

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From: Diana Fortuna, To: Many Recipients, Re: Thanks (2 pages)	03/07/1996	Personal Misfile

COLLECTION:

Clinton Presidential Records
Automated Records Management System [Email]
WHO ([Jeffrey Levi...])
OA/Box Number: 500000

FOLDER TITLE:

[03/06/1996 - 03/12/1996]

2018-0759-F

in400

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 6-MAR-1996 16:21:57.10

SUBJECT: weekly report

TO: Elizabeth E. Drye (DRYE_E) (OPD)

READ: 6-MAR-1996 16:30:57.95

CC: Patsy Fleming (FLEMING_P) (WHO)

READ: 8-MAR-1996 09:24:28.64

TEXT:

The AIDS Policy Office released its report to the President on the state of the epidemic among adolescents on Tuesday. It received considerable press attention, including ABC, CBS, CNN, and NPR. There was also widespread print coverage. The report was endorsed by a wide range of AIDS-related organizations serving young people.

Patsy Fleming speaks on Thursday, March 6th to a meeting in Atlanta of co-chairs of community prevention planning groups funded by the Centers for Disease Control and Prevention.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 6-MAR-1996 13:21:33.92

SUBJECT: Conference call

TO: Remote Addressee (KSF@s-3.com@INET@EOPMRX)
READ:NOT READ

CC: Remote Addressee (Edgould@aol.com@INET@EOPMRX)
READ:NOT READ

TEXT:

Can you set up a conference call for the services subcommittee for
10 a.m. ET on March 13th. Thanks.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: aidsnews@aspensys.com@INET@EOPMRX

CREATION DATE/TIME: 6-MAR-1996 12:29:00.00

SUBJECT: New Information from ACTIS 03/06/96

TO: levi_j (levi_j@A1@CD) (WHO)

READ: 6-MAR-1996 13:52:18.77

TEXT:

March 6, 1996

NEW INFORMATION FROM ACTIS

The AIDS Clinical Trials Information Service (ACTIS) is a central resource providing current information on federally and privately sponsored clinical trials for AIDS patients and others infected with HIV. This service is a Public Health Service project produced collaboratively by the Centers for Disease Control and Prevention, the Food and Drug Administration, the National Institute of Allergy and Infectious Diseases, and the National Library of Medicine. NAC ONLINE, the computerized information service of the CDC National AIDS Clearinghouse, will alert you to any new information collected by ACTIS.

A description of the most recent clinical trial added to the ACTIS database is provided below.

For more information, call the ACTIS toll-free number to talk with a health specialist. On request, you can also obtain a printout of a customized search of the clinical trials databases.

The information can also be accessed directly by subscribers through two online databases, AIDSTRIALS and AIDSDRUGS, available through the National Library of Medicine.

AIDS CLINICAL TRIALS INFORMATION SERVICE
1-800-TRIALS-A
(1-800-874-2572)
FAX: 1-301-738-6616
TTY/TDD: 1-800-243-7012
International Line: 1-301-217-0023

PROTOCOL NUMBER: NIAID VEU 026.

TITLE: A Phase I Safety and Immunogenicity Trial of Live Recombinant Canarypox ALVAC-HIV vCP300 and HIV-1 SF-2 rgp120 in HIV-1 Uninfected Adult Volunteers.

PHASE: Phase I.

DISEASE STATUS:

Volunteers have the following conditions: 1. Normal history and physical exam. 2. Negative for HIV by ELISA and Western blot within 8 weeks prior to study entry. 3. Absolute CD4 count ≥ 400 cells/mm³. 4. Normal urine dipstick with esterase and nitrite.

PATIENT INCLUSION CRITERIA

SPECIFICATION CRITERIA:

Volunteers must have:

1. Normal history and physical exam.
2. ELISA and Western blot negative for HIV.
3. CD4 count ≥ 400 cells/mm³.
4. Normal urine dipstick with esterase and nitrite.
5. Lower risk sexual behavior.

AGE: 18 Years - 60 Years.

SEX: M. F.

REPRODUCTIVE SPECIFICATION:

Not pregnant. Negative pregnancy test. Not breast-feeding.

Abstinence or effective method of birth control/contraception including oral contraceptives during the study.

LABORATORY VALUES AT ENTRY

HEMATOCRIT: ≥ 34 percent. (women); ≥ 38 percent (men).

PLATELET COUNT: 150000 - 550000 platelets/mm³.

CD4 (T4 CELL) COUNT: ≥ 400 cells/mm³. (400 - 500 - 600 - 700 - 800 - plus).

SGPT (ALT): ≤ 1.5 x ULN. (ULN = upper limit of normal).

CREATININE: ≤ 1.6 mg/dl.

OTHER LABORATORY VALUES: WBC ≥ 3500 cells/mm³ with normal differential. Total lymphocytes ≥ 800 cells/mm³.

PATIENT EXCLUSION CRITERIA

SPECIFICATION CRITERIA:

Subjects with the following prior conditions are excluded:

1. History of immunodeficiency, chronic illness, automimmune disease, or use of immunosuppressive medications.
2. History of anaphylaxis or other serious adverse reactions

to vaccines.

3. Prior immunization against rabies.
4. History of serious allergic reaction to any substance, requiring hospitalization or emergent medical care (e.g., Steven-Johnson syndrome, bronchospasm, or hypotension).
5. Prior psychiatric condition (such as history of suicide attempts or past psychosis) that precludes compliance.
6. History of cancer unless there has been surgical excision that is considered to have achieved cure.

AGE: 01 Days - 17 Years. 61 Years - 99 Years.

REPRODUCTIVE SPECIFICATION:

Pregnant. Positive pregnancy test. Breast-feeding. No abstinence or no agreement to use effective method of birth control/contraception during the study.

RISK BEHAVIOR:

Identifiable high-risk behavior for HIV infection, such as

- injection drug use within past 12 months.
- higher or intermediate risk sexual behavior.

PRIOR TREATMENT:

Excluded: Blood products or immunoglobulin within 6 months prior to study entry.

PRIOR MEDICATION:

Excluded:

1. Live attenuated vaccines within 60 days prior to study entry.

NOTE: Medically indicated killed or subunit vaccines (e.g., influenza, pneumococcal) do not exclude if administered at least 2 weeks from HIV immunizations.

2. Experimental agents within 30 days prior to study entry.
3. Prior HIV vaccines.
4. Prior rabies immunization.

CO-EXISTING CONDITIONS OR DISEASES:

Subjects with the following symptoms or conditions are excluded:

1. Positive hepatitis B surface antigen.
2. Medical or psychiatric condition (such as recent suicidal ideation or present psychosis) that precludes compliance.
3. Active syphilis. NOTE: Subjects with serology documented to be a false positive or due to a remote (> 6 months) treated infection are eligible.
4. Active tuberculosis. NOTE: Subjects with a positive PPD and a normal chest x-ray showing no evidence of TB and not requiring isoniazid therapy are eligible.
5. Allergy to egg products or neomycin.

AVAILABILITY:

Unavailable for 24 months of follow-up.

GENERIC DRUG NAME

Drug 1: rgp120/HIV-1SF2. Vaccine.

Drug 2: ALVAC-HIV MN120TMGNP (vCP300). Vaccine.

Drug 3: ALVAC-RG rabies glycoprotein (vCP65). Vaccine.

DRUG COMPANIES

Drug 1: BIOCINE Company

4560 Horton Street

Emeryville, CA 94608-2916

Contact: Dr Anne-Marie Duliege (510) 601-2715.

Drug 2: Pasteur Merieux Serums et Vaccins

3 Avenue Pasteur / BP 10

Marnes la Coquette, FR 92430

Contact: Dr Jean-Louis Excler

011-33-147-417-922.

Drug 3: Pasteur Merieux Serums et Vaccins

3 Avenue Pasteur / BP 10

Marnes la Coquette, FR 92430

Contact: Dr Jean-Louis Excler 011-33-147-417-922.

PARTICIPATING UNITS

0000003328:

University of Alabama at Birmingham

908 20th Street South / CCB 178 / AVEU Clinic

Birmingham, AL 35294-2050

Contact: James Raper (205) 975-2840

OPEN 960131 ACTU: 6009.

0000001429:

St Louis University School of Medicine

1402 South Grand Boulevard

St Louis, MO 63104

Contact: Dr Robert B Belshe (314) 577-8648

OPEN 960216 ACTU: 6007.

0000001453:

University of Rochester Medical Center

601 Elmwood Avenue / Box 689

Rochester, NY 14642

Contact: Shirley Erb (716) 275-5871

OPEN 960131 ACTU: 6005.

0000002222:

Vanderbilt University Hospital
21st & Garland Avenue / Medical Center North / Room C3210
Nashville, TN 37232
Contact: Lois Wagner (615) 343-6260
OPEN 960122 ACTU: 6006.

0000002195:
University of Washington / Pacific Medical Center
1200 12th Avenue South / Room 9301
Seattle, WA 98144
Contact: David Berger (206) 621-4179
OPEN 960220 ACTU: 6008.

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

ATT CREATION TIME/DATE: 6-MAR-1996 12:31:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <0112009D7VK0004AXM@PMDF.EOP.GOV> for
levi_j@a1.eop.gov; Wed, 06 Mar 1996 12:29:43 -0400 (EDT)
Received: from aspensys (aspensys.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-6 #6879) id <011200AV3LT200051K@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Wed, 06 Mar 1996 12:30:53 -0700 (MST)
Received: by aspensys (5.0/SMI-SVR4) id AA02355; Wed, 06 Mar 1996 12:23:55 +0500
Errors-to: martha_vander_kolk@smtpinet.aspensys.com

Precedence: bulk

Originator: aidsnews@cdcnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse

X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas

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

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

CREATOR: Elizabeth E. Drye (DRYE_E) (OPD)

CREATION DATE/TIME: 6-MAR-1996 17:33:35.35

SUBJECT: DPC Budget Request

TO: Elizabeth E. Drye (DRYE_E) (OPD)

READ: 7-MAR-1996 10:01:46.68

TO: Jeremy D. Benami (BENAMI_J) (WHO)

READ: 6-MAR-1996 18:51:54.72

TO: Molly Brostrom (BROSTROM_M) (WHO)

READ: 6-MAR-1996 20:13:04.35

TO: Dennis Burke (BURKE_D) (OPD)

READ: 6-MAR-1996 18:43:23.41

TO: Deborah L. Fine (FINE_D) (OPD)

READ: 6-MAR-1996 17:33:55.79

TO: Patsy Fleming (FLEMING_P) (WHO)

READ: 8-MAR-1996 09:28:44.12

TO: Diana M. Fortuna (FORTUNA_D) (OPD)

READ: 6-MAR-1996 17:36:42.81

TO: Christopher C. Jennings (JENNINGS_C) (WHO)

READ: 6-MAR-1996 18:21:35.86

TO: Jennifer L. Klein (KLEIN_J) (OPD)

READ: 6-MAR-1996 19:04:36.50

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 6-MAR-1996 17:46:43.06

TO: Gaynor R. McCown (MCCOWN_G) (OPD)

READ: 6-MAR-1996 18:15:12.21

TO: Patricia E. Romani (ROMANI_P) (WHO)

READ: 6-MAR-1996 18:00:03.26

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)

READ: 6-MAR-1996 18:07:32.68

TO: Stephen C. Warnath (WARNATH_S) (OPD)

READ: 6-MAR-1996 17:35:19.91

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)

READ: 6-MAR-1996 18:58:01.20

TO: Bruce N. Reed (REED_B) (WHO)
READ: 6-MAR-1996 18:20:21.79

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 6-MAR-1996 18:16:41.17

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 11-MAR-1996 11:14:12.73

TO: Ira C. Magaziner (MAGAZINER_I) (WHO)
READ: 6-MAR-1996 18:16:32.11

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 6-MAR-1996 17:49:36.57

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ: 7-MAR-1996 11:01:55.20

TO: Pamela Cicetti (CICETTI_P) (WHO)
READ: 7-MAR-1996 09:41:02.15

CC: Carol H. Rasco (RASCO_C) (WHO)
READ: 6-MAR-1996 19:20:37.14

CC: Ashley L. Raines (RAINES_A) (OA)
READ: 6-MAR-1996 17:42:57.20

TEXT:

We have apparently been under spending our travel budget and will need to explain why if we want to maintain the same travel budget request for FY 97. In FY95, OPD requested \$225,000 for travel and spent only \$112,000 -- DPC requested about \$47,000 and spent \$33,000. In FY96 OPD requested \$175,000 -- DPC requested \$50,000 and we've used up only about \$17,000 to date. If we want to request \$50,000 again for FY97, we have to be able to defend that request in light of our past under spending. I need your help in doing that.

Specifically, OA is asking that we provide examples of trips planned for FY95 that we canceled or delayed until FY96, of trips planned for early FY96 that we delayed or canceled because of snow or shutdowns, and of trips we're planning to take in the remainder of FY96 and in FY97. OA won't use these examples in any written materials and will only mention them if questioned about our travel budget in hearings.

Please forward relevant examples with rough \$ estimates.

I need this information by Thursday COB.

Call me if you have any questions.

Thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 6-MAR-1996 21:02:00.62

SUBJECT: test

TO: Remote Addressee (74551.2202@compuserve.com@INET)

READ:NOT READ

TEXT:

this is a test

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

CREATOR: Elizabeth E. Drye (DRYE_E) (OPD)

CREATION DATE/TIME: 6-MAR-1996 13:49:07.05

SUBJECT: Talking Points on Wages and Economy / President's record

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: NOT READ

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 6-MAR-1996 14:05:59.83

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 6-MAR-1996 13:50:35.88

TO: Dennis Burke (BURKE_D) (OPD)
READ: 6-MAR-1996 13:52:05.15

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 6-MAR-1996 13:51:28.70

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 6-MAR-1996 15:48:32.87

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 6-MAR-1996 14:15:36.32

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 6-MAR-1996 14:34:54.85

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 6-MAR-1996 14:15:05.04

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 6-MAR-1996 13:50:10.46

TO: Gaynor R. McCown (MCCOWN_G) (OPD)
READ: 6-MAR-1996 14:07:48.72

TO: Patricia E. Romani (ROMANI_P) (WHO)
READ: 6-MAR-1996 14:45:45.08

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ: 6-MAR-1996 13:53:57.82

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 6-MAR-1996 13:49:18.80

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 6-MAR-1996 14:37:45.98

TEXT:

I'm putting in your boxes excerpts from a binder NEC put together responding to criticisms of Clinton's record on the economy (blaming stagnant wages on the 93 budget, etc.). Paul Weinstein has the full package from NEC for reference if anyone needs it.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 6-MAR-1996 17:51:25.77

SUBJECT: Can i do this?

TO: Kathleen M. Whalen (WHALEN_K) (WHO)

READ: 6-MAR-1996 18:08:30.97

TEXT:

The reason for my call:

I have been asked by HRSA (at the PHS) to be on the search committee for the new director of the Bureau of Health Resources Development (a career position). I know there are some restrictions on what I can do as a political appointee in terms of personnel decisions. Is this permitted? (It's a really important position in terms of AIDS programming....they control over \$600 million of AIDS funding.)

Thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 6-MAR-1996 13:53:38.55

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)

READ: 6-MAR-1996 15:49:35.41

TEXT:

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

ATT CREATION TIME/DATE: 6-MAR-1996 01:51:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 3/6/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
March 6, 1996

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse makes available the following information as a public service only. Providing this information does not constitute endorsement by the CDC, the CDC Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC Clearinghouse should be cited as the source of this information.
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- "Debate Over Teaching AIDS Prevention"
- "Chiron's Eye Implant Device Is Approved for AIDS Care"
- "General Denounces AIDS Policy as Unfair"
- "Clinton Seeks Relief Funds for Disasters, AIDS Drugs"
- "State Doctors Reject Policy on Reporting HIV"
- "Chronicle: Two Friends Turn Their Grief into Action and Find Compassion Along the Way"
- "Ontario Probes Hepatitis Outbreak"
- "New HIV Vaccine to be Tested On Humans in Sweden"
- "A "Complement-ary" AIDS Vaccine"
- "HIV Prevention for Intravenous Drug Users"

"Debate Over Teaching AIDS Prevention"

Baltimore Sun (03/06/96) P. 7A

Teenagers are infected with HIV at an average rate of more than one an hour, according to a new report released by the White House Office of AIDS Policy. The report urges strong AIDS education for children so they know how to protect themselves later when they have sex or experiment with drugs. "Kids are dying because adults are arguing about what to tell them about AIDS," said Miguel Bustos, one of the report's authors. Most U.S. schools provide some AIDS education, but many do not allow discussion of sexual intercourse, homosexuality, bisexuality, and condoms. Conservative groups have criticized AIDS education, saying that advising teens about using condoms condones teen-age sex. The report, however, said that "discussion of the facts concerning such matters is not inconsistent with also encouraging abstinence of delayed sexual activity." It recommended HIV counseling for teens without parental consent, free or low-cost HIV tests for teens, and a board of HIV-positive teens to advise on government services for teens. Related Story: USA Today (03/06) P. 3D

"Chiron's Eye Implant Device Is Approved for AIDS Care"
New York Times (03/06/96) P. D5; Fisher, Lawrence M.

The U.S. Food and Drug Administration gave approval on Tuesday to the Chiron Corporation to begin marketing a device that is implanted in the eyes of AIDS patients to help them fight an infection that causes blindness. The device, called Vitrasert, was approved for use with ganciclovir, an antiviral drug for treating cytomegalovirus retinitis, which affects about 40 percent of AIDS patients. Ganciclovir is marketed by Hoffmann-La Roche Inc. and is sold under the name Cytovene. The Vitrasert device should improve the delivery of ganciclovir, which is now administered through costly and unpleasant intravenous infusions. Related Story: Wall Street Journal (03/06) P. B4

"General Denounces AIDS Policy as Unfair"
New York Times (03/06/96) P. A14

Gen. John Shalikashvili, the Chairman of the Joint Chiefs of Staff, told lawmakers at a hearing Tuesday that discharging military personnel because they have HIV is unfair and wastes money spent on their training. Shalikashvili said that the policy is "wasteful because we do have individuals who are in their middle ranks in whom we have invested some training and they have considerable experience and so they do contribute." Under the new provision, which was sponsored by Rep. Robert Dornan (R-Calif.), 1,049 service members with HIV would be discharged within five months. Related Story: Philadelphia Inquirer (03/06) P. A10

"Clinton Seeks Relief Funds for Disasters, AIDS Drugs"
Philadelphia Inquirer (03/06/96) P. A11

President Clinton asked Congress on Tuesday for \$52 million to help states provide medicine to AIDS patients and \$914.3 million to help victims of natural disasters. The White House said that while AIDS research has led to promising medicines, the high cost

of the drugs has made them unavailable to many people who need them. The \$52 million would go to states to help about 55,000 AIDS patients who do not have prescription drug coverage or who cannot afford the full regimen of AIDS medicines themselves.

"State Doctors Reject Policy on Reporting HIV"

Los Angeles Times--Washington Edition (03/06/96) P. A1; Shuit, Douglas

The California Medical Association has rescinded its year-old policy of mandatory reporting of people who test positive for HIV. The new policy promises cooperation with public health officials in developing an HIV reporting policy that "preserves patient-physician confidentiality." The policy was changed out of the fear that people at risk for HIV would not be tested if they knew their name would be reported to officials. When the group made the reporting mandatory last year, the decision was criticized by AIDS organizations. State law says that doctors must report any cases of AIDS, tuberculosis, and syphilis, but not HIV infection. Supporters of mandatory reporting say that it is the only way to ensure that a person's partners are notified, but physicians now say that the risks of reporting outweigh the benefits. Studies have shown that mandatory reporting does deter people from being tested. Twenty-five states now require confidential reporting of HIV-infected individuals.

"Chronicle: Two Friends Turn Their Grief into Action and Find Compassion Along the Way"

New York Times (03/06/96) P. D22; Brozan, Nadine

Maternity-wear manufacturer Dana Cappiello lost her friend Anthony Torrieri to AIDS three years ago and found that some people did not understand her grief. "Family and people I thought were his friends said: 'He was gay. Didn't you expect him to die of AIDS?'" she explained. As a result, Cappiello and friend Kathy Scutchfield created the Until There's a Cure Foundation to raise money for AIDS causes. The two make bracelets that are sold in stores across the country, including Macy's, Bloomingdale's, and the Body Shop. On Tuesday, the women attended a press conference in Washington at which a government report "Youth and HIV/AIDS: an American Agenda," was released. The \$140,000 report was prepared by the White House Office of National AIDS Policy, but Cappiello noted that she and Scutchfield "gave \$100,000 because there was not enough Government funding."

"Ontario Probes Hepatitis Outbreak"

Toronto Globe and Mail (03/05/96) P. A3; Immen, Wallace

Ontario is investigating an outbreak of hepatitis B in patients tested at clinics in the Toronto area. Thirty patients were infected with the virus from improperly sterilized needles used in brain-scanning tests at three clinics supervised by one doctor, Richard Shabas, Ontario's chief medical officer for health reported. Thousands of patients at those clinics and one other will be asked to get tested for hepatitis or other blood-borne diseases. The patients had all received EEGs, a

brain-activity test that uses about 20 needle electrodes. EEG machines that use surface electrodes are replacing those that use needles, but smaller clinics use the older equipment. The College of Physicians and Surgeons of Ontario issued formal guidelines last year on sterilizing needle electrodes that recommend cleaning them with soap and water to remove all residue, and then sterilizing them with heat or gas.

"New HIV Vaccine to be Tested On Humans in Sweden"
Reuters (03/05/96)

A new genetic HIV vaccine, hoped to be able to strengthen the immune system, will soon be tested on humans in Sweden. The tests, to be administered at the Karolinska Institute, are set to begin in about a month on nine people in the early stages of HIV infection. Animal tests have shown that the immune system reacts positively to similar genetic vaccines. The vaccine consists of single genes from HIV which are injected into a patient's muscle, activating the immune system to attack the virus. The results of the study could tell researchers if it is possible to improve the immune system in people with HIV.

"A "Complement-ary" AIDS Vaccine"
Nature Medicine (02/96) Vol.2, No.2, P. 153; Dierich, Manfred P. ; Stoiber, Heribert; Clivio, Alberto

Human complement, the antimicrobial enzyme system found in plasma, causes the rejection of xenotransplants. Human cells are protected from this reaction, and it has been suggested that the same device that protects human cells could be employed to protect transplanted organs. Pigs are now being raised that have a human transgene for a protein that regulates human complement activation and is supposed to protect the pig's cells from attack by human complement. HIV-1 has been using human complement and anticomplement strategies for its own purposes and, Dierich and colleagues suggest, it may be possible to use this strategy against the virus in a vaccine. When a new virus is created, it acquires part of the host cell membrane, including complement proteins, thereby allowing it to use the host cells' own defense against the host complement system. Efforts toward an HIV vaccine so far have focused on eliciting an effective immune defense, but a more promising target would be antibodies for the gp41 and gp120 sites relevant to complement activation. Vaccinating a person with the proper gp41 proteins could result in antibodies against the complement binding sites for HIV-1, the researchers conclude.

