

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From: Dorothy Karayannis, To: Many Recipients, Re: 1/2 hr left (2 pages)	06/10/1996	Personal Misfile
002. email	From: Dorothy Karayannis, To: Many Recipients, Re: Surprise Birthday Breakfast (2 pages)	06/10/1996	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[06/04/1996 - 06/12/1996]

2018-0759-F

in416

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

CREATION DATE/TIME: 4-JUN-1996 13:35:25.96

SUBJECT: RE: ADAP

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 4-JUN-1996 13:37:56.39

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

READ: 4-JUN-1996 14:00:21.34

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

READ: 4-JUN-1996 13:40:34.87

TEXT:

i agree with you that this is probably not a wise use of anyone's time, but i am willing to meet for half an hour. i have no idea what my schedule is for thursday but i believe i have an asthma meeting out of the office. would you please contact jim blount and see what can be worked out?

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 4-JUN-1996 18:06:30.03

SUBJECT: please give to Nancy Brown

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

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

TEXT:
PRINTER FONT 12_POINT_ROMAN
NOTE FOR NANCY BROWN

The following are few more additions to the Administration response:

Replace Administration's response for II.B.9.

A written progress report on this recommendation will be provided prior to the September meeting of the Council.

In II.D.5.:

add parentheses around 1

-800

-TRIALS

-A in the third bullet.

In second to last paragraph, replace first sentence with:
Dissemination of information is a function of all agencies within the Public Health Service.

Replace II.E.3. with the following:

The President and the Administration strongly opposed enactment of the so

-called "Dornan Amendment." Through the coordinated efforts of the White House, the Department of Defense, the Department of Veterans Affairs, and the Department of Justice -- along with the advocacy of many community groups -- repeal of this provision was accomplished before any servicemember had to be discharged. The Administration will continue to oppose efforts to reimpose this provision.

Replace the response for II.E.4. with the following:

The Office of National AIDS Policy has worked closely with the relevant agencies in the Federal government to assure waivers for those attending the Summer Olympics in Atlanta and to permit transit visas for those passing through the U.S. on their way to the Vancouver conference. The Office will also work with the Centers for Disease Control to assure appropriate oversight of HIV testing of potential immigrants.

While both EOIR and the INS are constrained by the need to

approach and evaluate each application for asylum, stay or suspension of deportation, deferred action or extended voluntary departure on its own legal and factual merits, the waiver process allows the flexibility to balance respect for individual rights with the need to protect the public health.

Because stays of deportation, voluntary departure and deferred action status are forms of relief granted by an INS district director at his or her prosecutorial discretion, the district

director must consider each case on the basis of its individual facts and not on the basis of membership in a social group. Similarly, EOIR's immigration judges and its Bureau of Immigration Appeals are charged by regulation with independent adjudication of individual cases. Thus, it is not possible to render these types of immigration decisions based on social group category. The INS will, however, consider applications for stays of deportation, voluntary departure and deferred action status submitted by HIV positive individuals in a manner consistent with applications submitted by aliens seeking to remain in the U.S. for other medical reasons. This includes reviewing all applications for relief where an individual alleges that deportation may result in his or her being unable to obtain life

-sustaining treatment.

Finally, aliens with HIV who are seeking asylum or withholding of deportation may be able to qualify for recognition as a member of a "particular social group" if the evidence in the individual case supports such a conclusion. (Courts have interpreted the phrase "particular social group" to mean a group of persons sharing a common, immutable characteristic that group members either cannot change or should not be required to change.)

Withholding of deportation is available to persons whose life or freedom would be threatened on account of their membership in a particular social group. Aliens may be admitted on the basis of refugee status if they are able to document a well

-founded fear

of persecution on the basis of race, religion, nationality, membership in a particular social group, or political opinion, and if they are able to satisfy the other elements of the statutory definition (the harm must emanate from the government of the refugee's country or an entity the government cannot or will not control, and the persecutor must seek to harm the asylum seeker specifically because of his or her membership in the social group). Finally, because asylum is a discretionary form of relief, the asylum seeker must demonstrate that he or she merits a favorable exercise of discretion. Humanitarian factors, such as an applicant's affliction with a serious medical condition, would generally weigh in the applicant's favor.

In sum, although the INS and EOIR are required to adjudicate requests for asylum, stay or suspension of deportation, deferred action or extended voluntary departure on their individuals merits, and cannot grant such discretionary relief in a blanket

fashion, where appropriate they will consider HIV infection as a factor weighing in favor of discretionary relief from deportation. Additionally, where consistent with statute, the INS and EOIR will recognize HIV infection as a characteristic that, depending on the practices of the government in the home country, can define a particular social group for purposes of determining eligibility for asylum and withholding of

deportation.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 4-JUN-1996 15:06:17.98

SUBJECT: Ricky Ray

TO: Robert J. Pellicci (PELLICCI_R) (OMB)

READ: 4-JUN-1996 15:18:39.36

TEXT:

Do you know if the letter went...and if so, if we can have a copy?

thanks

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 4-JUN-1996 11:08:48.61

SUBJECT: RE: Progress Report for Pres. Council

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

CC: Van Ness, Peggy (MRV@s-3.com@INET@EOPMRX)
READ:NOT READ

CC: Brown, Nancy (NEB@s-3.com@INET@EOPMRX)
READ:NOT READ

CC: Jackson, Linda (OAR/Internet) (lj1a@nih.gov@INET@EOPMRX)
READ:NOT READ

TEXT:

From my point of view, this is fine...there needs to be closure on
this process.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME: 4-JUN-1996 11:01:00.00

SUBJECT: Tom Henderson's Changes

TO: 'SMTP:LEVI_J@a1.eop.gov' (LEVI_J@A1@CD) (WHO)

READ: 4-JUN-1996 11:07:33.53

CC: 'SMTP:Scotthitt@aol.gov' (Scotthitt@aol.gov@INET@EOPMRX)

READ:NOT READ

TEXT:

We just received a 23 page fax from Tom Henderson with minor editorial changes to the progress report. Since we did not receive this electronically, we are unable to fax it out to the assessment ad hoc before the call tomorrow. They are VERY minor and I believe he could just advise the members of the changes over the phone.

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

ATT CREATION TIME/DATE: 4-JUN-1996 11:03:00.00

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 <0115IBDH11KG018RQJ@PMDf.EOP.GOV> for LEVI_J@a1.eop.gov; Tue, 04 Jun 1996 11:00:58 -0400 (EDT)

Received: from SSSHQ5 (198.136.162.55) by STORM.EOP.GOV (PMDf V5.0-7 #6879)

id <01151BH1FWTC00007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Tue, 04 Jun 1996 11:03:51 -0700 (MST)

X-Mailer: Worldtalk (NetConnex V4.00a)/MIME

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 5-JUN-1996 12:36:51.05

SUBJECT: RE: ssa da&a mtg

TO: Molly Brostrom (BROSTROM_M) (WHO)

READ: 5-JUN-1996 12:37:01.61

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

READ: 5-JUN-1996 12:39:44.26

TEXT:

Let's do Friday....noon to 1; 1:45-3; 4----

let me know

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 5-JUN-1996 11:42:40.34

SUBJECT: RE: Conference Call Availability

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

CC: 'SMTP:bgw2@NIP1.EM.CDC.GOV' (bgw2@NIP1.EM.CDC.GOV@INET@EOPMRX)
READ:NOT READ

CC: 'SMTP:Scotthitt@aol.com' (Scotthitt@aol.com@INET@EOPMRX)
READ:NOT READ

TEXT:
wednesday is good for me

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: WERTHEIW@od31em1.od.nih.gov@INET@EOPMRX

CREATION DATE/TIME: 5-JUN-1996 17:52:00.00

SUBJECT: Re: interns

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

READ: 6-JUN-1996 08:56:35.67

TEXT:

He loves doing this stuff. He'll do a great job with them.

From: Jeffrey Levi
To: Wertheimer, Wendy
Subject: Re: interns
Date: Wednesday, June 05, 1996 5:05PM

Thanks...Tom Flavin has already called and is really into this.

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE: 5-JUN-1996 17:55:00.00

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 <0115K42C2BKG017RXZ@PMDF.EOP.GOV> for
LEVI_J@a1.eop.gov; Wed, 05 Jun 1996 17:52:44 -0400 (EDT)

Received: from web.nih.gov by STORM.EOP.GOV (PMDF V5.0-7 #6879)
id <0115K45VNIIE00007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Wed,
05 Jun 1996 17:55:36 -0700 (MST)

Received: from SMTP2.mm.hub.nih.gov by web.nih.gov (8.6.10/1.35(nsb-1.0))
id RAA11275; Wed, 05 Jun 1996 17:55:12 -0400

Received: by SMTP2.mm.hub.nih.gov with Microsoft Mail id
<31B6023E@SMTP2.mm.hub.nih.gov>; Wed, 05 Jun 1996 17:55:10 -0400 (edt)

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

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

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME: 5-JUN-1996 17:47:47.99

SUBJECT: fyi

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 6-JUN-1996 08:56:23.98

TEXT:

FYI -- I'm going to keep at it til we get it .. any suggestions are welcome.

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

ATT CREATION TIME/DATE: 5-JUN-1996 11:54:00.00

ATT BODYPART TYPE:E

ATT CREATOR: Wertheimer, Wendy

ATT SUBJECT: Re: DOE and National Strategy

ATT TO: Ursula Sanville (SANVILLE_U@A1@CD)

TEXT:

We are still working on it.

From: Ursula Sanville

To: Wertheimer, Wendy

Subject: Re: DOE and National Strategy

Date: Tuesday, June 04, 1996 7:13PM

I'll send you another copy of DOE. Where do we stand with the strategy changes?

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

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

ATT CREATION TIME/DATE: 5-JUN-1996 11:55:00.00

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 <0115JRGBJALC012RRS@PMDF.EOP.GOV> for
SANVILLE_U@a1.eop.gov; Wed, 05 Jun 1996 11:52:11 -0400 (EDT)

Received: from web.nih.gov by STORM.EOP.GOV (PMDF V5.0-7 #6879)
id <0115JRJKNSL400007K@STORM.EOP.GOV> for SANVILLE_U@a1.eop.gov; Wed,
05 Jun 1996 11:54:52 -0700 (MST)

Received: from SMTP2.mm.hub.nih.gov by web.nih.gov (8.6.10/1.35(nsb-1.0))
id LAA06510; Wed, 05 Jun 1996 11:54:24 -0400

Received: by SMTP2.mm.hub.nih.gov with Microsoft Mail id

<31B5ADAD@SMTP2.mm.hub.nih.gov>; Wed, 05 Jun 1996 11:54:21 -0400 (edt)

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: lhardy@OSASPE.DHHS.GOV@INET@EOPMRX

CREATION DATE/TIME: 5-JUN-1996 17:25:00.00

SUBJECT: Re: SNPs -Reply

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

READ: 6-JUN-1996 10:58:12.37

TEXT:

Thanks for the info. I'll follow up with HRSA/HCFA.

