RECORD TYPE: FEDERAL (TRP NOTES MAIL)

CREATOR: rwockner (rwockner@netcom.com@INET@LNGTWY [UNKNOWN])

CREATION DATE/TIME:26-MAY-1998 04:30:00.00

SUBJECT: NC7017: Wash Post Steve Michael profile

TO: Richard Socarides (Richard Socarides@EOP [UNKNOWN])
READ:UNKNOWN

TO: Stuart D. Rosenstein (Stuart D. Rosenstein@eop [UNKNOWN])
READ:UNKNOWN

TEXT:
Washington Post

May 25, 1998

Activist Battling AIDS Becomes Rallying Point

By Julie Makinen Bowles

In a city of buttoned-down lobbyists and big-money campaigns, Steve Michael has waged his political wars with an $800 truck and a seedy one-room storefront that doubles as an apartment.

His style has been pickets and petitions, not power lunches. Loud, indignant, even offensive, he has routinely refused to follow Washington's rules of decorous negotiation. Still, in the last five years, he has won begrudging respect for his passionate advocacy on issues including AIDS funding, health care, the medical use of marijuana and the return of power to elected D.C. officials.

"He's the quintessential activist," said D.C. Council member Carol Schwartz (R-At Large). "He always goes where he sees problems, and he

follows through on them."

For the last four weeks, though, Michael has not been the rallier but the rallying point, as he battles severe complications from AIDS at Washington Hospital Center. Politicians and community leaders from across Washington and even the White House have been saying prayers and sending words of encouragement, hoping he can beat back the disease and resume his work as a full-time thorn in their sides.

"He can be a real pain," said Donna Brazile, press secretary for Del. Eleanor Holmes Norton (D-D.C.). "He's a tenacious fighter. I know, because I've been on opposite sides from him at times, and I've been on the same side with him. Of course, I'd much rather have him with me than against me."

Michael, 42, and his partner, Wayne Turner, 33, moved to Washington from Seattle in 1993 after following President Clinton on the '92 campaign circuit and heckling him persistently over his record on funding for AIDS programs. As members of the militant group ACT UP (AIDS Coalition to Unleash Power), they came to the capital to keep pressuring the president to commit more federal resources to fighting the disease.

But once here, they found themselves incensed by the problems in local government. Michael started turning up at D.C. Council hearings, testifying on health care issues and troubles with the city bureaucracy. He and Turner staged sit-ins at financial control board meetings, calling it the "out-of- control board." When members of Congress began stripping

power from locally elected officials, the two men stormed their offices in protest and got arrested on numerous occasions.

Michael's confrontational tactics at times have irritated and angered more established activist groups, who say his renegade, moralizing style can hurt more than it helps. D.C. council member Sharon Ambrose (D), one of Michael's competitors in last year's Ward 6 council race, said he was "extraordinarily unpleasant in an extremely ad hominem way."

But others say the city needs more people like him.

Anise Jenkins, who has lived in Washington more than 40 years, said Michael inspired her to become active in the community. In August, she heard on the radio that a North Carolina senator wanted to take away most of Mayor Marion Berry's powers. The announcer said some residents were planning a demonstration at the White House.

"I went down there, and I saw three men standing on the fence. One was Steve Michael," Jenkins said. "I was just compelled. So I got up on the fence. He was just such a vibrant, physical force. Fearless."

She ended up going to jail--"first time in my life that I've done anything like that"--and has since become active in the Stand Up for Democracy movement, which is fighting for the restoration of home rule. She also has joined the battle against plans to put the city's new convention center in her Shaw neighborhood.

Jim Graham, executive director of the Whitman-walker Clinic, the city's largest provider of AIDS-related services, said Michael is one of those "vanguard people" whose methods can be distasteful but who effectively "clear the land, pointing out problems and bringing drama to bear. That, in turn, makes it easier for others who come in their wake."

In the last nine months, Michael has been working to put a measure on the D.C. ballot that would legalize the possession, use, cultivation and distribution of marijuana by people suffering from illnesses such as cancer, AIDS and glaucoma.

When the first petition drive fell short of the more than 17,000 signatures needed to put the measure on the ballot, Michael started yet another drive.

Work on the marijuana measure--known as Initiative 59--continued from Michael's hospital bedside until he was put on a respirator. Turner has officially taken over the drive and has vowed to continue should Michael not pull through.

"We've spent our whole lives together trying to get people to do something about AIDS, battling greed, fighting for democracy," Turner said. "The work will go on, even if we lose this warrior. Steve wouldn't have it any other way."

THE WASHINGTON POST

1150 15th Street, NW

Washington, DC 20071, USA

(202) 334-7750 Fax: (202) 334-1069]========== ATTACHMENT 1 ==========
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RECORD TYPE: FEDERAL (TRP NOTES MAIL)

CREATOR: rwockner (rwockner@netcom.com@INET@LNGTWY [UNKNOWN])

CREATION DATE/TIME: 3-JUN-1998 14:09:00.00

SUBJECT: NC7104: AIDS Activist Funeral at White House

TO: Richard Socarides (Richard Socarides@EOP [UNKNOWN])
READ:UNKNOWN

TO: Stuart D. Rosenstein (Stuart D. Rosenstein@eop [UNKNOWN])
READ:UNKNOWN

TEXT:
From: Julie <jdavids@CritPath.Org>

Please forgive duplicate postings. Bus seats still available from

Philadelphia and New York City. For bus info, call 215-731-1844.

****

act up = aids coalition to unleash power

****

PRESS RELEASE

FOR IMMEDIATE RELEASE: JUNE 2, 1998

CONTACT: Wayne Turner: 202-547-9404 in Washington

Julie Davids: 215-731-1844, page 215-212-9050

If you reach our voice mail system, leave a message in box 9.

ACT UP / Washington founder Steve Michael dies of AIDS

Body Taken to White House on Thursday, June 4

Coalition march leaves Freedom Plaza, 14th + Pennsylvania, at noon

Memorial service in front of White House on Pennsylvania Ave.,

12:30 pm, targeting Clinton

"Show the world that Bill Clinton has lied to

and betrayed peope with AIDS."

Washington, DC -- Steve Michael , 42, founder of the Washington DC chapter of ACT UP (AIDS Coalition to Unleash Power), died on Monday, May 25, at 11:12 am, of AIDS. AIDS activists from across the country, and hundreds of local supporters including top CD elected officals, will meet in Washington, DC this Thursday, June 4 to march Steve Michaels' body through city streets to the White House.

"If I die, take my body to the White House," Steve instructed Wayne Turner of ACT UP Washington, Michaels' activist colleague and partner/lover of 7 years, as he entered the Intensive Care Unit of Washington Hospital Center. "Show the world that Bill Clinton has lied to and betrayed peope with AIDS."

ACT UP chapters from New York and Philadelphia will transport busloads of activists to join hundreds of Washington, DC activists to mourn one of their most dedicated fighers. They will march with drums, loudspeakers, signs and banners cataloging Clinton's unkept campaign promises as well as a 30-foot puppet depicting Clinton as the grim reaper.

"The fury against Bill Clinton's lies and inaction in the face of a growing epidemic is rising day by day," said Turner. "His own AIDS

Advisory Council is prepared to walk out after his cowardly decision to deny funding for syringe exchange. The Congressional Black Caucus is calling for a declaration of a health emergency on the AIDS epidemic in communities of color. Steve lived and died calling for Clinton to address this crisis, and his fight will carry on through the work of thousands of other people with HIV and activists. Clinton is not off the hook."

"Steve Michaels spent the last years of his life holding President Clinton accountable for his broken promises on AIDS," said Julie Davids of ACT UP Philadelphia. "And now he has died an untimely death in a country where there is still no national health care, no funding for syringe exchange, and no coordinated effort to find a cure for AIDS."

Clinton, who has been the primary focus of Michaels' activism for more than five years, promised in the 1992 election campaign that he would " make a top priority" of his administration by launching an all-out coordinated research effort to find a cure for AIDS (the Manhatten Project). Clinton further commiteed to appointing a top-level AIDS czar with significant powers to lead the nation's efforts against the deadly disease, make Federal funding available for needle exchange programs, fully implement the recommendations of the National Commission on AIDS, and make health care universally accessible, regardless of ability to pay.

Steve's mother, Barbara Michael, who is traveling from California to participate in her son's last White House protest, stated, "If this had happened to Clinton's kid, he'd be doing something."

Julie Davids (jdavids@critpath.org),

Philadelphia PA

ACT UP/ FIGHT BACK/ FIGHT AIDS========== ATTACHMENT 1 ==========

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

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RECORD TYPE: FEDERAL (TRP NOTES MAIL)

CREATOR: rwockner (rwockner@netcom.com@INET@LNGTWY [UNKNOWN])

CREATION DATE/TIME: 4-JUN-1998 19:58:00.00

SUBJECT: NC7126: UPI on Steve Michael funeral

TO: Richard Socarides (Richard Socarides@EOP [UNKNOWN])
READ:UNKNOWN

TO: Stuart D. Rosenstein (Stuart D. Rosenstein@eop [UNKNOWN])
READ:UNKNOWN

TEXT:
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WASHINGTON, June 4 (UPI) -- The body of a Washington, D.C., AIDS activist who died last week was paraded down Pennsylvania Avenue in front of the White House by protestors critical of President Clinton's AIDS policies.

Steve Michael, 42, died of the disease May 25.

According to a statement by ACT UP - the AIDS Coalition to Unleash Power - Michael's dying wish was to have his body taken to the White House for a ``political funeral'' that would dramatize his view that the president has failed to live up to 1992 and 1996 campaign promises on AIDS research and prevention.

As the procession of approximately 200 protestors reached the White House, Michael's partner, Wayne Turner, told march organizers, ``I

want a good photo- op spot." He then helped Michael's mother, Barbara Michael, open the casket.

The deceased rested with his hands crossed, wearing a ``friendship" bracelet and a white ACT UP T-shirt.

Blasting the President for refusing to fund needle exchange programs and universal healthcare, and for failing to appoint an effective ``AIDS czar," Turner stood over the casket and called Clinton ``a murdering liar."