"HIV Prevention for Intravenous Drug Users"
Lancet (02/10/96) Vol.347, No.8998, P. 401; Epstein, Adrienne

In a letter to the editor of the Lancet, Adrienne Epstein of the HIV Health Services Unit at Massachusetts Department of Public Health advocates needle exchange programs to help control the spread of HIV. Epstein discusses a conference at which health officials, pharmacists, police officers, and outreach workers from the New England states met to develop strategies to make clean syringes available to injection drug users. The group

focused on implementing needle-exchange programs and decriminalizing the possession of syringes. All states agreed that providing sterile syringes and education about how to avoid infection was the best strategy to combat HIV transmission. In addition, a National Academy of Science report advocates needle-exchange programs and measures to decriminalize purchasing and owning syringes. Epstein notes that the conference emphasized the need to educate the community about the positive impact of such programs.

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

===== ATTACHMENT 2 =====

ATT CREATION TIME/DATE: 6-MAR-1996 10:59:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)

by PMDF.EOP.GOV (PMDf V5.0-4 #6879) id <01I20L0KEWnk0074H8@PMDf.EOP.GOV> for levi_j@a1.eop.gov; Wed, 06 Mar 1996 10:57:05 -0400 (EDT)

Received: from aspensys (aspensys.aspensys.com)

by STORM.EOP.GOV (PMDf V5.0-6 #6879) id <01I20L21UTUU00051K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Wed, 06 Mar 1996 10:58:16 -0700 (MST)

Received: by aspensys (5.0/SMI-SVR4) id AA20858; Wed, 06 Mar 1996 10:51:00 +0500

Errors-to: martha_vander_kolk@smtpinet.aspensys.com

Precedence: bulk

Originator: aidsnews@cdnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse

X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 6-MAR-1996 18:29:58.44

SUBJECT: Tom Duanne

TO: Paul Yandura (YANDURA_P) (WHO)

READ: 6-MAR-1996 20:19:24.26

TEXT:

I spoke with Tom; his question was about ADAP -- I sent him the press statement.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 6-MAR-1996 14:35:53.69

SUBJECT: NIH reauthorization

TO: Victoria A. Wachino (WACHINO_VA) (OMB)

READ: 6-MAR-1996 14:41:49.15

TEXT:

Varmus testified that Shalala will be sending a letter with all our desires for NIH reauthorization. I assume we will get to see this ahead of time?

thanks

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 6-MAR-1996 14:50:49.22

SUBJECT: Julie Sandorf

TO: Jennifer L. Klein (KLEIN_J) (OPD)

READ: 6-MAR-1996 18:25:43.11

TEXT:

I met with Julie and Karla Javits of her staff today. All seems to be well between HRSA and HUD. Unbeknownst to me (but clearly a result of all our hard work), HRSA and HUD have just issued a joint SPNS NOFA (or RFP) -- the first ever; and it apparently addresses their concerns.

They did ask more difficult questions that we should talk about re how to make housing programs more of a priority within the Administration (beyond middle class home ownership)...

They are going to be sending us a list of their sites around the country, so that Patsy can include them in site visits during her town meeting tours.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 6-MAR-1996 09:22:11.28

SUBJECT: Many things

TO: Nancy-Ann E. Min (MIN_N) (OMB)

READ: 6-MAR-1996 11:08:27.17

TEXT:

We've been playing so much phone tag, that it may be worth trying to outline the list of things I need to talk with you about:

- (1) A briefing re the Levine report on the NIH AIDS research program. (I am finally getting a draft copy today, so will have more details but the central OMB issue is the miscoding of research as AIDS research when it is actually non-AIDS -- and how this problem will be rectified.)
 - (2) AETCs -- is there anything we can do to communicate are desire for more than \$6 million? (I am meeting with Joe O'Neill from HRSA today to talk about whether a short grant cycle might get us into FY 1997 without major problems.)
 - (3) ADAP -- I have just learned that about half of the states do NOT participate in the PHS drug price reduction program, including NY. This means that our dollars are going only 25-50% as far as they could. This is not good. It would seem that we could make a condition of the \$52 million participation in this program -- unless a state can document a compelling reason not to be participating.
 - (4) It is my understanding that DoD is saying their FY97 request is only for \$9 million for AIDS research -- back down from the \$31 million we had gotten them up to in FY96. Can this still be fixed (as I recall there isn't a specific line item in the President's budget)?
 - (5) The one number where people are not going to be happy with the President's budget is \$171 million for HOPWA. There is also nervousness that HOPWA is not being protected in the CR negotiations. Do you know anything about this?
- thanks very much.

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

CREATOR: Paul Yandura (YANDURA_P) (WHO)

CREATION DATE/TIME: 6-MAR-1996 20:22:50.55

SUBJECT: RE: Tom Duanne

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 6-MAR-1996 20:58:58.00

TEXT:

Jeff

Thanks for talking to Tom for me. Also, thank you for the e-mail.

All of us should have dinner soon?

Paul

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

CREATOR: Carol H. Rasco (RASCO_C) (WHO)

CREATION DATE/TIME: 6-MAR-1996 13:51:25.26

SUBJECT: Travel schedule

TO: Carol H. Rasco (RASCO_C) (WHO)

READ: 6-MAR-1996 13:52:30.67

TO: Jeremy D. Benami (BENAMI_J) (WHO)

READ: 6-MAR-1996 14:06:21.42

TO: Jennifer L. Klein (KLEIN_J) (OPD)

READ: 6-MAR-1996 19:07:39.84

TO: Cathy R. Mays (MAYS_C) (OPD)

READ: 6-MAR-1996 14:08:20.80

TO: Rosalyn A. Miller (MILLER_RA) (OPD)

READ: 6-MAR-1996 14:20:33.07

TO: Bruce N. Reed (REED_B) (WHO)

READ: 6-MAR-1996 16:26:03.98

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)

READ: 6-MAR-1996 13:54:06.49

TO: Stephen C. Warnath (WARNATH_S) (OPD)

READ: 6-MAR-1996 13:52:56.73

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)

READ: 6-MAR-1996 14:37:52.62

TO: Patsy Fleming (FLEMING_P) (WHO)

READ: 6-MAR-1996 15:48:45.76

TO: Janet B. Abrams (ABRAMS_J) (VPO)

READ: 6-MAR-1996 14:12:45.93

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

READ: 6-MAR-1996 13:55:18.43

TO: Diana M. Fortuna (FORTUNA_D) (OPD)

READ: 6-MAR-1996 14:15:51.01

TO: Christopher C. Jennings (JENNINGS_C) (WHO)

READ: 6-MAR-1996 14:11:07.67

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 6-MAR-1996 13:51:46.60

TO: Gaynor R. McCown (MCCOWN_G) (OPD)
READ: 6-MAR-1996 14:08:04.80

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 6-MAR-1996 14:05:12.72

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 6-MAR-1996 14:39:14.60

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 6-MAR-1996 13:51:48.90

TO: Dennis Burke (BURKE_D) (OPD)
READ: 6-MAR-1996 13:52:20.92

TO: Patricia E. Romani (ROMANI_P) (WHO)
READ: 6-MAR-1996 14:47:35.79

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 6-MAR-1996 15:10:50.08

TO: Pamela Cicetti (CICETTI_P) (WHO)
READ: 6-MAR-1996 13:52:15.04

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 6-MAR-1996 14:01:37.08

TEXT:

I will be out most of tomorrow for the Drug Conference and will leave for Arkansas tomorrow evening. I return at midnight Sunday. You will as always be receiving a copy of the travel schedule but I wanted to give you this advance notice. Anything you need for me to sign off on, etc. should be in my office by 6:00 p.m. this evening. There will not be time for anything in the morning except genuine emergencies and the regular meetings and the conference call.

Thank you.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 6-MAR-1996 15:10:48.17

SUBJECT: Wanda James

TO: Jennifer L. Klein (KLEIN_J) (OPD)

READ: 6-MAR-1996 18:26:05.82

TEXT:

I spoke with Wanda James; gave her the name and number of someone at VA who is alerted to take care of her problem; told her to call if she doesn't get satisfaction.

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

CREATOR: Elizabeth E. Drye (DRYE_E) (OPD)

CREATION DATE/TIME: 6-MAR-1996 13:46:44.38

SUBJECT: Weekly

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: NOT READ

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 6-MAR-1996 14:05:39.01

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 6-MAR-1996 13:50:18.55

TO: Dennis Burke (BURKE_D) (OPD)
READ: 6-MAR-1996 13:48:44.31

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 6-MAR-1996 13:51:16.66

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 6-MAR-1996 13:48:49.46

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 6-MAR-1996 14:15:02.22

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 6-MAR-1996 14:33:01.14

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 6-MAR-1996 14:14:54.25

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 6-MAR-1996 13:49:50.51

TO: Gaynor R. McCown (MCCOWN_G) (OPD)
READ: 6-MAR-1996 14:07:41.76

TO: Patricia E. Romani (ROMANI_P) (WHO)
READ: 6-MAR-1996 14:44:29.01

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ: 6-MAR-1996 13:46:52.12

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 6-MAR-1996 13:48:35.57

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 6-MAR-1996 14:37:35.80

TEXT:

please save a copy of your weekly for this week on the I drive by 4:00 Thursday and e-mail me when you've done that. Youth/Drug conf. staff -- I'll expect your update Friday morning. Thanks.

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

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

CREATION DATE/TIME: 7-MAR-1996 17:29:36.97

SUBJECT: Carol's Text/Trip Pager

TO: Cathy R. Mays (MAYS_C) (OPD)

READ: 8-MAR-1996 18:06:50.07

TO: Gaynor R. McCown (MCCOWN_G) (OPD)

READ: 8-MAR-1996 12:37:18.19

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)

READ: 7-MAR-1996 17:49:18.23

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)

READ: 7-MAR-1996 17:31:22.22

TO: Jennifer L. Klein (KLEIN_J) (OPD)

READ: 7-MAR-1996 17:29:50.75

TO: Jeremy D. Ben-Ami (BENAMI_J) (WHO)

READ: 8-MAR-1996 14:13:55.31

TO: Stephen C. Warnath (WARNATH_S) (OPD)

READ: 7-MAR-1996 17:34:03.10

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

READ: 7-MAR-1996 17:34:21.26

TO: Christopher C. Jennings (JENNINGS_C) (WHO)

READ: 7-MAR-1996 18:50:42.76

TO: Diana M. Fortuna (FORTUNA_D) (OPD)

READ: 7-MAR-1996 17:34:17.47

TO: Janet B. Abrams (ABRAMS_J) (VPO)

READ: 7-MAR-1996 17:30:08.43

TO: Deborah L. Fine (FINE_D) (OPD)

READ: 7-MAR-1996 18:43:22.27

TO: Molly Brostrom (BROSTROM_M) (WHO)

READ: 8-MAR-1996 09:23:15.69

TO: Patricia E. Romani (ROMANI_P) (WHO)

READ: 7-MAR-1996 17:30:52.95

TO: Bruce N. Reed (REED_B) (WHO)

READ: 7-MAR-1996 18:20:34.25

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 8-MAR-1996 09:43:23.28

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 8-MAR-1996 18:10:23.26

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 7-MAR-1996 17:57:34.81

TO: Dennis Burke (BURKE_D) (OPD)
READ: 8-MAR-1996 15:13:54.93

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 11-MAR-1996 11:28:08.82

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ: 7-MAR-1996 17:36:41.24

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 7-MAR-1996 18:26:08.31

TO: Carol H. Rasco: FYI (RASCO_C) (WHO)
READ: 7-MAR-1996 22:24:10.73

TEXT:

is now activated; if it does not show up when you try "dm pr" please log off
your machine and reboot your computer to access. Pat

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: KSF@s-3.com@INET@EOPMRX

CREATION DATE/TIME: 7-MAR-1996 08:22:00.00

SUBJECT: Re: Conference call

TO: Jeffrey Levi (LEVI_J@A1@CD) (WHO)

READ: 8-MAR-1996 18:06:15.42

CC: Edgould (Edgould@aol.com@INET@EOPMRX)

READ:NOT READ

TEXT:

The call is set --

The number is: (800) 403-2002

Your Access Code is: 912398

Participant's: 414025

Would you like me to notify the other members of the Committee (R. Aragon, M. Boland, N. Bollman, C. laFaovr, and S. Lew)?

From: Jeffrey Levi

To: KSF

Cc: Edgould

Subject: Conference call

Date: Wednesday, March 06, 1996 1:23PM

Can you set up a conference call for the services subcommittee for 10 a.m. ET on March 13th. Thanks.

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

ATT CREATION TIME/DATE: 7-MAR-1996 08:24:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)

by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01121TVJDIM8007HO5@PMDF.EOP.GOV> for LEVI_J@a1.eop.gov; Thu, 07 Mar 1996 08:21:54 -0400 (EDT)

Received: from SSSHQ5 (198.136.162.55) by STORM.EOP.GOV (PMDF V5.0-6 #6879)

id <01121TX3CSSA00051K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Thu, 07 Mar 1996 08:23:10 -0700 (MST)

X-Mailer: Worldtalk (NetConnex V3.50c)/MIME

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

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

CREATOR: Elizabeth E. Drye (DRYE_E) (OPD)

CREATION DATE/TIME: 7-MAR-1996 11:44:50.56

SUBJECT: More on Budget - Help needed

TO: Elizabeth E. Drye (DRYE_E) (OPD)

READ: 7-MAR-1996 11:49:53.63

TO: Jeremy D. Benami (BENAMI_J) (WHO)

READ: 8-MAR-1996 12:07:07.68

TO: Molly Brostrom (BROSTROM_M) (WHO)

READ: 8-MAR-1996 09:24:28.00

TO: Dennis Burke (BURKE_D) (OPD)

READ: 8-MAR-1996 15:11:24.12

TO: Deborah L. Fine (FINE_D) (OPD)

READ: 7-MAR-1996 12:10:11.93

TO: Patsy Fleming (FLEMING_P) (WHO)

READ: 8-MAR-1996 09:40:53.53

TO: Diana M. Fortuna (FORTUNA_D) (OPD)

READ: 7-MAR-1996 12:12:23.67

TO: Christopher C. Jennings (JENNINGS_C) (WHO)

READ: 7-MAR-1996 12:26:27.58

TO: Jennifer L. Klein (KLEIN_J) (OPD)

READ: 7-MAR-1996 13:05:50.87

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 11-MAR-1996 09:12:17.66

TO: Gaynor R. McCown (MCCOWN_G) (OPD)

READ: 7-MAR-1996 12:52:27.62

TO: Patricia E. Romani (ROMANI_P) (WHO)

READ: 7-MAR-1996 12:39:33.63

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)

READ: 7-MAR-1996 11:50:11.71

TO: Stephen C. Warnath (WARNATH_S) (OPD)

READ: 7-MAR-1996 12:43:59.41

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)

READ: 7-MAR-1996 11:52:02.87

TO: Bruce N. Reed (REED_B) (WHO)
READ: 7-MAR-1996 11:55:04.98

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 7-MAR-1996 11:45:03.43

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 11-MAR-1996 11:26:34.42

TO: Ira C. Magaziner (MAGAZINER_I) (WHO)
READ: 7-MAR-1996 15:06:14.72

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 7-MAR-1996 11:46:16.10

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ: 7-MAR-1996 11:46:03.29

TO: Pamela Cicetti (CICETTI_P) (WHO)
READ: 7-MAR-1996 11:52:36.08

TO: Carol H. Rasco (RASCO_C) (WHO)
READ: 7-MAR-1996 22:04:57.69

TO: Ashley L. Raines (RAINES_A) (OA)
READ: 7-MAR-1996 11:45:43.90

TEXT:

I need to give OA examples of conferences/activities/initiatives DPC has hosted/participated in in FY 96 and expects to undertake in the remainder of FY96 and FY97. Some obvious examples -- WH conference on AIDS, WH Conf. on Youth, Drugs and Violence, Comprehensive Strategies project, health care and welfare reform, immigration and crime activities, political reform, etc. Please e-mail back BRIEF descriptions of the nature and timing of our involvement in these or other activities. Again, OA will only present examples orally in justifying our budget if necessary.

Thanks.

I really need your examples today of pending/canceled travel as well. If no one responds, next year's travel budget will be at risk.

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

CREATOR: Carol H. Rasco (RASCO_C) (WHO)

CREATION DATE/TIME: 7-MAR-1996 23:36:43.30

SUBJECT: Three cheers!

TO: Carol H. Rasco (RASCO_C) (WHO)
READ: 7-MAR-1996 23:38:23.79

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 8-MAR-1996 14:20:25.30

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 8-MAR-1996 09:27:22.03

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 8-MAR-1996 18:07:12.97

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ: 8-MAR-1996 10:18:39.62

TO: Bruce N. Reed (REED_B) (WHO)
READ: 8-MAR-1996 10:40:10.70

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ: 8-MAR-1996 10:16:04.27

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 8-MAR-1996 10:18:19.57

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 8-MAR-1996 10:01:13.86

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 8-MAR-1996 09:43:38.86

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 8-MAR-1996 08:36:52.59

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ: 8-MAR-1996 11:04:38.39

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 8-MAR-1996 10:00:33.81

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 8-MAR-1996 09:08:36.00

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 8-MAR-1996 18:10:49.62

TO: Gaynor R. McCown (MCCOWN_G) (OPD)
READ: 8-MAR-1996 08:41:23.03

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 8-MAR-1996 09:22:35.03

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 11-MAR-1996 11:28:23.22

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 8-MAR-1996 09:02:28.80

TO: Dennis Burke (BURKE_D) (OPD)
READ: 8-MAR-1996 15:21:44.12

TO: Patricia E. Romani (ROMANI_P) (WHO)
READ: 8-MAR-1996 09:10:32.68

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 8-MAR-1996 07:43:46.83

TO: Pamela Cicetti (CICETTI_P) (WHO)
READ: 8-MAR-1996 09:38:25.37

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 8-MAR-1996 09:11:29.24

TEXT:

Hip Hip Hooray!

Hip Hip Hooray!

Hip Hip Hooray!

Hats off to all who worked so hard on the Drug Conference...please convey these cheers to the interns and volunteers who assisted as well.

I am really proud of the DPC team!

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

CREATOR: Marilyn Yager (YAGER_M) (WHO)

CREATION DATE/TIME: 7-MAR-1996 11:26:23.95

SUBJECT: reconfirm meeting tomorrow

TO: Patsy Fleming (FLEMING_P) (WHO)

READ: 8-MAR-1996 09:40:30.79

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 8-MAR-1996 18:07:39.03

TEXT:

I wanted to reconfirm the meeting with women's groups tomorrow at 3:00pm in room 180. As you know the purpose of this meeting is to ensure that they understand the issue and problem, and in fact are actively working towards repeal.

I will get a list of attendees over to you tomorrow morning and want to talk with you in the morning about how we should proceed on format.

thanks.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: CN=Toby Donenfeld/O=OVP@OVP@LNGATE@EOPMRX

CREATION DATE/TIME: 7-MAR-1996 17:54:00.00

SUBJECT: AIDS meeting follow-up

TO: LEVI_J (LEVI_J@A1@CD) (WHO)
READ: 8-MAR-1996 18:02:11.96

TO: STUDENT_E (STUDENT_E@A1@CD@LNGATE@LNGATE@EOPMRX) (SYS)
READ: NOT READ

TEXT:
Message Creation Date was at 7-MAR-1996 17:55:00

I finally got a chance to speak to Greg about the follow up to the AIDS meeting.

1) Levine Committee

The VP does not need a role in the release of the report. Greg would like to be briefed on the details of the report either sometime around the release date (not necessarily before).

2) Keystone -- 4 part collaboration

Greg mentioned that the Keystone Center often moves very slowly. If they were to take on this suggestion in a prescribed time period, we may want to get involved. I got the impression from you that the Keystone Center was moving quickly on this, is that right? And, will it be a conference with a released report? When?

Thanks!

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From: Diana Fortuna, To: Many Recipients, Re: Thanks (2 pages)	03/07/1996	Personal Misfile

COLLECTION:

Clinton Presidential Records
Automated Records Management System [Email]
WHO ([Jeffrey Levi...])
OA/Box Number: 500000

FOLDER TITLE:

[03/06/1996 - 03/12/1996]

2018-0759-F

jn400

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: CN=Toby Donenfeld/O=OVP@OVP@LNGATE@EOPMRX

CREATION DATE/TIME: 7-MAR-1996 17:52:00.00

SUBJECT: AIDS meeting follow-up

TO: STUDENT_E (STUDENT_E@A1@CD) (SYS)
READ:11-MAR-1996 14:14:24.70

TO: LEVI_J (LEVI_J@A1@CD@LNGATE@EOPMRX) (WHO)
READ:NOT READ

TEXT:
Message Creation Date was at 7-MAR-1996 17:54:00

I finally got a chance to speak to Greg about the follow up to the AIDS meeting.

1) Levine Committee

The VP does not need a role in the release of the report. Greg would like to be briefed on the details of the report either sometime around the release date (not necessarily before).

2) Keystone -- 4 part collaboration

Greg mentioned that the Keystone Center often moves very slowly. If they were to take on this suggestion is a prescribed time period, we may want to get involved. I got the impression from you that the Keystone Center was moving quickly on this, is that right? And, will it be a conference with a released report? When?

Thanks!

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

CREATOR: Nancy-Ann E. Min (MIN_N) (OMB)

CREATION DATE/TIME: 7-MAR-1996 12:46:23.86

SUBJECT: this may interest you

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 8-MAR-1996 18:08:01.54

TEXT:

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

ATT CREATION TIME/DATE: 6-MAR-1996 12:47:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Victoria A. Wachino

ATT SUBJECT: This morning's NIH Authorization hearing

ATT TO: Nancy-Ann E. Min (MIN_N)

ATT CC: Barry T. Clendenin (CLENDENIN_B)

ATT CC: Richard J. Turman (TURMAN_R)

ATT CC: Kathleen M. Shannon (SHANNON_K)

ATT CC: Elisabeth S. Topel (TOPEL_E)

TEXT:

This morning Kathleen and I attended the Senate Committee on Labor and Human Resources Committee's hearing on NIH authorization. This email summarizes Varmus' testimony and the Q&A. The two notable aspects of Varmus' testimony were:

1) No controversial questions (like embryo research) were asked;

2) Varmus told the committee that the President's Budget is "likely to include" funding for the Clinical Center.