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

ATT CREATION TIME/DATE: 5-JUN-1996 17:29:00.00

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 <0115K328YJM80065X3@PMDF.EOP.GOV> for

LEVI_J@a1.eop.gov; Wed, 05 Jun 1996 17:25:13 -0400 (EDT)

Received: from OSASPE.DHHS.GOV by STORM.EOP.GOV (PMDF V5.0-7 #6879)

id <0115K0SR55N000007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Wed,

05 Jun 1996 16:19:33 -0700 (MST)

Received: from aspewise-Message_Server by OSASPE.DHHS.GOV with

Novell_GroupWise; Wed, 05 Jun 1996 16:30:21 -0400

X-Mailer: Novell GroupWise 4.1

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

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

CREATOR: Molly Brostrom (BROSTROM_M) (WHO)

CREATION DATE/TIME: 5-JUN-1996 12:40:58.33

SUBJECT: RE: ssa da&a mtg

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 5-JUN-1996 13:42:35.51

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

READ: 5-JUN-1996 13:57:02.40

TEXT:

The meeting will be either noon to 1 or 2-3:00 Friday -- hold the slots. i'll let jack smalligan know as well.

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

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

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

Collection: 2015-0017-F Segment 2

Bucket: WHO

Creation Date: 1996-06-05

Subject: daily news

Creator: Jeffrey Levi LEVI_J WHO

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

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

CREATION DATE/TIME: 5-JUN-1996 12:58:26.74

SUBJECT: RE: OAR language

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 5-JUN-1996 13:44:03.41

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

READ: 5-JUN-1996 12:58:46.81

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

READ: 5-JUN-1996 13:25:13.81

TEXT:

by the time we speak or you read this, i bet you will have spoken with richard or vicki, who will have told you that as a matter of technical assistance. our legal folks think this will work. we can get back to tony mccann and say that--i need to talk to you, however, on message.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME: 5-JUN-1996 11:25:00.00

SUBJECT: Conference Call Availability

TO: 'SMTP:bgw2@NIPI.EM.CDC.GOV' (bgw2@NIPI.EM.CDC.GOV@INET@EOPMRX)
READ:NOT READ

TO: 'SMTP:LEVI_J@a1.eop.gov' (LEVI_J@A1@CD) (WHO)
READ: 5-JUN-1996 11:42:49.74

CC: 'SMTP:Scotthitt@aol.com' (Scotthitt@aol.com@INET@EOPMRX)
READ:NOT READ

TEXT:

We are still trying to put together a full council conference call to discuss the change to the research recommendation --

are you free:

Wed., June 12 at 3 pm (EDT), 5:30 pm (EDT)
Thursday, June 13 at 10 am (EDT) or 8:30 pm (EDT)

Thanks.

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE: 5-JUN-1996 11:28:00.00

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 <0115JQIDMB7400YBMA@PMDF.EOP.GOV> for
LEVI_J@a1.eop.gov; Wed, 05 Jun 1996 11:24:54 -0400 (EDT)

Received: from SSSHQ5 (198.136.162.55) by STORM.EOP.GOV (PMDF V5.0-7 #6879)
id <0115JQLKJRW800007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Wed,
05 Jun 1996 11:27:25 -0700 (MST)

X-Mailer: Worldtalk (NetConnex V4.00a)/MIME

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

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

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

CREATION DATE/TIME: 5-JUN-1996 18:12:44.54

SUBJECT: Deadline is Thursday, 5:00 (Tomorrow)

TO: Diane Regas (REGAS_D) (OPD)
READ: 5-JUN-1996 19:15:10.94

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 5-JUN-1996 18:19:17.20

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 5-JUN-1996 19:08:01.82

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 6-JUN-1996 09:52:33.22

TO: Dennis Burke (BURKE_D) (OPD)
READ: 9-JUN-1996 18:35:50.00

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 5-JUN-1996 18:51:02.50

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 6-JUN-1996 09:49:43.35

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 5-JUN-1996 18:16:15.31

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 7-JUN-1996 14:42:23.90

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 5-JUN-1996 18:51:31.82

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 6-JUN-1996 10:58:35.84

TO: Gaynor R. McCown (MCCOWN_G)
READ: NOT READ

TO: Patricia E. Romani (ROMANI_P)
READ: NOT READ

TO: Michael T. Schmidt (SCHMIDT_MT)
READ: 5-JUN-1996 18:27:41.17

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 5-JUN-1996 21:46:32.81

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 5-JUN-1996 18:13:56.18

TEXT:

I need your weekly reports by 5:00 Thursday this week so that I can fax to Carol for her review tomorrow evening.

Reminder that she is sending a subset of entries in the weekly we do for Leon to the President. Please send your paragraphs to me ready to go to Leon. They should not be in the first person (I did...), and generally should not be in Bob Dole speak (Bob Dole met with...). It's usually best to say "DPC staff" (AIDS Office excepted). As always, if you want to add items for Carol only I'll pass those on.

Also, we are now using a standard format for paragraphs. The subject of each first paragraph on each issue should be underlined (not in bold) -- see recent weeklies for examples.

I think you've all been hitting the mark on content lately. THANKS. I welcome further spontaneous deliberation on the weekly always (it was so much fun the last time).

Finally, on a separate issue, we're going to stop sending "hot issues" to Cabinet Affairs for POTUS trips. Todd Stern has initiated (what I hope will be) a more coherent approach to preparing trip backgrounders. I'll fill you in Monday.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: WERTHEIW@od31em1.od.nih.gov@INET@EOPMRX

CREATION DATE/TIME: 5-JUN-1996 16:56:00.00

SUBJECT: Re: interns

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

READ: 5-JUN-1996 17:04:41.98

TEXT:

Jeff -- Tom Flavin should be calling you about setting up the tour. Someone from our office would be happy to join them as well. I have asked Bonnie about talking to the future vaccinologist, and I'm sure she'll be happy to set something up, too.

From: Jeffrey Levi
To: WERTHEIW
Subject: interns
Date: Monday, June 03, 1996 4:12PM

to whom should I (someone) speak about:

(1) a general NIH tour for interns (not just ours, but some others who are part of the White House intern program)

(2) a chance for our future vaccine researcher to speak to someone at OAR?

thanks.

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE: 5-JUN-1996 16:59:00.00

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 <0115K23Z96G0001FME@PMDF.EOP.GOV> for
LEVI_J@a1.eop.gov; Wed, 05 Jun 1996 16:56:48 -0400 (EDT)

Received: from web.nih.gov by STORM.EOP.GOV (PMDF V5.0-7 #6879)
id <0115K27GOXZ200007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Wed,
05 Jun 1996 16:59:38 -0700 (MST)

Received: from SMTP2.mm.hub.nih.gov by web.nih.gov (8.6.10/1.35(nsb-1.0))
id QAA08421; Wed, 05 Jun 1996 16:59:13 -0400

Received: by SMTP2.mm.hub.nih.gov with Microsoft Mail id
<31B5F51F@SMTP2.mm.hub.nih.gov>; Wed, 05 Jun 1996 16:59:11 -0400 (edt)

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

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

CREATOR: Molly Brostrom (BROSTROM_M) (WHO)

CREATION DATE/TIME: 5-JUN-1996 17:32:03.53

SUBJECT: Friday SSA DA&A mtg

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

READ: 5-JUN-1996 17:42:50.28

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 6-JUN-1996 08:53:51.15

TO: Jack A. Smalligan (SMALLIGAN_J) (OMB)

READ: 5-JUN-1996 17:50:53.52

TEXT:

The SSA DA&A meeting's set for 2-3, Rm. 211 Friday.

Thoughts on agenda?

the pieces we need to cover I think are:

- firm clarification/understanding of policy and process
- development of clear, simple explanation for distribution (I asked Brian to have them bring a draft/first crack at it)
- what their plans for outreach/education are

any thing else?

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

CREATOR: Jill Pizzuto (PIZZUTO_J) (OPD)

CREATION DATE/TIME: 5-JUN-1996 16:07:04.94

SUBJECT: Carol / Weekend travel

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 5-JUN-1996 16:45:02.89

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 7-JUN-1996 14:41:25.66

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 5-JUN-1996 16:07:19.40

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 5-JUN-1996 16:27:13.51

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 5-JUN-1996 17:07:48.62

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ: 5-JUN-1996 16:21:02.02

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 5-JUN-1996 16:08:58.30

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 5-JUN-1996 17:30:09.68

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 5-JUN-1996 16:10:20.06

TO: Carol H. Rasco (RASCO_C) (WHO)
READ: 5-JUN-1996 17:25:54.15

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 5-JUN-1996 16:07:11.47

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 6-JUN-1996 11:37:42.14

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 5-JUN-1996 16:10:05.24

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 5-JUN-1996 16:08:35.42

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 5-JUN-1996 16:41:45.40

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 5-JUN-1996 16:07:13.80

TO: Dennis Burke (BURKE_D) (OPD)
READ: 9-JUN-1996 18:35:36.50

TO: Diane Regas (REGAS_D) (OPD)
READ: 5-JUN-1996 16:07:32.21

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ: 5-JUN-1996 16:07:56.06

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ: 5-JUN-1996 16:59:07.83

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 5-JUN-1996 16:12:55.41

TEXT:

fyi to all: CHR will be in AR over the weekend on personal travel. She can be reached by SKY Page if needed.

RON info:

Thursday, June 6th:

Super 8 Hotel. 1101 Cooktown road, Ruston, LA; 318-255-2031

Friday, June 7 - Sunday, June 9:

Martha Carle: 501-821-4741

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 5-JUN-1996 15:33:07.49

SUBJECT: RE: SNPs

TO: LESLIE HARDY (lhardy@OSASPE.DHHS.GOV@INET@EOPMRX)
READ:NOT READ

TEXT:

There's only a beginning of work on this. The best place to start is at HRSA -- as part of the Ryan White SPNS program, there are five or six sites that have been given money to create HIV specific managed care plans -- Kathy Marconi would be the best place to start.

Rachel Block at HCFA Office of Medicaid Managed Care will also know of anything else; I don't think there are others, but she knows this better than I do.

Hope this helps.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 5-JUN-1996 17:08:31.52

SUBJECT: RE: Draft Programmatic T&Cs for New York

TO: Debbie Vanhoven (DVanhoven@hcfa.gov@INET@EOPMRX)

READ:NOT READ

TEXT:

Thanks for including me -- only the attachment came out as gibberish. Is there another format to try -- or can you fax it to more at 202-632-1096? Thanks.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME: 5-JUN-1996 14:39:00.00

SUBJECT: CDC AIDS Daily Summary 06/05/96

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

READ: 5-JUN-1996 15:33:13.71

TEXT:

AIDS Daily Summary
June 5, 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 National AIDS Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC National AIDS Clearinghouse should be cited as the source of this information. Copyright 1996, Information, Inc., Bethesda, MD

"Blood Bank Is Held Liable in AIDS Case"
"15 Years of AIDS: The Epidemic's Legacy of Change"
"As Mother Battles Court, a Child in Baltimore Suffers With AIDS"
"Addicts in HIV Study Won't Be Treated"
"Blood Inquiry 'Hijacked,' Lawyer Fears"
"Two AIDS Tests OK'd"
"Inmates to get Needle-Cleaning Kits"
"Living in the Shadow of AIDS: For Many Teens, the Disease Is Ever-Present but Still Unreal"
"Breathe Deeply and Hold"
"About-Face"

"Blood Bank Is Held Liable in AIDS Case"
New York Times (06/05/96) P. B2; Hanley, Robert
In a New Jersey Supreme Court ruling Tuesday, the American Association of Blood Banks was found negligent for not enacting stricter screening tests for HIV in the early 1980s. The court upheld a \$405,000 jury award to a former state resident who contracted HIV from blood he received during surgery in 1984. The blood was a donation from a blood center that was part of the national organization. The case could serve as a precedent for other people infected with HIV through donated blood. The association held that it was not at fault, noting that it would not be able to afford the legal costs associated with such cases. Furthermore, the organization threatened to end voluntary inspections of blood centers, hospital blood banks, and

transfusion services. Such an action would force government agencies to take over the inspections and enforce safety standards.