He said, ``Shame on you Bill Clinton. You say you feel my pain? Bill Clinton, you have caused my pain."

Turner had said Michael wanted to use his illness to highlight the pain of AIDS and the need for access to medicinal marijuana.

The two men spent most of the last seven years following Clinton's campaign trails and pressuring him in television advertisements and protests to follow through on promises to establish a large-scale project to find an AIDS cure.

Michael is also remembered for his two symbolic presidential runs and for reviving the Washington, D.C. chapter of ACT UP. ========== ATTACHMENT 1 ==========
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RECORD TYPE: FEDERAL (TRP NOTES MAIL)

CREATOR: bakerkm45 (bakerkm45@yahoo.com@INET@LNGTWY [UNKNOWN])

CREATION DATE/TIME: 4-JUN-1998 16:22:00.00

SUBJECT: ACTing UP

TO: Richard Socarides (Richard Socarides@EOP [UNKNOWN])
READ:UNKNOWN

TEXT:
Thursday June 4 3:11 PM EDT

Dead activist at White House protest

By JAMES GORDON MEEK

WASHINGTON, June 4 (UPI) - The body of a Washington, D.C., AIDS activist who died last week was paraded down Pennsylvania Avenue in front of the White House by protestors critical of President Clinton's AIDS policies.

Steve Michael, 42, died of the disease May 25.

According to a statement by ACT UP - the AIDS Coalition to Unleash Power - Michael's dying wish was to have his body taken to the White House for a ``political funeral'' that would dramatize his view that the president has failed to live up to 1992 and 1996 campaign promises on AIDS research and prevention.

As the procession of approximately 200 protestors reached the White House, Michael's partner, Wayne Turner, told march organizers, ``I want a good photo- op spot." He then helped Michael's mother, Barbara Michael, open the casket.

The deceased rested with his hands crossed, wearing a ``friendship" bracelet and a white ACT UP T-shirt.

Blasting the President for refusing to fund needle exchange programs and universal healthcare, and for failing to appoint an effective ``AIDS czar," Turner stood over the casket and called Clinton ``a murdering liar."

He said, ``Shame on you Bill Clinton. You say you feel my pain? Bill Clinton, you have caused my pain."

Turner had said Michael wanted to use his illness to highlight the pain of AIDS and the need for access to medicinal marijuana.

The two men spent most of the last seven years following Clinton's campaign trails and pressuring

him in television advertisements and protests to follow through on

promises to establish a large-scale

project to find an AIDS cure.

Michael is also remembered for his two symbolic presidential runs and

for reviving the Washington,

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CREATOR: rwockner (rwockner@netcom.com@INET@LNGTWY [UNKNOWN])

CREATION DATE/TIME: 4-JUN-1998 14:05:00.00

SUBJECT: NC7116: Activist holds last protest after death

TO: Richard Socarides (Richard Socarides@EOP [UNKNOWN])
READ:UNKNOWN

TO: Stuart D. Rosenstein (Stuart D. Rosenstein@eop [UNKNOWN])
READ:UNKNOWN

TEXT:
****

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WASHINGTON, June 4 (UPI) -- A Washington, D.C., AIDS activist is set to hold his final protest, more than a week after he died of AIDS-related illnesses.

In fulfillment of his dying wish, Steve Michael's body will be marched to Lafayette Park in front of the White House for a memorial service at 12:30 p.m. today meant to draw attention to President Clinton's AIDS policies.

Michael is remembered for his two symbolic presidential runs and for reviving the Washington chapter of ACT UP, an AIDS activist group.

He died May 25 at the age of 42, after spending one month in the intensive care unit at the Washington Hospital Center.

His partner, Wayne Turner, said Michael wanted to use his illness to highlight the pain of AIDS wasting syndrome and AIDS patients' need for access to medicinal marijuana.

Michael spearheaded two ballot initiatives in Washington to legalize medicinal uses of marijuana.

But the two men spent most of the last seven years following Clinton's campaign trails and pressuring him in television advertisements and protests to follow through on promises to establish a large-scale project to find an AIDS cure.

ACT UP, which stands for AIDS Coalition to Unleash Power, plans to bring busloads of activists from New York and Philadelphia for the memorial. Michael's mother, Barbara Michael, is coming from California for the service.

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RECORD TYPE: FEDERAL (TRP NOTES MAIL)

CREATOR: Doug.Case (Doug.Case@sdsu.edu@INET@LNGTWY [UNKNOWN])

CREATION DATE/TIME: 5-JUN-1998 19:00:00.00

SUBJECT: For Steve Michael, One Final Act of Protest

TO: Richard Socarides (Richard Socarides@EOP [UNKNOWN])
READ:UNKNOWN

TO: Stuart D. Rosenstein (Stuart D. Rosenstein@eop [UNKNOWN])
READ:UNKNOWN

TEXT:
WASHINGTON POST, June 5, 1998

http://www.washingtonpost.com

For Steve Michael, One Final Act of Protest

Activist's Funeral Makes A Stop at the White House

By Patrice Gaines

Washington Post Staff Writer

To the steady, rat-a-tat-tat of a drum, the funeral procession bearing the walnut-colored casket to the White House lumbered down E Street, stopping traffic; past the Willard Hotel, where a doorman put his hat over his heart; past a park where baffled tourists stared and some took pictures; past the chauffeurs standing outside their polished limos.

"Tell me," whispered one chauffeur. "Is there a real body in there"

Inside the casket was the body of Steve Michael, founder of ACT UP (AIDS Coalition to Unleash Power), eulogized yesterday as "a soldier in the struggle for civil rights" and as "a champion of justice." Michael, 42, died May

AIDS-related pneumonia.

ACT UP is known for its confrontational tactics and noisy protests, but for this one occasion participants were asked to be "disciplined and silent."

"I want to emphasize we have lost a voice, a very important voice," said activist Wayne Turner, 33, Michael's longtime partner.

Michael earned respect from political insiders and grass-roots outsiders for his frank style and commitment in his efforts to increase funding for AIDS programs, restore home rule to the District and legalize marijuana for medical use.

Turner said Michael had requested, "If I die, take my body to the White House. Show the world that Bill Clinton has lied to and betrayed people with AIDS."

Michael and Turner followed President Clinton on the 1992 campaign and heckled him persistently over his record on funding for AIDS programs. They came to the capital several years ago to continue pressuring Clinton.

Yesterday afternoon, Michael's mother made her first trip to Washington from Los Angeles. A tearful Barbara Michael, 66, watched pallbearers pull her son's casket from a van and place it on Freedom Plaza. A black flag with the

pink triangle that has become a symbol of gay pride was placed over the casket. On top of this, Barbara Michael laid a single red rose and a picture of her son at age 2.

Later, White House press secretary Michael McCurry defended the administration's record, saying it has devoted considerable resources to preventing the spread of the disease, finding a vaccine and providing health care for those afflicted. "It clearly was a dramatic action," McCurry said of the funeral, "but the president takes very seriously the fight against AIDS. . . . I think the record shows that he has done more than any of his predecessors."

At Freedom Plaza, Timothy Cooper, a founder of the Stand Up for Democracy Coalition, called Michael "not an easy man to know but an easy man to love . . . a good and gentle man with a ferocious heart."

Then the procession of about 100, including people who had come from New York, Philadelphia and New Hampshire, walked to the White House. The police, who had so often arrested Michael during his life, stopped traffic as he was carried by.

In front of the White House, the casket was opened to reveal the activist

dressed in an "ACT UP" T-shirt. His mother cried. For a few seconds, she and Turner stroked Michael's face.

Participant Anise Jenkins spoke of how Michael transformed her into an activist. "You didn't follow him, he insisted you walk by his side," she said.

"He took a person like me and . . . showed me that I was powerful."

Staff writer Peter Baker contributed to this report.

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CREATOR: aidsnews-owner (aidsnews-owner@quark.qrc.com@INET@LNGTWY [UNKNOWN])

CREATION DATE/TIME:30-JUN-1998 09:12:00.00

SUBJECT: [AIDSNEWS] CDC NCHSTP Daily News Update 06/30/98

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

TEXT:
CDC NCHSTP Daily News Update

Tuesday, June 30, 1998

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

HEADLINES

PEER-REVIEWED JOURNALS

"The Science of AIDS: A Tale of Two Worlds"

"HIV-1 Regulatory/Accessory Genes: Keys to Unraveling Viral and Host Cell Biology"

"Sexually Transmitted Diseases Enhance HIV Transmission: No Longer A Hypothesis"

GENERAL MEDIA

"U.N. Plans to Treat 30,000 H.I.V.-Infected Pregnant Women"

"New Drug Mix Would Simplify HIV Therapy"

"In Africa, Fear Makes HIV an Inheritance"

"New U.S. AIDS Office Head to Boost Research Funds"

INFORMATION FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION

"Final Data Confirm That Short Course AZT Can Effectively Reduce Perinatal HIV Transmission in the Developing World"

"Continued Risk Behavior Among Young Gay Men in the U.S. Points to Need for Sustained Prevention and Suggests a Focus on Social Influences"

"New CDC Data Point to Lethal Combination of TB and HIV"

"Research Shows Critical Need for Comprehensive HIV Prevention Programs for Teens: Schools Should Enlist the Help of Parents and the Community"

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PEER-REVIEWED JOURNALS

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"The Science of AIDS: A Tale of Two Worlds"

Science (06/19/98) Vol. 280, No. 5371, P. 1844; Piot, Peter

Peter Piot, the executive director of the Joint United Nations Program on HIV/AIDS (UNAIDS), comments on the current state of the HIV epidemic in the journal Science, arguing that global research and development agendas must be changed drastically to provide further emphasis toward infected people in the developing world. In less than 20 years, over 40 million people worldwide have contracted HIV, the majority of them living in developing nations. AIDS has become one of the prime causes of mortality globally and has reduced the average life span in some African countries to levels equivalent to 30 years ago. The AIDS problem has raised major issues in different societies concerning sexual attitudes and practices. Piot asserts that if current trends are not addressed, the HIV-infected population will continue to grow. Despite these problems, the reaction to the crisis has shown the power of modern medicine and mobilization and the quality of life has improved quickly for many infected individuals in most Western nations. According to Piot, research has progressed primarily because of advances in molecular biology and immunology, a substantial commitment to HIV research, the involvement of scientists from many different disciplines, and the existence of a new market for HIV-related drugs. These advances do not have the same consequences for many infected people in poorer countries, though, which cannot afford certain treatments. Additionally, even in developed countries, societal and legal blockades often make harm-reduction programs that are proven to help reduce the spread of HIV--such as needle-exchanges and sexual education--inaccessible. Piot praises the

mobilization of activist groups globally, but warns that the potential for a massive global epidemic should not be underestimated. Partnerships should be developed between developed and developing nations to further handle the spread of the disease. A true cure should still be the goal of AIDS research, and an effective and affordable vaccine remains the ultimate challenge. The response to the disease should serve as a paradigm in the event of any similar instances in the future.