In a subsequent e-mail Kathleen will tell you about the testimony of some of the Institute directors who followed Dr. Varmus. Senators Kassebaum, Kennedy, Coats, Simon, Harkin, Frist, Pell, Gregg, Mikulski and Wellstone attended. Nearly all gave statements supporting NIH; Senator Kassebaum called it the "jewel in the crown of the Federal Government." Several also advocated increased NIH funding.

Varmus' Opening Statement

In his opening statement, Varmus provided a broad overview of NIH, and told the Committee that details of the legislative proposals HHS would like the committee to include in its authorization legislation would be sent later in a letter from the Secretary.

Q&A on the Clinical Center

Towards the end of the Q&A, Senator Gregg noted that the Clinical Center had been built in 1953, was deteriorating, and asked Varmus what NIH's plans were. Varmus responded that a number of committees had reviewed the Clinical Center and recommended that NIH construct a new 250-bed hospital with 250,000 square feet of lab space. He told them that the hospital cost more than \$300 million and that HHS was working with OMB to begin funding. Gregg then asked Varmus when construction would begin and be completed. Varmus responded that it would begin "in the next fiscal year" and end at the turn of the century. "And you'll need an appropriation of about \$350 million for this?", Gregg asked. Varmus replied that on March 18, when OMB releases its budget, the Committee was "likely to see" funding for the Clinical Center. Gregg asked whether the funding would come "on top" of funding for the rest of NIH, and Varmus answered that the Budget would "try to minimize" the effect of the Clinical Center on other NIH programs.

Q&A on Office of AIDS Research

Kennedy asked Varmus for an assessment of the Office of AIDS Research (OAR). Varmus mentioned the forthcoming Levine Commission review of NIH's AIDS programs, called OAR's planning and budgeting process "very useful," and said that OAR had brought many new people into AIDS research.

Q&A on NIH's Administrative Structure

Senator Coats observed that in a time of limited resources NIH should be streamlining its operations to make more of its total budget available for research. He noted that like NIH, DOD is comprised of a number of relatively autonomous organizations that sometimes develop their own parochial interests. According to Coats, as DOD's budget has flattened it has instituted better management processes to coordinate funding among its various components. He recommended that NIH do the same.

Q&A on Congressional Mandates

Senators Mikulski and Gregg asked Varmus to identify any Congressional mandates that are unduly burdensome for NIH. Varmus responded that NIH is working with HHS and OMB to develop a list of such mandates. Gregg said that working with OMB was not necessary since these mandates came from the Hill in the first place.

Q&A on Extramural Construction

Senator Kennedy asked why NIH is reducing support for extramural construction at academic health centers. Varmus noted that extramural construction is a small part of the support that NIH gives academic health center construction. He observed that one third of all NIH grant support is spent on administrative and facilities costs through indirect costs.

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: aidsnews@aspensys.com@INET@EOPMRX

CREATION DATE/TIME: 7-MAR-1996 10:06:00.00

SUBJECT: CDC AIDS Daily Summary 03/07/96

TO: levi_j (levi_j@A1@CD) (WHO)

READ: 11-MAR-1996 10:38:04.98

TEXT:

AIDS Daily Summary
March 7, 1996

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse makes available the following information as a public service only. Providing this information does not constitute endorsement by the CDC, the CDC Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC Clearinghouse should be cited as the source of this information. Copyright 1996, Information, Inc., Bethesda, MD

- "AIDS Council Likely to Back Needle Programs"
- "Victims of Tainted Blood May Not Live to See Report"
- "States Fight to Limit Federal Courts' Power Over Medicaid"
- "White House: More AIDS Education Needed"
- "HIV Strain Resistant to New Protease Inhibitors"
- "Late-Stage AIDS Patients Susceptible to Pseudomonas Aeruginosa Infection"
- "HIV Prevalence High Among Male Teens Who Have Homosexual Encounters"
- "DNA Vaccine Set to Tackle HIV Infection"
- "The Rolling Uncertainties of Antiprotease Prescribing"
- "Drug Program Revived"

"AIDS Council Likely to Back Needle Programs"
New York Times (03/07/96) P. B6; Preston, Jennifer

The Governor's Advisory Council on AIDS in New Jersey is expected to recommend that the state allow needle exchange programs and the sale of syringes without prescriptions, in an attempt to reduce the transmission of HIV among injection drug users. Gov. Christine Todd Whitman has opposed such programs, but the panel she appointed to evaluate them has decided to recommend that the Governor support changing the law. Most members of the advisory council said they were swayed by studies which show that needle exchanges slow the spread of HIV among injection drug users. David Troast, chairman of the council, said his opposition to needle exchanges was reversed when he visited one such program in

the Bronx as well as when he saw a study that found that needle-sharing was reduced by 40 percent in Connecticut after a 1992 law allowed drug stores to sell syringes without prescriptions. Connecticut is one of five states that has such a law. Related Story: USA Today (03/07/96) P.9A

"Victims of Tainted Blood May Not Live to See Report"

Toronto Globe and Mail (03/06/96) P. A3; Picard, Andre

Justice Horace Krever, the judge leading the inquiry into Canada's tainted blood incident, says the commission's report may be delayed by months, possibly years. More than 1,200 hemophiliacs and transfusion recipients were infected with HIV from contaminated blood and blood products between 1980 and 1985. Krever made this prediction in a letter to the Clerk of the Privy Council following a government lawyer's announcement that the lawsuit being brought by the federal government, provinces, the Canadian Red Cross, and pharmaceutical companies would not interfere with the completion of the inquiry. The suit is an attempt to keep Krever from making any findings of wrongdoing, and contends that such findings could be used in civil or criminal cases against them. The inquiry has compiled more than 300 potential findings of misconduct, which consumer advocates say are important to the case and do not imply any legal liability. Such groups say delaying the report, which had a deadline of Sept. 30, 1996, hurts the public's faith in the blood system.

"States Fight to Limit Federal Courts' Power Over Medicaid"

Washington Post (03/07/96) P. A27; Havemann, Judith

The Medicaid reform plan proposed by U.S. governors includes a provision to ban individual Medicaid beneficiaries--or their doctors, hospitals, and nursing homes--from suing states in federal courts. Costly court battles inspired the provision, which was criticized by Rep. John Dingell (D-Mich.) Wednesday at a hearing. Dingell said that prohibiting the suits would "eliminate the effective enforcement of federal rights." States pay 20 percent to 50 percent of the total costs of Medicaid, and argue that the courts interfere with state activities. In 1989, for example, the Missouri state legislature tried to ban Medicaid payments for AZT, an expensive AIDS drug, but the courts ruled that the state had to pay.

"White House: More AIDS Education Needed"

Miami Herald (03/06/96) P. 17A

U.S. teens are contracting HIV at the rate of more than one an hour, and the White House said Tuesday that more AIDS education is needed. The White House Office of AIDS Policy issued a report urging strong AIDS education for children, so that when they later have sex or use drugs, they will know how to protect themselves. For some young people, like 24-year-old Lam Duckim, the report is more government talk and no action. Duckim, who is HIV-positive, said "this report isn't really doing something for youth. There is a need for accountability." While most U.S. school districts provide some AIDS education, many do not include

discussions of sexual intercourse, homosexuality, bisexuality, and condom use. Furthermore, the report did not suggest how to reach gay teens, noted the Los Angeles Gay & Lesbian Center. The center said that some 60 percent of AIDS cases among men under age 25 are due to unsafe homosexual sex. To improve AIDS education in Florida, legislators are considering a system in which school districts would compete for AIDS education grants.

"HIV Strain Resistant to New Protease Inhibitors"

Reuters (03/07/96)

Some HIV-infected patients, who have not been treated with the new protease inhibitors, have already developed strains of the virus that are resistant to the new drugs, report researchers at the University of California at Los Angeles. Dr. Andrew Kaplan and colleagues say that nearly one-third of 246 protease coding sequences from 12 HIV-positive patients had mutations that seemed to be resistant to the virus. If some of the viruses in a patient are resistant to the drug, Kaplan said, the virus has "a huge head start."

"Late-Stage AIDS Patients Susceptible to Pseudomonas Aeruginosa Infection"

Reuters (03/06/96)

Four case studies of community-acquired *Pseudomonas aeruginosa* infection in late-stage AIDS patients suggest an increase in *P. aeruginosa* infection as a late manifestation of advanced AIDS, said Dr. Orlando Schaening and colleagues of the Maimonides Medical Center and SUNY in Brooklyn, N.Y. Schaening recommends that a secondary prophylaxis for AIDS patients with documented *Pseudomonas* infection be considered. In an editorial accompanying the study, which was published in the journal *Infectious Medicine*, Barry Sieger of the Orlando Regional Medical Center notes that AIDS patients require frequent antibiotic treatments, which promotes bacterial overgrowth and superinfection with fairly resistant pathogens, like *Pseudomonas*.

"HIV Prevalence High Among Male Teens Who Have Homosexual Encounters"

Reuters (02/13/96)

A national survey of young homosexual and bisexual men revealed that 7 percent are infected with HIV. Five percent of the men aged 15 to 19 and 9 percent of those aged 20 to 22 were HIV-positive, and 38 percent of those surveyed reported having had unprotected anal sex within the previous six months. Linda Valleroy of the Centers for Disease Control and Prevention (CDC) led the survey and presented the findings at the annual meeting of the American Association for the Advancement of Science in Baltimore. Valleroy called the prevalence of unprotected anal sex "alarming, given that these young men grew up in an era of HIV awareness." The CDC's John M. Karon suspects that young men underestimate the risk of getting HIV because they assume that only older men are infected. Data on the epidemiology of HIV/AIDS was also presented at the meeting, and HIV infection was reported to be the leading cause of death among men aged 25 to 44

and the fourth leading cause of death among women in that age group. The World Health Organization reported more than one million cases of AIDS in 192 countries in 1995, but estimates that more than 4.5 million cases have occurred globally.

"DNA Vaccine Set to Tackle HIV Infection"

Science News (02/17/96) Vol. 149, No. 7, P. 100; Travis, J.

The Food and Drug Administration (FDA) has granted researchers at the University of Pennsylvania and the biotech firm Apollon permission to inject a DNA derived vaccine into healthy, HIV-negative volunteers. In recent years, researchers have found that injecting a gene into an animal provokes a positive immune response to the protein that gene encodes. The new study, the first conducted with the hope of preventing HIV infection, is expected to determine the safety of such an injection. The vaccine involved is made from a gene that codes for one of the proteins that form the surface of HIV and should therefore generate HIV antibodies and activate HIV-killing immune cells. The FDA agreed to the trial because the cancer and HIV-infected patients previously injected with DNA have experienced no significant side effects thus far.

"The Rolling Uncertainties of Antiprotease Prescribing"

Journal of the International Association of Physicians in AIDS Care (02/96) Vol.2, No.2, P. 6; Mascolini, Mark

The first protease inhibitor, Hoffmann-LaRoche's Invirase (saquinavir), has been approved, and at least four others are in various stages of development. The variety of drugs becoming available can be potentially confusing to clinicians, as they are left to themselves to interpret the results of new studies. Currently, Roche is working on a new formulation of saquinavir because of the existing version's low bioavailability. Meanwhile, Abbott's Norvir (ritonavir) and Merck's Crixivan (indinavir) are both now in phase III trials and could be approved this summer. In addition, patients are being enrolled for phase II/III trials of Agouron's nelfinavir, and Vertex/Glaxo Wellcome began a phase I/II study of its VX-478/141W94 late last year. Protease inhibitors work best when combined with nucleoside analogs, and in some cases have resulted in viral load decreases to undetectable levels. However, treatment with one protease inhibitor can induce resistance to others, complicating decisions about beginning therapy with one drug and switching to a more promising one later. The cost of the new drugs adds another problem for treatment. A combination of saquinavir, zidovudine, and 3TC (lamivudine), for example, costs \$11,830 wholesale per year. Researchers advise that combining a high dose of a protease inhibitor with one or more nucleoside analogs is the best strategy to slow the virus.

"Drug Program Revived"

Washington Blade (02/16/96) Vol.27, No.7, P. 1; Fox, Sue

Washington D.C.'s program to provide AIDS drugs to low-income patients was recently shut down for three days due to a lack of funding, but is once again functioning. The city government

brought the service back by paying off old bills and redirecting \$115,000 in leftover federal AIDS support to the D.C. CARE Consortium, which runs the program. The city's agency for HIV/AIDS is now working on ways to ward off another closure. At the time of the shutdown, the program was owed about \$222,000 in federal funds. In addition, December's payment was late, thereby delaying the disbursement of funds. Using the recent payments, the service will probably have enough money to operate through March, and will receive new funds in April.

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

ATT CREATION TIME/DATE: 7-MAR-1996 10:08:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)

by PMDF.EOP.GOV (PMDf V5.0-4 #6879) id <01121XJ7LLTS007R5E@PMDf.EOP.GOV> for levi_j@a1.eop.gov; Thu, 07 Mar 1996 10:06:30 -0400 (EDT)

Received: from aspensys (aspensys.aspensys.com)

by STORM.EOP.GOV (PMDf V5.0-6 #6879) id <01121XKRIQTY00051K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Thu, 07 Mar 1996 10:07:45 -0700 (MST)

Received: by aspensys (5.0/SMI-SVR4) id AA21362; Thu, 07 Mar 1996 10:00:47 +0500

Errors-to: martha_vander_kolk@smtpinet.aspensys.com

Precedence: bulk

Originator: aidsnews@cdcnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse

X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: MBLink Administrators@OVP@LNGATE@EOPMRX

CREATION DATE/TIME: 8-MAR-1996 18:07:00.00

SUBJECT: NON-DELIVERY of: RE: AIDS meeting follow-up

TO: LEVI_J (LEVI_J@A1@CD) (WHO)
READ: 8-MAR-1996 21:40:36.45

TO: CN=Toby Donenfeld/O=OVP (CN=Toby Donenfeld/O=OVP@OVP@LNGATE@EOPMRX)
READ:NOT READ

CC: STUDENT_E (STUDENT_E@A1@LNGATE@EOPMRX) (SYS)
READ:NOT READ

TEXT:
Message Creation Date was at 8-MAR-1996 18:03:00

Intended recipient(s): STUDENT_E@A1@CD
Failure reason: No route found to domain CD from server OVP_3/OVP. Check Server, Connection and Domain documents in Name & Address Book.

----- Text Item -----

Thanks for the update. I agree with Greg that Keystone can be very slow...however, in this case I know that Keystone is willing to move this very quickly and ot issue a report -- especially if we get involved. Let me know how you think Greg would want to proceed in approaching Keystone about this.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: 75051.3374@compuserve.com@INET@EOPMRX

CREATION DATE/TIME: 8-MAR-1996 11:04:00.00

SUBJECT: Meeting with MC Smothermon

TO: Jeffrey Levi (levi_j@a1@CD) (WHO)

READ: 8-MAR-1996 18:20:33.65

TEXT:

Dear Jeff,

Just a note to confirm our appointment at 10:00 a.m. Wednesday, March 13, at your office. I see by the weather reports that it is once again snowing in Washington. I am packing my winter boots, gloves, etc. It's been bitterly cold here, but also terribly dry. Devastating grass fires have burned all around the state. No rain or snow in sight and I think right now we'd take any kind of moisture we could get.

I'm flying to Washington tomorrow - providing I can get out of Chicago with all the weather. Hopefully, it will be clearing up by then. From Sunday afternoon through Tuesday I'll be in board meetings at the AIDS National Interfaith Network (ANIN) - 110 Maryland Avenue, N.E., Suite 504 - phone 546-0807. I will be staying at The Embassy Inn, 1627 16th St., N.W. - 234-7800. You can reach me at either number if necessary.

Relative to the recent report on teens and AIDS released by your office, you might be interested in a program called STAY, Students Teaching AIDS to Youth, in Tulsa. It is sponsored by the Tulsa chapter of the American Red Cross and uses peer educators in youth organizations. Instructors are 15-22 years old and have completed a Red Cross training program. It appears to be working well.

You had mentioned sending me a packet of the plenary session of the White House Conference on AIDS in December. It did not make it, but perhaps I could get it when we meet. It would also be helpful if I might have information on other current projects, including the teen report and recommendations.

I'm looking forward to meeting you on Wednesday.

Sincerely,
MC Smothermon

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE: 8-MAR-1996 11:07:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDf V5.0-4 #6879) id <01123DU3170G009JRK@PMDf.EOP.GOV> for
levi_j@a1.eop.gov; Fri, 08 Mar 1996 11:04:12 -0400 (EDT)

Received: from dub-img-5.compuserve.com by STORM.EOP.GOV (PMDF V5.0-6 #6879)
id <01I23DVJN8BU00051K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri,
08 Mar 1996 11:05:24 -0700 (MST)

Received: by dub-img-5.compuserve.com (8.6.10/5.950515) id LAA29696; Fri,
08 Mar 1996 11:05:33 -0500

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

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

CREATOR: William G. White (WHITE_W) (OMB)

CREATION DATE/TIME: 8-MAR-1996 12:42:38.13

SUBJECT: House 10th C.R. Bill

TO: Patsy Fleming (FLEMING_P) (WHO)

READ: 8-MAR-1996 13:45:06.06

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 8-MAR-1996 18:18:50.25

TO: Nancy-Ann E. Min (MIN_N) (OMB)

READ: 8-MAR-1996 15:48:31.16

TO: James I. Blount (BLOUNT_J) (OMB)

READ: 12-MAR-1996 10:20:36.84

CC: Richard J. Turman (TURMAN_R) (OMB)

READ: 8-MAR-1996 15:24:17.43

CC: Barry T. Clendenin (CLENDENIN_B) (OMB)

READ: 8-MAR-1996 12:46:19.85

TEXT:

Per your request, provided below is a summary of how HRSA AIDS activities are treated in the House Omnibus 10th C.R. bill. We have not yet seen a committee report of the bill, which would provide details on how the House would distribute funds by activity. However, from the House bill language and other information, we surmise the following:

Ryan White

The HRSA Appropriations language includes a set-aside of \$52 million for Ryan White ADAP activities. Unlike the Senate 10th C.R. bill, this \$52 million is not contingent on the enactment of entitlement reform.

The language also indicates that the Title II level will be \$250 million (\$52 million above the original House FY96 level of \$198 million.) This may bring the FY96 total for Ryan White to \$708 million, \$67 million below the FY96 policy level of \$775 million. (The language specifies \$ amounts for Titles I and II, but not III and IV; we've made a guess. The language indicates that Title I remains at the original FY96 level of \$380 million, \$23 million above FY95.)

However, the House appropriation's language establishing this \$52 million is different than the language that we submitted in the Administration's FY96 Budget Amendment and that was included in the Senate Committee's 10th C.R. bill. It is not clear whether this language will achieve our policy objective of making this money available only for State ADAP activities.

HHS staff advise that they have notified the House L/HHS staff

that they believe this language does not achieve the policy objective of making this \$52 million available to states only for ADAP activities. The House L/HHS staff have said that they will try to change this language in Conference to make it consistent with our language.

AIDS ETCs

Without a committee report, it is not clear how the House treats AIDS Education and Training Centers. However, the House has increased total funding for HRSA by \$126 million over the original House FY96 bill -- \$52 million of which is earmarked for Title II of Ryan White and much of the remainder is apparently intended for Healthy Start infant mortality grants.

Within the HRSA increase, it is possible that AIDS ETCs could get an increase from the original House level, which zeroed out AIDS ETCs. We just can't tell exactly from the information we have available.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 8-MAR-1996 18:06:41.42

SUBJECT: Re: Conference call

TO: Farrell, Kimberly (KSF@s-3.com@INET@EOPMRX)
READ:NOT READ

TEXT:

Yes, please notify the committee. Thanks.

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

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

CREATION DATE/TIME: 8-MAR-1996 13:12:39.28

SUBJECT: PEOPLE WHO MIGHT WANT TO CHECK THE I DRIVE FILE

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 8-MAR-1996 14:30:10.53

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 8-MAR-1996 13:14:07.95

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 8-MAR-1996 14:14:03.17

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 8-MAR-1996 18:07:55.29

TO: Gaynor R. McCown (MCCOWN_G) (OPD)
READ: 8-MAR-1996 17:12:34.64

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ: 8-MAR-1996 13:24:41.36

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 13-MAR-1996 13:03:58.27

TO: Bruce N. Reed (REED_B) (WHO)
READ: 8-MAR-1996 15:53:00.42

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 8-MAR-1996 13:15:32.18

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ: 8-MAR-1996 13:21:06.96

TO: Michael Waldman (WALDMAN_M) (OPD)
READ: 11-MAR-1996 10:21:32.60

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 8-MAR-1996 13:15:53.19

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 8-MAR-1996 14:00:04.06

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 8-MAR-1996 13:14:34.71

TO: Carol H. Rasco (RASCO_C) (WHO)
READ: 8-MAR-1996 14:25:55.41

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 8-MAR-1996 14:59:43.59

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 11-MAR-1996 11:31:39.18

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 8-MAR-1996 14:33:41.17

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 11-MAR-1996 09:13:18.64

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 8-MAR-1996 16:26:02.94

TO: Patricia E. Romani (ROMANI_P) (WHO)
READ: 8-MAR-1996 13:28:05.45

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 8-MAR-1996 13:15:06.16

TO: Dennis Burke (BURKE_D) (OPD)
READ: 8-MAR-1996 16:03:54.42

TEXT:

Before Carol sees the first printed version of the i: drive tickler file list on Monday morning at 9:00am, the following people may want to check the list. Please let me know if you have already completed any of the items I have listed.

Molly
Gaynor/Paul/JBA

Bruce

Patsy

Gaynor

Janet

Steve

Thank you.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: aidsnews@aspensys.com@INET@EOPMRX

CREATION DATE/TIME: 8-MAR-1996 10:19:00.00

SUBJECT: CDC AIDS Daily Summary 3/6/96

TO: levi_j (levi_j@A1@CD) (WHO)

READ: 11-MAR-1996 10:39:51.16

TEXT:

AIDS Daily Summary
March 8, 1996

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse makes available the following information as a public service only. Providing this information does not constitute endorsement by the CDC, the CDC Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC Clearinghouse should be cited as the source of this information.
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"Man With AIDS Tested Negative, U.S. Says"
"Physician-Aided Suicide Issue Expected Before High Court"
"Fighters to Undergo H.I.V. Testing in New Jersey"
"In Brief: Amgen Inc."
"New Drugs Raise Hope that HIV Manageable"
"Krever Denies Hiding Papers"
"Japan Courts Unveil Fresh Compromise in HIV Case"
"Collapse of Communism Brings Disease Threat--WHO"
"Health Secretary Backs AIDS Office's Budget Authority"
"Danish Haemophiliacs Win in European Court"

"Man With AIDS Tested Negative, U.S. Says"
New York Times (03/08/96) P. A25; Altman, Lawrence K.
Health officials at the Centers for Disease Control and Prevention reported the unusual case Thursday of a Utah man with AIDS who repeatedly tested negative for HIV. The man was a long-time blood plasma donor, but an investigation found no proof that his plasma had infected anyone. The Food and Drug Administration (FDA) is about to license a new HIV test that is significantly different from the one used since 1985, one that would have probably detected the man's HIV infection. The new test detects the p24 antigen, an HIV protein, while the current one detects HIV antibodies. The test is controversial, though, because it would add millions of dollars to testing costs, but only detect a few more cases. However, the new test can detect HIV about six days before the standard one does, catching four to

six contaminated blood donations per year that the standard test would have missed.

