember,andonlytwomembershaveexpressedadesiretorotateofftheCounci
l.ItisDr.Hittsunderstandingthatvacancieswillbefilledbyrandomselection.Heexpects
afairturnoverbetweennowandDecember.Themeetingwasadjournedat4:15p.m.i +.'5 h+&*
h+&* ========== END ATTACHMENT 1 ==========

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

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D73]ARMS20375390Z.236 to ASCII,
The following is a HEX DUMP:

========== END ATTACHMENT 2 ==========

Clinton Presidential Records Automated Records Management System [EMAIL]

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

Hex Dump file is not in a recognizable format, has been incorrectly decoded or is damaged.

File Name: p_x0935727_opd_html_2.tnf

Attachment Number: [ATTACH.D73]ARMS20375390Z.236