"HIV-1 Regulatory/Accessory Genes: Keys to Unraveling Viral and Host Cell Biology"
Science (06/19/98) Vol. 280, No. 5371, P. 1880; Emerman, Michael; Malim, Michael H.

The basic steps of the HIV-1 life cycle are the same as other retroviruses, but HIV-1 has six virally encoded regulatory/accessory proteins--Tat, Rev, Vif, Vpr, Vpu, and Nef--that are absent in other retroviruses. These genes are responsible for an increase in the level of complexity involved in the HIV-1 life cycle. The Tat protein, which mainly affects transcriptional elongation rather than initiation itself, is involved in high level HIV-1 transcription from the integrated DNA form of the virus. HIV-1's transcriptional regulation process, which is mediated in part by Tat and cofactors, may have evolved to help HIV-1 to enter into viral latency, if necessary, or to allow the virus to sustain persistent infections in the body through a vigorous transcription method which bypasses a rate-limiting step. The Vpr protein is also involved in

transcription, extending the host cell's G-2 phase and thus raising the activity of the viral long terminal repeat. The Rev protein acts as an unspliced RNA export activator and targets all unspliced viral transcripts for nuclear export, thereby avoiding degradation of the transcripts. Vpu and Nef act to down-regulate the expression of CD4 receptors. While the Vpu protein targets CD4 for proteolysis in the endoplasmic reticulum , nef acts to remove CD4 which is expressed on the cell surface. Finally, the HIV-1 Vif protein is required for virus production. It has been theorized that Vif interacts with the plasma membrane, enabling the protein to modulate virion assembly and facilitate disassembly or other early events.

"Sexually Transmitted Diseases Enhance HIV Transmission: No Longer A Hypothesis"
Lancet--Sexually Transmitted Diseases (06/98) Vol. 351, P. SIII5;
Cohen, Myron

While sexual transmission of HIV-1 depends on the size of the inoculum, the viral isolate phenotype, and host susceptibility, it is also becoming increasingly apparent that sexually transmitted diseases facilitate either the transmittal of the virus, the contraction of HIV, or both. Studies show that chlamydia and Treponema pallidum lipoproteins increase the replication of HIV-1. The STD pathogens may disrupt the mucosal tissue, increase the number of cells receptive to HIV, or increase the number of receptors expressed per cell. Haemophilus ducreyi lipo-oligosaccharide may increase macrophage cell line

CCR5 receptor expression. Chlamydial infection results in the secretion of cytokines which may be involved in the replication of HIV and/or the quantity of cells receptive to HIV. HIV-1 DNA has been detected in increased amounts in the urethra of people infected with gonococcal urethritis; infected patients also show increased HIV-1 RNA in semen. HIV-1 RNA excretion was most substantial in patients infected with gonorrhea and thrachomaniasis. Patients with genital ulcers also showed greater HIV-1 RNA levels in semen. HIV-1 DNA in cervicovaginal fluid was found to be elevated in STD patients in Kenya and the Ivory Coast. Additionally, studies have shown increased detection of HIV-1 DNA in cervicovaginal-lavage samples taken from patients infected with gonorrhea, chlamydia, cervicovaginal ulcer, or cervical mucopus. Treatment of the STDs resulted in decreased detection of HIV-1, however. STD treatment programs may be cost-effective in anti-HIV efforts in some regions, particularly those with coincident STD and HIV cases. One study showed that STD treatment in Mwanza, Tanzania, resulted in a 42 percent reduction in new cases of HIV-1.

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GENERAL MEDIA

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"U.N. Plans to Treat 30,000 H.I.V.-Infected Pregnant Women"

New York Times (06/30/98) P. A15; Altman, Lawrence K.

The United Nations plans to initiate a new project in 11 countries that would treat 30,000 HIV-infected pregnant women in an effort to reduce the incidence of mother-to-child vertical transmission of the virus. Officials from the UN announced the proposal on Monday, at the 12th annual World AIDS Conference in Geneva, Switzerland. The program aims to treat infected women in developing nations with a short-course of AZT during late pregnancy and delivery. It is estimated that 2 million women with HIV become pregnant annually and about 680,000 infants are born infected with the virus each year. One French AIDS advocacy group, Actup-Paris, condemned the proposal, asserting that it was too limited and unethical since it does not treat the women after they give birth. The group also noted that the United Nations failed to devise a plan that addresses the problem of HIV-negative infants whose mothers will die of AIDS. Dr. Peter Piot, the head of the United Nations AIDS program, other UN officials, and French Health Minister Dr. Bernard Koucher defended the program, arguing that the United Nations needed to act immediately and does not have the resources to treat every HIV-infected pregnant woman. Glaxo Wellcome, the manufacturer of AZT, and the UN have agreed upon a significant price reduction for AZT, lowering the price of treatment to $50 from an average of $800 per patient. The project will take place in Ivory Coast, Tanzania, Thailand, and Uganda, as well as in Botswana, Burkina Faso, Cambodia, Honduras, Rwanda, Zambia, and Zimbabwe.

"New Drug Mix Would Simplify HIV Therapy"

Wall Street Journal (06/30/98) P. B1; Waldholz, Michael

Researchers at the 12th World AIDS Conference in Geneva report that a new combination drug therapy that only requires patients to take three pills a day--as opposed to at least 10 with the now-standard AIDS "drug cocktail"--has the potential to improve patient compliance and change the way doctors treat HIV infections. The new therapy combines DuPont's once-daily Sustiva, which is expected to be approved in the United States later this year, with a twice-daily pill called Combivir, which is manufactured by Glaxo Wellcome and two older drugs, AZT and 3TC. Research has shown the drugs to be at least as effective as therapies that include protease inhibitors, which doctors and patients hope to replace because of significant long-term side effects in some patients. Despite the enthusiasm by many researchers, some have cautioned patients about the hype and pointed out that even the new therapy has some drawbacks; some patients have reported emotional problems while using the drug, and the drugs carry a potential for birth defects.

"In Africa, Fear Makes HIV an Inheritance"

Washington Post (06/30/98) P. A2; Brown, David

Research presented at the 12th World AIDS Conference in Geneva, indicates that HIV-infected pregnant women may be unaware of their HIV status due to fears of testing. The authors of the report suggest that many women may avoid getting tested for HIV amid concerns about rejection and possible physical harm from family and neighbors associated with testing positive for the

virus. With about 600,000 HIV-infected infants born annually worldwide, mother-to-child transmission has become a major issue in the fight against HIV. Approximately 90 percent of these infections occur in Africa. Many of the infections are contracted by the infants during labor. AZT use in Europe and the United States has helped in reducing the mother-to-child transmission rate to under 5 percent, and studies conducted in Thailand showed that short-course AZT treatment in addition to bottle-feeding following birth resulted in a 50 percent reduction in the infection rate of infants, from 18 percent to 9 percent.

A study reported at the conference, though, shows that only 3 percent of HIV-infected pregnant women in the Ivory Coast took all the doses of their AZT regimen once labor began, with women at home taking less medicine than those at a hospital. One author involved in the study explained that childbirth is often attended by family members and that women may be afraid of announcing their infection to their relatives by taking their medication. Meanwhile, a study conducted in six African nations found that of women who agreed to be tested for HIV in the study, only 69 percent wished to be informed of their results. Another presentation by Chris Hudson of the University of Natal in South Africa indicates that many pregnant women in areas with explosive HIV growth are prone to testing false-negative for HIV. The standard HIV test may not be able to detect low levels of antibodies in recently infected people. As a result, 20 percent of women at four rural clinics in KwaZulu-Natal tested false-negative for HIV in the study. Finally, Wafaie Fawzi of

the Harvard School of Public Health announced that administration of multivitamin tablets to HIV-positive Tanzanian pregnant women reduced the rate of fetal death, low birth weight, and premature birth as compared to administration of vitamin A tablets.

"New U.S. AIDS Office Head to Boost Research Funds"
Reuters (06/29/98)

Neal Nathanson, the new director of AIDS research at the National Institutes of Health, announced Monday he intends to allocate more resources for AIDS patients and for clinical tests of AIDS vaccines. At the 12th World AIDS Conference in Geneva, he explained that he planned to increase funding for intervention programs geared toward certain groups affected by AIDS, such as women and drug addicts. Although he offered no specifics, Nathanson said the government budget for fiscal year 1999 for intervention programs would be substantially higher and that support for vaccine studies was rising much faster than for other projects.

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INFORMATION FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION

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"Final Data Confirm That Short Course AZT Can Effectively Reduce Perinatal HIV Transmission in the Developing World"
Centers for Disease Control and Prevention (06/29/98)

Final data from a study conducted by the Centers for Disease Control and Prevention, the Thai Ministry of Public Health, and Mahidol University in Bangkok, shows that a short-course of AZT administered late in pregnancy and during delivery reduces the rate of HIV transmission from mother-to-child by 50 percent, from 18.9 percent in the control group to 9.4 percent in the group receiving therapy. The data, presented by the CDC's Nathan Shaffer at the 12th World AIDS Conference in Geneva, may be useful in reducing vertical transmission in developing nations. Previous vertical HIV transmission reduction regimens were usually too costly for many of the nations which need it most. Researchers are still addressing the problem of HIV transmission through breast-feeding. It is estimated that about 273,000 children contract HIV through breast-feeding each year worldwide.