"Physician-Aided Suicide Issue Expected Before High Court"
Washington Post (03/08/96) P. A2; Biskupic, Joan

A constitutional right to physician-assisted suicide, which has been compared to a right to an abortion, could be a subject for the Supreme Court. A federal appeals court in California decided Wednesday that a Washington state law that makes physician-assisted suicide a felony violates the 14th Amendment's guarantee of personal liberty. Judge Stephen Reinhardt wrote the decision, which may serve as a guide for other appeals courts and eventually the Supreme Court. Reinhardt wrote that "prohibiting a terminally ill patient from hastening his death may have an even more profound impact on that person's life than forcing a woman to carry a pregnancy to term." No other appeals court has ruled on the issue, but a New York circuit court is considering a challenge to a New York law that prohibits physicians from helping dying patients end their lives. Related Story: New York Times (03/08) P. A14

"Fighters to Undergo H.I.V. Testing in New Jersey"
New York Times (03/08/96) P. B19; Eskenazi, Gerald

New Jersey's Athletic Control Board decided Thursday to make HIV testing mandatory for boxers competing in the state. Following the news that fighter Tommy Morrison tested positive for the virus in Las Vegas, New York made the test mandatory, and California and Florida are close to similar decisions. Larry Hazzard, the New Jersey board's commissioner, said he has been trying to impose testing since the 1980s, but gave up because he "became bogged down with so many issues and groups: the ACLU, then there was the Americans with Disabilities Act, and the idea of confidentiality." Hazzard said that since the 1980s, referees and handlers have been required to wear gloves, and boxers were made to change mouthpieces if there was blood on them.

"In Brief: Amgen Inc."

Investor's Business Daily (03/08/96) P. A1

Amgen Inc. has announced that Neupogen, a drug for the treatment of people with advanced HIV infection, has received regulatory approval in the United Kingdom.

"New Drugs Raise Hope that HIV Manageable"

Toronto Globe and Mail (03/07/96) P. A1; Immen, Wallace

New AIDS drugs and technologies are bringing hope that people with HIV will be able to live with it as a chronic, manageable illness. Drugs now exist to begin treating the infection immediately and keep the virus at low levels for long periods of time, preventing the immune system's decline. Such drugs, including the new protease inhibitors, may cost between \$17,000 and \$24,000 a year. There also appears to be progress on the prevention front, as studies have now shown that AZT may prevent babies of HIV-infected mothers from getting the virus.

"Krever Denies Hiding Papers"

Toronto Globe and Mail (03/07/96) P. A3

Canadian Justice Horace Krever said he is not keeping documents from the individuals involved in Canada's tainted blood tragedy, as they have charged. Krever issued notices of potential findings of misconduct to the Red Cross, the federal government, provinces, and pharmaceutical companies, and these groups are now seeking the documents he used in determining who might be blamed in his final report. Krever said he relied on inquiry testimony and documents, and discussions with his lawyers in coming up with the findings. Lawyers say they need the information to help their clients when they demand a judicial review of Krever's findings and ask that the misconduct notices be quashed.

"Japan Courts Unveil Fresh Compromise in HIV Case"

Reuters (03/07/96)

Courts in Osaka and Tokyo have presented a final proposal for an out-of-court settlement in a suit filed by 400 hemophiliacs who contracted HIV through tainted blood. The courts recommended the state and five pharmaceutical companies pay \$1,428 per month to each of the plaintiffs, with the government paying 40 percent of the total payments. An earlier plan called for the state and companies together to pay a total of \$428,000 to each individual. The courts urged the parties to reach an out-of-court settlement by the end of March. The drug companies and the government were blamed for not taking action after the threat of HIV infection through contaminated blood products was known.

"Collapse of Communism Brings Disease Threat--WHO"

Reuters (03/07/96); Fox, Maggie

The World Health Organization (WHO) reported Thursday that the collapse of communism six years ago has caused the spread of infectious diseases like tuberculosis (TB) and diphtheria, and sexually transmitted diseases that now threaten the rest of the world. The group said that, while a vaccination program would only cost about \$20 million, the world is not taking the disease threat seriously. Cholera, diphtheria, and syphilis cases increased in eastern Europe after the economic and political changes following the fall of communism. The diseases, which the rest of the world had considered conquered, began crossing borders into western Europe. When the Soviet Union collapsed, preventive services declined, and disease increased. The greatest threat, however, came from TB. Jo Asvall, the regional director of the WHO in Europe, said, "Tuberculosis in the next 10 years worldwide will infect 300 million people." In addition to establishing vaccination programs and clean water programs, the WHO recommend setting up a network of laboratories to coordinate emerging disease detection.

"Health Secretary Backs AIDS Office's Budget Authority"

Nature (02/15/96) Vol.379, No.6566, P. 570; Wadman, Meredith

Donna Shalala, Secretary of Health and Human Services, recently told a meeting of the National Association of Science Writers in Baltimore that she and President Clinton are committed to

maintaining the Office of AIDS Research's (OAR's) authority over AIDS research spending. Republicans in Congress have tried to take away the OAR's control over the National Institute's of Health (NIH) \$1.4 billion AIDS budget, but NIH director Harold Varmus has supported keeping the OAR's budgetary powers. Some institute directors object to the OAR's role, but Shalala said the law that gives the office its authority should take precedence over a stop-gap funding measure passed in January to fund NIH up to the end of the fiscal year. The measure has been interpreted to mean that the OAR should be bypassed, sending 1996 funds directly to the individual institutes. Rep. John Porter (R-Ill.) called NIH's decision to bypass the OAR entirely "mechanical." AIDS activists and researchers say the move could limit the OAR's authority in AIDS research.

"Danish Haemophiliacs Win in European Court"

Lancet (02/17/96) Vol. 347, No. 8999, P. 462; Skovmand, Kaare

The European Court of Human Rights has awarded judgment to the plaintiffs in a case brought against the Danish government by seven hemophiliacs who became HIV-infected through factor VIII transfusions. The plaintiffs had alleged that their original seven-year trial was in violation of human rights under article 6 of the Geneva Convention which says that court hearings must be completed "within a reasonable time." In response to this decision, Danish politicians have ordered a review of the court system to prevent such prolonged trials in the future.

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ATTACHMENT 1
=====
ATT CREATION TIME/DATE: 8-MAR-1996 10:22:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)

by PMDF.EOP.GOV (PMDf V5.0-4 #6879) id <01123CATEOCG009MPD@PMDf.EOP.GOV> for levi_j@a1.eop.gov; Fri, 08 Mar 1996 10:19:38 -0400 (EDT)

Received: from aspensys (aspensys.aspensys.com)

by STORM.EOP.GOV (PMDf V5.0-6 #6879) id <01123CCBEYKI00051K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri, 08 Mar 1996 10:20:50 -0700 (MST)

Received: by aspensys (5.0/SMI-SVR4) id AA25731; Fri, 08 Mar 1996 10:13:53 +0500

Errors-to: martha_vander_kolk@smtpinet.aspensys.com

Precedence: bulk

Originator: aidsnews@cdcnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse

X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: aidsnews@aspensys.com@INET@EOPMRX

CREATION DATE/TIME: 8-MAR-1996 12:52:00.00

SUBJECT: MMWR 03/08/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ: 11-MAR-1996 10:42:42.39

TEXT:

MORBIDITY AND MORTALITY WEEKLY REPORT

Centers for Disease Control and Prevention
March 8, 1996
Vol. 45, No. 9

* Persistent Lack of Detectable HIV-1 Antibody In a Person
With HIV Infection --- Utah, 1995

Persistent Lack of Detectable HIV-1 Antibody In a Person With HIV
Infection -- Utah, 1995

Infection with human immunodeficiency virus (HIV) is diagnosed routinely by the enzyme immunoassay (EIA) for HIV-1 antibody; a nonreactive blood sample is designated as negative without further testing. However, one limitation of this screening algorithm is that a blood sample may be obtained from a patient with recent HIV infection before detectable HIV antibody is present ("window period"). This report describes a patient with confirmed HIV infection in whom EIAs for HIV antibody (HIV-EIAs) were persistently negative beyond the expected "window period."*

Case Investigation

In October 1995, the Utah Department of Health referred to CDC blood samples obtained from a man who had had onset of persistent fatigue and malaise during January 1995. During January-June 1995, he had sought medical care at several clinics. When he was admitted to a hospital in June because of respiratory illness and recent weight loss of 27 lbs, HIV-EIA was negative. In August, he was admitted with lung-biopsy-confirmed *Pneumocystis carinii* pneumonia (PCP) and a CD4+ count of 129 cells/uL; an HIV-EIA again was negative. The patient reported frequently donating plasma at a plasmapheresis center from August 1990 through April 1994. Review of records at the plasmapheresis center identified 33 donations by the patient. At the time of each donation, testing on an aliquot of the donated plasma was negative by HIV-EIA (Table 1).

The patient was married and reported sexual contact without condom use with his wife during 1989-1993; the couple separated in 1993 and had no further sexual contact. The wife was interviewed and reported sexual contact during 1985-1989 with a bisexual man who had died of acquired immunodeficiency syndrome (AIDS) in 1994. In January 1994, she was diagnosed with PCP and HIV infection

(HIV-EIA positive). When the patient became aware of his wife's HIV infection in May 1994, he was tested and was HIV-EIA negative (Table 1). The patient denied male-to-male sexual contact or receipt of a transfusion. He had used multiple nonparenteral illicit drugs, but denied injecting-drug use.

Laboratory Investigation

Two blood samples obtained in October and in December 1995 were analyzed by CDC and the Food and Drug Administration (FDA). Both samples were weakly reactive for antibody (signal/cutoff ratio less than 2.2) when tested by the HIV-EIA kit from manufacturer A, but were negative by kits from manufacturers B and C.

Because antibody detection assays were negative or weakly positive, additional assays were conducted. Assays for HIV-1 p24 antigen using the kit from manufacturer D on both samples were so weakly reactive that neutralization assays were invalid; however, after the samples were subjected to base dissociation to disrupt immune complexes, the p24-antigen results became strongly reactive and neutralizable. Antigen results also were positive using EIA kits from manufacturers E and F without immune complex disruption, including a positive neutralization test (kit E). HIV infection was diagnosed based on the positive p24-antigen test results.

Testing also was conducted to evaluate whether the persistent seronegativity was attributable to infection with an atypical virus or to lack of immune competence. HIV proviral DNA present in the peripheral blood mononuclear cells from the patient and his wife was amplified by a nested polymerase chain reaction (PCR) and sequenced directly. The results indicated that the HIV sequences from the patient and his wife were closely related**, and that these HIV strains were subtype B viruses, the HIV subtype predominant in the United States. Immunologic evaluation of specimens obtained from the patient in August 1995 detected normal levels of serum immunoglobulin G, immunoglobulin M, and immunoglobulin A and a positive immunoglobulin G titer to Epstein-Barr virus and cytomegalovirus.

Reported by: L Reimer, MD, Veterans Affairs Medical Center and Univ of Utah; C Brokopp, DrPH, S Mottice, PhD, R Den, C Nichols, MPA, State Epidemiologist, Utah Dept of Health. Salt Lake City Resident Post and Office of Blood Research and Review, Food and Drug Administration. Div of HIV/AIDS Prevention, National Center for Prevention Svcs; Div of AIDS, STD, and TB Laboratory Research, National Center for Infectious Diseases, CDC.

Editorial Note: This report documents persistently negative HIV test results from an HIV-infected man. HIV-infected blood may test EIA negative for HIV antibody for at least three reasons. First, infectious blood may be tested during the "window period." Second, infections with divergent HIV strains (e.g., group O viruses) may not be detected by EIAs designed to detect antibody to HIV-1 and HIV-2 (1). However, a recently completed retrospective study in the United States did not document any serum samples with peptide reactivity consistent with HIV-1 group O infection (2). In the case described in this report, genetic analysis indicated that the husband and wife were infected with similar subtype B strains, typical of HIV-1 strains found in the United States. Third, although HIV-infected patients who are initially HIV seropositive

have been reported to become seronegative (serorevert) (3), this phenomenon is rare when current HIV-EIAs are used (4).

The persistently seronegative status of the patient described in this report was not associated with one of the previously recognized reasons. Based on the similarity of the genetic sequences between the patient and his wife and results of the epidemiologic investigation, the most likely mode of HIV transmission to the case-patient was by heterosexual contact with his HIV-infected wife; the persistent seronegativity probably resulted from an atypical host response and not from infection with an atypical viral strain. A small number of such patients have been reported previously (5,6); in these cases, disease progression has been rapid, and diagnostic specimens were collected and analyzed only after the patient became ill.

Plasma obtained by plasmapheresis (source plasma) is either heat-treated or treated by a solvent/detergent process to inactivate HIV. Because the products derived from pools containing these donations were treated, no recall of plasma derivatives was initiated. CDC has not received reports of instances of HIV transmission by plasma products processed according to recommended procedures to inactivate HIV. In comparison, whole-blood donations are not treated, and failure to detect HIV antibody in an infected person is a safety concern for whole-blood donations. The blood supply in the United States is screened through predonation donor deferral based on history of exposure risks and postdonation laboratory testing (7). Of the 12 million units of blood donated in the United States annually, an estimated 32-49 blood components are potentially infectious for HIV and available for distribution by blood banks for infusion into patients--primarily because of "window period" donations (8). Since screening of donated blood began in 1985, a total of 35 cases of AIDS have been associated with receipt of "window period" donations; the sensitivity of the screening test has improved during this period.

FDA recently issued guidelines to blood and plasma establishments (e.g., plasmapheresis centers) and recommends that all blood and plasma donations be screened for HIV-1 p24 antigen beginning within 3 months of the licensing of a test kit for screening use (9). Although this recommendation was promulgated primarily to decrease the number of "window period" HIV-seronegative blood donations, p24-antigen testing may have an additional benefit of identifying blood from the rare HIV-infected donor with persistently undetectable HIV antibody. Kits to detect HIV-1 p24 antigen have not yet been licensed for screening purposes by FDA, but one or more such tests are expected to be licensed soon. The Public Health Service has issued guidelines for testing and counseling blood and plasma donors with HIV-1 p24 antigen (10).

Although the conditions characterizing the case described in this report are rare, such cases must be diagnosed correctly. Physicians who treat patients with AIDS-defining conditions--but for whom EIAs fail to detect HIV antibody--should seek specialized laboratory assistance from their state or local health departments. Laboratory procedures such as antigen testing, antigen testing after immune complex disruption, DNA-PCR, and reverse-transcriptase PCR can assist in defining the HIV-infection status of such

persons.

References

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2. Pau CP, Hu DJ, Spurill C, et al. Surveillance for HIV-1 group O infections in the United States. *Transfusion* 1996 (in press).
3. Farzadegan H, Polis MA, Wolinsky SM, et al. Loss of human immunodeficiency virus type 1 (HIV-1) antibodies with evidence of viral infection in asymptomatic homosexual men: a report from the Multicenter AIDS Cohort Study. *Ann Intern Med* 1988;108:785-90.
4. Roy MJ, Damato JJ, Burke DS. Absence of true seroreversion of HIV-1 antibody in seroreactive individuals. *JAMA* 1993;269:2786-9.
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6. Soriano V, Dronda F, Gonzalez-Lopez A, Chaves F, Bravo R, Gutierrez M. HIV-1 causing AIDS and death in a seronegative individual. *Vox Sang* 1994;67:410-1.
7. Food and Drug Administration. Revised recommendations for the prevention of human immunodeficiency virus transmission blood and blood products [Memorandum to all registered blood and plasma establishments]. Rockville, Maryland: US Department of Health and Human Services, Public Health Service, Food and Drug Administration, Center for Biologics Evaluation and Research, 1992.
8. Lackritz EM, Satten GA, Aberle-Grasse J, et al. Estimated risk of transmission of the human immunodeficiency virus by screened blood in the United States. *N Engl J Med* 1995;333:1721-5.
9. Food and Drug Administration. Recommendations for donor screening with a licensed test for HIV-1 antigen [Memorandum to all registered blood and plasma establishments]. Rockville, Maryland: US Department of Health and Human Services, Public Health Service, Food and Drug Administration, Center for Biologics Evaluation and Research, 1995.
10. CDC. U.S. Public Health Service guidelines for testing and counseling blood and plasma donors for human immunodeficiency virus type 1 antigen. *MMWR* 1996;45(no. RR-2).

* Single copies of this report will be available until March 8, 1997, from the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone (800) 458-5231 or (301) 217-0023.

** DNA sequence analysis determined that sequences from the patient and his wife differed by 7.4% over 345 nucleotides of the C2V3 region of the env gene, and 3.1% over 393 nucleotides of the p17 region of gag. Phylogenetic tree constructions demonstrated the close relation between the HIV sequences from the patient and his wife, with a bootstrap support of 98% and 100%, respectively, for each gene region.

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE: 8-MAR-1996 12:54:00.00

ATT BODYPART TYPE:D

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by PMDF.EOP.GOV (PMDf V5.0-4 #6879) id <01123HM69QZ40062RD@PMDf.EOP.GOV> for
levi_j@a1.eop.gov; Fri, 08 Mar 1996 12:52:20 -0400 (EDT)

Received: from aspensys (aspensys.aspensys.com)

by STORM.EOP.GOV (PMDf V5.0-6 #6879) id <01123HNPF0W400051K@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Fri, 08 Mar 1996 12:53:34 -0700 (MST)

Received: by aspensys (5.0/SMI-SVR4) id AA17592; Fri, 08 Mar 1996 12:46:38 +0500

Errors-to: martha_vander_kolk@smtpinet.aspensys.com

Precedence: bulk

Originator: aidsnews@cdnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse

X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas

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

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

CREATOR: Jeremy D. Benami (BENAMI_J) (WHO)

CREATION DATE/TIME: 8-MAR-1996 17:45:44.03

SUBJECT: editing issue briefs

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 8-MAR-1996 18:13:34.24

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 13-MAR-1996 13:02:26.15

TO: Brian E. Burke (BURKE_B) (OPD)
READ: NOT READ

TO: Dennis Burke (BURKE_D) (OPD)
READ: 8-MAR-1996 17:54:53.41

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ: 8-MAR-1996 18:19:12.99

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 8-MAR-1996 17:54:39.40

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 11-MAR-1996 09:01:39.18

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 11-MAR-1996 09:17:35.91

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 8-MAR-1996 18:47:47.11

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 11-MAR-1996 11:36:11.01

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 8-MAR-1996 18:53:09.63

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 11-MAR-1996 09:13:43.06

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 8-MAR-1996 18:08:08.81

TO: Gaynor R. McCown (MCCOWN_G) (OPD)
READ: 8-MAR-1996 17:48:38.60

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ: 8-MAR-1996 18:30:48.57

TO: Bruce N. Reed (REED_B) (WHO)
READ: 8-MAR-1996 17:50:34.28

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 8-MAR-1996 18:18:07.76

TO: Patricia E. Romani (ROMANI_P) (WHO)
READ: 9-MAR-1996 14:07:11.20

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ: 8-MAR-1996 17:48:25.29

TO: Ian R. Van Praagh (VANPRAAGH_I) (WHO)
READ: 8-MAR-1996 17:49:20.20

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 8-MAR-1996 17:46:59.17

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 8-MAR-1996 18:32:32.15

TEXT:

Attached is an email on how to edit issue briefs from the IM screen.

PLEASE REMEMBER ISSUE BRIEFS ARE DUE TO ME FOR EDITING BY MONDAY M

ORNING AT THE STAFF MEETING. I HAVE ONLY RECEIVED ONE SO FAR>

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

ATT CREATION TIME/DATE: 8-MAR-1996 17:20:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Angus S. King

ATT SUBJECT: Sorry so late

ATT TO: Jeremy D. Benami (BENAMI_J)

TEXT:

Just found a note that I wrote to myself about telling you and your folks how to get the old versions of the issue briefs into wordperfect for editing. Sorry I'm not doing it until now. (I assume it is too late, but on the premise of better late than never. . .)

If you can remind everyone that they should try to follow the format I sent you, it would be great. Here are the directions:
In All-In-One, type in IM and return.

Type in IB.

Type DP (unless your topic is in another area).

Move the arrow with arrow keys until it points to the right brief.

Type SD.

When the TO: screen comes up, type your own name, and then give it a title, just like sending an e-mail to yourself.

Next, open the mail, see that it's there, and exit out of it.

Type PCT.

Type SMP.

Type in a title when prompted, and hit return.

Remember the title you just typed, then wait for it to do its transfer thing.

Go into wordperfect and open the document. Adjust as necessary.

Close the finished document, then e-mail back to me (pct, mdf).

Thanks a lot.

I'll check in on Monday to see where we are.

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: aidsnews@aspensys.com@INET@EOPMRX

CREATION DATE/TIME: 8-MAR-1996 11:38:00.00

SUBJECT: CDC AIDS Daily Summary 03/08/96 (correct

TO: levi_j (levi_j@A1@CD) (WHO)

READ:11-MAR-1996 10:43:05.72

TEXT:

AIDS Daily Summary
March 8, 1996 (corrected edition)

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse makes available the following information as a public service only. Providing this information does not constitute endorsement by the CDC, the CDC Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC Clearinghouse should be cited as the source of this information.
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"Persistent Lack of Detectable Antibody to HIV-1
in an Individual with HIV infection, Utah 1995"
"Man With AIDS Tested Negative, U.S. Says"
"Physician-Aided Suicide Issue Expected Before High Court"
"Fighters to Undergo H.I.V. Testing in New Jersey"
"In Brief: Amgen Inc."
"New Drugs Raise Hope that HIV Manageable"
"Krever Denies Hiding Papers"
"Japan Courts Unveil Fresh Compromise in HIV Case"
"Collapse of Communism Brings Disease Threat--WHO"
"Health Secretary Backs AIDS Office's Budget Authority"
"Danish Haemophiliacs Win in European Court"

"Persistent Lack of Detectable Antibody to HIV-1
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Morbidity and Mortality Weekly Reports (03/08/96),
Vol. 45, No. 9

CDC, in collaboration with the Utah Department of Health (UDH) and the Food and Drug Administration (FDA), has investigated the case of a 36-year-old Utah man diagnosed with AIDS who persistently tests negative for HIV-1 antibodies. Additional tests by CDC and FDA for HIV antigen (a protein in the virus itself) and for HIV genetic material confirmed that the man is infected with HIV. After learning of his diagnosis, the man reported that he had previously sold plasma to a plasma center. The investigation was therefore expanded from the original

objective of assessing the reason for the unusual test result to determine if there was possible HIV transmission through the donated plasma.