"15 Years of AIDS: The Epidemic's Legacy of Change"

USA Today (06/05/96) P. 1D; Painter, Kim

In the past 15 years, since the first cases of AIDS were identified, the disease has changed how blood banks and health care workers deal with blood, and how Americans talk about sex. Sex is discussed more openly, more graphically, and more often. Studies show that while more teenagers are having sex, they also use condoms more frequently. Public discussion of homosexuality has also increased as a result of the AIDS epidemic. Moreover, dentists now wear gloves to prevent transmission of HIV and other viruses, and blood banks are more selective of their donors. AIDS advocacy groups, meanwhile, have opened the door for other patient advocacy groups for diseases that include breast cancer. Since the beginning of the AIDS epidemic, the number of injection drug users has not declined, and infections among members of this group, their sex partners, and their children now represent a large number of U.S. HIV infections, the Centers for Disease Control and Prevention reports.

"As Mother Battles Court, a Child in Baltimore Suffers With AIDS"

Washington Post (06/05/96) P. D1; Lewis, Nancy

The mother of a 3-year-old Burtonsville, Md. girl dying of AIDS is to blame for the child's grave condition, doctors say. The woman refuses to believe that medical care would have helped her daughter, and she has not been treated for her own infection with HIV for at least the past 18 months. Health officials and police had been looking for the girl since Jan. 30, when the mother repeatedly failed to keep appointments at an AIDS clinic and would not answer the door for home health care workers. When the mother did take the girl to the University of Maryland's pediatric AIDS clinic in Baltimore in April, it was too late to slow the progression to AIDS. The woman, a suspected drug user who was previously treated for drug abuse, then took her daughter into hiding again. The girl's grandmother took her to the hospital on May 10, and doctors now estimate that she has up to three months to live.

"Addicts in HIV Study Won't Be Treated"

Toronto Globe and Mail (06/04/96) P. A10; Coutts, Jane

A Vancouver doctor has criticized a study to determine whether intravenous drug users will contract HIV because, he says, the study does not offer the subjects treatment to prevent them from becoming infected. Stanley de Vlaming, who treats addicts at the Gastown Medical Clinic, said the research, conducted by the Vancouver Injection Drug Use Study, is unethical because methadone treatment for drug addiction has been proven to reduce the risk that drug users will contract HIV. Two ethics panels have approved the study, saying that the researchers should not have to provide treatment that is not provided by society. Vlaming is also concerned about paying the volunteers

for their participation, fearing that the payment will only enable their addiction. The ethics panels, however, said not paying them would be discriminatory.

"Blood Inquiry 'Hijacked,' Lawyer Fears"

Toronto Globe and Mail (06/04/96) P. A4; Picard, Andre

A lawyer involved in the legal challenge to Canada's federal inquiry into the tainted blood tragedy, told the Federal Court of Canada Monday that the inquiry has been "hijacked" by the Red Cross, governments, and pharmaceutical companies. Harvey Strosberg, who is representing a group of people infected by HIV, charged that the parties are using the legal challenge as a way to control what will appear in the inquiry's final report. Strosberg estimated that the legal challenge, involving 37 lawyers, including himself, is costing more than \$6,000 an hour. A lawyer for the Hepatitis C Survivors' Society said reform of the blood system depends on the inquiry's complete examination and recommendations.

"Two AIDS Tests OK'd"

Houston Chronicle (06/04/96) P. 6A

Two tests for HIV were approved by the Food and Drug Administration on Monday. OraSure, the first oral test for HIV antibodies, appears to be as accurate as the standard blood test for the virus. Doctors hope the test will attract people who would be wary of taking a blood test. The second test, Hoffmann-La Roche's Amplicor assay, will help doctors predict how fast patients will develop AIDS by measuring the amount of HIV in the bloodstream.

"Inmates to get Needle-Cleaning Kits"

Toronto Globe and Mail (06/04/96) P. A4

Inmates in Canadian prisons will soon receive bleach kits for cleaning needles, even though the Canadian Corrections Service does not allow drug use. The kits will be offered as an attempt to prevent the spread of infectious diseases. As of March 1, there were 147 reported cases of HIV or AIDS in Canada's federal prisons, up from 37 in 1991.

"Living in the Shadow of AIDS: For Many Teens, the Disease Is Ever-Present but Still Unreal"

USA Today (06/05/96) P. 5D; Peterson, Karen S.

Today's teenagers grew up in the presence of AIDS and HIV; however, some members of USA Today's Teen Panel say they still feel like the disease cannot strike them. Others say they believe that anyone is at risk for HIV, and some claim they are tired of hearing about the disease. Aaron Benavidez, 16, of Stockton, Calif., said he started volunteering at a local AIDS organization as a result of learning about the disease through a school assignment. He believes that teens are not well-educated about AIDS.

"Breathe Deeply and Hold"

POZ (05/96) P. 64; Feehan, Amy

Although drug prophylaxis for *Pneumocystis carinii* pneumonia (PCP) is the standard of care for AIDS patients, a debate continues over the use of conventional versus alternative treatment. Without drug prophylaxis, more than 80 percent of people with AIDS would die of PCP. With it, PCP incidence has decreased and survival has increased. Bactrim, the drug most commonly used to prevent PCP in AIDS patients, has potential side effects, however, and many patients are wary of its potential long-term effects. Alternative therapies, meanwhile, including nutritional supplements and herbs, do not have proven benefits against PCP but are virtually free of side effects. Health Education AIDS Liaison and Project AIDS International are two organizations that oppose prophylaxis against PCP, claiming that it increases a patient's chance of developing other health problems, including cryptosporidiosis, tuberculosis, and wasting syndrome. Prophylaxis advocates, however, say that such arguments are exaggerated and detract from the proven, recommended treatment. A compromise attractive to many patients who could not otherwise tolerate prophylaxis drugs is to combine them with alternative therapies to lessen their side effects.

"About-Face"

Advocate (05/28/96) No. 708, P. 20; Moss, J. Jennings

Rep. Robert Dornan (R-Calif.), who has seen his controversial proposal to force the discharge of all HIV-positive military members first passed and then repealed, was able to get the national security subcommittee he chairs to approve a new version of the ban in April. President Clinton signed the ban into law in February, but also supported its repeal, which Congress voted for on April 25. The repeal was seen as a great victory for gay rights and AIDS activists, who credit Clinton and the Pentagon for their support. A group of senators initiated the repeal, which was approved as part of the 1996 spending bill. Dornan reacted to the repeal with anger, sounding off against Clinton. His new proposal adds full medical and disability benefits for all discharged HIV-positive service members, benefits he was against previously. He would also allow military leaders to keep any HIV-positive personnel who had at least 15 years of service. Another proposal from Dornan seeks to repeal the "don't ask, don't tell" policy. Gay rights advocates say they are certain that Congress will reject a second foray into the issue of barring HIV-infected service members from the armed services and will also avoid getting back into the fight over gays in the military.

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

ATT CREATION TIME/DATE: 5-JUN-1996 14:42:00.00

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 <0115JXAMVRKW014BAC@PMDF.EOP.GOV> for
levi_j@al.eop.gov; Wed, 05 Jun 1996 14:39:24 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0115JXE5X4SS00007K@STORM.EOP.GOV> for
levi_j@al.eop.gov; Wed, 05 Jun 1996 14:42:15 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id OAA28965; Wed,
05 Jun 1996 14:41:49 -0400
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: Molly Brostrom (BROSTROM_M) (WHO)

CREATION DATE/TIME: 5-JUN-1996 12:17:57.31

SUBJECT: ssa da&a mtg

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

READ: 5-JUN-1996 12:28:56.21

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 5-JUN-1996 12:34:02.01

TEXT:

As I've mentioned to both of you, the DA&A letters can't be changed, but Brian Coyne would be happy to talk with us about developing a clear, simple description that can be used in outreach to ben. organizations.

He is in Baltimore tomorrow -- we can have it w/o him tomorrow or he would be happy to pull together his folks for a Friday mtg. I

suggest Friday a.m.--does that work for either/both of you?

Brian would try and bring Arthur Fried (their counsel's office),

Judy Chesser, and Susan Daniels.

let me know.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 5-JUN-1996 10:11:20.66

SUBJECT: tickler

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

READ: 5-JUN-1996 10:17:37.55

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

READ: 5-JUN-1996 17:33:46.97

CC: Patsy Fleming (FLEMING_P) (WHO)

READ: 5-JUN-1996 10:26:18.29

TEXT:

Nancy-Ann Min and I are meeting with the Jim Driscoll group on Friday morning -- in response to the request to meet with Carol re the AIDS Drug Assistance Program.

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

CREATOR: Jill Pizzuto (PIZZUTO_J) (OPD)

CREATION DATE/TIME: 5-JUN-1996 19:05:00.74

SUBJECT: CHR / TRAVEL -- CORRECTION

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 5-JUN-1996 19:12:00.76

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 7-JUN-1996 20:02:54.23

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 7-JUN-1996 10:14:54.85

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 6-JUN-1996 09:55:48.74

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 6-JUN-1996 07:45:26.62

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ: 6-JUN-1996 09:23:47.49

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 5-JUN-1996 21:47:37.73

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 6-JUN-1996 09:35:20.03

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 6-JUN-1996 10:05:00.11

TO: Carol H. Rasco (RASCO_C) (WHO)
READ: 5-JUN-1996 21:52:50.09

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 6-JUN-1996 08:04:18.44

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 6-JUN-1996 11:37:56.45

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 6-JUN-1996 09:51:04.00

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 6-JUN-1996 08:56:41.07

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 5-JUN-1996 19:29:40.57

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 5-JUN-1996 20:18:07.41

TO: Dennis Burke (BURKE_D) (OPD)
READ: 9-JUN-1996 18:36:27.63

TO: Diane Regas (REGAS_D) (OPD)
READ: 5-JUN-1996 19:15:16.96

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ: 5-JUN-1996 19:18:38.30

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ: 6-JUN-1996 09:13:57.15

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 6-JUN-1996 09:53:27.79

TEXT:

sorry folks -- here are the correct numbers for CHR this weekend:

June 6:

Super 8 Hotel, 1101 Cooktown Road, Ruston, LA; 318-255-0588, phone; fax:
apparently, same as the phone!