"Continued Risk Behavior Among Young Gay Men in the U.S. Points to Need for Sustained Prevention and Suggests a Focus on Social Influences"
Centers for Disease Control and Prevention (06/29/98)

A study by the Centers for Disease Control and Prevention shows that young gay men in the United States are more likely to practice unsafe sex and contract HIV as compared to their older counterparts. The study, presented by Dr. Gordon Mansergh at the 12th World AIDS Conference in Geneva, investigated sexual habits among HIV-negative gay and bisexual men in Denver, Chicago, and San Francisco. Almost two-thirds of the gay men reported that they had engaged in unprotected anal sex in the previous 18

months and 56 percent of gay men aged under 25 years said that they had engaged in unprotected receptive anal intercourse in the same time frame. Comparatively, 46 percent of older gay men reported that they had engaged in the same risky activity in the prior 18 months. The study found that the increased risk habits are associated with perceived peer norms concerning unprotected anal sex. Additionally, young gay men who socialize and meet partners in bars were more likely to have unprotected sex. The researchers suggested that prevention efforts focus on changing peer norms and reaching young men in bar settings.

"New CDC Data Point to Lethal Combination of TB and HIV"
Centers for Disease Control and Prevention (06/29/98)

Researchers from the Centers for Disease Control and Prevention reported at the 12th World AIDS Conference that the annual rate of TB cases among HIV-infected individuals is more than 40 times higher than case rates among the general U.S. population. Dr. Helene Gayle, director of the CDC's National Center for HIV, STD, and TB Prevention, noted: "We know the toll of these interconnected epidemics. We now need to strengthen our prevention efforts to include TB screening for all people infected with HIV and, if needed, preventive therapy to avoid developing TB disease." The CDC's Diane Bennett, who investigated the rate of TB in HIV-positive and -negative people in the United States between 1993 and 1996, identified a very high rate of TB among HIV patients--333 per 100,000--versus the general population. The data also indicated that three times as

many African Americans were diagnosed with both TB and AIDS as were whites. In a separate poster presentation, Mary Reichler of the CDC described the implications of HIV infection, both for TB prevention and for the correct diagnosis and treatment of active infection. The results suggest that HIV-positive patients are more likely to have extrapulmonary and pulmonary TB than uninfected persons, with the sites of the disease outside of the lungs differing greatly for HIV-infected patients.

"Research Shows Critical Need for Comprehensive HIV Prevention Programs for Teens: Schools Should Enlist the Help of Parents and the Community"
Centers for Disease Control and Prevention (06/29/98)

Dr. Stephen Banspach of the Centers for Disease Control and Prevention was slated to announce Monday at the 12th World AIDS Conference in Geneva a school-based program called Safer Choices, which will help teenagers make healthy decisions regarding sex. CDC research indicates that teens are continuing to put themselves at risk for contracting HIV. In addition to providing information to students, the program focuses on facilitating peer leadership, parent participation, and community involvement. Safer Choices was tested in 10 schools in California and Texas and compared to 10 schools which kept the traditional HIV/STD prevention curriculum. In the follow up, it was discovered that students who attended schools with the Safer Choices program were less likely to engage in risky behavior as compared to the control group.

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The AIDSNews Mailing List is maintained by the CDC National Center for HIV, STD, and TB Prevention. Regular postings include the CDC NCHSTP Daily News Update, conference announcements, current funding opportunities, and selected MMWR articles. To SUBSCRIBE, send the command "subscribe aidsnews <emailaddress>" to the address listproc@cdcnac.org. To UNSUBSCRIBE, send the command "unsubscribe aidsnews <emailaddress>" to the address listproc@cdcnac.org. If you need assistance, please contract info@cdcnac.org.

Back issues of the CDC NCHSTP Daily News Update can be found at the CDC NAC FTP site at ftp://cdcnac.org/DailyNews. Back issues are searchable from the CDC NAC NCHSTP Daily News Update Database at http://www.cdcnac.org/cgi/databases/news/adsdb.htm.

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30 Jun 1998 09:17:00 EDT
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CREATION DATE/TIME:30-JUN-1998 10:28:00.00

SUBJECT: Kaiser Daily HIV/AIDS Report

TO: Daniel C. Montoya (Daniel C. Montoya@eop [UNKNOWN])
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TEXT:
KAISER DAILY HIV/AIDS REPORT

A news service of The Henry J. Kaiser Family Foundation

http://report.kff.org/aidshiv/

Tuesday, June 30, 1998

12TH WORLD AIDS CONFERENCE

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#1 AIDS THERAPIES: Researchers Detail Myriad New Options

#2 MOTHER-TO-INFANT TRANSMISSION: UN Launches AZT Treatment Program

#3 SAFE SEX: Low Self-Esteem A High-Risk Factor

#4 AIDS COCKTAIL: Works Better When Launched All At Once

#5 TREATMENTS: New Approach Would Utilize T Cells

POLITICS & POLICY

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#6 SURGEON GENERAL: In Praise Of Honesty And Condoms

#7 AIDS POLICY: Jesse Jackson Interviews AIDS Czar Sandy Thurman

GLOBAL CHALLENGES

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#8 ASIA: Economic Crisis Propels Spread Of HIV

OPINIONMAKERS

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#9 HIV THERAPIES: Too Much Pessimism, Says Aaron Diamond Director

For online coverage of the 12th World AIDS Conference, view the Webcast website at webcast.aids98.org.

12TH WORLD AIDS CONFERENCE

#1 AIDS THERAPIES: RESEARCHERS DETAIL MYRIAD NEW OPTIONS

At the 12th Annual World AIDS Conference in Geneva yesterday, researchers disclosed findings on new drugs that could radically improve the effectiveness and tolerability of drug therapies for HIV/AIDS patients. The prospect of taking new, more powerful drugs only twice a day is "going to give patients many more treatment options," said Dr. Stephen LaFon of Glaxo Wellcome (Ferraro, New York Daily News, 6/30). The difficulty of adhering to the current treatment regimens of "drug cocktails," has been a major concern. Such therapies often produce debilitating side effects, and "missing even a few pills allows

mutant viruses to evolve that are resistant to the drugs." Dr. Francois Raffi, a professor at the University of Nantes in France, said, "Although more anti-HIV agents are available than ever before, resistance remains a problem" (Larson, Washington Times, 6/30). Dr. David Ho of the Aaron Diamond AIDS Research Center in Manhattan also said that with the current treatments, it would take 10 years to eradicate the HIV in a patient's body. But most will never get there, "given the toxicity and cost of the current therapies." Meanwhile, Newsday reports that a team of Australian physicians, led by Dr. David Cooper of the University of New South Wales, said "key parts of the immune system called CD8 cells are continuing to die off, even in patients on" the drug cocktails (Garrett, 6/30).

A NEW HOPE

The AP/Atlanta Constitution reports that two new medications introduced at the conference "offer easy-to-take alternatives to protease inhibitors, which have been the key ingredient" of the cocktails. Both DuPont Pharmaceuticals' Sustiva, known generically as efavirenz, and Glaxo Wellcome's Ziagen, known as Abacavir, "appear to be about as effective as protease inhibitors but require taking far fewer pills than the standard mix." A three-drug regimen with Sustiva requires five pills per day, while Ziagen requires six (Haney, 6/30). The Financial Times reports a 16-week Phase III clinical trial of Ziagen cut the amount of HIV in the blood "to levels comparable with those on regimens containing protease inhibitors." The drug was submitted to U.S., Canadian and European regulatory authorities for

approval last week (Pilling, 6/30). The Dallas Morning News reports that Sustiva showed "a greater efficacy than the current standard of care," according to Dr. Schlomo Staszewski of Johann Wolfgang Goethe University in Frankfurt. Given in combination with AZT and 3TC, "efavirenz appeared to send viral levels plummeting in a higher percentage of patients than the same two drugs plus a protease inhibitor" (Beil, 6/30). The Wall Street Journal reports that if the "new research [on Sustiva] hold up, many AIDS physicians and activists ... believe it will be possible to treat people with HIV without using" protease inhibitors, and that the newer drug may soon replace protease inhibitors as the standard of care for "many people who are receiving combination therapy for the first time," or for people who have developed resistance to protease inhibitors. The Journal notes, however, that not "everyone is enthusiastic." Julio Montaner of the University of British Columbia said, "I think we are seeing a lot of hype over Sustiva. The new combination isn't without serious side effects" (Waldholz, 6/30).

THAT'S NOT ALL

The Daily News also notes that other drugs may compete for the burgeoning market in these new therapies. "Saquinavir, marketed as Fortovase and made by Hoffmann-LaRoche" is taken three times a day and has proven to be very effective in trials. Nevirapine, marketed by Boehringer Ingleheim Pharmaceuticals as Viramune, is taken twice a day (6/30). Preliminary data from the largest study to evaluate twice-daily protease inhibitor regimens showed that twice-daily dosing of Fortovase (the new, soft gel

formulation of saquinavir) resulted in viral load reduction to below the limit of detection in 75% of 242 patients at 16 weeks, compared to 79% taking the drug in a three-times-daily dosing regimen. According to Dr. Calvin Cohen of the Community Research Initiative of New England, "These preliminary results suggest that a twice-daily regimen of Fortovase has similar potency to its standard three-times-daily dosing, and offers much greater convenience (Roche Laboratories release, 6/29).

OTHER STRATEGIES

The Washington Times reports that scientists are also working on drugs that boost the body's immune response, rather than attacking HIV itself. "One such drug, known as WF10, has shown promising results in boosting the number of macrophages, or white blood cells in tissue that attack invading bacteria and viruses" (6/30). Another drug, a protease inhibitor called Norvir, "is receiving a major boost" at the conference as well. The Chicago Tribune reports that Norvir, made by Abbott Laboratories, was shown to have the effect of keeping drug combinations in the blood longer, thereby increasing their efficacy. Also, it "is one of the few AIDS drugs approved in the U.S. for pediatric use (Japsen, 6/30).

BAD NEWS?