The investigation confirmed that recipients of plasma products were never threatened. Routine processing procedures for plasma in the United States have been shown to inactivate HIV, and a thorough review of this center's records confirmed that this man's plasma was treated before any derived products were used. Therefore, the plasma products were free of HIV. While it has not yet been determined why this individual's antibody tests were negative, the investigation has revealed that it is most likely due to a rare immune reaction by the patient. In extraordinarily rare cases, an unusual immune response in an individual may result in the lack of detectable antibodies to HIV by standard enzyme immunoassay (EIA) tests. (A fact sheet regarding the findings is available from the CDC National AIDS Clearinghouse).

"Man With AIDS Tested Negative, U.S. Says"

New York Times (03/08/96) P. A25; Altman, Lawrence K.

Health officials at the Centers for Disease Control and Prevention reported the unusual case Thursday of a Utah man with AIDS who repeatedly tested negative for HIV. The man was a long-time blood plasma donor, but an investigation found no proof that his plasma had infected anyone. The Food and Drug Administration (FDA) is about to license a new HIV test that is significantly different from the one used since 1985, one that would have probably detected the man's HIV infection. The new test detects the p24 antigen, an HIV protein, while the current one detects HIV antibodies. The test is controversial, though, because it would add millions of dollars to testing costs, but only detect a few more cases. However, the new test can detect HIV about six days before the standard one does, catching four to six contaminated blood donations per year that the standard test would have missed.

"Physician-Aided Suicide Issue Expected Before High Court"

Washington Post (03/08/96) P. A2; Biskupic, Joan

A constitutional right to physician-assisted suicide, which has been compared to a right to an abortion, could be a subject for the Supreme Court. A federal appeals court in California decided Wednesday that a Washington state law that makes physician-assisted suicide a felony violates the 14th Amendment's guarantee of personal liberty. Judge Stephen Reinhardt wrote the decision, which may serve as a guide for other appeals courts and eventually the Supreme Court. Reinhardt wrote that "prohibiting a terminally ill patient from hastening his death may have an even more profound impact on that person's life than forcing a woman to carry a pregnancy to term." No other appeals court has ruled on the issue, but a New York circuit court is considering a challenge to a New York law that prohibits physicians from helping dying patients end their lives. Related Story: New York Times (03/08) P. A14

"Fighters to Undergo H.I.V. Testing in New Jersey"

New York Times (03/08/96) P. B19; Eskenazi, Gerald

New Jersey's Athletic Control Board decided Thursday to make HIV testing mandatory for boxers competing in the state. Following the news that fighter Tommy Morrison tested positive for the virus in Las Vegas, New York made the test mandatory, and California and Florida are close to similar decisions. Larry Hazzard, the New Jersey board's commissioner, said he has been trying to impose testing since the 1980s, but gave up because he "became bogged down with so many issues and groups: the ACLU, then there was the Americans with Disabilities Act, and the idea of confidentiality." Hazzard said that, since the 1980s referees and handlers have been required to wear gloves, and boxers were made to change mouthpieces if there was blood on them.

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"Collapse of Communism Brings Disease Threat--WHO"
Reuters (03/07/96); Fox, Maggie

The World Health Organization (WHO) reported Thursday that the collapse of communism six years ago has caused the spread of infectious diseases like tuberculosis (TB) and diphtheria, and sexually transmitted diseases that now threaten the rest of the world. The group said that, while a vaccination program would only cost about \$20 million, the world is not taking the disease threat seriously. Cholera, diphtheria, and syphilis cases increased in eastern Europe after the economic and political changes following the fall of communism. The diseases, which the rest of the world had considered conquered, began crossing borders into western Europe. When the Soviet Union collapsed, preventive services declined, and disease increased. The greatest threat, however, came from TB. Jo Asvall, the regional director of the WHO in Europe, said, "Tuberculosis in the next 10 years worldwide will infect 300 million people." In addition to establishing vaccination programs and clean water programs, the WHO recommend setting up a network of laboratories to coordinate emerging disease detection.

"Health Secretary Backs AIDS Office's Budget Authority"
Nature (02/15/96) Vol.379, No.6566, P. 570; Wadman, Meredith

Donna Shalala, Secretary of Health and Human Services, recently told a meeting of the National Association of Science Writers in Baltimore that she and President Clinton are committed to maintaining the Office of AIDS Research's (OAR's) authority over AIDS research spending. Republicans in Congress have tried to take away the OAR's control over the National Institute's of Health (NIH) \$1.4 billion AIDS budget, but NIH director Harold Varmus has supported keeping the OAR's budgetary powers. Some institute directors object to the OAR's role, but Shalala said the law that gives the office its authority should take precedence over a stop-gap funding measure passed in January to fund NIH up to the end of the fiscal year. The measure has been interpreted to mean that the OAR should be bypassed, sending 1996 funds directly to the individual institutes. Rep. John Porter (R-III.) called NIH's decision to bypass the OAR entirely "mechanical." AIDS activists and researchers say the move could limit the OAR's authority in AIDS research.

"Danish Haemophiliacs Win in European Court"
Lancet (02/17/96) Vol. 347, No. 8999, P. 462; Skovmand, Kaare
The European Court of Human Rights has awarded judgment to

the plaintiffs in a case brought against the Danish government by seven hemophiliacs who became HIV-infected through factor VIII transfusions. The plaintiffs had alleged that their original seven-year trial was in violation of human rights under article 6 of the Geneva Convention which says that court hearings must be completed "within a reasonable time." In response to this decision, Danish politicians have ordered a review of the court system to prevent such prolonged trials in the future.

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

ATT CREATION TIME/DATE: 8-MAR-1996 11:41:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)

by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01123F0ZQO0G008F1L@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Fri, 08 Mar 1996 11:38:01 -0400 (EDT)

Received: from aspensys (aspensys.aspensys.com)

by STORM.EOP.GOV (PMDF V5.0-6 #6879) id <01123F2GJJQM00051K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri, 08 Mar 1996 11:39:11 -0700 (MST)

Received: by aspensys (5.0/SMI-SVR4) id AA07059; Fri, 08 Mar 1996 11:32:07 +0500

Errors-to: martha_vander_kolk@smtpinet.aspensys.com

Precedence: bulk

Originator: aidsnews@cdcnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse

X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas

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

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

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

CREATION DATE/TIME: 8-MAR-1996 12:58:21.60

SUBJECT: Tickler File

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 8-MAR-1996 14:29:43.01

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 8-MAR-1996 13:13:57.81

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 8-MAR-1996 14:13:48.41

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 8-MAR-1996 18:07:46.45

TO: Gaynor R. McCown (MCCOWN_G) (OPD)
READ: 8-MAR-1996 17:11:50.82

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ: 8-MAR-1996 13:04:38.80

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 13-MAR-1996 09:09:33.04

TO: Bruce N. Reed (REED_B) (WHO)
READ: 8-MAR-1996 15:52:51.93

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 8-MAR-1996 13:15:09.81

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ: 8-MAR-1996 13:20:49.84

TO: Michael Waldman (WALDMAN_M) (OPD)
READ: NOT READ

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 8-MAR-1996 13:05:49.78

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 8-MAR-1996 12:59:54.49

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 8-MAR-1996 13:01:10.22

TO: Carol H. Rasco (RASCO_C) (WHO)
READ: 8-MAR-1996 14:20:48.01

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 8-MAR-1996 13:08:31.64

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 11-MAR-1996 11:36:05.89

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 8-MAR-1996 13:45:36.69

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 11-MAR-1996 09:12:33.04

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 8-MAR-1996 19:55:27.35

TO: Patricia E. Romani (ROMANI_P) (WHO)
READ: 8-MAR-1996 13:00:46.40

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 8-MAR-1996 13:07:02.45

TO: Dennis Burke (BURKE_D) (OPD)
READ: 8-MAR-1996 15:52:11.68

TEXT:

There have been some changes in the tickler file system.

Please take note:

1. The tickler file will be used more extensively to track not only letters, but assignments from Carol. This means that if something says "Please Handle" I will put it in the tickler file. Please try and remember to email or call me when you've completed that assignment so I can take it off the tickler file list.
2. A list of all tickler file items I have will be posted on the i drive - i:\dpc\data\tickler. Please check it regularly. I will do an email every Monday with a list of people who owe items to remind them to check the i drive file.
3. Carol and Elizabeth will receive a print out of the i: drive tickler file list each morning at 9:00am during our morning meeting with Pat, CHR, Elizabeth and I. If you have completed an item but not told me about it then I will not know to take it off this list.

Thank you. We all think these improvements will make it so less things slip through the cracks.

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

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

CREATION DATE/TIME: 8-MAR-1996 16:12:09.36

SUBJECT: PLEASE CLEAN OFF I: DRIVE

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 8-MAR-1996 17:01:08.93

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 8-MAR-1996 17:09:24.39

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 8-MAR-1996 17:41:55.17

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 8-MAR-1996 18:08:01.54

TO: Gaynor R. McCown (MCCOWN_G) (OPD)
READ: 8-MAR-1996 17:13:09.58

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ: 8-MAR-1996 18:30:16.60

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 13-MAR-1996 13:02:36.51

TO: Bruce N. Reed (REED_B) (WHO)
READ: 8-MAR-1996 16:18:48.31

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 8-MAR-1996 16:12:55.00

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ: 8-MAR-1996 17:02:26.44

TO: Michael Waldman (WALDMAN_M) (OPD)
READ: NOT READ

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 8-MAR-1996 16:12:33.17

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 8-MAR-1996 17:22:08.32

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 8-MAR-1996 16:26:47.85

TO: Carol H. Rasco (RASCO_C) (WHO)
READ: 11-MAR-1996 08:33:32.68

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 8-MAR-1996 16:12:20.22

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 11-MAR-1996 11:35:52.89

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 8-MAR-1996 17:45:47.85

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 11-MAR-1996 09:13:32.64

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 8-MAR-1996 19:49:34.52

TO: Patricia E. Romani (ROMANI_P) (WHO)
READ: 8-MAR-1996 16:49:04.93

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 11-MAR-1996 13:43:10.53

TO: Dennis Burke (BURKE_D) (OPD)
READ: 8-MAR-1996 17:55:26.73

TEXT:

Please everyone take a look at the i drive and transfer your files
back to your c drive if they no longer need to be on the i drive.
Thank you.

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 READ RECEIPT)

CREATOR: LEVI_J (WHO)

CREATION DATE/TIME: 8-MAR-1996 18:10:00.00

SUBJECT: Receipt Notification

TO: ROMANI_P (WHO)

READ:11-MAR-1996 08:13:07.44

TEXT:

This is a Read Receipt Notification for:

Message Title: Carol's Text/Trip Pager

Addressee: LEVI_J

Date Sent: 07-Mar-1996 05:29pm

Date Read: 08-Mar-1996 06:10pm

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 8-MAR-1996 21:44:04.75

SUBJECT: test

TO: FAX (9-1-540-743-2677,Jeff) (TLXA1MAIL_ \F:9-1-540-743-2677\C:Jeff\)

READ:NOT READ

TEXT:

this is a test

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

CREATOR: Jeremy D. Benami (BENAMI_J) (WHO)

CREATION DATE/TIME: 8-MAR-1996 18:25:50.51

SUBJECT: HIV/DOD update

TO: Carol H. Rasco (RASCO_C) (WHO)
READ: 11-MAR-1996 08:34:25.02

TO: Todd Stern (STERN_T) (WHO)
READ: 8-MAR-1996 18:28:25.59

TO: Kathryn Higgins (HIGGINS_K) (WHO)
READ: 8-MAR-1996 18:29:19.31

TO: LeeAnn Inadomi (INADOMI_L) (WHO)
READ: 13-MAR-1996 08:21:15.63

TO: Kris Balderston (BALDERSTON_K) (WHO)
READ: 8-MAR-1996 21:12:17.22

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 8-MAR-1996 19:47:59.94

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 8-MAR-1996 21:41:03.88

TO: Nancy-Ann E. Min (MIN_N) (OMB)
READ: 8-MAR-1996 18:47:25.30

TO: Marilyn Yager (YAGER_M) (WHO)
READ: 8-MAR-1996 18:27:33.91

TO: Marsha Scott (SCOTT_M) (WHO)
READ: 11-MAR-1996 10:46:05.15

TO: Tracey E. Thornton (THORNTON_T) (WHO)
READ: 8-MAR-1996 19:03:50.87

TO: Alphonse Maldon (MALDON_A) (WHO)
READ: 13-MAR-1996 18:05:50.73

TO: George Stephanopoulos (STEPHANOPO_G) Autoforward to: Laura Capps (CAPPS_L)
(WHO)
READ: 8-MAR-1996 19:04:11.64

TO: Marvin Krislov (KRISLOV_M) (WHO)
READ: 11-MAR-1996 09:40:09.24

TEXT:

A few of us had different meetings today, and I wanted to give

everyone an update on where the issue stands.

- The VA has completed and filed the work it needed to do to change its regs to allow those discharged to be found 30% disabled. **THEY WILL NOT BE PUBLISHING THIS HOWEVER UNTIL WE DETERMINE THAT WE HAVE TO MOVE AHEAD WITH THE DISCHARGE.**

- DOD has also done the work they need to do and they are ready to implement their changes when so directed.

- The current consensus is that no action on the benefits front should be taken until approximately Easter recess to allow the repeal effort to have the maximum opportunity for success.

- On the legislative front, the big news is that Nunn is now on board with the repeal. He brings the total number of Senate sponsors to 42. The bill will be introduced next week in the Senate. The House bill has 127 cosponsors currently.

- On the legal front, the advocates are gathering information for their suits, but have not filed yet. They too are waiting to give repeal a chance. So far, there have been no independent suits filed, either.

- On the advocacy front, Marilyn is organizing meetings with women's organizations, religious leaders, children's advocates and health providers who don't have a lot to do with HIV to inform them on the issue.

- On the veterans front, the Air Force Association is still the only military group to support repeal.

- Patsy will be setting a followup meeting next week with the AIDS advocates to review where we are on the repeal effort.

I hope this is helpful. We will probably need to convene all of you as we near the Easter recess to make a call on when to implement the benefits reforms and to begin the discharge procedure.

Thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 8-MAR-1996 18:06:02.51

SUBJECT: RE: AIDS meeting follow-up

TO: CN=Toby Donenfeld/O=OVP (CN=Toby Donenfeld/O=OVP@OVP@LNGATE@EOPMRX)
READ:NOT READ

CC: STUDENT_E (STUDENT_E@A1@CD@LNGATE@LNGATE@EOPMRX) (SYS)
READ:NOT READ

TEXT:

Thanks for the update. I agree with Greg that Keystone can be very slow...however, in this case I know that Keystone is willing to move this very quickly and ot issue a report -- especially if we get involved. Let me know how you think Greg would want to proceed in approaching Keystone about this.

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

CREATOR: Victoria A. Wachino (WACHINO_VA) (OMB)

CREATION DATE/TIME: 8-MAR-1996 12:23:02.75

SUBJECT: OAR in the Draft House C.R.

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 8-MAR-1996 18:11:14.54

CC: Patsy Fleming (FLEMING_P) (WHO)

READ: 8-MAR-1996 12:28:15.77

CC: Nancy-Ann E. Min (MIN_N) (OMB)

READ: 8-MAR-1996 15:42:51.67

CC: Barry T. Clendenin (CLENDENIN_B) (OMB)

READ: 8-MAR-1996 12:44:38.81

CC: Richard J. Turman (TURMAN_R) (OMB)

READ: 8-MAR-1996 12:26:37.04

CC: Elisabeth S. Topel (TOPEL_E) (OMB)

READ: 8-MAR-1996 14:12:49.21

TEXT:

This morning you asked me how the House C.R. treated NIH's Office of AIDS Research (OAR). It gives the NIH Director authority to transfer 2 percent of each Institute's total appropriation among the Institutes, Centers, and Divisions of NIH to carry out the OAR section of the Public Health Service Act.

This differs from the Senate C.R. language on OAR, which gives the OAR Director authority to transfer three percent of each Institute's AIDS research funds among the Institutes.

In draft attachments to SAPs and letters on the C.R.s, we have provided language saying that the Administration still continues to strongly support a separate appropriation for OAR, but that of the two C.R.s, the Senate language is preferable because it gives the authority to OAR, not to the NIH Director. To date, it doesn't look like any of the attachment material on this or any other topic has been transmitted to the Hill.

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

CREATOR: Jeremy D. Benami (BENAMI_J) (WHO)

CREATION DATE/TIME:11-MAR-1996 16:23:59.15

SUBJECT: Issue brief

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:11-MAR-1996 16:40:35.73

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:11-MAR-1996 16:39:18.43

TEXT:

Just wondering what the timing is on getting in the issue brief?

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-MAR-1996 10:38:42.04

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:11-MAR-1996 10:40:24.19

TEXT:

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

ATT CREATION TIME/DATE: 7-MAR-1996 01:00:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 03/07/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
March 7, 1996

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse makes available the following information as a public service only. Providing this information does not constitute endorsement by the CDC, the CDC Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC Clearinghouse should be cited as the source of this information.
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- "AIDS Council Likely to Back Needle Programs"
- "Victims of Tainted Blood May Not Live to See Report"
- "States Fight to Limit Federal Courts' Power Over Medicaid"
- "White House: More AIDS Education Needed"
- "HIV Strain Resistant to New Protease Inhibitors"
- "Late-Stage AIDS Patients Susceptible to Pseudomonas Aeruginosa Infection"
- "HIV Prevalence High Among Male Teens Who Have Homosexual Encounters"
- "DNA Vaccine Set to Tackle HIV Infection"
- "The Rolling Uncertainties of Antiprotease Prescribing"
- "Drug Program Revived"

"AIDS Council Likely to Back Needle Programs"

New York Times (03/07/96) P. B6; Preston, Jennifer

The Governor's Advisory Council on AIDS in New Jersey is expected to recommend that the state allow needle exchange programs and the sale of syringes without prescriptions, in an attempt to reduce the transmission of HIV among injection drug users. Gov. Christine Todd Whitman has opposed such programs, but the panel she appointed to evaluate them has decided to recommend that the Governor support changing the law. Most members of the advisory council said they were swayed by studies which show that needle exchanges slow the spread of HIV among injection drug users. David Troast, chairman of the council, said his opposition to needle exchanges was reversed when he visited one such program in the Bronx as well as when he saw a study that found that needle-sharing was reduced by 40 percent in Connecticut after a 1992 law allowed drug stores to sell syringes without prescriptions. Connecticut is one of five states that has such a law. Related Story: USA Today (03/07/96) P.9A

"Victims of Tainted Blood May Not Live to See Report"

Toronto Globe and Mail (03/06/96) P. A3; Picard, Andre

Justice Horace Krever, the judge leading the inquiry into Canada's tainted blood incident, says the commission's report may be delayed by months, possibly years. More than 1,200 hemophiliacs and transfusion recipients were infected with HIV from contaminated blood and blood products between 1980 and 1985. Krever made this prediction in a letter to the Clerk of the Privy Council following a government lawyer's announcement that the lawsuit being brought by the federal government, provinces, the Canadian Red Cross, and pharmaceutical companies would not interfere with the completion of the inquiry. The suit is an attempt to keep Krever from making any findings of wrongdoing, and contends that such findings could be used in civil or criminal cases against them. The inquiry has compiled more than 300 potential findings of misconduct, which consumer advocates say are important to the case and do not imply any legal liability. Such groups say delaying the report, which had a deadline of Sept. 30, 1996, hurts the public's faith in the blood system.

"States Fight to Limit Federal Courts' Power Over Medicaid"

Washington Post (03/07/96) P. A27; Havemann, Judith

The Medicaid reform plan proposed by U.S. governors includes a provision to ban individual Medicaid beneficiaries--or their doctors, hospitals, and nursing homes--from suing states in federal courts. Costly court battles inspired the provision, which was criticized by Rep. John Dingell (D-Mich.) Wednesday at a hearing. Dingell said that prohibiting the suits would "eliminate the effective enforcement of federal rights." States pay 20 percent to 50 percent of the total costs of Medicaid, and argue that the courts interfere with state activities. In 1989, for example, the Missouri state legislature tried to ban Medicaid payments for AZT, an expensive AIDS drug, but the courts ruled that the state had to pay.

"White House: More AIDS Education Needed"

Miami Herald (03/06/96) P. 17A

U.S. teens are contracting HIV at the rate of more than one an hour, and the White House said Tuesday that more AIDS education is needed. The White House Office of AIDS Policy issued a report urging strong AIDS education for children, so that when they later have sex or use drugs, they will know how to protect themselves. For some young people, like 24-year-old Lam Duckim, the report is more government talk and no action. Duckim, who is HIV-positive, said "this report isn't really doing something for youth. There is a need for accountability." While most U.S. school districts provide some AIDS education, many do not include discussions of sexual intercourse, homosexuality, bisexuality, and condom use. Furthermore, the report did not suggest how to reach gay teens, noted the Los Angeles Gay & Lesbian Center. The center said that some 60 percent of AIDS cases among men under age 25 are due to unsafe homosexual sex. To improve AIDS education in Florida, legislators are considering a system in which school districts would compete for AIDS education grants.

"HIV Strain Resistant to New Protease Inhibitors"

Reuters (03/07/96)

Some HIV-infected patients, who have not been treated with the new protease inhibitors, have already developed strains of the virus that are resistant to the new drugs, report researchers at the University of California at Los Angeles. Dr. Andrew Kaplan and colleagues say that nearly one-third of 246 protease coding sequences from 12 HIV-positive patients had mutations that seemed to be resistant to the virus. If some of the viruses in a patient are resistant to the drug, Kaplan said, the virus has "a huge head start."

"Late-Stage AIDS Patients Susceptible to Pseudomonas Aeruginosa Infection"

Reuters (03/06/96)

Four cases studies of community-acquired Pseudomonas aeruginosa infection in late-stage AIDS patients suggest an increase in P. aeruginosa infection as a late manifestation of advanced AIDS, said Dr. Orlando Schaening and colleagues of the Maimonides Medical Center and SUNY in Brooklyn, N.Y. Schaening recommends that a secondary prophylaxis for AIDS patients with documented Pseudomonas infection be considered. In an editorial accompanying the study, which was published in the journal Infectious Medicine, Barry Sieger of the Orlando Regional Medical Center notes that AIDS patients require frequent antibiotic treatments, which promotes bacterial overgrowth and superinfection with fairly resistant pathogens, like Pseudomonas.