June 7-June 9:

Martha Carle, 501-821-4741

and, she can be reached via SkyPage

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

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

CREATION DATE/TIME: 5-JUN-1996 16:42:50.95

SUBJECT: thought some of you might appreciate this

TO: Stephen B. Silverman (SILVERMAN_S) (WHO)

READ: 5-JUN-1996 16:51:11.80

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

READ: 5-JUN-1996 18:48:57.11

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 5-JUN-1996 16:46:52.73

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

READ: 5-JUN-1996 17:01:23.97

TEXT:

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

ATT CREATION TIME/DATE: 5-JUN-1996 13:35:00.00

ATT CREATOR: Michael_Gordon

ATT SUBJECT: A funny top ten list...

ATT TO: Vicki_Baldwin (Vicki_Baldwin@ed.gov@INET@EOPMRX)

ATT TO: Sandra_Battle (Sandra_Battle@ed.gov@INET@EOPMRX)

ATT TO: Michele_Cavataio (Michele_Cavataio@ed.gov@INET@EOPMRX)

ATT TO: Traci_Collins (Traci_Collins@ed.gov@INET@EOPMRX)

ATT TO: Margarita_Colmenares (Margarita_Colmenares@ed.gov@INET@EOPMRX)

ATT TO: Marcella_Coverson (Marcella_Coverson@ed.gov@INET@EOPMRX)

ATT TO: Eunice_Henderson (Eunice_Henderson@ed.gov@INET@EOPMRX)

ATT TO: Jonathan_Hoyt (Jonathan_Hoyt@ed.gov@INET@EOPMRX)

ATT TO: Laura_Johns (Laura_Johns@ed.gov@INET@EOPMRX)

ATT TO: Sonja_Johnson (Sonja_Johnson@ed.gov@INET@EOPMRX)

ATT TO: Julie_Kaminkow (Julie_Kaminkow@ed.gov@INET@EOPMRX)

ATT TO: Margie_Lewis (Margie_Lewis@ed.gov@INET@EOPMRX)

ATT TO: Steve_Moore (Steve_Moore@ed.gov@INET@EOPMRX)
ATT TO: Diana_Phillips (Diana_Phillips@ed.gov@INET@EOPMRX)
ATT TO: Linda_Roberts (Linda_Roberts@ed.gov@INET@EOPMRX)
ATT TO: Jonathan_Schnur (Jonathan_Schnur@ed.gov@INET@EOPMRX)
ATT TO: Gwen_Solomon (Gwen_Solomon@ed.gov@INET@EOPMRX)
ATT TO: Donna_C._Taylor (Donna_C._Taylor@ed.gov@INET@EOPMRX)
ATT TO: Leah_Vosburgh (Leah_Vosburgh@ed.gov@INET@EOPMRX)
ATT TO: Carole_Wacey (Carole_Wacey@ed.gov@INET@EOPMRX)
ATT TO: naplan_s (naplan_s@A1@CD)
ATT TO: benami_j (benami_j@A1@CD)
ATT TO: joemarks (joemarks@aol.com@INET@EOPMRX)
ATT TO: jkopp (jkopp@ssk.com@INET@EOPMRX)
ATT TO: elangnnn (elangnnn@counsel.com@INET@EOPMRX)
ATT TO: dtuft (dtuft@aol.com@INET@EOPMRX)
ATT TO: ahyman (ahyman@os.dhhs.gov@INET@EOPMRX)
ATT TO: Maria_Ferguson (Maria_Ferguson@ed.gov@INET@EOPMRX)
ATT TO: Karen_Burchard (Karen_Burchard@ed.gov@INET@EOPMRX)
ATT TO: Eric_Stern (Eric_Stern@ed.gov@INET@EOPMRX)

TEXT:

PRINTER FONT 12_POINT_ROMAN
SENIORS

PRINTER FONT 12_POINT_ROMAN_ITALIC

"I think we're obligated to balance this budget to take the debt off our children and our grandchildren, but we're obligated to do it in a way that represents -- that reflects our responsibility to our parents and our grandparents..."

PRINTER FONT 12_POINT_ROMAN

President Bill Clinton
September 20, 1995

Today, there are thirty

-three million older Americans. By 2030,
older Americans will number seventy million-

-twenty percent of our population. Older Americans are doing better today-

-healthier and wealthier-

-than ever before. As we move into the twentieth century, President Clinton is fighting to protect and improve those programs which have successfully provided older Americans a base of health, economic security and independence for decades, and to prepare for the challenges ahead.

A RECORD OF ACCOMPLISHMENT:

? Fighting Drastic Cuts in Medicare and Medicaid: President Clinton is fighting Republican proposals for Medicare and Medicaid that would shift a staggering financial burden to elderly and disabled Medicare beneficiaries, reduce Medicaid nursing home coverage for elderly and disabled Americans, and result in damaging structural changes in the Medicare program.

? Strengthening and improving Medicare and Medicaid: President Clinton enacted and continues to fight for proposals that strengthen the Medicare Trust Fund: the President's 1993 Economic Plan extended the life of the Trust Fund by 3 years, and his balanced budget guarantees the life of the Trust Fund for a decade. President Clinton is also strengthening the Medicare program by combating fraud and abuse, enhancing quality, and supporting an expansion of voluntary managed

-care options to increase choices for beneficiaries -- not as a smokescreen for deep and arbitrary cuts. In addition, he has proposed providing more preventive services and a respite care benefit for families of victims of Alzheimer's disease under Medicare.

? Long

-Term Care: The President opposes Republican proposals to reduce Medicaid long

-term care coverage. He has consistently supported expanding state administered home and community

-based care services, tax clarifications and consumer standards for private long

-term care insurance, and penalty

-free withdrawals from IRAs to pay for long

-term

care.

? Social Security: Recognizing that Social Security has successfully provided a foundation of economic security to

older Americans for decades, President Clinton is committed to ensuring the long

-term integrity of the Trust Fund through a bipartisan solution that keeps the program dependable for all recipients. The President firmly opposes proposals to use Social Security benefits to balance the budget or pay for tax cuts for the wealthy.

? Promoting and Strengthening Retirement Savings: President Clinton's pension initiatives are helping more Americans save for retirement and ensuring that pension benefits are safeguarded for retirement. The Retirement Savings and Security Act proposed this year by the President would increase pension portability, enhance pension protection and expand coverage. The Retirement Protection Act signed by the President in 1994 strengthened pension plan standards and enhanced enforcement authority so that workers and retirees can count on receiving the pensions they have earned.

? Strengthening Supportive Services and Opportunity: This year, President Clinton proposed reauthorization of the Older Americans Act that will renew and strengthen critical Meals on Wheels, transportation, senior community employment and ombudsman services. The President is also fighting to support and protect the Corporation for National Service's Senior Service Programs -- Foster Grandparents, Senior Companions and the Retired Senior Volunteer Program. These programs give older Americans the opportunity for continued involvement in their communities and allow the nation to benefit from the rich resource that our elderly are.

? Bringing Seniors to the Table: President Clinton elevated the Commissioner of Aging to Assistant Secretary status and called for the fourth White House Conference on Aging, after the 1991 Conference failed to take place.

? Making Our Communities Safer: President Clinton broke six years of Congressional gridlock by signing the toughest and smartest Crime Bill ever with bipartisan support and endorsements from every major law enforcement organization. In addition, the President fought for and signed the Brady Bill which has prevented over 60,000 convicted felons, fugitives, stalkers and other criminals from buying handguns. These efforts are contributing to safer communities: in 1995, the number of murders fell 8% -

-one of the largest declines in more than three decades-

-and overall crime fall 6% in our nation's largest cities.

THE CHALLENGES AHEAD:

The President will continue to fight for policies that honor our commitments to older Americans and allow them to remain independent and active participants in our communities. The

President will continue to work to:

? Preserve and strengthen Medicare through: assured financial solvency without substantial new costs on beneficiaries or damaging structural changes; expanded choices of high

-quality health plans and delivery systems; and new preventive benefits and strong new protections against fraud and abuse.

? Improve access to home and community

-based care and to protect nursing home coverage under Medicaid.

? Implement private long

-term care insurance standards to protect consumers against substandard policies and unacceptable insurance practices.

? Maintain federal quality standards for nursing homes and protections against impoverishment for spouses of nursing home residents in the Medicaid program.

?? Enhance economic security for older Americans through an improved pension system and a strong long

-term financial basis for Social Security.

June 1996

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

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

ATT CREATION TIME/DATE: 5-JUN-1996 15:29:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

Return-path: Michael_Gordon@ed.gov

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

by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <0115JYVHP18W016M35@PMDf.EOP.GOV>; Wed, 05 Jun 1996 15:25:16 -0400 (EDT)

Received: from inet.ed.gov by STORM.EOP.GOV (PMDF V5.0-7 #6879)

id <0115JWHNA3VA00007K@STORM.EOP.GOV>; Wed, 05 Jun 1996 14:16:01 -0700 (MST)

Received: from ccMail by smtpgw.ed.gov (IMA Internet Exchange 1.04b)

id 1b5c6a40; Wed, 05 Jun 1996 13:40:52 -0400

Content-description: cc:Mail note part

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: GerusK@aol.com@INET@EOPMRX

CREATION DATE/TIME: 5-JUN-1996 02:36:00.00

SUBJECT: Re: Ricky Ray

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

READ: 5-JUN-1996 09:16:24.42

TEXT:

Dear Jeff,

Is there any news on the Administration's report on Ricky Ray? I heard some rumblings through the grapevine, but I would prefer "getting the skinny" directly from you.

Thanks a bunch!! Hope you are doing well. Take Care.

Yours,

Kathy Gerus

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

ATT CREATION TIME/DATE: 5-JUN-1996 02:39:00.00

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 <0115J82NS28G0110N1@PMDF.EOP.GOV> for LEVI_J@a1.eop.gov; Wed, 05 Jun 1996 02:36:45 -0400 (EDT)

Received: from emout13.mail.aol.com (emout13.mx.aol.com)

by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0115J866XG4000007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Wed, 05 Jun 1996 02:39:35 -0700 (MST)

Received: by emout13.mail.aol.com (8.6.12/8.6.12)

id CAA13559 for LEVI_J@a1.eop.gov; Wed, 05 Jun 1996 02:39:10 -0400

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 5-JUN-1996 11:45:48.78

SUBJECT: OAR language

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

READ: 5-JUN-1996 12:58:28.94

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

READ: 5-JUN-1996 12:01:45.02

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

READ: 5-JUN-1996 11:49:29.62

TEXT:

Slightly revised OAR statutory language -- from Sue Quantius via Tim Westmoreland -- for our "technical" review:

Funds appropriated to the National Institutes of Health for research related to the human immunodeficiency virus as determined by the Director of the National Institutes of Health, jointly with the Director of the Office of AIDS Research, shall be treated as if they were appropriated directly to the Office of AIDS Research. The Director of the Office of AIDS Research shall transfer the amounts necessary to carry out section 2353(d) of the Public Health Service Act.