A significant proportion of patients on antiviral cocktails "experience a resurgence of the virus in their blood within a year," said a team of San Francisco researchers in Geneva. The team looked at 233 patients who had virus levels "dip to undetectable levels" after taking the cocktails. Fifty-five

percent of them had HIV show up again within a year. Dr. John Nienow of UCSF noted, however, that the resurgence of the virus did not necessarily correlate with health problems. He said, "It's good news that the vast majority of patients are doing well clinically, though over half had a resurgence in their viral load. ... It doesn't appear to lead automatically to clinical progression of the disease" (Scripps-McClatchy/Nando Times, 6/30). Optimism prevailed among some researchers, who "raised the possibility ... that treatment may someday eliminate the AIDS virus from the body or lower it to the point where the immune system can successfully control it." Dr. Robert Siliciano of Johns Hopkins said, "Eradication of HIV is not a myth" (AP/Atlanta Constitution, 6/30).

#2 MOTHER-TO-INFANT TRANSMISSION: UN LAUNCHES AZT TREATMENT PROGRAM

Hoping to slow the spread of HIV from mothers to their children, United Nations officials announced yesterday a pilot program that will treat 30,000 pregnant women in 11 developing nations with the HIV-fighting drug AZT for as little as $50 each. The announcement comes on the heels of findings presented this week at the 12th World AIDS Conference in Geneva that AZT can dramatically reduce mother-to-infant transmission, one of the "AIDS epidemic's most devastating problems" (Perlman, San Francisco Chronicle, 6/30). Aimed at women in developing nations where expensive AIDS therapies are virtually out of reach, the $3.6 million program will provide a short course of

AZT to woman in their 36th week of pregnancy. While pregnant American women with HIV often undergo a three-month course of AZT for about $800, the UNAIDS program will provide the shorter-term treatment for about $50, the Los Angeles Times reports (Maugh, 6/30). AZT manufacturer Glaxo Wellcome is making the cheaper therapy possible by providing AZT for the program at "a discounted rate of up to 75% on prices in the industrial world" (Pilling, Financial Times, 6/30). U.S. Surgeon General David Satcher said the United States will back the program financially, but he would not disclose how much funding the federal government will offer, the Boston Globe reports (Knox, 6/30).

ALTERNATIVES TO BREASTFEEDING

In addition, the program will offer alternatives to breastfeeding, "thought to be the route of infection for a third of children," in developing countries, BBC News reports. UN officials have been looking for substitutes for breast milk but are wary of asking women to give up breastfeeding, which is "cheap and convenient" for women in poorer countries. According to one UN spokesperson, however, "We have now a new equation. ... We cannot just sit back and maintain our position. We are not happy to ask women not to breastfeed, but we have to do it" (Doole, 6/29). Breast milk substitute and testing will cost $70 per patient, the Financial Times reports (6/30). HIV-infected women in Botswana, Burkina Faso, Cambodia, Honduras, Cote d'Ivoire, Rwanda, Tanzania, Thailand, Uganda, Zambia and Zimbabwe will be targeted by the UN program (BBC News, 6/30).

JUST THE BEGINNING

Each year, two million HIV-positive women become pregnant worldwide, and about 540,000 of their babies -- more than one quarter -- are born with HIV in Third World nations in Asia and Africa. Though the new UN program "will prevent only a tiny fraction" of the cases of mother-to-infant transmission, health officials "see the program as an opening wedge in an effort to bring the benefits of AIDS research to the nations hardest hit by the" AIDS epidemic (Boston Globe, 6/30). UN officials and health officials worldwide praised the new effort, calling it a good first step in stamping out transmission to children. "All our efforts at providing safe water and other protections for children have been undermined, undone, by the AIDS epidemic," said Dr. David Alnwick, head of UNICEF's health program. "But we are now committed to supporting every possible practical action that will prevent the transmission of HIV from mother to their infants" (San Francisco Chronicle, 6/30). "We've made dramatic advances in the last four years in reducing mother-to-child transmission of HIV in developed countries," said Dr. Lynne Mofenson of the National Institute of Child Health and Human Development. "With the now-proven efficacy of the short course of AZT ... I hope we may see a similar impact in the developing world in the next four years" (Los Angeles Times, 6/30).

DETRACTORS

Some AIDS activists were not as enthusiastic, the New York Times reports. Members of the French advocacy group ACTUP-Paris called the program "unethical" and argued it was "far too limited" because it treats HIV-infected women only during

pregnancy, not after they have given birth. The detractors further criticized UN officials for their inattention to the fate of children whose mothers die of AIDS. "The UN will be an orphan factory soon," said ACTUP-Paris' Marie de Cenival. She said the new program is a "wrong and cheap" strategy, and that it will do little to improve the health system in African nations, home to 21 million of the world's 30 million HIV-infected people. "We want to limit spread of the epidemic, but we think it is a political strategy and we want people to understand that," she said.

IN DEFENSE

The New York Times reports that UN officials strongly defended the program, arguing that "the United Nations did not have enough money to treat all HIV-infected pregnant women and had to act now, even if the program created some orphans" (Altman, 6/30). The San Francisco Chronicle reports that Bernard Kouchner, France's secretary of state for health, "shrugged" off ACTUP's challenge. "This epidemic has gotten ahead of us completely," he said. "We cannot have a perfect strategy against it. But we must move as swiftly as we can wherever we can, and of course that means we must move into the battle of providing access to real and continuing care for the mothers" (6/30).

#3 SAFE SEX: LOW SELF-ESTEEM A HIGH-RISK FACTOR

At the 12th World AIDS Conference in Geneva Monday, University of California-San Francisco researcher Craig Waldo presented findings that suggest gay men with low self-esteem are

more likely to engage in risky sexual behavior. The San Francisco Examiner reports that Waldo and his colleagues at the UCSF Center for AIDS Prevention Studies and AIDS Research Institute surveyed 302 gay men aged 18-29 in three West Coast cities -- Eugene, OR, Santa Cruz and Santa Barbara, CA. The team gauged respondents' reaction to such statements as: "I am glad to be gay"; "My gay male friends are good at helping me solve personal problems"; and "At times I think I'm no good at all." According to Waldo, men "who responded affirmatively to the first two questions, and negatively to the third, were more likely to practice safe sex." Of his study group, 30% of those he determined to have high self-esteem had engaged in unsafe sex. The number jumped to 46% among those he identified as least accepting of themselves as gay. Benjamin Schatz, executive director of the Gay and Lesbian Medical Association in San Francisco, said the findings were not surprising. "One of our slogans is that homophobia is a health hazard. ... If the (societal) message is 'Gay men are worthless,' why should he protect himself or his partner," Schatz said (Davidson, 6/29).

HIGH-RISK BEHAVIOR ON RISE IN SAN FRANCISCO

A second UCSF study of 510 gay and bisexual men in the San Francisco area finds a 50% increase in unsafe sex, but not an increase in the HIV infection rate, the Boston Globe reports (Knox, 6/30). According to USA Today, UCSF's Maria Ekstrand speculates that "complacency, optimism over new treatments and boredom with safe sex may contribute to the trend" (Sternberg, 6/30). The Globe reports that "the trend is all the more

striking because San Francisco's gay community has been cited as a model for adopting responsible behavior." UCSF researcher Dennis Osmond notes that the reason HIV infection rates have not risen along with unsafe-sex practices may be that more infected men are taking "potent anti-viral drugs" that reduce the amount of the virus in the bloodstream (6/30).

BEYOND SELF-ESTEEM

The Examiner reports that according to Stephen LeBlanc of ACT UP Golden Gate, self-esteem is not sufficient to ensure that men practice safe sex. He said, "My general impression is that it's a lot more complex than that." LeBlanc noted that partners may not realize they are carrying the virus, or, if they do know, may choose to lie about it. Researcher Susan Kegeles agreed that healthy self-esteem doesn't guarantee safe sex practices. She noted that the three cities in which the men were surveyed had support systems that encourage safe sex (Davidson, 6/29).

#4 AIDS COCKTAIL: WORKS BETTER WHEN LAUNCHED ALL AT ONCE

Beginning multi-drug therapy simultaneously is more effective than adding the drugs one at a time over several months, according to a new study released yesterday at the 12th World AIDS Conference and published in the Journal of the American Medical Association. The San Francisco Chronicle reports that the study "involved nearly 100 HIV-infected patients who were prescribed Crixivan" in conjunction with AZT and 3TC. The study "found that nearly 80% of the patients who began treatment by taking all three of their drugs simultaneously saw

their levels of HIV drop quickly to undetectable levels ... and remain undetectable for two full years" (Perlman, 6/29). Among the patients who started with AZT and 3TC and added Crixivan six months later, only 30% maintained undetectable levels of HIV.

STILL COUNTING

According to lead author Dr. Roy Gulick of Cornell University, the two-year viral suppression recorded in the study is "the longest sustained response on record." The patients who began the triple-combination therapy all at once also saw their CD4 cell count continue to rise "for the two years of the experiment." Gulick commented that "simultaneous drug therapy ... minimizes chances that drug resistance will emerge" (Chronicle, 6/29). He said that the study "answers one of the most important strategic treatment questions facing physicians today -- how to start therapy to get the most effective results." He also noted that "adding on medications to existing treatments may have, in fact, played a major part in causing treatment failures" (Merck release, 6/27).