"HIV Prevalence High Among Male Teens Who Have Homosexual Encounters"

Reuters (02/13/96)

A national survey of young homosexual and bisexual men revealed that 7 percent are infected with HIV. Five percent of the men

aged 15 to 19 and 9 percent of those aged 20 to 22 were HIV-positive, and 38 percent of those surveyed reported having had unprotected anal sex within the previous six months. Linda Valleroy of the Centers for Disease Control and Prevention (CDC) led the survey and presented the findings at the annual meeting of the American Association for the Advancement of Science in Baltimore. Valleroy called the prevalence of unprotected anal sex "alarming, given that these young men grew up in an era of HIV awareness." The CDC's John M. Karon suspects that young men underestimate the risk of getting HIV because they assume that only older men are infected. Data on the epidemiology of HIV/AIDS was also presented at the meeting, and HIV infection was reported to be the leading cause of death among men aged 25 to 44 and the fourth leading cause of death among women in that age group. The World Health Organization reported more than one million cases of AIDS in 192 countries in 1995, but estimates that more than 4.5 million cases have occurred globally.

"DNA Vaccine Set to Tackle HIV Infection"

Science News (02/17/96) Vol. 149, No. 7, P. 100; Travis, J.

The Food and Drug Administration (FDA) has granted researchers at the University of Pennsylvania and the biotech firm Apollon permission to inject a DNA derived vaccine into healthy, HIV-negative volunteers. In recent years, researchers have found that injecting a gene into an animal provokes a positive immune response to the protein that gene encodes. The new study, the first conducted with the hope of preventing HIV infection, is expected to determine the safety of such an injection. The vaccine involved is made from a gene that codes for one of the proteins that form the surface of HIV and should therefore generate HIV antibodies and activate HIV-killing immune cells. The FDA agreed to the trial because the cancer and HIV-infected patients previously injected with DNA have experienced no significant side effects thus far.

"The Rolling Uncertainties of Antiprotease Prescribing"

Journal of the International Association of Physicians in AIDS Care (02/96) Vol.2, No.2, P. 6; Mascolini, Mark

The first protease inhibitor, Hoffmann-LaRoche's Invirase (saquinavir), has been approved, and at least four others are in various stages of development. The variety of drugs becoming available can be potentially confusing to clinicians, as they are left to themselves to interpret the results of new studies. Currently, Roche is working on a new formulation of saquinavir because of the existing version's low bioavailability. Meanwhile, Abbott's Norvir (ritonavir) and Merck's Crixivan (indinavir) are both now in phase III trials and could be approved this summer. In addition, patients are being enrolled for phase II/III trials of Agouron's nelfinavir, and Vertex/Glaxo Wellcome began a phase I/II study of its VX-478/141W94 late last year. Protease inhibitors work best when combined with nucleoside analogs, and in some cases have resulted in viral load decreases to undetectable levels. However, treatment with one protease inhibitor can induce resistance to others, complicating

decisions about beginning therapy with one drug and switching to a more promising one later. The cost of the new drugs adds another problem for treatment. A combination of saquinavir, zidovudine, and 3TC (lamivudine), for example, costs \$11,830 wholesale per year. Researchers advise that combining a high dose of a protease inhibitor with one or more nucleoside analogs is the best strategy to slow the virus.

"Drug Program Revived"

Washington Blade (02/16/96) Vol.27, No.7, P. 1; Fox, Sue

Washington D.C.'s program to provide AIDS drugs to low-income patients was recently shut down for three days due to a lack of funding, but is once again functioning. The city government brought the service back by paying off old bills and redirecting \$115,000 in leftover federal AIDS support to the D.C. CARE Consortium, which runs the program. The city's agency for HIV/AIDS is now working on ways to ward off another closure. At the time of the shutdown, the program was owed about \$222,000 in federal funds. In addition, December's payment was late, thereby delaying the disbursement of funds. Using the recent payments, the service will probably have enough money to operate through March, and will receive new funds in April.

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

===== ATTACHMENT 2 =====

ATT CREATION TIME/DATE: 7-MAR-1996 10:08:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)

by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01121XJ7LLTS007R5E@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Thu, 07 Mar 1996 10:06:30 -0400 (EDT)

Received: from aspensys (aspensys.aspensys.com)

by STORM.EOP.GOV (PMDF V5.0-6 #6879) id <01121XKRIQTY00051K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Thu, 07 Mar 1996 10:07:45 -0700 (MST)

Received: by aspensys (5.0/SMI-SVR4) id AA21362; Thu, 07 Mar 1996 10:00:47 +0500

Errors-to: martha_vander_kolk@smtpinet.aspensys.com

Precedence: bulk

Originator: aidsnews@cdcnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse

X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: bgw2@NIP1.EM.CDC.GOV@INET@EOPMRX

CREATION DATE/TIME:11-MAR-1996 18:21:00.00

SUBJECT: PACHA Research Committee Conference Call "Hearings"

TO: 'Levi, Jeff (ONAP, White House)' (LEVI_J@A1@CD) (WHO)

READ:11-MAR-1996 18:25:00.70

TEXT:

Dear Jeff,

Pursuant to the PACHA Research Committee's conference call on 29 February, I'm identifying availabilities and interest from potential "witnesses" on AIDS vaccine development policy, problems, and solutions for the conference call being planned by the Research Committee on this subject for either 4 or 5 April.

I want to invite Jack Killen, MD, director of the Division of AIDS, NIAID, to speak briefly to us, and respond to questions and the discussion. I can easily contact him directly by e-mail, but it might be better for the request to come via ONAP. In any case, I don't want Dr. Fauci to pull rank on this request, as it is directed to Dr. Killen personally because of his central and day-to-day role over NIAID AIDS research, and not simply as a representative of NIAID. I, for one, and perhaps others on the Committee have had ample opportunities to read and hear Dr. Fauci's views and perspective in the press and at scientific meetings, and it would be nice to hear from some others inside the agency leading the vaccine development effort.

I've never tried to do a conference call "hearing," so this may be a bit of a learning experience for all of us. But my intention would be to provide all "witnesses" with the access number and codes, and schedule them in 5-10 minute blocks with 5-10 minutes for questions and discussions, but invite them to listen in on the entire session. Any detailed internal discussion and debate around specific suggestions may have to be handled at a followup conf. call.

Below please find some typical text I have been using to advise potential witnesses.

Thanks,
Bruce

Tel: [1] (404) 639-8779 (direct)
Tel: [1] (404) 639-8256 (switchboard)
Fax: [1] (404) 639-8616
E-mail: bgw2@nip1.em.cdc.gov
NIP (E-61), CDC, Atlanta, GA 30333 USA

+++++

Dear Dr. xxxxxxx:

The Research Committee of the Presidential Advisory Council on HIV and AIDS (PACHA) will be focusing on the AIDS vaccine development effort in a "conference call hearing" with invited experts and advocates sometime on April 4th or 5th.

Would you be on those days to brief us for 5 minutes or so on your perspectives and insights into the AIDS vaccine effort and what needs to be done, and to respond to questions? From previous Research Committee "hearings" with "witnesses" on microbicides, pediatric research, etc., the most useful approach has been briefly to describe the overall problems as you see them, and to outline specific proposals for us to consider putting forward to the President for Executive Branch action that might help overcome them.

I cannot yet give an exact time for the call, as I want to leave some flexibility to work around PACHA member's schedules. But the earliest time of day is likely to be 9am EST, as we have some Pacific Coast members participating. Kindly please indicate any times those days for which you definitely not be available.

Thank you.

=====
ATTACHMENT 1
=====
ATT CREATION TIME/DATE:11-MAR-1996 18:23:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <011280043EPS00B2FU@PMDF.EOP.GOV> for
LEVI_J@a1.eop.gov; Mon, 11 Mar 1996 18:21:22 -0400 (EDT)

Received: from msmtp (msmail.em.cdc.gov) by STORM.EOP.GOV (PMDF V5.0-6 #6879)
id <0112801JVUPQ00051K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Mon,
11 Mar 1996 18:22:32 -0700 (MST)

Received: from SmtOut.em.cdc.gov by msmtp (5.0/SMI-SVR4) id AA18260; Mon,
11 Mar 1996 18:26:48 -0500

Received: by SmtOut.em.cdc.gov with Microsoft Mail id
<31443811@SmtOut.em.cdc.gov>; Mon, 11 Mar 1996 18:26:25 -0500 (EST)

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-MAR-1996 09:15:47.06

SUBJECT: Keystone

TO: Toby A. Donenfeld (DONENF_T) Autoforward to: Remote Addressee (Toby
Donenfeld@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TEXT:

I got a non-delivery notification about my reply to you. So let's try again.

Thanks for the update. Greg is absolutely right that Keystone processes CAN be very slow. Abby Dilley is committed to doing this quickly, especially if there is WhiteHouse involvement. I think we could get the process and report done in four months or so -- if we negotiate with them. How do you want to proceed?

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

CREATOR: Jeremy D. Benami (BENAMI_J) (WHO)

CREATION DATE/TIME:11-MAR-1996 19:17:44.46

SUBJECT: AIDS video

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:12-MAR-1996 09:31:35.73

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:12-MAR-1996 09:05:56.93

CC: Carol H. Rasco (RASCO_C) (WHO)

READ:12-MAR-1996 08:37:12.89

TEXT:

I think I had mentioned to one of you that we should beef up the video request. The attached note from scheduling is a good reminder.

You should either do a note for Carol's signature to Anne and Stephanie or resubmit a beefed up scheduling request. Please get this to CHR for signature before 5 on Tuesday since Wednesday will be crazy. Please get me a copy of the signed version.

Thanks.

=====
ATT CREATION TIME/DATE:11-MAR-1996 19:13:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Cheryl S. Rodman

ATT SUBJECT: videos

ATT TO: Jeremy D. Benami (BENAMI_J)

TEXT:

Jeremy - I jsut wanted to remind you that we need all video proposals in by this Thursday, March 14.

Also, we still have the AIDS video pending, but if you want it ot be considered for this round of videos, we need to get a memo from your office outlining which functions you already know you would like to send the video to and how you will decide in the future which groups will receive the video. It would be great if we could get that memo by Thursday so we could consider it. Thanks!

Cheryl

=====
END ATTACHMENT 1

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-MAR-1996 10:44:40.32

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:11-MAR-1996 10:47:28.39

TEXT:

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

ATT CREATION TIME/DATE: 8-MAR-1996 02:32:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 03/08/96 (correct

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
March 8, 1996 (corrected edition)

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse makes available the following information as a public service only. Providing this information does not constitute endorsement by the CDC, the CDC Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC Clearinghouse should be cited as the source of this information.
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- "Man With AIDS Tested Negative, U.S. Says"
- "Physician-Aided Suicide Issue Expected Before High Court"
- "Fighters to Undergo H.I.V. Testing in New Jersey"
- "In Brief: Amgen Inc."
- "New Drugs Raise Hope that HIV Manageable"
- "Krever Denies Hiding Papers"
- "Japan Courts Unveil Fresh Compromise in HIV Case"
- "Collapse of Communism Brings Disease Threat--WHO"
- "Health Secretary Backs AIDS Office's Budget Authority"
- "Danish Haemophiliacs Win in European Court"

"Persistent Lack of Detectable Antibody to HIV-1
in an Individual with HIV infection, Utah 1995"
Morbidity and Mortality Weekly Reports (03/08/96),
Vol. 45, No. 9

CDC, in collaboration with the Utah Department of Health (UDH) and the Food and Drug Administration (FDA), has investigated the case of a 36-year-old Utah man diagnosed with AIDS who persistently tests negative for HIV-1 antibodies. Additional tests by CDC and FDA for HIV antigen (a protein in the virus itself) and for HIV genetic material confirmed that the man is infected with HIV. After learning of his diagnosis, the man reported that he had previously sold plasma to a plasma center. The investigation was therefore expanded from the original objective of assessing the reason for the unusual test result to determine if there was possible HIV transmission through the donated plasma.

The investigation confirmed that recipients of plasma products were never threatened. Routine processing procedures for plasma in the United States have been shown to inactivate HIV, and a thorough review of this center's records confirmed that this man's plasma was treated before any derived products were used. Therefore, the plasma products were free of HIV. While it has not yet been determined why this individual's antibody tests were negative, the investigation has revealed that it is most likely due to a rare immune reaction by the patient. In extraordinarily rare cases, an unusual immune response in an individual may result in the lack of detectable antibodies to HIV by standard enzyme immunoassay (EIA) tests. (A fact sheet regarding the findings is available from the CDC National AIDS Clearinghouse).

"Man With AIDS Tested Negative, U.S. Says"
New York Times (03/08/96) P. A25; Altman, Lawrence K.

Health officials at the Centers for Disease Control and Prevention reported the unusual case Thursday of a Utah man with AIDS who repeatedly tested negative for HIV. The man was a long-time blood plasma donor, but an investigation found no proof that his plasma had infected anyone. The Food and Drug Administration (FDA) is about to license a new HIV test that is significantly different from the one used since 1985, one that would have probably detected the man's HIV infection. The new test detects the p24 antigen, an HIV protein, while the current one detects HIV antibodies. The test is controversial, though, because it would add millions of dollars to testing costs, but only detect a few more cases. However, the new test can detect HIV about six days before the standard one does, catching four to six contaminated blood donations per year that the standard test would have missed.

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Washington Post (03/08/96) P. A2; Biskupic, Joan

A constitutional right to physician-assisted suicide, which has been compared to a right to an abortion, could be a subject

for the Supreme Court. A federal appeals court in California decided Wednesday that a Washington state law that makes physician-assisted suicide a felony violates the 14th Amendment's guarantee of personal liberty. Judge Stephen Reinhardt wrote the decision, which may serve as a guide for other appeals courts and eventually the Supreme Court. Reinhardt wrote that "prohibiting a terminally ill patient from hastening his death may have an even more profound impact on that person's life than forcing a woman to carry a pregnancy to term." No other appeals court has ruled on the issue, but a New York circuit court is considering a challenge to a New York law that prohibits physicians from helping dying patients end their lives. Related Story: New York Times (03/08) P. A14

"Fighters to Undergo H.I.V. Testing in New Jersey"

New York Times (03/08/96) P. B19; Eskenazi, Gerald

New Jersey's Athletic Control Board decided Thursday to make HIV testing mandatory for boxers competing in the state. Following the news that fighter Tommy Morrison tested positive for the virus in Las Vegas, New York made the test mandatory, and California and Florida are close to similar decisions. Larry Hazzard, the New Jersey board's commissioner, said he has been trying to impose testing since the 1980s, but gave up because he "became bogged down with so many issues and groups: the ACLU, then there was the Americans with Disabilities Act, and the idea of confidentiality." Hazzard said that, since the 1980s referees and handlers have been required to wear gloves, and boxers were made to change mouthpieces if there was blood on them.

"In Brief: Amgen Inc."

Investor's Business Daily (03/08/96) P. A1

Amgen Inc. has announced that Neupogen, a drug for the treatment of people with advanced HIV infection, has received regulatory approval in the United Kingdom.

"New Drugs Raise Hope that HIV Manageable"

Toronto Globe and Mail (03/07/96) P. A1; Immen, Wallace

New AIDS drugs and technologies are bringing hope that people with HIV will be able to live with it as a chronic, manageable illness. Drugs now exist to begin treating the infection immediately and keep the virus at low levels for long period of time, preventing the immune system's decline. Such drugs, including the new protease inhibitors, may cost between \$17,000 and \$24,000 a year. There also appears to be progress on the prevention front, as studies have now show that AZT may prevent babies of HIV-infected mothers from getting the virus.

"Krever Denies Hiding Papers"

Toronto Globe and Mail (03/07/96) P. A3

Canadian Justice Horace Krever said he is not keeping documents from the individuals involved in Canada's tainted blood tragedy, as they have charged. Krever issued notices of potential findings of misconduct to the Red Cross, the federal government, provinces, and pharmaceutical companies, and these

groups are now seeking the documents he used in determining who might be blamed in his final report. Krever said he relied on inquiry testimony and documents, and discussions with his lawyers in coming up with the findings. Lawyers say they need the information to help their clients when they demand a judicial review of Krever's findings and ask that the misconduct notices be quashed.

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Reuters (03/07/96)

Courts in Osaka and Tokyo have presented a final proposal for an out-of-court settlement in a suit filed by 400 hemophiliacs who contracted HIV through tainted blood. The courts recommended the state and five pharmaceutical companies pay \$1,428 per month to each of the plaintiffs, with the government paying 40 percent of the total payments. An earlier plan called for the state and companies together to pay a total of \$428,000 to each individual. The courts urged the parties to reach an out-of-court settlement by the end of March. The drug companies and the government were blamed for not taking action after the threat of HIV infection through contaminated blood products was known.

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Reuters (03/07/96); Fox, Maggie

The World Health Organization (WHO) reported Thursday that the collapse of communism six years ago has caused the spread of infectious diseases like tuberculosis (TB) and diphtheria, and sexually transmitted diseases that now threaten the rest of the world. The group said that, while a vaccination program would only cost about \$20 million, the world is not taking the disease threat seriously. Cholera, diphtheria, and syphilis cases increased in eastern Europe after the economic and political changes following the fall of communism. The diseases, which the rest of the world had considered conquered, began crossing borders into western Europe. When the Soviet Union collapsed, preventive services declined, and disease increased. The greatest threat, however, came from TB. Jo Asvall, the regional director of the WHO in Europe, said, "Tuberculosis in the next 10 years worldwide will infect 300 million people." In addition to establishing vaccination programs and clean water programs, the WHO recommend setting up a network of laboratories to coordinate emerging disease detection.

"Health Secretary Backs AIDS Office's Budget Authority"
Nature (02/15/96) Vol.379, No.6566, P. 570; Wadman, Meredith

Donna Shalala, Secretary of Health and Human Services, recently told a meeting of the National Association of Science Writers in Baltimore that she and President Clinton are committed to maintaining the Office of AIDS Research's (OAR's) authority over AIDS research spending. Republicans in Congress have tried to take away the OAR's control over the National Institute's of Health (NIH) \$1.4 billion AIDS budget, but NIH director Harold Varmus has supported keeping the OAR's budgetary powers. Some

institute directors object to the OAR's role, but Shalala said the law that gives the office its authority should take precedence over a stop-gap funding measure passed in January to fund NIH up to the end of the fiscal year. The measure has been interpreted to mean that the OAR should be bypassed, sending 1996 funds directly to the individual institutes. Rep. John Porter (R-Ill.) called NIH's decision to bypass the OAR entirely "mechanical." AIDS activists and researchers say the move could limit the OAR's authority in AIDS research.

"Danish Haemophiliacs Win in European Court"

Lancet (02/17/96) Vol. 347, No. 8999, P. 462; Skovmand, Kaare

The European Court of Human Rights has awarded judgment to the plaintiffs in a case brought against the Danish government by seven hemophiliacs who became HIV-infected through factor VIII transfusions. The plaintiffs had alleged that their original seven-year trial was in violation of human rights under article 6 of the Geneva Convention which says that court hearings must be completed "within a reasonable time." In response to this decision, Danish politicians have ordered a review of the court system to prevent such prolonged trials in the future.

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

===== ATTACHMENT 2 =====

ATT CREATION TIME/DATE: 8-MAR-1996 11:41:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)

by PMDF.EOP.GOV (PMDf V5.0-4 #6879) id <01123F0ZQO0G008F1L@PMDf.EOP.GOV> for levi_j@a1.eop.gov; Fri, 08 Mar 1996 11:38:01 -0400 (EDT)

Received: from aspensys (aspensys.aspensys.com)

by STORM.EOP.GOV (PMDf V5.0-6 #6879) id <01123F2GJJQM00051K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri, 08 Mar 1996 11:39:11 -0700 (MST)

Received: by aspensys (5.0/SMI-SVR4) id AA07059; Fri, 08 Mar 1996 11:32:07 +0500

Errors-to: martha_vander_kolk@smtpinet.aspensys.com

Precedence: bulk

Originator: aidsnews@cdcnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse

X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-MAR-1996 14:08:09.17

SUBJECT: Steve Morin's queries

TO: Nancy-Ann E. Min (MIN_N) (OMB)

READ:11-MAR-1996 17:02:33.63

TEXT:

Steve Morin has called me with several questions (that assume a tremendous amount of influence on our part on the outcome of the details of the CR):

(1) If Pelosi fails to get consideration of her language on OAR in conference, will this be on our list in negotiations?

(2) Have we found another way to indicated to Congress that we support more than \$6 million for the AETCs?

Thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-MAR-1996 10:41:02.91

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:11-MAR-1996 10:42:11.51

TEXT:

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

ATT CREATION TIME/DATE: 8-MAR-1996 01:13:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 3/6/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
March 8, 1996

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ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)

by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01123CATEOCG009MPD@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Fri, 08 Mar 1996 10:19:38 -0400 (EDT)

Received: from aspensys (aspensys.aspensys.com)

by STORM.EOP.GOV (PMDF V5.0-6 #6879) id <01123CCBEYK100051K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri, 08 Mar 1996 10:20:50 -0700 (MST)

Received: by aspensys (5.0/SMI-SVR4) id AA25731; Fri, 08 Mar 1996 10:13:53 +0500

Errors-to: martha_vander_kolk@smtpinet.aspensys.com

Precedence: bulk

Originator: aidsnews@cdcnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse

X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas

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

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

CREATOR: Jeremy D. Benami (BENAMI_J) (WHO)

CREATION DATE/TIME:11-MAR-1996 11:54:14.82

SUBJECT: Videos

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:11-MAR-1996 13:03:18.09

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:13-MAR-1996 12:57:57.40

TO: Brian E. Burke (BURKE_B) (OPD)
READ:NOT READ

TO: Dennis Burke (BURKE_D) (OPD)
READ:11-MAR-1996 11:59:49.30

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:11-MAR-1996 11:56:03.98

TO: Deborah L. Fine (FINE_D) (OPD)
READ:11-MAR-1996 11:54:23.75

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:11-MAR-1996 13:01:36.69

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:11-MAR-1996 12:11:46.99

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:11-MAR-1996 12:01:28.49

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ:11-MAR-1996 12:06:26.25

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:11-MAR-1996 13:50:51.39

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:11-MAR-1996 13:01:10.21

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:11-MAR-1996 11:54:57.03

TO: Gaynor R. McCown (MCCOWN_G) (OPD)
READ:11-MAR-1996 17:57:50.24

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ:11-MAR-1996 11:59:31.87

TO: Bruce N. Reed (REED_B) (WHO)
READ:11-MAR-1996 12:04:04.97

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:11-MAR-1996 12:07:56.23

TO: Patricia E. Romani (ROMANI_P) (WHO)
READ:13-MAR-1996 11:03:58.34

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ:11-MAR-1996 12:07:53.32

TO: Ian R. Van Praagh (VANPRAAGH_I) (WHO)
READ:11-MAR-1996 12:52:45.27

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:11-MAR-1996 11:55:36.94

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:11-MAR-1996 12:03:37.08

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:11-MAR-1996 13:39:59.62

CC: Carol H. Rasco (RASCO_C) (WHO)
READ:11-MAR-1996 11:55:28.04

TEXT:

There is a videotaping on 3/21 with the President. I want to be sure we have submitted all video requests by 3/13 (this Wed.) There will be a meeting on Thursday to consider them. All current proposals signed by CHR should be given to Dorothy so I can lobby for them. The only one I am aware of is the generic AIDS video. A video request for the Council of Greater City Schools is being prepared by Gaynor. Please get me any others. Don't forget -- all scheduling proposals including videos must be signed by CHR and copied to me.
Thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-MAR-1996 10:47:45.39

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:11-MAR-1996 10:51:12.86

TEXT:

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

ATT CREATION TIME/DATE:11-MAR-1996 01:02:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 03/11/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
March 11, 1996

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse makes available the following information as a public service only. Providing this information does not constitute endorsement by the CDC, the CDC Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC Clearinghouse should be cited as the source of this information.
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- "Lawyer's Family In Court Over 'Philadelphia'"
- "In the Loop: Courting Clinton's Reconsideration"
- "AIDS Data Not in Peril"
- "AIDS Clinical Trials Lack Data on Adolescents"
- "UNAIDS Highlights Women and AIDS in New Report"
- "Eight Causes Explain Most Cases of Fever in AIDS Patients"
- "Euthanasia and Physician-Assisted Suicide in Homosexual Men with AIDS"
- "Soldiers and AIDS: All of You, Out"
- "Blood, Sweat and Fears"

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New York Times (03/11/96) P. D1; Pristin, Terry

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Washington Post (03/11/96) P. A17; Kamen, Al

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New York Times (03/11/96) P. A16; Bereano, Philip L.

In this letter to the editor appearing in the New York Times, Philip Bereano, a University of Washington engineering professor, says that a recent Times article misrepresented the impact a ban of HIV-positive military personnel would have on AIDS research. The article suggested AIDS research would be threatened by the ban, but Bereano says this would be "highly improbable." He says that the ban should be opposed because it is a result of homophobia and hysteria, but that AIDS research would not be affected by the ban because the 1,049 HIV-positive people do not represent a unique group of patients. Bereano argues that similar subjects could be studied by any medical institution.

"AIDS Clinical Trials Lack Data on Adolescents"

Reuters (03/08/96)

A report by the Office on National AIDS Policy shows that adolescents are being overlooked in AIDS clinical trials. Patricia Fleming, the Office director, said that one-quarter of all new U.S. HIV infections are thought to occur in people between the ages of 13 and 20. The report suggests that the

government, researchers, and clinicians work together to develop appropriate clinical practice guidelines for adolescents with HIV or AIDS. It also recommends that the National Institutes of Health develop dosage guidelines for treating HIV-positive adolescents. According to the report, adolescents have been on the "periphery" of AIDS research.

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Reuters (03/08/96)

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"Euthanasia and Physician-Assisted Suicide in Homosexual Men with AIDS"

Lancet (02/24/96) Vol.347, No.9000, P. 499; Bindels, Patrick J.E.; Krol, Anneke; Van Ameijden, Erik; et al.

A study in the Netherlands found that 38 percent of deaths there involve medical decisions concerning the end of life (MEDL), and that 2.1 percent are the result of euthanasia or physician-assisted suicide (PAS). Bindels et al. studied the rate of MEDL among 131 homosexual men with AIDS by analyzing the mode of death information in both doctor and hospital records. The researchers found that 22 percent of the men died by euthanasia or PAS and in 13 percent another MEDL had been made. Seventy-two percent of those in the PAS/euthanasia group were age 40 or older, compared to 38 percent in the natural death group. The likelihood of euthanasia/PAS increased the longer patients survived after AIDS diagnosis. Analysis of CD4 and CD8 cell counts and phytohaemagglutinin responses two years before death and at the time of death showed that most of the patients would have died naturally within one month of the time euthanasia or PAS was induced. The authors suggest that the high rate of MEDL

in the study group was due to the patients' high level of knowledge about AIDS acquired through long-term awareness of HIV infection. Furthermore, the higher rate of euthanasia in long-time survivors could be the result of additional suffering or the greater opportunity to discuss the option with friends and doctors. According to the researchers, euthanasia and other MEDL did little to shorten life.

"Soldiers and AIDS: All of You, Out"

Economist (02/17/96) Vol.338, No.7953, P. 26

HIV-infected people in the military have not been allowed in combat since 1986, a logical rule since the virus is transmitted through blood. However, a new policy would force the discharge of anyone with HIV, regardless of position, service record, or medical condition. The Pentagon opposed the provision, noting that the military would lose serviceman and officers with considerable skill. Republican Congressman Robert Dornan (R-Calif.) added the measure to the defense authorization bill, saying people with HIV are "drug dealers, people who visited whorehouses, or homosexuals." Dornan is said to have offered the provision on the grounds that people with HIV cannot serve overseas, and thereby weaken the military's strength in combat. People with diabetes, cancer, heart disease, and asthma are allowed to serve, however, even when they are kept from being deployed. Repeal efforts are currently underway, but they would either have to pass through Dornan's House subcommittee on servicemen, or House Speaker Newt Gingrich (R-Ga.) would have to act on the issue.

"Blood, Sweat and Fears"

Time (02/26/96) Vol.147, No.9, P. 59; Gorman, Christine

With boxer Tommy Morrison's announcement that he has HIV, the risk of transmitting the virus in the boxing ring has been reconsidered. For many reasons, researchers say the chance of getting HIV during a fight are small. The skin provides a good barrier of the virus, the flow of blood out of a cut would make it difficult for another person's blood to flow in, and healthy athletes have only a small amount of the virus in their blood. The Centers for Disease Control and Prevention studied 11 National Football League teams and found 575 bleeding injuries occurred in 155 games among 538 players. The researchers estimated that the risk of getting HIV from playing football was 1 in 85 million, and no such transmissions have been reported. Boxing, however, involves exposing mucous membranes in the nose and eyes. One of the rare known cases of transmission through nonsexual physical contact was between two brothers, one infected, one not, who fought, and bled profusely into each other's eyes and open wounds. Shortly after that fight, the previously uninfected brother tested positive for HIV. In the wake of Morrison's announcement, meanwhile, New York has become the fifth state to require HIV testing for boxers.

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

===== ATTACHMENT 2 =====

ATT CREATION TIME/DATE:11-MAR-1996 10:10:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)

by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01I27IS83VIO009E7A@PMDF.EOP.GOV> for

levi_j@a1.eop.gov; Mon, 11 Mar 1996 10:08:38 -0400 (EDT)

Received: from aspensys (aspensys.aspensys.com)

by STORM.EOP.GOV (PMDF V5.0-6 #6879) id <01I27ITLCOW200051K@STORM.EOP.GOV> for

levi_j@a1.eop.gov; Mon, 11 Mar 1996 10:09:45 -0700 (MST)

Received: by aspensys (5.0/SMI-SVR4) id AA01277; Mon, 11 Mar 1996 10:02:45 +0500

Errors-to: martha_vander_kolk@smtpinet.aspensys.com

Precedence: bulk

Originator: aidsnews@cdcnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse

X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: aidsnews@aspensys.com@INET@EOPMRX

CREATION DATE/TIME:11-MAR-1996 10:08:00.00

SUBJECT: CDC AIDS Daily Summary 03/11/96

TO: levi_j (levi_j@A1@CD) (WHO)

READ:11-MAR-1996 10:45:45.61

TEXT:

AIDS Daily Summary
March 11, 1996

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ATT CREATION TIME/DATE:11-MAR-1996 10:10:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)

by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01127IS83VIO009E7A@PMDf.EOP.GOV> for levi_j@a1.eop.gov; Mon, 11 Mar 1996 10:08:38 -0400 (EDT)

Received: from aspensys (aspensys.aspensys.com)

by STORM.EOP.GOV (PMDF V5.0-6 #6879) id <01127ITLCOW200051K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Mon, 11 Mar 1996 10:09:45 -0700 (MST)

Received: by aspensys (5.0/SMI-SVR4) id AA01277; Mon, 11 Mar 1996 10:02:45 +0500

Errors-to: martha_vander_kolk@smtpinet.aspensys.com

Precedence: bulk

Originator: aidsnews@cdcnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse

X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: bgw2@NIP1.EM.CDC.GOV@INET@EOPMRX

CREATION DATE/TIME:12-MAR-1996 15:05:00.00

SUBJECT: Re: research subcommittee

TO: Jeffrey Levi (LEVI_J@A1@CD) (WHO)
READ:12-MAR-1996 15:12:22.27

TEXT:

Dear Jeff,

Thanks for the tip on describing these calls as "interviews," if that avoids legal or technical problems.

With the practical limitations of a 1 to 1-1/2 hour-maximum call, we will probably have to be selective on whom we can hear from. So I'm hesitant to release the names of people available and willing to participate at this time, until the other committee members can have a few days to suggest additional names for me to contact, and then I can share with them an entire list of availables, so that we can jointly discuss and select the invitees. Once the word gets out, of course, we will have to figure out how to deal with unsolicited requests to be interviewed, and may have to promise a round two at a later date.

At this time, if you are asked, please feel free to say that the Committee is planning on including persons with direct knowledge and experience in vaccine development from academia, from government (NIH - Killen?), from ex-government (ex-NIH), from the non-profit charitable sector, and from industry, and there will be both theorists and empiricists included. Our goal is to hear from people with frank assessments of what the obstacles and problems are now, and who can offer constructive suggestions on overcoming them and accelerating the development of a vaccine.

Thanks,
Bruce

From: Jeffrey Levi
To: bgw2
Subject: research subcommittee
Date: Tuesday, 12 March 1996 13:59

Return-Path: <LEVI_J@a1.eop.gov>
Received: from msmtp by Smtpln.em.cdc.gov id <31454D12@Smtpln.em.cdc.gov>;
Tue, 12 Mar 96 14:08:18 EST
Received: from gatekeeper.eop.gov by msmtp (5.0/SMI-SVR4) id AA16733; Tue,
12
Mar 1996 14:09:35 -0500

Received: from pmdf.eop.gov by gatekeeper.eop.gov;
(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA26907; Tue, 12 Mar 1996 14:05:19
-0500

Received: from mr.eop.gov by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id
<011295A6WMLS008A4D@PMDF.EOP.GOV> for bgw2@NIP1.EM.CDC.GOV; Tue, 12 Mar
1996 14:03:56 -0400 (EDT)

Received: with PMDF-MR; Tue, 12 Mar 1996 14:05:44 -0400 (EDT)

Mr-Received: by mta DALE; Relayed; Tue, 12 Mar 1996 14:05:44 -0400

Mr-Received: by mta EOPMRX; Relayed; Tue, 12 Mar 1996 14:03:45 -0400

Alternate-Recipient: prohibited

Date: Tue, 12 Mar 1996 13:59:55 -0400 (EDT)

From: Jeffrey Levi <LEVI_J@a1.eop.gov>

Subject: research subcommittee

To: bgw2@NIP1.EM.CDC.GOV

Message-Id: <E1459ZWFBK4W6M*/R=CD/R=A1/U=LEVI_J/@MHS.eop.gov>

Mime-Version: 1.0

Content-Type: TEXT/PLAIN; CHARSET=US-ASCII

Content-Transfer-Encoding: 7BIT

Posting-Date: Tue, 12 Mar 1996 14:05:00 -0400 (EDT)

Importance: normal

Priority: normal

Ua-Content-Id: E1459ZWFBK4W6M

X400-Mts-Identifier: [;44504121306991/2264583@CD]

A1-Type: MAIL

Hop-Count: 2

content-length: 345

--

I have put in the request to NIH...I know that they are going to
come back with a question I cannot answer...who else is being
"interviewed"? (And PLEASE -- call this interviews or briefings
.. they are not hearings that would need to be publicized in
advance, etc.)

thanks.

=====
ATT CREATION TIME/DATE:12-MAR-1996 15:07:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <011297FRKOCG0087XJ@PMDF.EOP.GOV> for
LEVI_J@a1.eop.gov; Tue, 12 Mar 1996 15:05:36 -0400 (EDT)

Received: from msmtp (msmail.em.cdc.gov) by STORM.EOP.GOV (PMDF V5.0-6 #6879)
id <011297H5EXC000051K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Tue,
12 Mar 1996 15:06:43 -0700 (MST)

Received: from SmtOut.em.cdc.gov by msmtp (5.0/SMI-SVR4) id AA25085; Tue,
12 Mar 1996 15:11:01 -0500

Received: by SmtOut.em.cdc.gov with Microsoft Mail id
<31455B83@SmtOut.em.cdc.gov>; Tue, 12 Mar 1996 15:09:55 -0500 (EST)

=====
END ATTACHMENT 1

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-MAR-1996 11:50:08.62

SUBJECT: RE: PACHA Research Committee Conference Call "Hearings"

TO: Weniger, Bruce (bgw2@NIP1.EM.CDC.GOV@INET@EOPMRX)
READ:NOT READ

TEXT:

We will send this request via the OAR -- which is the bureaucratic channel through which we must go. Once that has occurred, it will be easier for you to talk directly with him about timing and what you need from him.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-MAR-1996 15:23:25.72

SUBJECT: Advisory Council request

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

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

TEXT:

Jack--

The Research Subcommittee of the Presidential HIV/AIDS Advisory Council is holding a series of conference calls on specific subject areas in advance of their April 24th meeting. They have requested that Jack Killen participate in a call on vaccines on April 3rd of 4th.

Can you pass this request on to the appropriate parties?

Thanks very much.

Jeff

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: aidsnews@aspensys.com@INET@EOPMRX

CREATION DATE/TIME:12-MAR-1996 15:22:00.00

SUBJECT: CDC AIDS Daily Summary 03/12/96

TO: levi_j (levi_j@AI@CD) (WHO)

READ:13-MAR-1996 08:44:46.93

TEXT:

AIDS Daily Summary
March 12, 1996

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse makes available the following information as a public service only. Providing this information does not constitute endorsement by the CDC, the CDC Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC Clearinghouse should be cited as the source of this information. Copyright 1996, Information, Inc., Bethesda, MD

- "New Issue Update: Gilead Sciences"
- "John-John Dies of AIDS at 11 Still Speaking of Hope"
- "Unusual Molecules Could be Key to Cancer Patients' Weight Loss"
- "Portraits of Lives with AIDS"
- "Thalidomide Returns With New Hope, Old Fear"
- "Neurex SNX-111 in the Treatment of Neuropathic Pain Caused by AIDS; Early Results Promising"
- "Identification of Levels of Maternal HIV-1 RNA Associated With Risk of Perinatal Transmission"
- "Syringe Exchange in the United States: 1995 Update"
- "JAMA, Glaxo Wellcome Create HIV/AIDS Site on Web"

"New Issue Update: Gilead Sciences"
Investor's Business Daily (03/12/96) P. A6

Gilead Sciences Inc. has announced that preliminary results from an independent clinical trial of VISTIDE indicate the drug is effective in treating CMV retinitis. The study was carried out by SOCA, a research group founded by the National Eye Institute.

"John-John Dies of AIDS at 11 Still Speaking of Hope"
Baltimore Sun (03/12/96) P. 1B; Olksker, Michael

Eleven-year-old John-John Cummings, who was infected with HIV by his mother, died of AIDS recently, but was still full of hope. His grandmother Ethel Jackson, who lives in Baltimore and is a retired nurse's assistant, took care of him. His mother died in August. Jackson described John-John as a typical boy who loved

to play and sing. A study by the Centers for Disease Control and Prevention found that 1 percent of women on child-bearing age in Baltimore are known to have HIV. Vicki Tepper of the University of Maryland School of Medicine, who was John-John's psychologist, says that about 250 Baltimore children under the age of 13 are infected with HIV. John-John was not found to have HIV until he was 7, but he suffered from illnesses throughout his life. When John-John was dying, Jackson said, he knew, but he told her he had talked to the angels, and they said he was going to be allright.

"Unusual Molecules Could be Key to Cancer Patients' Weight Loss"
New York Times (03/12/96) P. C3; Grady, Denise

British researchers report that they have found a clue to the process of wasting, or the extreme weight loss that plagues cancer and AIDS patients. Their finding is specific to wasting in cancer patients, but, Dr. Carl Grunfield, a medical professor at the University of California at San Francisco, who was not involved in the research, says he will begin a study to look for the same factor in AIDS patients. Wasting affects about half of all cancer patients, and has a significant impact on the health of people with AIDS. The cancer study, led by Dr. Michael Tisdale at Aston University, reveals the role of a substance made by tumor cells that seems to cause the weight loss. A treatment to block the chemical may be developed to combat the problem. Cancer patients with wasting live about half as long those with the same tumor and no wasting. Patients lose their appetite, burn extra calories, and lose muscle mass, but giving a patient more food does not help and may cause the tumor to grow faster.

"Portraits of Lives with AIDS"

New York Times (03/10/96) P. 33; Alvarez, Lizette

AIDS has become a growing problem among teen-agers, a problem emphasized in a report from the White House Office of AIDS Policy released last week. The report called for community leaders and the medical establishment to increase education and treatment efforts for young people. One of every four people who are infected with HIV is under the age of 20, the report said. Poor inner-city teens, who are having sex at younger ages and live in areas where AIDS is more prevalent, are especially susceptible to the virus. In New York City, nearly 11,000 people aged 13 to 29 have died of AIDS. Fifteen percent of the AIDS cases in Newark, N.J., are among 20- to 29-year-olds. Complicating the problem is the fact that most young people are not likely to be tested or see a doctor, and may not even know they have the virus. Young people who grew up learning basic HIV prevention methods seem to be ambivalent about their sexual behavior. Dealing with poverty, grief, and feelings of abandonment, they turn to sex for comfort and seem to think they can defy AIDS, and that if they cannot, it is beyond their control.

"Thalidomide Returns With New Hope, Old Fear"

Chicago Tribune (03/11/96) P. 1-1; Goering, Laurie

Thalidomide, the infamous sedative that caused severe birth

defects in babies of mothers who took the drug in the late 1950s and early 1960s, is still prescribed in Brazil as the only effective treatment for leprosy and is gaining popularity again in the West as a treatment for AIDS-associated wasting and mouth ulcers. The drug may also be effective as a treatment for tuberculosis, cancer, degenerative eye disease associated with diabetes, and autoimmune diseases such as lupus and multiple sclerosis. To use such a potentially dangerous drug again, however, U.S. Food and Drug Administration policy experts and other health officials are searching for ways to get the drug to those who need it without repeating the tragedies of the past. Efforts to make thalidomide less likely to fall into the hands of pregnant women include new labeling which makes it clearer that the drug is dangerous for pregnant women and is not able to induce abortion, as some mistakenly believe, and distribution methods that limit prescriptions to small amounts of the drug.

"Neurex SNX-111 in the Treatment of Neuropathic Pain Caused by AIDS; Early Results Promising"
Business Wire (03/11/96)

Neurex Corp. has announced the promising results of treating two patients with HIV-related neuropathic pain with SNX-111, a calcium channel blocker. Both patients had failed opiate treatment, but responded well to initial treatment with SNX-111. Severe neuropathic pain, which is thought to be caused by the HIV infection invading the nervous system, is a common clinical problem, and not easily treated. The company added that it needs to confirm the response in controlled studies.

"Identification of Levels of Maternal HIV-1 RNA Associated With Risk of Perinatal Transmission"
Journal of the American Medical Association (02/28/96) Vol.275, No.8, P. 599; Dickover, Ruth E.; Garratty, Eileen M.; Herman, Steven A.; et al.

Zidovudine has been shown to reduce the risk of perinatal transmission of HIV by two-thirds in asymptomatic HIV-infected women who had not taken the drug previously. Dickover and colleagues followed 92 HIV-positive pregnant women to determine if the amount of virus in maternal blood can predict perinatal HIV transmission, how zidovudine prevents HIV transmission, and why it sometimes fails. Of the 92 women, 42 received zidovudine therapy during pregnancy, labor, and delivery. Twenty of the 97 infants were perinatally infected with HIV. The mothers' HIV-1 RNA levels were found to be highly predictive of the risk of perinatal transmission, and zidovudine showed a major protective effect by reducing maternal HIV-1 RNA levels before delivery. Transmission was most likely to occur in women with plasma HIV-1 RNA levels above 50,000 copies per milliliter. According to the researchers, intervention strategies should try to reduce the maternal HIV-1 RNA levels to at least below 20,000 copies per milliliter. Further strategies are needed, the authors say, to prevent perinatal transmission in women with high or increasing virus levels or zidovudine-resistant virus.

"Syringe Exchange in the United States: 1995 Update"

The U.S. Conference of Mayors: HIV Capsule Report (02/96) No.1,
P. 1

Syringe exchange programs (SEPs) provide sterile syringes and other services to injection drug users, reducing the risk of HIV transmission through shared needles. Programs are now in operation in 46 cities in 21 states. In 1994, 8 million new syringes were exchanged for used ones, compared to 2.4 million in 1993. However, laws that require prescriptions to obtain syringes or that criminalize having syringes often make SEPs illegal. Of 60 SEPs that responded to a 1995 survey, 55 percent reported that they operated legally; 32 percent said a local group or council supported the program, despite laws against it; and 13 percent said they operated illegally. Among other services offered, 45 of the programs offer condoms and 23 provide HIV counseling and testing. In addition, 85 percent of the programs counsel drug users about medical hygiene relating to injection drugs. Furthermore, a recent study by the Chemical Dependency Institute at Beth Israel Medical Center in New York found that SEPs are cost-effective, with the average yearly cost for programs about \$131,000. The average estimated lifetime cost of treating one HIV-positive individual is \$120,000. Federal funds cannot be used for syringe distribution. In short, although 53.3 percent of the AIDS cases reported to the Centers for Disease Control and Prevention in 1994 were associated with injection drug use, SEPs are continually opposed by communities leaders and lawmakers. Communities should therefore investigate whether SEPs are appropriate for the needs of their region, but should also consider effective prevention strategies can be implemented at the local level

"JAMA, Glaxo Wellcome Create HIV/AIDS Site on Web"

American Medical News (02/19/96) Vol. 39, No. 7, P. 9

The Journal of the American Medical Association and Glaxo Wellcome Inc. have created an HIV- and AIDS-related World Wide Web site which is intended to serve both patients and health care workers. Information on the site, located at "<http://www.ama-assn.org>," is peer reviewed by HIV/AIDS experts, and a community advisory panel will also be created to assist the site editors. The site features information on a range of topics including clinical protocol, training information for health care workers, answers to common questions about HIV/AIDS, and a lexicon of HIV/AIDS terminology.