This is why I was calling you....they are eager and anxious for reaction as to any potential problems.

Thanks.

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

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

CREATION DATE/TIME: 5-JUN-1996 16:47:06.22

SUBJECT: OAR

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 5-JUN-1996 16:47:22.27

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

READ: 5-JUN-1996 16:47:18.05

TEXT:

Our lawyers OK'd the language edits you gave me a short while ago.
I'm about to share the language w/ Sue Quantius.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: lhardy@OSASPE.DHHS.GOV@INET@EOPMRX

CREATION DATE/TIME: 5-JUN-1996 15:10:00.00

SUBJECT: SNPs

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

READ: 5-JUN-1996 15:19:13.71

TEXT:

Hi, Jeff:

Thanks for returning my call yesterday..sorry I missed you. My day was pretty much one solid set of meetings.....Anyway, I was checking in with you to see if you knew of any individuals who are doing research into "special needs managed care plans" for people with HIV/AIDS and/or "fee-for service" carve-outs--in particular, has anyone that you know of looked at quality, access, and cost, and outcomes issues in these settings for this population? I presume that SNPs are so new that we don't have much experience on which to draw. In any event, I thought you might know some folks who are looking into these issues..from a research and/or policy perspective. Thanks

'Hope all is well in your neck of the woods...

Take care,

Leslie

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

ATT CREATION TIME/DATE: 5-JUN-1996 15:13:00.00

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 <0115JYEFOP2O018IDU@PMD.F.EOP.GOV> for Levi_J@a1.eop.gov; Wed, 05 Jun 1996 15:10:42 -0400 (EDT)

Received: from OSASPE.DHHS.GOV by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0115JYHSL13Y00007K@STORM.EOP.GOV> for Levi_J@A1.eop.gov; Wed, 05 Jun 1996 15:13:29 -0700 (MST)

Received: from aspewise-Message_Server by OSASPE.DHHS.GOV with Novell_GroupWise; Wed, 05 Jun 1996 15:24:11 -0400

X-Mailer: Novell GroupWise 4.1

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 5-JUN-1996 09:22:57.12

SUBJECT: Re: Ricky Ray

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

TEXT:

You have heard correctly...there is a statement forthcoming. It has been cleared at all ends, it just awaits the Secretary's signature. As soon as that happens, I will get a copy out to you. I think it will show a great leap forward in the Administration's willingness to work on the compensation issue.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 5-JUN-1996 17:05:35.17

SUBJECT: Re: interns

TO: Wertheimer, Wendy (WERTHEIW@od31em1.od.nih.gov@INET@EOPMRX)
READ:NOT READ

TEXT:
Thanks...Tom Flavin has already called and is really into this.

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

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

CREATION DATE/TIME: 6-JUN-1996 16:48:13.30

SUBJECT: HELP. I need your WEEKLIES NOW and I have NONE.

TO: Diane Regas (REGAS_D) (OPD)
READ: 6-JUN-1996 16:50:42.18

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 6-JUN-1996 19:51:52.66

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 6-JUN-1996 18:11:51.87

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 6-JUN-1996 18:19:45.39

TO: Dennis Burke (BURKE_D) (OPD)
READ: 9-JUN-1996 18:37:13.59

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 6-JUN-1996 19:34:02.67

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 6-JUN-1996 17:38:23.35

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 6-JUN-1996 17:21:01.65

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 7-JUN-1996 20:03:54.37

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 7-JUN-1996 10:24:25.29

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 6-JUN-1996 18:08:01.85

TO: Gaynor R. McCown (MCCOWN_G)
READ:NOT READ

TO: Patricia E. Romani (ROMANI_P)
READ:NOT READ

TO: Michael T. Schmidt (SCHMIDT_MT)
READ: 6-JUN-1996 17:11:22.45

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 6-JUN-1996 16:53:52.89

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 6-JUN-1996 17:19:48.12

TEXT:

If we have nothing this week, I'll just let Carol know that (Diana I'll assume yours is done even though you haven't e-mailed me).

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: DVanhoven@hcfa.gov@INET@EOPMRX

CREATION DATE/TIME: 6-JUN-1996 12:51:00.00

SUBJECT: Re: Draft Programmatic T&Cs for New York -Reply

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

READ: 6-JUN-1996 13:41:14.17

TEXT:

Jeff--

I am faxing Attachment XXXX to you. This is the milestone approach to the development of special needs plans, and is in table format. I assume this is the one that you did not receive. Please let me know if you need anything else. By the way, it has been pointed out to me that we should not include a reference to individuals with HIV disease being exempt from managed care if they are being treated by sub-specialist physicians who are not part of the MCO networks because of their voluntary enrollment status. I include this under section III(2)(e), and in Attachment XX (section II(B)(2)). This will be revised. Thanks for your help in the review.

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE: 6-JUN-1996 12:54:00.00

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 <0115L7SJK8R4000WO1@PMDF.EOP.GOV> for LEVI_J@a1.eop.gov; Thu, 06 Jun 1996 12:50:57 -0400 (EDT)

Received: from hcfa.gov (158.73.88.22) by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0115L7VX1H3E00007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Thu, 06 Jun 1996 12:53:44 -0700 (MST)

Received: from HCFA-Message_Server by hcfa.gov with Novell_GroupWise; Thu, 06 Jun 1996 12:30:20 -0500

X-Mailer: Novell GroupWise 4.1

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

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

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

CREATION DATE/TIME: 6-JUN-1996 14:47:08.90

SUBJECT: TOUR

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 6-JUN-1996 16:26:18.31

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 7-JUN-1996 20:03:47.31

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 7-JUN-1996 10:22:06.21

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 6-JUN-1996 15:03:18.98

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ: 10-JUN-1996 11:36:36.52

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 6-JUN-1996 14:49:19.86

TO: Bruce N. Reed (REED_B) (WHO)
READ: 6-JUN-1996 17:06:15.05

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 6-JUN-1996 14:48:03.82

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ: 6-JUN-1996 15:00:29.30

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 6-JUN-1996 15:13:38.85

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 6-JUN-1996 15:25:43.70

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 6-JUN-1996 16:33:42.69

TO: Carol H. Rasco (RASCO_C) (WHO)
READ: 6-JUN-1996 16:04:54.87

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 6-JUN-1996 14:56:34.55

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 6-JUN-1996 15:07:14.71

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 6-JUN-1996 15:08:12.05

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 6-JUN-1996 18:07:40.21

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 6-JUN-1996 15:04:29.74

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 6-JUN-1996 14:55:59.66

TO: Dennis Burke (BURKE_D) (OPD)
READ: 9-JUN-1996 18:36:47.82

TO: Diane Regas (REGAS_D) (OPD)
READ: 6-JUN-1996 14:59:11.72

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ: 6-JUN-1996 15:37:47.92

TEXT:
Carol has asked that if anyone will already be in on Saturday and will be front-lining 3 or less people, that they add 3-4 to their group. Please let me know ASAP if this will be possible.

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

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

CREATION DATE/TIME: 6-JUN-1996 21:34:02.65

SUBJECT: Weekly report

TO: Carol H. Rasco (RASCO_C) (WHO)
READ: 6-JUN-1996 21:34:19.80

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 7-JUN-1996 09:16:35.93

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 7-JUN-1996 10:26:01.43

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 7-JUN-1996 08:43:43.58

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ: 10-JUN-1996 11:36:49.11

TO: Bruce N. Reed (REED_B) (WHO)
READ: 7-JUN-1996 08:59:42.54

TO: Michael T. Schmidt (SCHMIDT_MT)
READ: 7-JUN-1996 09:11:06.81

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 7-JUN-1996 09:18:20.96

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 7-JUN-1996 10:16:52.31

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 7-JUN-1996 10:42:57.33

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 7-JUN-1996 08:45:53.27

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ: 7-JUN-1996 10:13:59.28

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 7-JUN-1996 11:49:32.64

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 7-JUN-1996 20:04:29.00

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 7-JUN-1996 09:01:35.01

TO: Gaynor R. McCown (MCCOWN_G)
READ:NOT READ

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 7-JUN-1996 09:43:17.52

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 7-JUN-1996 08:53:02.73

TO: Deborah L. Fine (FINE_D) (OPD)
READ:10-JUN-1996 18:11:36.13

TO: Dennis Burke (BURKE_D) (OPD)
READ: 9-JUN-1996 18:37:41.56

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 7-JUN-1996 07:47:55.70

TO: Pamela Cicetti (CICETTI_P) (WHO)
READ: 7-JUN-1996 08:48:06.49

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 7-JUN-1996 08:39:59.75

TO: Diane Regas (REGAS_D) (OPD)
READ: 7-JUN-1996 09:18:00.86

TEXT:

A big round of applause to those of you who turned in such great information for the weekly report this week. I do want to remind everyone that I use these reports to do a report directly to the President. Many of you often ask how we can better keep him aware, keep our key issues before him....this is your best chance on a regular basis. If I don't see it in the weekly the chances are good I won't know of anything to put in the report. Thanks again!

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

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME: 6-JUN-1996 18:10:26.88

SUBJECT: Hitt and the internet

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 7-JUN-1996 08:58:57.40

TEXT:

Scott called wanting to know where we stand re putting the recommendations on the Clearinghouse internet site. Said wasn't sure if it was possible ... had to be a government document but would follow-up.

He wasn't pleased ... he wants to get this out asap ... said the National Commission stuff is on the clearinghouse site.. so why not the PAC stuff ... Can discuss tomorrow.....

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 6-JUN-1996 10:39:55.64

SUBJECT: California AIDS issues

TO: Marsha Scott (SCOTT_M) (WHO)

READ: 7-JUN-1996 14:16:48.98

TO: Wendy A. Heistad (HEISTAD_W) (WHO)

READ: 6-JUN-1996 10:58:02.41

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

READ: 6-JUN-1996 11:09:26.87

TEXT:

PRINTER FONT 12_POINT_ROMAN

Issues for California:

Ryan White CARE Act formulas and funding:

There is general gratitude for the efforts of the Administration to increase funding for the Ryan White CARE Act (more than doubling in the first four years). However, the reauthorization legislation changed the formula for distributing funds. Los Angeles is losing a significant amount of money under the new formula, and SF is getting slightly less. The answer to this, of course, is to achieve the President's requested increases for Ryan White -- so as to mitigate the impact of this change by making the overall pot larger. (The Administration did not take a position on the formulas.)

AIDS drugs:

There is tremendous concern everywhere about access to the very expensive, but very promising, protease inhibitors. On the day that the FDA announced approval of the first protease inhibitor (approval achieved in record time), the President sent a budget amendment to the Congress requesting a \$52 million increase for the AIDS Drug Assistance Program. HHS and OMB are actively working on plans to find additional ways to improve access to these treatments.

AIDS Housing funding:

AIDS housing is the only program for which we have not sought increases in funding. even though more and more cities are becoming eligible for funding as their caseloads rise, we have not sought (and Congress has not appropriated) more than \$171 million for this program over the last several years. This needs to be placed in context: We recognize that the funding has not kept up with the demand; on the other hand, the President vetoed a VA

-HUD appropriations bill that would have cut this program, and the AIDS housing program has done very well compared to other housing programs.