#5 TREATMENTS: NEW APPROACH WOULD UTILIZE T CELLS

Researchers at the University of Pittsburgh are testing an AIDS treatment that trains "special cells in the immune system, called dendritic cells, so they learn to recognize HIV as the enemy and order attacks on the virus," the Pittsburgh Tribune-Review reports. Dr. Charles Rinaldo, of the university's Graduate School of Public Health presented his findings at the 12th World AIDS conference in Geneva yesterday (Lott, 6/29). The

study is the first to show that even small numbers of killer T cells present in late-state AIDS patients after triple therapy can be activated against HIV (University of Pittsburgh release, 6/24). The new treatment, which would be used in conjunction with triple-drug therapy, "aim[s] to create an army of killer T cells specifically taught to target HIV." Rinaldo said the goal would be to "eradicate the last latent cells of the virus" and give patients "long-term immunity." Animal testing is currently underway on the technique. The Tribune-Review reports that if all goes well, "human trials could be under way within one to two years" (6/29). Rinaldo said, "This indicates that we may be able to enhance the body's response to the virus, which is very exciting because it suggests that with some prodding and priming, we may be able to train the immune system to ward off further attacks by HIV." He added, "If we can permanently boost a patient's immunity to HIV, we could eventually discontinue the complex regimen of drugs which can involve up to 18 pills a day" (University of Pittsburgh release, 6/24)

POLITICS & POLICY

#6 SURGEON GENERAL: IN PRAISE OF HONESTY AND CONDOMS

Dr. David Satcher spoke out yesterday at the 12th World AIDS Conference about the need to deal frankly with the realities of HIV transmission. "In a country where sex is happening everywhere -- movies, TV, everywhere you can imagine -- when it comes to addressing it, frankly, we have some way to go," he

said. The AP/Ft. Lauderdale Sun-Sentinel reports that Satcher emphasized the need to "deal with AIDS in a realistic way, not just stress the need for abstinence." Satcher criticized the recent "Republican-led" decision not to lift a ban on using federal funds for needle-exchange programs, and called for televised condom commercials (6/30). This last suggestion "brought swift condemnation from the religious right, which had opposed [Satcher's] confirmation to the high-profile post," the New York Daily News reports. Kristen Hansen of the Family Research Counsel said, "The federal government has no right to send sexual messages to teenagers through television -- bypassing families and parents."

Satcher noted that some 40,000 to 80,000 Americans become infected with HIV each year, most of whom are teens. According to Stephen Banspach, a researcher at the Centers for Disease Control and Prevention, one in four sexually active teens contracts an STD each year. A three-year study in Texas and California that Banspach helped conduct "showed safe-sex education increased the use of condoms among high school students without encouraging sexual activity" (Siemaszko, 6/30).
Click here to read about a recent RAND study that found condom distribution in high schools did not increase sex among students.

#7 AIDS POLICY: JESSE JACKSON INTERVIEWS AIDS CZAR SANDY THURMAN

On Sunday's edition of "Both Sides," Reverend Jesse Jackson interviewed AIDS Policy Director Sandy Thurman "about the status

of the war on AIDS" in the U.S. and around the world. Using the 12th World AIDS Conference as a jumping-off point, Jackson questioned Thurman on U.S. needle-exchange policy, the increase in HIV among black and female populations, public perception of AIDS and current research and prevention efforts. Jackson and Thurman also discussed implications of the recent U.S. Supreme Court decision that classifies HIV infection as a disability under the Americans with Disabilities Act. Click here for a transcript of the interview.

GLOBAL CHALLENGES

#8 ASIA: ECONOMIC CRISIS PROPELS SPREAD OF HIV

Asia's financial crisis is negatively impacting funding of HIV/AIDS interventions, and is likely to "increase the spread of HIV in what is already the world's second most affected region," according to Asian health officials. Despite government promises, "spending on prevention, education and treatment of HIV in many Asian countries" has been cut back as a result of the recession, which may result in the spread of HIV and "many more deaths," Reuters/Inside China Today reports. Already, Thailand's Ministry of Public Health has cut 30% from its HIV prevention and education budget. Thai AIDS activist Meechai Viravadhya noted that additional World Bank funding has helped, but that "AIDS spending is often not seen as a priority." Similarly, the Philippines AIDS budget has been "slashed" by 25%. Asia is home to six million HIV-positive people, ranking second to sub-Saharan

Africa.

TRULY DOWNTRODDEN

"The poor will be worst affected," noted a UNAIDS official. The poorest regions of Asia are already facing a spread in HIV infection of 25% to 30% per year. Malaysian AIDS Foundation Director Indra Kumari Madchatram noted that companies have no extra funding to contribute to intervention efforts. "When companies had larger profit margins, contributions were not a problem. But when you are in the red, how are you going to give to charity?" (Reuters/Inside China Today, 6/29).

OPINIONMAKERS

#9 HIV THERAPIES: TOO MUCH PESSIMISM, SAYS AARON DIAMOND DIRECTOR

Writing in a New York Times op-ed piece from the Geneva conference, Dr. David Ho, director of the Aaron Diamond AIDS Research Center, criticizes the AIDS research community for its unwarranted cynicism about the efficacy of new treatments for HIV. He writes, "a number of scientists and commentators are now questioning whether [protease inhibitors and other] drugs really work. They offer a doomsday scenario, wherein patients on the combination therapy deteriorate, one after another in rapid succession, because of the emergence of viral strains that are resistant to the drugs." He comments that such "dire predictions" are not likely to "come true," as new studies already are disproving them. He argues that the real danger is

pessimism that could "hurt AIDS research by diverting us from the appropriate course of action" -- many scientists look at the "residual reservoir" of HIV left after antiretroviral therapies as "insurmountable." But, he writes, "they should not surrender so quickly," as research on the topic is underway, as is "a concerted American effort to develop [a vaccine]." Dr. Ho also warns against impatience, saying it "has already caused zealots to pursue strategies that have shown little utility." He concludes: "Every nation must overcome denial and address this pandemic for what it really is -- an international emergency in which 16,000 people are sentenced every day to a slow and miserable death" (New York Times, 6/27).

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-30-

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SUBJECT: NC8037: Unconscionable price-gouging

TO: Richard Socarides (Richard Socarides@EOP [UNKNOWN])
READ:UNKNOWN

TO: Stuart D. Rosenstein (Stuart D. Rosenstein@eop [UNKNOWN])
READ:UNKNOWN

TEXT:
Hepatitis C Patients Take Lessons from HIV Activists; New Group Forms to

Fight Pricing and Marketing Policies

PHILADELPHIA, Sept. 17 /PRNewswire/ -- An AIDS activist group, ACT UP

(AIDS Coalition to Unleash Power) is helping patients with hepatitis C

virus (HCV) organize against perceived unfair drug pricing.

In June, Schering-Plough Corporation received approval to sell Rebetron,

a combination of two drugs "bundled" for sale together. Intron A is a

proprietary form of interferon, and ribavirin (Schering's Rebetol), has

been used for several years to treat viral conditions.

Schering obtained worldwide rights to sell ribavirin for HCV, making it

difficult to acquire for use with two other interferons currently

approved for HCV treatment, Roferon-A (interferon alfa-2a) from Roche,

and Infergen (interferon alfacon-1) from Amgen. In a clinical trial

reported recently in the journal Hepatology, Infergen by itself showed

response rates very similar to Rebetron combination therapy when used to

treat patients who had failed standard interferon therapy.

Schering prices Rebetron at $1440 for a typical one-month supply. At a current price of $420 for Intron A, the remainder, more than a thousand dollars, is for ribavirin. Ribavirin's price has more than quadrupled from $230, its price prior to Schering's gaining exclusive distribution rights for HCV treatment in 1995.

ACT UP's Jeff Getty has helped HCV patients form the Hepatitis C Action and Advocacy Coalition (HAAC.) "HCV patients must take control of their disease and their lives," said Getty. "If patients don't stand up for themselves, no one else will, and HAAC is a good place to get involved."

HAAC's Brian Klein, co-infected with HCV and AIDS, said, "The issue with Schering's Rebetron forced us to take action. Support was our original motivation to get together, but the focus quickly became drug pricing, access to treatments, and availability of drugs for research." HAAC is considering a boycott of such Schering brands as Coppertone, Afrin, Claritin, Drixoral, and Dr. Scholls -- all easily "boycottable" according to Klein.

In a recent letter to Schering President Raul Cesan, HAAC demanded a meeting to discuss its concerns. Schering's Chief Medical Officer, Robert Spiegel, M.D., replied, "The commercial incentives that the U.S. pharmaceutical industry is based upon are appropriate and serve to stimulate the most productive drug discovery efforts in the world."

HAAC has received commitment from Schering spokesman Robert Consolvo to

meet mid-October and has invited representatives from FDA, the Federal Trade Commission, and Rep. Nancy Pelosi's (D-CA) office to the meeting.

HAAC encourages HCV patients to form chapters, write letters, and speak out about the ribavirin issue. More information is available at 530 Divisadero Street, #162, San Francisco, CA 94117 or by email at haac_sf@hotmail.com.

People With AIDS (PWA) Health Group makes ribavirin available at lower cost (150 West 26th Street, Suite 201, New York, NY 10001, 212-255-0520) by buying it in Mexico from the same manufacturer as Schering and charging $410 for a one-month supply.

Link to PWA Health Group Web site:

http://aidsinfonyc.org/pwahg/index.html

SOURCE Patients NewsWire

========== ATTACHMENT 1 ==========
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Received: from Storm.EOP.GOV by PMDF.EOP.GOV (PMDF V5.1-9 #29131)
with ESMTP id <01J1YGPMB70G00AAUQ@PMDF.EOP.GOV>; Fri,
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18 Sep 1998 15:38:24 -0400 (EDT)
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A news service of The Henry J. Kaiser Family Foundation

http://report.kff.org/aidshiv/

Friday, September 25, 1998

POLITICS & POLICY

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#1 ILLINOIS: Health Department OKs Coded HIV Reporting

#2 AIDS LAWS: N.Y. Times Profiles Shift

#3 SUSTIVA: Activists Protest Drug's Price

SCIENCE & MEDICINE

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#4 POST-EXPOSURE PROPHYLAXIS: Risks May Outweigh Benefits

PUBLIC HEALTH & EDUCATION

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#5 YOUNG ADULTS: POZ Profiles Attitudes Of HIV Positive

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#6 UGANDA: Houses Africa's First AIDS Clinic

RESEARCH NOTES

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#7 AIDS RESEARCH: Chlamydia 'Vaccine' For Mice May Work Against HIV

SPECIAL NOTICE

Please send us your press releases and other news items to be covered in future issues of the Kaiser Daily HIV/AIDS Report.