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE:12-MAR-1996 15:24:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)

by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <0112981WA34G007E54@PMDF.EOP.GOV> for
levi_j@a1.eop.gov; Tue, 12 Mar 1996 15:22:39 -0400 (EDT)

Received: from aspensys (aspensys.aspensys.com)

by STORM.EOP.GOV (PMDF V5.0-6 #6879) id <0112983ASPT000051K@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Tue, 12 Mar 1996 15:23:47 -0700 (MST)

Received: by aspensys (5.0/SMI-SVR4) id AA12992; Tue, 12 Mar 1996 15:16:50 +0500

Errors-to: martha_vander_kolk@smtpinet.aspensys.com

Precedence: bulk

Originator: aidsnews@cdcnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse

X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-MAR-1996 12:09:35.94

SUBJECT: Issue brief

TO: Jeremy D. Benami (BENAMI_J) (WHO)

READ:12-MAR-1996 12:11:35.10

TEXT:

Here goes...remember to delete the "n".

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

ATT CREATION TIME/DATE:12-MAR-1996 12:07:00.00

ATT BODYPART TYPE:p

ATT CREATOR: Jeffrey Levi

TEXT:

Unable to convert OA\$SHARE1421:ZWFBHDB81.FGN to ASCII,

The following is a HEX DUMP:

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

THE FIGHT AGAINST HIV/AIDS UNDER PRESIDENT CLINTON: AN OVERVIEW

For More Information Call:
Richard Sorian, 632-1090

"Our common goal must ultimately be a cure, a cure for all those who are living with HIV, and a vaccine to protect all the rest of us from the virus. A cure and a vaccine, that must be our first and top priority."

President Clinton
White House Conference on HIV and AIDS
December 6, 1996

Overview. In the 15 years since the discovery of HIV/AIDS in the U.S., more than 500,000 Americans have been diagnosed with AIDS and more than 300,000 men, women, and children have died of this disease. AIDS is the leading cause of death among Americans 25-44. Today, as many as one million Americans are living with HIV and at least 100 Americans are becoming infected every day. Early governmental response to this epidemic was sharply criticized as insufficient. President Clinton has committed the nation to a "loud, clear, and consistent war on AIDS."

Accomplishments

- Increased funding for AIDS research, prevention, and care by 30 percent in two years and sought increases in FY 1996 that would raise funding by 40 percent over three years.
- Increased funding for the Ryan White CARE Act, which provides services to people living with AIDS, by 108 percent.
- Revised eligibility rules for Social Security disability benefits to make it easier for people with HIV/AIDS to qualify for support.
- Signed legislation strengthening the Office of AIDS Research at the National Institutes of Health, providing a stronger focus for research planning and coordination.
- Accelerated AIDS drug approval. Approval of two new protease inhibitor drugs was accomplished in 91 and 72 days, respectively.
- Called the first-ever White House Conference on HIV and AIDS, inviting more than 300 experts, activists, and caregivers to a full-day of top-level discussions with Administration officials.

- Established the Presidential Advisory Council on HIV and AIDS to advise the government on issues related to the national response to the epidemic.
- Increased funding for direct housing assistance to people with AIDS by 46 percent.
- Created the Office of National AIDS Policy at the White House to coordinate and direct Federal AIDS policy.

Agenda President Clinton continues to seek additional resources to increase the national response to HIV and AIDS. His Administration is working closely with business leaders, religious leaders, community organizations, the pharmaceutical industry, and members of the affected community to increase such efforts throughout the U.S. by:

- Eliminating barriers to AIDS research and AIDS drug approval. Vice President Gore is leading an effort to increase cooperation between government and the pharmaceutical industry on AIDS research and drug development.
- Challenging Congress to retain the federal guarantee of Medicaid coverage for people living with HIV and AIDS.
- Seeking additional funding for AIDS research, prevention, and care.
- Strongly supporting the Office of AIDS Research at NIH to provide greater focus and direction for our national AIDS research effort.
- Establishing a national goal to reduce the number of new HIV infections each year "until there are none."
- Working to eliminate AIDS-related discrimination in the workplace, health care institutions, employment, and housing.
- Collaborating with business leaders to increase workplace AIDS education to help reduce the stigma attached to HIV disease.
- Empowering community-based organizations to develop culturally sensitive AIDS prevention efforts.
- Working with parents, schools, clergy, and youth advocates to reduce the number of adolescents and young adults becoming infected with HIV.

Contact: Richard Sorian, 750 17th St., NW, Suite 600, 632-1090
Last Update: March 11, 1996

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-MAR-1996 12:13:18.30

SUBJECT: video script format

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)

READ:12-MAR-1996 12:14:50.11

TEXT:

here goes part two

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

ATT CREATION TIME/DATE:12-MAR-1996 12:12:00.00

ATT BODYPART TYPE:p

ATT CREATOR: Jeffrey Levi

TEXT:

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-MAR-1996 12:13:56.83

SUBJECT: Re: PACHA Research Committee Conference Call "Hearings"

TO: Weniger, Bruce
READ:NOT READ

(bgw2@NIP1.EM.CDC.GOV@INET@EOPMRX)

TEXT:
not to worry

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-MAR-1996 09:12:56.95

SUBJECT: RE: Council Meeting -- Agenda

TO: Farrell, Kimberly (KSF@s-3.com@INET@EOPMRX)
READ:NOT READ

TEXT:

your assumptions about the meeting are correct. Linda can say whether notetaker is sufficient for subcommittees, or whether we need transcription.

Could you also ask Linda whether she is doing the Federal Register notice or if I need to do this downtown.

I haven't seen the fact sheet, but then, I have a huge inbox I haven't sorted through.

I hear you've been sending out suspicious packages!

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: bgw2@NIP1.EM.CDC.GOV@INET@EOPMRX

CREATION DATE/TIME:12-MAR-1996 12:10:00.00

SUBJECT: Re: PACHA Research Committee Conference Call "Hearings"

TO: Jeffrey Levi (LEVI_J@A1@CD) (WHO)

READ:12-MAR-1996 13:09:49.08

TEXT:

Dear Jeff,

Thanks. I hope you'll leave out of the request forwarded to OAR the explanation why Dr. Killen is being invited specifically, or at least phase it more tactfully.

Regards,
Bruce

From: Jeffrey Levi
To: Weniger, Bruce
Subject: RE: PACHA Research Committee Conference Call "Hearings"
Date: Tuesday, 12 March 1996 11:49

Return-Path: <LEVI_J@a1.eop.gov>
Received: from msmtp by Smtpln.em.cdc.gov id <31452D5C@Smtpln.em.cdc.gov>;
Tue, 12 Mar 96 11:53:00 EST
Received: from gatekeeper.eop.gov by msmtp (5.0/SMI-SVR4) id AA25473; Tue,
12
Mar 1996 11:54:10 -0500
Received: from pmdf.eop.gov by gatekeeper.eop.gov;
(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA18174; Tue, 12 Mar 1996 11:49:53
-0500
Received: from mr.eop.gov by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id
<011290K586TC0067HQ@PMDF.EOP.GOV> for bgw2@NIP1.EM.CDC.GOV; Tue, 12 Mar
1996 11:48:20 -0400 (EDT)
Received: with PMDF-MR; Tue, 12 Mar 1996 11:50:09 -0400 (EDT)
Mr-Received: by mta DALE; Relayed; Tue, 12 Mar 1996 11:50:09 -0400
Mr-Received: by mta EOPMRX; Relayed; Tue, 12 Mar 1996 11:48:10 -0400
Alternate-Recipient: prohibited
Date: Tue, 12 Mar 1996 11:49:08 -0400 (EDT)
From: Jeffrey Levi <LEVI_J@a1.eop.gov>
Subject: RE: PACHA Research Committee Conference Call "Hearings"
In-Reply-To: <31443811@Smtpln.em.cdc.gov>
To: "Weniger, Bruce" <bgw2@NIP1.EM.CDC.GOV>
Message-Id: <E1377ZWFBGX00Y*/R=CD/R=A1/U=LEVI_J/@MHS.eop.gov>
Mime-Version: 1.0
Content-Type: TEXT/PLAIN; CHARSET=US-ASCII
Content-Transfer-Encoding: 7BIT

Posting-Date: Tue, 12 Mar 1996 11:50:00 -0400 (EDT)
Importance: normal
Priority: normal
Ua-Content-Id: E1377ZWFBGX00Y
X400-Mts-Identifier: [;90051121306991/2263769@CD]
A1-Type: MAIL
Hop-Count: 2
content-length: 259

--

We will send this request via the OAR -- which is the bureaucratic channel through which we must go. Once that has occurred, it will be easier for you to talk directly with him about timing and what you need from him.

=====
ATT CREATION TIME/DATE:12-MAR-1996 12:12:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <011291AUOTZ4005F25@PMDF.EOP.GOV> for
LEVI_J@a1.eop.gov; Tue, 12 Mar 1996 12:09:50 -0400 (EDT)

Received: from msmtp (msmail.em.cdc.gov) by STORM.EOP.GOV (PMDF V5.0-6 #6879)
id <011291C5YX2K00051K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Tue,
12 Mar 1996 12:10:54 -0700 (MST)

Received: from SmtOut.em.cdc.gov by msmtp (5.0/SMI-SVR4) id AA28992; Tue,
12 Mar 1996 12:15:08 -0500

Received: by SmtOut.em.cdc.gov with Microsoft Mail id
<31453248@SmtOut.em.cdc.gov>; Tue, 12 Mar 1996 12:14:00 -0500 (EST)

=====
END ATTACHMENT 1

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-MAR-1996 13:41:20.56

SUBJECT: Mike Rannkin

TO: Remote Addressee (KSF@s-3.com@INET@EOPMRX)
READ:NOT READ

TO: Remote Addressee (ScottHitt@aol.com@INET@EOPMRX)
READ:NOT READ

TO: Marsha Scott (SCOTT_M) (WHO)
READ:12-MAR-1996 17:50:13.65

TEXT:

New phone, fax, etc. for Mike Rankin on the Advisory Council:

phone: 510-267-7978

510-267-7962

fax: 510-267-7980

thanks.

note to Kimberly: do we have a list of e-mail addresses for
council members?

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-MAR-1996 13:38:33.85

SUBJECT: Cost of videos

TO: Jeremy D. Benami (BENAMI_J) (WHO)

READ:12-MAR-1996 14:40:22.64

TEXT:

Any idea how much doing these videos cost? We had CDC paying before; I've listed us as the payor for now -- if it's not outrageous, we can spend some of our HUD money on this.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-MAR-1996 15:12:48.49

SUBJECT: weniger

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:12-MAR-1996 15:40:36.02

TEXT:

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

ATT CREATION TIME/DATE:12-MAR-1996 16:15:00.00

ATT BODYPART TYPE:E

ATT CREATOR: Weniger, Bruce

ATT SUBJECT: Re: research subcommittee

ATT TO: Jeffrey Levi (LEVI_J@A1@CD)

TEXT:

Dear Jeff,

Thanks for the tip on describing these calls as "interviews," if that avoids legal or technical problems.

With the practical limitations of a 1 to 1-1/2 hour-maximum call, we will probably have to be selective on whom we can hear from. So I'm hesitant to release the names of people available and willing to participate at this time, until the other committee members can have a few days to suggest additional names for me to contact, and then I can share with them an entire list of availables, so that we can jointly discuss and select the invitees. Once the word gets out, of course, we will have to figure out how to deal with unsolicited requests to be interviewed, and may have to promise a round two at a later date.

At this time, if you are asked, please feel free to say that the Committee is planning on including persons with direct knowledge and experience in vaccine development from academia, from government (NIH - Killen?), from ex-government (ex-NIH), from the non-profit charitable sector, and from industry, and there will be both theorists and empiricists included. Our goal is to hear from people with frank assessments of what the obstacles and problems are now, and who can offer constructive suggestions on overcoming them and accelerating the development of a vaccine.

Thanks,
Bruce

From: Jeffrey Levi
To: bgw2
Subject: research subcommittee
Date: Tuesday, 12 March 1996 13:59

Return-Path: <LEVI_J@a1.eop.gov>
Received: from msmtp by Smtpln.em.cdc.gov id <31454D12@Smtpln.em.cdc.gov>;
Tue, 12 Mar 96 14:08:18 EST
Received: from gatekeeper.eop.gov by msmtp (5.0/SMI-SVR4) id AA16733; Tue,
12
Mar 1996 14:09:35 -0500
Received: from pmdf.eop.gov by gatekeeper.eop.gov;
(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA26907; Tue, 12 Mar 1996 14:05:19
-0500
Received: from mr.eop.gov by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id
<011295A6WMLS008A4D@PMDF.EOP.GOV> for bgw2@NIP1.EM.CDC.GOV; Tue, 12 Mar
1996 14:03:56 -0400 (EDT)
Received: with PMDF-MR; Tue, 12 Mar 1996 14:05:44 -0400 (EDT)
Mr-Received: by mta DALE; Relayed; Tue, 12 Mar 1996 14:05:44 -0400
Mr-Received: by mta EOPMRX; Relayed; Tue, 12 Mar 1996 14:03:45 -0400
Alternate-Recipient: prohibited
Date: Tue, 12 Mar 1996 13:59:55 -0400 (EDT)
From: Jeffrey Levi <LEVI_J@a1.eop.gov>
Subject: research subcommittee
To: bgw2@NIP1.EM.CDC.GOV
Message-Id: <E1459ZWFBK4W6M*/R=CD/R=A1/U=LEVI_J/@MHS.eop.gov>
Mime-Version: 1.0
Content-Type: TEXT/PLAIN; CHARSET=US-ASCII
Content-Transfer-Encoding: 7BIT
Posting-Date: Tue, 12 Mar 1996 14:05:00 -0400 (EDT)
Importance: normal
Priority: normal
Ua-Content-Id: E1459ZWFBK4W6M
X400-Mts-Identifier: [;44504121306991/2264583@CD]
A1-Type: MAIL
Hop-Count: 2
content-length: 345

--

I have put in the request to NIH...I know that they are going to
come back with a question I cannot answer...who else is being
"interviewed"? (And PLEASE -- call this interviews or briefings
.. they are not hearings that would need to be publicized in
advance, etc.)

thanks.

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

===== ATTACHMENT 2 =====

ATT CREATION TIME/DATE:12-MAR-1996 15:07:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)

by PMDF.EOP.GOV (PMDf V5.0-4 #6879) id <011297FRKOCG0087XJ@PMDf.EOP.GOV> for
LEVI_J@a1.eop.gov; Tue, 12 Mar 1996 15:05:36 -0400 (EDT)

Received: from msmtp (msmail.em.cdc.gov) by STORM.EOP.GOV (PMDf V5.0-6 #6879)

id <011297H5EXC000051K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Tue,
12 Mar 1996 15:06:43 -0700 (MST)

Received: from SmtOut.em.cdc.gov by msmtp (5.0/SMI-SVR4) id AA25085; Tue,

12 Mar 1996 15:11:01 -0500

Received: by SmtOut.em.cdc.gov with Microsoft Mail id

<31455B83@SmtOut.em.cdc.gov>; Tue, 12 Mar 1996 15:09:55 -0500 (EST)

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: KSF@s-3.com@INET@EOPMRX

CREATION DATE/TIME:12-MAR-1996 08:51:00.00

SUBJECT: Council Meeting -- Agenda

TO: 'SMTP:LEVI_J@a1.eop.gov' (LEVI_J@A1@CD) (WHO)

READ:12-MAR-1996 09:10:34.89

TEXT:

I received a draft agenda of the April Council meeting from Steve Tyler/Dr. Hitt.

From that agenda, they have the three subcommittees meeting on Wednesday evening from 7 - 9 pm. (I am checking with the hotel to be sure this space is still available). But, with that addition on Wednesday evening, I am now assuming ----

1. That this is the "official" beginning of the meeting
2. That it will be listed this way in the Federal Register notice ---so, the public will be permitted to attend
3. We will setup registration/information for the public that evening.
4. Notetakers should be present in the three meetings to prepare summaries; do the three need to also have a transcription?

And, it looks like the only other time the Council divides into the three subcommittees is on Thursday 2 - 3:30pm

Please let me know if the above assumptions are correct.

Also, when you put the notice in the Federal Register, please don't forget to add the line about contacting ONAP or me about special accessibility requirements. This way, I won't need to schedule the sign interpreters unless requested ahead of time....

Thanks. (P.S. Did you receive the draft fact sheet to review? I sent it by fax.)

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE:12-MAR-1996 08:53:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDf V5.0-4 #6879) id <01128UDBWU3K00BZ2L@PMDf.EOP.GOV> for
LEVI_J@a1.eop.gov; Tue, 12 Mar 1996 08:51:01 -0400 (EDT)

Received: from SSSHQ5 (198.136.162.55) by STORM.EOP.GOV (PMDf V5.0-6 #6879)
id <01128UEP2FQK00051K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Tue,
12 Mar 1996 08:52:07 -0700 (MST)

X-Mailer: Worldtalk (NetConnex V3.50c)/MIME

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

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

CREATOR: Jeremy D. Benami (BENAMI_J) (WHO)

CREATION DATE/TIME:12-MAR-1996 14:38:53.22

SUBJECT: issue brief

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:12-MAR-1996 14:54:52.38

TEXT:

thanks for the issue brief. it looked great as always. i submitted with no changes.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-MAR-1996 15:13:25.05

SUBJECT: weniger II

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:12-MAR-1996 15:42:09.85

TEXT:

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

ATT CREATION TIME/DATE:12-MAR-1996 15:11:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Jeffrey Levi

ATT SUBJECT: Re: research subcommittee

ATT TO: Weniger, Bruce (bgw2@NIP1.EM.CDC.GOV@INET@EOPMRX)

TEXT:

I understand the problem. However, it would still be useful to know who you are considering -- we might have suggestions -- for example, from the Levine committee -- which is putting out recommendations later this week that call for a very dramatic restructuring of the vaccine effort (and thus would offer a very different perspective from Jack Killen).

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-MAR-1996 14:05:45.17

SUBJECT: research subcommittee

TO: Remote Addressee (bgw2@NIP1.EM.CDC.GOV@INET@EOPMRX)
READ:NOT READ

TEXT:

I have put in the request to NIH...I know that they are going to come back with a question I cannot answer...who else is being "interviewed"? (And PLEASE -- call this interviews or briefings .. they are not hearings that would need to be publicized in advance, etc.)
thanks.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: bgw2@NIP1.EM.CDC.GOV@INET@EOPMRX

CREATION DATE/TIME:12-MAR-1996 17:35:00.00

SUBJECT: Levine Committee Members

TO: Jeffrey Levi (LEVI_J@A1@CD) (WHO)

READ:13-MAR-1996 08:47:01.84

TEXT:

Dear Jeff,

I'm querying both Bolognesi and Hilleman from the Levine Committee's vaccine subpanel. If you have others to suggest, please do. Please recognize that we need to inquire of more people than we can actually accommodate, since some will not be available, anyway, and time is also limited. Some of these may have to be bumped with no free ticket compensation, and I am advising them accordingly.

Thanks,
Bruce

From: Jeffrey Levi
To: Weniger, Bruce
Subject: Re: research subcommittee
Date: Tuesday, 12 March 1996 15:11

Return-Path: <LEVI_J@a1.eop.gov>
Received: from msmtp by Smtpln.em.cdc.gov id <31455CAA@Smtpln.em.cdc.gov>;
Tue, 12 Mar 96 15:14:50 EST
Received: from gatekeeper.eop.gov by msmtp (5.0/SMI-SVR4) id AA25758; Tue,
12
Mar 1996 15:16:08 -0500
Received: from pmdf.eop.gov by gatekeeper.eop.gov;
(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA31982; Tue, 12 Mar 1996 15:11:47
-0500
Received: from mr.eop.gov by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id
<011297LQ91SW00B61Y@PMDF.EOP.GOV> for bgw2@NIP1.EM.CDC.GOV; Tue, 12 Mar
1996 15:10:25 -0400 (EDT)
Received: with PMDF-MR; Tue, 12 Mar 1996 15:12:17 -0400 (EDT)
Mr-Received: by mta DALE; Relayed; Tue, 12 Mar 1996 15:12:17 -0400
Mr-Received: by mta EOPMRX; Relayed; Tue, 12 Mar 1996 15:10:18 -0400
Alternate-Recipient: prohibited
Date: Tue, 12 Mar 1996 15:11:02 -0400 (EDT)
From: Jeffrey Levi <LEVI_J@a1.eop.gov>
Subject: Re: research subcommittee
In-Reply-To: <31455B83@Smtpln.em.cdc.gov>
To: "Weniger, Bruce" <bgw2@NIP1.EM.CDC.GOV>
Message-Id: <E1172ZWFBLQETW*/R=CD/R=A1/U=LEVI_J/@MHS.eop.gov>

Mime-Version: 1.0
Content-Type: TEXT/PLAIN; CHARSET=US-ASCII
Content-Transfer-Encoding: 7BIT
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Importance: normal
Priority: normal
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X400-Mts-Identifier: [;71215121306991/2264946@CD]
A1-Type: MAIL
Hop-Count: 2
content-length: 416

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I understand the problem. However, it would still be useful to know who you are considering -- we might have suggestions -- for example, from the Levine committee -- which is putting out recommendations later this week that call for a very dramatic restructuring of the vaccine effort (and thus would offer a very different perspective from Jack Killen).

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

ATT CREATION TIME/DATE:12-MAR-1996 17:37:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01129COMI60W00D15L@PMDF.EOP.GOV> for
LEVI_J@a1.eop.gov; Tue, 12 Mar 1996 17:35:31 -0400 (EDT)

Received: from msmtp (msmail.em.cdc.gov) by STORM.EOP.GOV (PMDF V5.0-6 #6879)
id <01129CPZIOEQ00051K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Tue,
12 Mar 1996 17:36:37 -0700 (MST)

Received: from SmtOut.em.cdc.gov by msmtp (5.0/SMI-SVR4) id AA11061; Tue,
12 Mar 1996 17:40:55 -0500

Received: by SmtOut.em.cdc.gov with Microsoft Mail id
<31457EA8@SmtOut.em.cdc.gov>; Tue, 12 Mar 1996 17:39:52 -0500 (EST)

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