AIDS and Adolescents:

There was some criticism from the Los Angeles gay/lesbian community that the Office of National AIDS Policy report on HIV among adolescents did not include specific recommendations regarding gay adolescents. In fact, none of the recommendations singled out specific populations. However, the report was pathbreaking in addressing the problems of gay youth and homophobia impeding good HIV prevention efforts. The President's

mention of the need to address gay youth prevention issues in his Ryan White CARE Act signing statement is an example of using the bully pulpit of the presidency to address this issue. Finally, this report received very wide distribution, assisted by its recognition in a recent column by Ann Landers.

Prevention funding:

Unfortunately, Congress has not seen fit to meet the President's requests for increases in prevention. Prevention is the most cost effective way of addressing this epidemic.

HIV positive servicemembers:

San Diego has the largest concentration of HIV positive servicemembers. There is tremendous gratitude for the President's leadership in achieving repeal of the Dornan amendment -- and our continuing efforts to oppose Dornan's attempts to reimpose the ban.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 6-JUN-1996 08:56:13.68

SUBJECT: RE: Friday SSA DA&A mtg

TO: Molly Brostrom (BROSTROM_M) (WHO)

READ: 6-JUN-1996 09:53:35.73

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

READ: 6-JUN-1996 13:04:48.64

CC: Jack A. Smalligan (SMALLIGAN_J) (OMB)

READ: 6-JUN-1996 09:21:37.15

TEXT:

Agenda looks good--I just want to put on the table the HIV-specific issue of presumptive disability declarations and problems with how they are handled. (My non-random sample suggests that there is variation among the regional offices regarding how these are processed, among other problems.) I don't think this should be the focus of the discussion tomorrow -- just an agreement that we need to visit this soon, since it will affect many of those now qualified under DA&A).

Thanks for doing this.

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

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

CREATION DATE/TIME: 6-JUN-1996 19:10:39.96

SUBJECT: Question on "Means-Testing"

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 7-JUN-1996 09:00:07.78

TEXT:

Jeff, when you say, Title IIIb services are "means-tested," what are you referring to? Is it the fact that they are usually FQHCs who tend to serve a low-income population? Or is it because that they must all be certified Medicaid providers?

[Services for non-medicaid individuals at FQHCs are based on a sliding fee scale. However, any individual with any income can receive health services there.]

I was just looking at the IIIb statute and it does not directly say anything about "means-testing" or am I missing something? Just wondering....

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: WERTHEIW@od31em1.od.nih.gov@INET@EOPMRX

CREATION DATE/TIME: 7-JUN-1996 16:56:00.00

SUBJECT: FW: Daily Report for June 6, 1996

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

READ: 7-JUN-1996 17:30:13.90

TEXT:

You have got to read this...

From: Hinchliff, Todd

To: Babor, Raymond; Reck, Linda; Sexauer, Margaret; Bennett, Sylvia; Bui, Thao; Duane, Betsy; Tisevich, Dorothy; Perrone, Barbara; Whitaker, John; Davis, Michael; Barros, Colleen; Hirsch, Louise; Welsh, Marta; Brown, Patricia; Long, Stephen; Rupp, Randy; Gaines, George; Wong, Buck; Yeager, Rita; Wilentz, Joan; Jones, Warren; Hamilton, Robin; Miers, Mary; Pospisil, Curt; Cook, Linda; Daye, Jane; Gottesman, Michael; Jonas, Wayne; Little, Francine; Pushkin, Lee; Baldwin, Wendy; Barbarash, Gary; Bavier, Anne; Benowitz, Steve; Blakeslee, Tina; Brandt, Patricia; Cain, Virginia; Corbett, Linwood; Eaton, Lois; Foster, Stephanie; Gray, Roz; Harlan, William; Hedetniemi, Janyce; Houser, Anne; Hussey, Doug; Itteilag, Tony; McKenzie, Bonnie; OLM1; OLM2; OSteen, Karen; Pinn, Vivian; Pospisil, Curtis; Powell, Dorise; Retzlaff, Jon; Rubick, Fran; Ruffin, John; Rufo, Anne; Sapp, Jackie; Skirboll, Lana; Thomas, Anne; Wax, Diane; Abell, Pat; Holder, Herb; Wertheimer, Wendy; Lanman, Robert; Tosten, Timothy; Scheppach, Ann; James, John; Laura Lee; Steinberg, Louis H <ls24d>; Scott, Linda <ls9i>; Mayhew, Mary <mm159z>; Richards Connie; Paul, William E <wp1k>
Subject: Daily Report for June 6, 1996
Date: Friday, June 07, 1996 4:30PM

Attached for your information is the Daily Report for June 6, 1996.

[[JUNE7.TXT : 4141 in JUNE7.TXT]][[JUNE7.WP : 4142 in JUNE7.WP]][[JUNE7.WPD : 4143 in JUNE7.WPD]]

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

ATT CREATION TIME/DATE: 7-JUN-1996 16:59:00.00

ATT BODYPART TYPE:D

TEXT:

=====

DAILY REPORT
Compiled by the
Office of Legislative Policy and Analysis

National Institutes of Health

Excerpts from LEGI-SLATE's On-Line Congressional Records for June 6, 1996. (Vol. 142);

CONGRESSIONAL RECORD

BILLS AND RESOLUTIONS INTRODUCED

H.R.3600 by RAMSTAD (R-MN) -- Harold Hughes Commission on Alcoholism,
Establishment

Official Title (caption):

A bill to establish a commission to be known as the Harold Hughes
Commission on Alcoholism.

Introduced on Thursday, June 6, 1996

Committee Referrals:

House Committee on Commerce

H.RES.449 by VUCANOVICH (R-NV) -- Resolution Relating to Breast Implants,
the Food and Drug Administration, and Breast Care

Official Title (caption):

Resolution relating to breast implants, the Food and Drug Administration,
and breast care.

Introduced on Thursday, June 6, 1996

Committee Referrals:

House Committee on Commerce

LEGISLATIVE ACTIONS

H.R.248 by GREENWOOD (R-PA) -- Public Health Service Act, Amendment

Official Title (caption):

A bill to amend the Public Health Service Act to provide for the conduct
of expanded studies and the establishment of innovative programs with respect
to the Committee on Commerce.

Introduced on Wednesday, January 4, 1995

All Specified Actions:

06/06/96 -- In The HOUSE

Public mark-up held by Health and the Environment Subcommittee
Amendment offered by BILIRAKIS (R-FL) making technical changes to the
Traumatic Brain Injury Act and to the Ryan White CARE Act
Agreed to amendment by BILIRAKIS (R-FL) (by Voice Vote)
Cleared for full committee, as amended, by Health and the Environment
Subcommittee (by Voice Vote)

H.J.R.1 by BARTON (R-TX) -- Constitution of the United States, Amendment
- Balanced Budget (Contract with America)

Official Title (caption):

Joint resolution proposing a balanced budget amendment to the Constitution
of the United States.

Introduced on Wednesday, January 4, 1995

All Specified Actions:

06/06/96 -- In The HOUSE

Remarks by LINDER (R-GA) in "Congressional Record" (CR Page H-5940)

06/06/96 -- In The SENATE

Considered (debated) in the Senate under the unanimous consent agreement of
Wednesday, June 5, 1996 (CR Page S-5873)
Failed of necessary 2/3 majority (Vote No. 2158: 64-35)

S.1028 by KASSEBAUM (R-KS) -- Health Insurance Reform Act of 1995 ; Health
Insurance and Long-Term Care Affordability Act of 1996;
Medical Volunteer Act

Official Title (caption):

A bill to provide increased access to health care benefits, to provide
increased portability of health care benefits, to provide increased security
of health care benefits, to increase the purchasing power of individuals and
small employers, and for other purposes.

Introduced on Thursday, July 13, 1995

All Specified Actions:

06/06/96 -- In The SENATE

Motion by DASCHLE (D-SD) to move to final passage

Objection by LOTT (R-MS) to request for unanimous consent by DASCHLE
(D-SD)

CONGRESSIONAL STATEMENTS

Remarks by DORNAN, ROBERT (R-CA)

TRIBUTE TO A GREAT IRISH-AMERICAN, AND THE TERRIBLE TRAGEDY
OF AIDS

[CR page H-5990, 729 lines]

Attributed to DORNAN, ROBERT (R-CA)

Here is what I learned last week up at NIH. I have been up there several
times. I have been to the Centers for Disease Control in Atlanta. I do not
know that Mr. Gunderson has ever been up to Bethesda. I know he has not been
to the World Health Organization in Geneva. I took my wife there. She was
stunned when they told her 55, 60, 70 million worldwide would die before--no,
100 million or more would die before the thing even peaked.

[...Intervening text...]

My last trip last week up to NIH tells me this? I said to a man I greatly
admire, Dr. Tony Fauci, I cannot, God could not design a better research
doctor and dedicated person to fight this problem. He was at the table in the
cafeteria at NIH in Bethesda when he and Dr. Bob Gallo looked at one another
and decided they had a fatal virus among homosexual males in LA and New York.
They called it GRID, gay related immunodeficiency. I do not know why they
would use that adjective "gay." There is nothing happy about 360,000 people
dead. There is no gaiety here, no cheerfulness, mirthfulness. It is the
saddest thing I have ever encountered healthwise or anybody has encountered
in the history of our Nation.

Tony Fauci, as you may recall, Mr. Speaker, came up during the debates of
1988 between George Bush and Gov. Michael Dukakis, Vice President Bush. And
Bush was lucky enough to go second.

[...Intervening text...]

Finally he said, "Dr. Jonas Salk." That was a quarter of a century ago,
over polio. I thought, come on, Mr. Vice President, respond with Tony Fauci.
It was like mental telepathy. I hope he says Tony Fauci. And there was no one

else for a follow-up by Dukakis, just Jonas Salk.

So it comes to George Bush and he had the advantage. He had time to think about it. He said, there is a doctor, and he could not think of his first name, and he said, Dr. Fauci at NIH. And Mosbacher says to me, nice job of mental telepathy. I said more, more. Then he hit the ball out of the park. Probably won the election. This was his defining moment in 1988. He says, "And any cop on the beat anywhere in America." That did it for George Bush.

But that is how far back Tony Fauci goes in my mind. That is 8 years ago this coming October. Fauci is great. So at the end of this tremendous tour, where he introduced me to some wonderful HIV-infected people that are fighting for their lives in a program, I hope they have changed their conduct. I hope they tell other people not to engage in the high risk politics, in the high risk political and homosexual movements and the high risk sexual activity that is shortening their lives.

After it was all over, I walked through the tremendous labs and I met people from Palermo, Sicily, a young lady doctor working with Tony Fauci. I met people from northern Italy, from Bologna, from France, from all over the world. What a team they put together. And, Mr. Speaker, none of them have the money anywhere in Europe, let alone the rest of the world. It is not up to European or American medical standards. Nobody has the money that they have at NIH and the Centers for Disease Control that we in this Congress without any hesitation have given of the taxpayers' money that we are supposed to guard to try and find some kind of a--there never will be a cure, Dr. Fauci tells me, you cannot get an infinitesimal retrovirus out of the T cell that it has worked its way into. That is impossible. It keeps replicating as they attack it anyway.