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POLITICS & POLICY

#1 ILLINOIS: HEALTH DEPARTMENT OKS CODED HIV REPORTING

In a decision hailed as a victory for AIDS advocates, the Illinois Public Health Department voted yesterday to report cases of HIV to local and state health departments by a unique numerical code rather than by the names of infected individuals. The decision is a "complete about-face" for the state, which had earlier released a names-based reporting proposal, only to come under "tremendous pressure from physicians and activists" to scrap the system. The Chicago Tribune reports that Illinois

officials acknowledged the concerns of AIDS organizations that names-based reporting could breach patients' confidentiality and discourage individuals from undergoing HIV testing. They agreed to "a compromise between activists' concerns and their own need to track the disease," however, should the unique-identifier pilot program prove insufficient by July 1, 2001, the state will switch to names-based reporting. State Rep. Sara Feigenholtz (D), who sat on a task force comprised of "advocacy, public health, physician, legal and other groups" charged with hashing out the issue, said, "I think when you discuss the issue of surveillance and the issue of access to treatment, you have to strike a very delicate balance. I think this will strike that balance."

WHAT'S IN A NAME?

Mark Ishaug, executive director of the AIDS Foundation of Chicago commended the new program, but called for officials to also ensure that physicians provide HIV counseling services. "It's about provider education, it's not about collecting names. This is basically what the AIDS community has been arguing we needed to implement for years." Jose Zuniga, deputy director of the International Association of Physicians in AIDS Care, praised the unique identifier program "not only for epidemiological reasons but also when advocating for the expansion of state programs. It's important to have a real number attached to the request rather than to have a best guess." The plan will move to a legislative committee for review; if it is approved it will be launched in July of next year (Parsons/Christian, Chicago

Tribune, 9/25). Click here to read previous coverage of this issue.

#2 AIDS LAWS: N.Y. TIMES PROFILES SHIFT

Today's New York Times profiles the "latest wave" of HIV/AIDS legislation, contending that it "shifts the focus from earlier laws that protected the civil liberties of HIV-infected people to laws that seek to identify certain people with the virus." In the last two years, 29 states have passed laws making it a crime to knowingly expose someone to HIV; more "states are mandating HIV testing for specific segments of the population, mainly prisoners and pregnant women;" a few states have passed laws allowing a "good Samaritan" to ask the HIV status of someone they are helping in an emergency situation; and more states are passing partner notification laws. The Times notes that availability of treatment for AIDS patients has created some of the impetus behind these laws.

BACKLASH

The Times reports that AIDS experts say these laws reveal a "backlash" against the disease. Lawrence Gostin, director of the Georgetown University-John Hopkins University Program on Law and Public Health, said, "The legislative trend is that we've moved from a period where civil rights and civil liberties for a person with HIV prevailed to a compulsory and punitive approach." He added, "We are now treating the disease as more of a problem of criminal law and coercive state powers than one to do with health and medicine." But others contend the change is overdue.

U.S. Rep. Gary Ackerman (D-NY), co-sponsor of federal HIV-notification legislation, said, "We have to get over the hurdle of treating AIDS as if it were a political disease rather than a public health disease." While Ackerman said things have "calmed down" when it comes to AIDS, the Times reports that "the fear associated with HIV may be growing." According to a national survey, in 1997 people were more likely to hold common misconceptions about contracting HIV/AIDS than they did in 1991, as well as "harsher views about the behavior of people with AIDS." Helen Fox Fields of the Association of State and Territorial Health Officials said, "We've gone from feeling compassionate around people with HIV and AIDS to looking at this in a very punitive way."

NEW YORK

The Times takes a more detailed look at the HIV-reporting and partner notification laws recently passed in New York, saying AIDS advocates thought it "more intrusive than they could have imagined." While some advocates blame the tough stance on lawmakers, other advocates -- such as New York Assemblyman Richard Gottfried (D) -- conceded that the activist community has "failed to recognize how deeply the public feels about infected people who do not disclose their status to partners." Michael Isbell, a member of the Presidential Advisory Council on HIV/AIDS, said tough laws like New York's were passed because AIDS advocates didn't involve themselves in the legislative process. "The advocates needed to get in there and make the bill as good as possible," he said. Ackerman agreed, saying, "If they

don't participate in the formulation of the legislation, they will get legislation formulated by others" (Richardson, New York Times, 9/25). Click here for previous coverage of notification and reporting laws.

#3 SUSTIVA: ACTIVISTS PROTEST DRUG'S PRICE

Members of the AIDS activist group ACTUP Philadelphia demonstrated around DuPont Co. headquarters in Wilmington, DE, for about 40 minutes Thursday "to protest the cost of the company's new anti-HIV drug, Sustiva." The protesters shouted, "We die! They make money!" and "spilled a mock coffin full of empty prescription jars onto the sidewalk in front of the offices." Demonstrator Eric Sawyer, one of the 14,500 AIDS patients who participated in the drug's trial program, said that while the drug dropped his viral levels to below detectable levels, his concern was that it is prohibitively expensive. He said, "You can see why we're so concerned because their price of $4,000 and $5,000 a year is making my total drug therapy cost $30,000 a year. Their high prices end up bankrupting the Medicaid system and driving up the cost of private insurance to excessive levels"(Reuters/Nando Times, 9/25). The AP/Delaware State News reports that activists said that the California and Pennsylvania AIDS Drug Assistance Programs recently decided not to pay for Sustiva due to its cost.

PRICE POINT

"DuPont issued only a brief statement" denying the protesters' charges. "Sustiva is priced in the middle of the

range for currently marketed antiretrovirals to treat HIV/AIDS. DuPont Pharmaceuticals had made every effort to assure that the price of Sustiva will not impact patients' access to the drug," the statement read. Dupont also "plans to expand its treatment assistance program for poor patients" (Spangler, AP/Delaware State News, 9/25). Company President Nicholas Teti added that the cost of the drug is only $3,942 per year, not $5,000. Furthermore, the dosage is only one pill per day, dropping the total number of pills for AIDS patients to as low as five per day, which should dramatically improve compliance as well as quality of life for AIDS patients. Teti said, "We feel that the value of Sustiva absolutely warrants the price. Sustiva was shown to be equal to or more efficacious than the standard of care which includes a protease inhibitor and the two nucleosides AZT and 3TC." Teti also noted that DuPont "invests 25% of its several hundred million dollars in revenue each year in research" above the industry average of 15% (Reuters/Nando Times, 9/25). Click here for past Daily Report coverage of Sustiva.

SCIENCE & MEDICINE

#4 POST-EXPOSURE PROPHYLAXIS: RISKS MAY OUTWEIGH BENEFITS

Centers for Disease Control and Prevention officials "warned doctors yesterday that prescribing AIDS drugs as a 'morning after' treatment for people" exposed to HIV through unprotected risky sex or needle-sharing, "carries heavy risks and hasn't been proved successful," the Baltimore Sun reports (9/25). The CDC

findings, published in this week's Morbidity and Mortality Weekly Report assert that post-exposure prophylaxis "should be considered an unproven clinical intervention." The "major potential benefit" of antiretroviral PEP is reducing a person's risk for acquiring HIV. However, the "risks of antiretroviral postexposure prophylaxis include drug toxicity, reduced effectiveness of behavioral HIV-prevention measures" and the development of drug-resistant strains of the virus, MMWR reports. Physicians should weigh these benefits and risks carefully prior to prescribing PEP, and take several factors into consideration, such as the "probability that the source contact is HIV-infected, the likelihood of transmission by the particular exposure, the interval between exposure and initiation of therapy, the efficacy of the drugs(s) used to prevent infection and the patient's adherence to the drug(s) prescribed." The report suggests that since the per-act risk of transmission is low, the cost of PEP is high (approximately $800), and the availability of PEP poses a threat to public health efforts to reduce HIV risk-behaviors, it should be used judiciously (MMWR 9/25 issue). Click here do access the MMWR report. Note: you must have Adobe Acrobat to download a readable version.

PUBLIC HEALTH & EDUCATION

#5 YOUNG ADULTS: POZ PROFILES ATTITUDES OF HIV POSITIVE

The September issue of POZ interviews "eight young HIV

positive activists" about their experiences learning that they were HIV positive and coping with the specter of AIDS. Many of the subjects, who are between the ages of 19-25, describe initial encounters with the public health system that left them ill-prepared to deal with HIV, especially before the advent of new treatment options. Bill Barnes, a special assistant to San Francisco Mayor Willie Brown who has been HIV positive for five years, recalls: "I tested and they were like, 'OK, you're going to die now, so go off and live your life.' It was well-meaning middle-aged people with master's degrees who wanted to make sure I didn't miss out on my life." Others noted their surprise that they contracted AIDS from people as young as 15 or of their unwillingness to practice safe sex even though they were engaging in high-risk sexual activity. Brett VanBenschoten, a project assistant with Health Initiatives for Youth in San Francisco, said, "I'm positive because I was in love. It was more important for me to be close to somebody than care about what might happen to me. What's worse is, I have an ex who is HIV positive now because he thought the same thing I did."

BIG CHOICES AT A YOUNG AGE

They also discussed the decisions of whether or not to disclose their HIV status and whether to begin taking medications. With regard to taking medications, the consensus among many was that it was better to hold off until they really needed it for fear of developing resistance to the available treatments. They also noted that side effects and the strict regimen necessary for current treatments were a big deterrent,

especially to young people. VanBenschoten noted, "I've got no problem with the concept of medications -- it's the taking them. I've always got to have a backpack. I've always got to have my pill container with me. I could leave it at home, but I'm sorry, I'm 25 years old, I don't always know that I'm going to be sleeping at my house." Barnes noted: "People want to force folks on meds, especially young people. And at some point, you have to accept about HIV that there is no answer. Most of the time, people die with this thing. I don't want to say people who are taking meds are in denial, but do meds prolong people's lives in a quality way?" (O'Leary, POZ, 9/98 issue).

GLOBAL CHALLENGES

#6 UGANDA: HOUSES AFRICA'S FIRST AIDS CLINIC

The "first specialist" AIDS clinic in Africa will "open its doors to the public" in October, and patients already have been lining up "for days," the BBC News reports. Located in Kampala, Uganda, the clinic is operated by the British charity Mildmay. The clinic will maintain a staff of 40 and could serve as many as 200 people a day. At the clinic, doctors will be provided with training and patients will be offered "a holistic approach to treatment." One in six Ugandans is HIV-positive, and in the slums outside Kampala, one in four has the virus. The clinic recently received a "royal opening" by Princess Anne, who stood in for the deceased Princess Diana, who was originally scheduled to open the facility (BBC News, 9/23).

RESEARCH NOTES

#7 AIDS RESEARCH: CHLAMYDIA 'VACCINE' FOR MICE MAY WORK AGAINST HIV

Using a new method of immunization, a team of scientists have immunized mice against chlamydia, and are hopeful that the same approach might work to vaccinate humans against HIV. Harlan Caldwell and his colleagues at the Rocky Mountain Laboratory of the National Institute of Allergy and Infectious Diseases cultured dendritic cells from the bone marrow of female mice by adding interleukin-4. Dendritic cells recognize foreign molecules and recruit other cells from the immune system to attack invaders. The researchers then added heat-killed chlamydia to the culture to sensitize the dendritic cells to the bacterium and put the cells back in the mice. Although this technique is already used against some cancers, this is the first time it has been used to immunize against an infectious disease, Caldwell said. The researchers report that when the immunized mice were later exposed to live chlamydia, their response was "as vigorous" as that of mice immune to the disease due to a prior infection, and that none developed signs of the disease. The researchers note that a human version would rely on culturing dendritic cells from blood samples, rather than bone marrow. No clinical trials in humans have yet begun, though testing in primates is under way.

TOO COSTLY AND COMPLEX?

Some experts warn that the approach may be too expensive for mass use, and Robert Brunham, an infectious disease researcher at the University of Manitoba, said, "This would be a very complex way to vaccinate." But Caldwell says his research may eventually lead to effective conventional vaccines. Since his experiments show that dead chlamydia carry molecules on their surface that can provoke an immune response, researchers may be able to identify those molecules and develop a vaccine. Caldwell said, "Now we can tear the system apart and hopefully develop more conventional ways to do it." But "even the unconventional approach may be worth the effort and expense." Dr. Anthony Fauci, director of NIAID, said several laboratories are already trying to use isolated dendritic cells to stimulate immunity to HIV (New Scientist release, 9/23).

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SUBJECT: Drug Reform Wins Nine for Nine on Election Day, and More

TO: David B. Des Roches (David B. Des Roches@EOP [UNKNOWN])
READ:UNKNOWN

TEXT:

DRUG REFORM WINS NINE FOR NINE ON ELECTION DAY, AND MORE

Drug policy reform won big in the November 3rd elections, from medical marijuana and other ballot initiatives to candidates being elected who give hope for future reform, and some of our worst opponents defeated. We won every relevant measure on the ballot, some of them through "yes" votes to achieve our goals and some through "no" votes opposing unfavorable legislative changes made last year or the year before.

Initiative results, with links for further online updates can be found on at http://www.drcnet.org/election98/ and a brief summary is provided below. For detailed information on the content of the initiatives, visit http://www.drcnet.org/election98/election98.html for the full text of a report from the Drug Policy Foundation. Watch for the upcoming Week Online for much more exciting coverage of Victory '98. Here are the basics:

ALASKA: Ballot Measure 8, medical marijuana, is ahead 58-42, with 97 of precincts reporting (see http://www.gov.state.ak.us/ltgov/elect98/results.htm).

ARIZONA: No votes on Prop. 300 and Prop. 301 have restored the provisions of Prop. 200 that voters passed two years ago. Prop. 300 went down 43-57, permitting prescription use of marijuana and other schedule I drugs, and Prop. 301 failed 48-52, mandating probation and treatment instead of prison for first and second time offenders (see http://www.sosaz.com and follow the "general election results" link). Arizona reformers also successfully fielded Prop. 105, requiring that legislation undoing provisions of ballot initiative votes must be passed by a full 3/4 of the state legislature, or the voter's will must stand. Interestingly, voters rejected an alternative bill sponsored by the legislature, Prop. 104, for which the standard is only 2/3, indicating that Arizona voters do indeed read the descriptions and understand what their votes mean. (Note that DRCNet doesn't have a position on Prop. 105 or 104, but supports democracy and respect for the will of the voters subject to constitutional protection of individual rights.)

COLORADO: Though court rulings have made Issue 19's status uncertain and unofficial, the Secretary of State's office has reported the results nevertheless. Colorado voters

approved medical use of marijuana by 57-43% (see http://event.cbs.com/state/state_co.html).

DISTRICT OF COLUMBIA: Congressional Republicans have used the D.C. budget process to forbid the D.C. government from announcing the results from Initiative 59, medical marijuana, in what may be the first time in American history that the results of an election have been concealed from those who voted in that election. An exit poll commissioned by Americans for Medical Rights found that I-59 was approved by a margin of 69-31, the most impressive victory for medical marijuana yet. A lawsuit brought by proponents of I-59, with the help of the local as well as the national ACLU, seeks to overturn the Congressional action on 1st amendment grounds, and reformers are hopeful that those who oppose democracy will not succeed in silencing the expression of the voters of the District of Columbia. (See our further note below regarding the Yes on 59 campaign.)

NEVADA: Nevada's Question 9, approving medical use of marijuana, has passed 58-41 (see http://www.governet.net/nvsos/Tools/Results/).

OREGON: Measure 57, which would have restored criminal penalties for possession of less than one ounce of marijuana, failed in a vote of 33-67, meaning that the state that was the first to decriminalize marijuana possession, in

1973, has maintained decriminalization in the face of a 2/3 vote by the legislature last year for recriminalization. Measure 67, permitting medical use of marijuana, won 54-46, the smallest margin of victory in all the medical marijuana votes (see http://www.kgw.com/electoremeas.asp).

WASHINGTON: Initiative 692, permitting medical use of marijuana, has won by a margin of 59-41 (see http://209.43.151.101/vote98/reports/m_statewide.tmpl). I-692 proponent Dr. Robert Killian, at a national press conference in D.C. this afternoon, reported that I-692 received a majority of the votes in every single county in the state -- meaning that every Congressional Rep. from Washington state is from has a district in which a majority of the voters voted for medical marijuana.

In Minnesota, formerly professional wrestler and talk show host Jesse "The Body" Ventura has been elected Governor as the candidate of the Reform Party. Ventura, who during his campaign referred to himself instead as "The Mind", has openly discussed the failure of the war on drugs and suggested legalization of marijuana as well as of prostitution (see http://www.jesseventura.org).

In California, Attorney General Dan Lungren, the leading opponent of the 1996 medical marijuana initiative Prop. 215, has lost his bid for Governor to the Democratic candidate

Gray Davis. Lungren is seen by California reformers as having played a major role in thwarting the implementation of Prop. 215 and failing to safeguard the rights that 215 has given to patients. Democratic candidate Bill Lockyer has won the office of Attorney General, in what reformers see as a hopeful development for successfully implementing Prop. 215. In Mendocino County, the new Sheriff and District Attorney, Tony Craver and Norman Vroman, have both called for decriminalization of marijuana.

In New York, Democratic candidate Eliot Spitzer appears to have won an extremely close race for Attorney General. Spitzer has promised to oppose the state's draconian Rockefeller Drug Laws.

North Carolina Sen. Lauch Faircloth, chairman of the Senate D.C. Appropriations Committee, was quoted yesterday in the Washington Times, regarding D.C.'s I-59 and Congress's move to block counting of the vote, saying, "I'd do anything I could to block it, to stop it. We're going to have to pass a federal law on this so-called medicinal marijuana. It's become an absolute farce in San Francisco. It's a joke. We are going to have to outlaw it." Faircloth added that he would be willing to block D.C. officials from certifying the results, saying, "any way to stop the law, I'd be in favor of it." Sen. Faircloth will have less power over the District, however, as his reelection bid was defeated 52-47

by Democratic challenger John Edwards.

Congratulations go out to Americans for Medical Rights, whose efforts have won medical marijuana votes in several states, and special congratulations go out to the groups that spearheaded Initiative 59 in the District of Columbia as a local, grassroots effort. I-59 was first introduced as I-57 by Steve Michael of DC ACTUP. After Michael passed away from AIDS without seeing his initiative make it to the ballot, Wayne Turner, his partner, and many allies, rallied and brought I-59 to the ballot in his honor. ACTUP's efforts garnered an impressive array of endorsements for I-59, including all the mayoral candidates and nearly all of the city council. Send ACTUP a note of congratulations at DCSign59@aol.com, and visit their web site at <http://www.actupdc.org>.

The Marijuana Policy Project (http://www.mpp.org) organized a massive phone-banking and election day effort which we believe played a significant role in the huge success of the initiative, the widest margin of victory by which any medical marijuana vote has won. We at DRCNet are proud to have volunteered for the election day effort and supported the campaign through our rapid-response-team. MPP had to go into debt to mount this campaign, and supporters are encouraged to help them out with a donation -- call (202) 462-5747 or e-mail mpp@mpp.org for info, and visit

http://www.mpp.org to learn more about MPP's work.

DRCNet needs your help too! This year's exciting electoral victories open up dramatic opportunities to advance drug policy reform. But organizations working at a grassroots level need to be as strong as possible to take advantage of those opportunities, and DRCNet's Internet program is the most cost-efficient way to recruit, inform and empower a grassroots movement. Please consider making a donation to further the effort -- your generosity will help us grow our rapid-response-team from 7,300 readers to 15,000 and from 15,000 to 100,000, a powerful force for social change. Visit our encryption-protected form at https://www.drcnet.org/cgi-shl/drcreg.cgi to make a credit card donation (consider becoming a monthly credit card donor), or the unencrypted version at http://www.drcnet.org/cgi-shl/drcreg.cgi to print out a form to mail in with your donation -- or just mail your check or money order to: DRCNet, 2000 P St., NW, Suite 615, Washington, DC 20036. We at DRCNet appreciate your support during this historic time!

David Borden
Executive Director
borden@drcnet.org

P.S. Our Drug Crazy book giveaway contest is open until

midnight Nov. 12 -- enter now and you might win a free,

personally autographed copy of Mike Gray's incredible new

book -- visit http://www.drcnet.org/contest/ to enter.========== ATTACHMENT 1 ==========
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