[...Intervening text...]

We are out in the hall and we are about to leave. I said to Dr. Fauci, I said, "Tony, I am hearing some bad rumors. I am hearing that in the homosexual communities in the hot spots of America, Key West, Miami, New York, LA, San Francisco, that young homosexuals are doing two things--get this, Mr. Speaker--"they are playing Russian roulette with deliberate high risk unsafe sex because it adds to the erotic thrill to play roulette with the HIV virus." And he nods in affirmation. "Yes," he says, "that is happening."

[...Intervening text...]

Then there is a third thing--imagine this, Mr. Speaker--he says, there is a third thing beyond deliberately playing high risk Russian roulette and wanting to join a bigger community of sufferers. He says, a lot of them, paraphrasing Dr. Fauci very closely here, a lot of them have a sort of exhaustion, a mental exhaustion, a frustration over trying to beat the HIV virus, and they are just sort of giving up and saying it is going to get me eventually anyway.

[...Intervening text...]

[CR Page H-5993]

It made me think of Dr. Tony Fauci a week ago saying, Bob, they are getting exhausted with fighting off the roulette of maybe getting it, so they give up and just end up contracting it and become a legionnaire.

[...Intervening text...]

[CR Page H-5995]

I learned up at NIH, Mr. Speaker, that one of the selected few lucky people in the Government program using Interleukin IL-2, which seems to be

successfully rebuilding their immune system, getting their count from below the 200 figure, where they are declared an AIDS victim, back up to 1,000 almost. And I asked what is mine, what is a normal healthy person's, and they said 600 to 800, probably more like 600. This seems to be working to extend lives, but they will always be infectious with AIDS until the day God calls them, but they can maybe have a dream of a normal life.

NEXT MEETING OF THE SENATE: 9:30 A.M. Friday, June 7
NEXT MEETING OF THE HOUSE: 10:00 A.M. Friday, June 7

FUTURE HEARINGS

*06/06/96 10:00 AM *** Rescheduled from 5/31/96 *** (Order # 255)

House Committee on Commerce
Health and the Environment Subcommittee

Markup

2123 Rayburn House Office Bldg.

Topic:

Reauthorization of the Safe Drinking Water Act (Pub. L. 93-523) and other pending legislation

Bills:

*H.R.248 BY GREENWOOD (R-PA) -- Public Health Service Act, Amendment

S.1316 BY KEMPTHORNE (R-ID) -- Safe Drinking Water Act Amendments of 1995

Scheduled Witnesses: None

*06/06/96 2:00 PM (Order # 253)

Senate Committee on Appropriations

Labor, Health and Human Services, Education, and Related Agencies
Subcommittee

Hearing

192 Dirksen Senate Office Bldg.

Topic:

Fiscal year 1997 appropriations for the Department of Health and Human Services

Bills: Currently, none

Scheduled Witnesses:

Donna Shalala - Secretary, Department of Health and Human Services

*06/10/96 0:00 AM *** Tentative; Time to be Announced ***

House Committee on Appropriations

Labor, Health and Human Services, Education, and Related Agencies
Subcommittee

Markup

Room to be Announced

Topic:

Fiscal year 1997 appropriations for the Departments of Labor, Health and Human Services, and Education

Bills: Currently, none
Scheduled Witnesses: None

*06/12/96 9:30 AM (Order #257)
Senate Committee on Appropriations
Senate Special Committee on Aging
Joint Hearing
138 Dirksen Senate Office Bldg.
Topic:

Investing in medical research, focusing on health care and human costs

Bills: Currently, none
Scheduled Witnesses: Currently, none

ORDERS FOR BILLS MUST BE PLACED BY C.O.B. WEDNESDAY, JUNE 12, 1996.
ORDERS FOR HEARINGS #253,255,257 MUST BE PLACED BY C.O.B. MONDAY, JUNE 10,
1996 .NOTE TO LEG. CONTACTS: YOU MAY USE MS-MAIL TO ORDER
BILLS/HEARINGS FROM EEI. THE SMTP ADDRESS IS: "niholpa@eei-alex.com".
ALTERNATIVELY, YOU MAY USE THE FAX FORM SENT TO YOU BY OLPA TO ORDER
BILLS/HEARINGS FROM EEI. IF YOU NEED THE FORM, CALL OLPA (6-3471).

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

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

ATT CREATION TIME/DATE: 7-JUN-1996 16:59:00.00

ATT BODYPART TYPE:p

TEXT:

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

=====
===== ATTACHMENT 3 =====

ATT CREATION TIME/DATE: 7-JUN-1996 16:59:00.00

ATT BODYPART TYPE:p

TEXT:

Unable to convert OA\$SHARA1374:ZWIKO9XCD.FGN to ASCII,
The following is a HEX DUMP:

=====
===== END ATTACHMENT 3 =====

=====
===== ATTACHMENT 4 =====

ATT CREATION TIME/DATE: 7-JUN-1996 16:59:00.00

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 <0115MUNY7DV4016810@PMDf.EOP.GOV> for
LEVI_J@a1.eop.gov; Fri, 07 Jun 1996 16:56:14 -0400 (EDT)
Received: from web.nih.gov by STORM.EOP.GOV (PMDF V5.0-7 #6879)
id <0115MURB2WYG00007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Fri,

07 Jun 1996 16:58:59 -0700 (MST)

Received: from SMTP2.mm.hub.nih.gov by web.nih.gov (8.6.10/1.35(nsb-1.0))
id QAA20611; Fri, 07 Jun 1996 16:58:33 -0400

Received: by SMTP2.mm.hub.nih.gov with Microsoft Mail id
<31B897F3@SMTP2.mm.hub.nih.gov>; Fri, 07 Jun 1996 16:58:27 -0400 (edt)

===== END ATTACHMENT 4 =====

Clinton Presidential Records Automated Records Management System [EMAIL]

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

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

File Name: p_8cx9okiw_who_html_3.doc

Attachment Number: OASSHARA1374:ZWIKO9XCD.FGN

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

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

CREATION DATE/TIME: 7-JUN-1996 18:03:25.89

SUBJECT: Meeting w/ Bross, Lubinski and Co.

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

READ: 10-JUN-1996 08:36:57.03

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

READ: 9-JUN-1996 14:30:01.13

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 9-JUN-1996 15:40:30.94

TEXT:

Since Jeff is out next Thursday-Friday and most of the attendees are coming from out of town I went ahead and scheduled the Single Approp. (Ryan White) meeting on Tuesday the 17th at 2:00pm in Room 248. Dan Bross is OK with this and he is going contact the rest of the crowd for us.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 7-JUN-1996 12:49:39.99

SUBJECT: Just so I understand...

TO: Remote Addressee (DVanhoven@hcfa.gov@INET@EOPMRX)
READ:NOT READ

TEXT:

I received the fax; thanks for giving me a chance to review this.

A question about what this means: does HCFA have to approve each of these milestones, before the state can proceed to the next (at least in those areas where they are sequential) -- in other words, what level of review will these receive from HCFA. (Obviously things like the quality indicators or grievance procedure would be something I'd like to see HCFA review carefully.)

Also -- do we know if this approach is something NY is willing to subject itself to?

Finally, if this process is ever done (or maybe even before) -- will we have some kind of document we can point to as criteria for HIV-related issues for inclusion in managed care waivers -- so that as other states contemplate such a move they have a template from which to work?

Thanks again for all your help and for including us in this discussion.

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

CREATOR: Jill Pizzuto (PIZZUTO_J) (OPD)

CREATION DATE/TIME: 7-JUN-1996 13:48:45.83

SUBJECT: CHR's 4 week schedule

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 7-JUN-1996 14:24:14.56

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 7-JUN-1996 20:07:31.92

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 7-JUN-1996 14:25:17.38

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 7-JUN-1996 14:54:50.63

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 7-JUN-1996 14:55:14.00

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ: 7-JUN-1996 15:16:42.60

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 7-JUN-1996 14:08:02.52

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 7-JUN-1996 14:04:04.06

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 7-JUN-1996 13:50:13.14

TO: Carol H. Rasco (RASCO_C) (WHO)
READ: 7-JUN-1996 14:05:48.37

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 7-JUN-1996 14:48:48.36

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 7-JUN-1996 14:35:38.89

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 7-JUN-1996 15:16:31.63

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 7-JUN-1996 13:52:56.70

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 7-JUN-1996 17:07:04.37

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 10-JUN-1996 18:15:24.93

TO: Dennis Burke (BURKE_D) (OPD)
READ: 9-JUN-1996 18:39:13.93

TO: Diane Regas (REGAS_D) (OPD)
READ: 7-JUN-1996 13:52:09.90

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ: 7-JUN-1996 13:50:25.58

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ: 7-JUN-1996 13:51:06.19

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 7-JUN-1996 17:12:55.22

TEXT:

fyi to all -- here are some of CHR's highlights for the next four weeks:

Sunday, June 9th:

Return early afternoon to DC

Monday, June 10th:

Office / holding most of day to catch up on work

Tuesday, June 11:

3:30-4:30 VPOTUS Regulatory Planning & Review meeting (weinstein)

Wednesday, June 12:

12:15-1:15 POTUS briefing and event re: Teen Pregnancy (benami)

2-3:00 Rivlin, Apfel Disability Policy Review meeting (fortuna)

Thurs, June 13:

1:30-2:30 Podiatrist Briefing

2:30 President's Interagency Council on Women (First Lady attending; Shalala
main speaker)

Friday, June 14:

2:25 Depart for Detroit Michigan

* CHR commencement speaker @ Wayne Community College

Sat, June 15:

12 Noon Return to DC

Monday, June 17:

10:00 a.m. NewsConference: Partnership for a Drug Free America re: heroin

* staff???

Wednesday, June 19:

8:15 a.m. Women Appointees Briefing on Domestic Policy (Women's Initiatives
Office)

Thursday, June 20:

8:30 a.m. Keynote Address: Nat'l Alliance to End Homelessness

June 23-24:

VPOTUS Family Re-Union (benami)

June 28:

9:00 a.m. Nat'l Women Political Caucus Panel

** staff??

* let me know if anyone needs anything, thanks. Jill.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 7-JUN-1996 12:40:30.12

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 7-JUN-1996 15:09:46.92

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ: 12-JUN-1996 10:29:27.79

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ: 11-JUN-1996 14:14:21.54

TEXT:

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE: 7-JUN-1996 11:18:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 06/07/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
June 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 National AIDS Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC National AIDS Clearinghouse should be cited as the source of this information. Copyright 1996, Information, Inc., Bethesda, MD

- "Monkey Study Accents Risks of Oral Sex"
- "H.I.V. Virus Still Spreading Rapidly, U.N. Says"
- "AIDS Drugs Urged for Health Workers"
- "Younger People Withstand AIDS Better, Study Finds"
- "BioChem's Fortunes Rise"
- "F.D.A. Rejects Sale of Drug for Shingles"
- "TV Clash Upsets French Anti-AIDS Campaign"
- "Namibia Calls for Help to AIDS Orphans"

"HIV Viral Load Markers in Clinical Practice"

"Circle of Friends"

"Update: Provisional Public Health Service Recommendations For Chemoprophylaxis After Occupational Exposure to HIV"

"Monkey Study Accents Risks of Oral Sex"

New York Times (06/07/96) P. A18; Altman, Lawrence K.

In a surprising study involving the Simian immunodeficiency virus (SIV), scientists say they have found evidence that HIV may be transmitted via oral sex. Six of seven monkeys tested contracted SIV when it was applied to the backs of their mouths, even though they did not have open sores, cuts, or gum disease. Ruth M. Ruprecht and colleagues at the Dana-Farber Cancer Institute and Tulane University reported the findings in today's issue of Science. The researchers were surprised by their findings because epidemiological studies have shown that oral-genital exposure is a rare form of transmission. Also surprising was the finding that the amount of SIV needed for infection was one six-thousandth of the amount needed for infection through the rectum. The findings do not impact the government's recommendation to use condoms during oral sex, according to Ann Duerr, an epidemiologist for the Centers for Disease Control and Prevention.

"H.I.V. Virus Still Spreading Rapidly, U.N. Says"

New York Times (06/07/96) P. A3; Simons, Marlise

HIV is spreading rapidly around the world, especially in Asia and southern Africa, and the number of people with full-blown AIDS has also increased sharply, the United Nations said Thursday. Peter Piot, director of the United Nations Joint Program on HIV/AIDS, said that an estimated 1.3 million people are sick with AIDS, up 25 percent from 1994 to 1995. About 21 million adults are infected with HIV, and about 42 percent of them are women, the agency reported. Piot added that "at least several million" children are infected, with 7,500 more people becoming infected daily. The largest increases in AIDS cases are expected in China and Vietnam, with widespread infection already impacting India and southern Africa. An estimated 10 percent of the adult population in South Africa is infected, while only 0.5 percent of adults in North America and 0.2 percent in Western Europe are infected. Officials from the United Nations said that governments' responses to prevention programs are still mixed despite the obvious threat.

"AIDS Drugs Urged for Health Workers"

Washington Times (06/07/96) P. A5

Health care workers exposed to HIV should be treated with antiviral drugs, the Centers for Disease Control and Prevention said Thursday, making the recommendation for the first time. The agency said recent studies proved the usefulness of the antivirals, recommending that AZT or 3TC be administered to health care workers exposed to HIV while on the job.

"Younger People Withstand AIDS Better, Study Finds"

Reuters (06/07/96)

Younger people are better able to fight off HIV infection than older people, researchers at Britain's Imperial Cancer Research Fund in Oxford report in today's issue of the journal *Lancet*. Sarah Darby and colleagues studied 1,200 HIV-infected hemophiliacs aged from eight months to 79 years. They found that only 12 percent of those infected with HIV when they were over 55 years old survived 10 years, compared to 86 percent of those under the age of 15 at the time of infection. Different treatments for infection in older patients may be indicated, according to Paul Volberding, an AIDS expert at the University of California.

"BioChem's Fortunes Rise"

Toronto Globe and Mail (06/06/96) P. B7; Swift, Allan

BioChem Pharma said Wednesday that its anti-AIDS drug 3TC has captured 35 percent of the North American market only five months after it was introduced. Sales of the drug now exceed those of AZT, even though sales of AZT increased 50 percent last year. Sales of 3TC, Epivir, reached \$54 million in the United States since it was approved last November, and \$2 million in Canada since its approval in December. The company expects that its 1997 introduction of Lamivudine, a version of 3TC for hepatitis B, will further boost profits.

"F.D.A. Rejects Sale of Drug for Shingles"

New York Times (06/07/96) P. A15

A Food and Drug Administration panel voted against approving Bristol-Myers Squibb's new anti-shingles drug Sorivudine, saying that the drug's benefits were not great enough to outweigh the risk of a lethal drug interaction. Although Sorivudine heals shingles about a day faster than other treatments, and requires only one dose a day instead of multiple doses, it was implicated in the deaths of 15 Japanese who took the drug in combination with certain common anti-cancer drugs. Bristol-Myers had contended that by cautioning physicians not to prescribe Sorivudine with the cancer drugs, U.S. patients--especially the AIDS patients most at risk from the painful disease--could use the drug safely. The committee urged Bristol-Myers to conduct further research into the drug, saying that it might eventually prove to be useful for treating certain seriously ill patients.

"TV Clash Upsets French Anti-AIDS Campaign"

Reuters (06/06/96); Tran, Pierre

An AIDS activist disrupted a live television show aimed at raising money for AIDS on Thursday, when he denounced the government's plan to deport illegal immigrants with HIV. The show was part of an AIDS fund-raising day supported by the media and charities. Christophe Martet of the group ACT-UP criticized Culture Minister Philippe Douste-Blazy over the plan to return a mother with HIV and her child to Zaire. An argument in the studio between Martet and Douste-Blazy was shown on the television program.

"Namibia Calls for Help to AIDS Orphans"

Xinhua News Agency (06/06/96)

Nickey Iyambo, Namibia's health and social services minister, asked the community for help on Wednesday for children orphaned by AIDS. He made the plea at a hospital where healthy children were being cared for after their mothers died as a result of childbirth. An estimated 500 Namibians are infected with HIV each day, and the total number of infected people is 20,177. President Sam Nujoma also asked the people of Namibia not to discriminate against AIDS patients and called on those with HIV to warn others about the disease.

"HIV Viral Load Markers in Clinical Practice"

Nature Medicine (06/96) Vol. 2, No. 6; P. 625; Saag, M.S.; Holodniy, M.; Kuritzkes, D.R.; et al.

The ability to detect HIV RNA in the bloodstream has allowed for more detailed studies of how the virus replicates and impacts the body's immune system. Plasma HIV RNA levels are associated with varying stages of disease and have been found useful in predicting disease progression. CD4 cell counts, however, are the best predictor of short-term risk for new opportunistic infections. Three plasma HIV RNA assays are available commercially, but none have been approved by the Food and Drug Administration for use in patient management. Plasma HIV RNA assays are also useful for monitoring the effect of antiretroviral drugs. Many clinicians are using such measurements to treat patients, though some remain uncertain of the best use of the information. A panel of the International AIDS Society-USA made recommendations for the clinical use of these assays, advocating routine use of the tests for patient management. The panel said that antiretroviral therapy should be used to minimize viral replication, which can be monitored with HIV RNA assays. A three-fold or larger reduction of the plasma HIV RNA level is the minimal response that demonstrates an antiviral effect.

"Circle of Friends"

People (06/10/96) Vol. 45, No. 23; P. 91

Facing losses of loved ones in 1993 and hoping to do something positive in their grief, Dana Cappiello and Kathy Scutchfield of Woodside, Calif., started selling bracelets to benefit AIDS services and research. The bracelets, which cost from \$20 to \$500 for silver plate, sterling silver, or gold, bear the slogan "Until There's a Cure," and proceeds are given to the Until There's a Cure Foundation. Cappiello and Scutchfield even persuaded some retailers, including Macy's, Bloomingdale's, and The Body Shop, to donate their profits from the bracelet sales. An estimated 108,000 bracelets have been sold, and wearers include Robert Redford, Bette Midler, and Julia Roberts.

"Update: Provisional Public Health Service Recommendations For Chemoprophylaxis After Occupational Exposure to HIV"
Morbidity and Mortality Weekly Report (07/07/96) Vol. 45, No. 22

Although preventing blood exposures is the primary means of preventing occupationally acquired human immunodeficiency virus (HIV) infection, appropriate post-exposure management is an important element of workplace safety. Information suggesting that zidovudine (ZDV) postexposure prophylaxis (PEP) may reduce the risk for HIV transmission after occupational exposure to HIV-infected blood prompted a Public Health Service (PHS) interagency working group, with expert consultation, to update a previous PHS statement on management of occupational exposure to HIV. The update includes six recommendations, which are provisional because they are based on limited data regarding efficacy and toxicity of PEP and risk for HIV infection after different types of exposure. When possible, these recommendations should be implemented in consultation with persons having expertise in antiretroviral therapy and HIV transmission.

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

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

ATT CREATION TIME/DATE: 7-JUN-1996 11:18:00.00

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 <0115MIRWR6A8002ES8@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Fri, 07 Jun 1996 11:15:49 -0400 (EDT)

Received: from aspen3.aspensys.com (aspensys3.aspensys.com)

by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0115MIV89OCE00007K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri, 07 Jun 1996 11:18:30 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id LAA15124; Fri, 07 Jun 1996 11:18:08 -0400

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: 7-JUN-1996 09:48:16.50

SUBJECT: AIDS and the weekly

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 7-JUN-1996 10:43:26.38

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 7-JUN-1996 09:48:42.01

TEXT:

FYI

Carol mentioned that she would really like to have something on
AIDS in every weekly just to keep the issue in people's minds.

Thanks.

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

ATT CREATION TIME/DATE: 6-JUN-1996 21:29:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Carol H. Rasco

ATT SUBJECT: Weekly report

ATT TO: Carol H. Rasco (RASCO_C)

ATT TO: Jeremy D. Benami (BENAMI_J)

ATT TO: Jennifer L. Klein (KLEIN_J)

ATT TO: Cathy R. Mays (MAYS_C)

ATT TO: Rosalyn A. Miller (MILLER_RA)

ATT TO: Bruce N. Reed (REED_B)

ATT TO: Michael T. Schmidt (SCHMIDT_MT)

ATT TO: Stephen C. Warnath (WARNATH_S)

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

ATT TO: Patsy Fleming (FLEMING_P)

ATT TO: Janet B. Abrams (ABRAMS_J)

ATT TO: Julie E. Demeo (DEMEO_J)

ATT TO: Diana M. Fortuna (FORTUNA_D)

ATT TO: Christopher C. Jennings (JENNINGS_C)
ATT TO: Jeffrey Levi (LEVI_J)
ATT TO: Gaynor R. McCown (MCCOWN_G)
ATT TO: Molly Brostrom (BROSTROM_M)
ATT TO: Dorothy L. Karayannis (KARAYANNIS_D)
ATT TO: Deborah L. Fine (FINE_D)
ATT TO: Janet B. Abrams (ABRAMS_J)
ATT TO: Dennis Burke (BURKE_D)
ATT TO: Denise Ricketson (RICKETSON_D)
ATT TO: Pamela Cicetti (CICETTI_P)
ATT TO: Elizabeth E. Drye (DRYE_E)
ATT TO: Diane Regas (REGAS_D)

TEXT:

A big round of applause to those of you who turned in such great information for the weekly report this week. I do want to remind everyone that I use these reports to do a report directly to the President. Many of you often ask how we can better keep him aware, keep our key issues before him....this is your best chance on a regular basis. If I don't see it in the weekly the chances are good I won't know of anything to put in the report.

Thanks again!

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME: 7-JUN-1996 11:15:00.00

SUBJECT: CDC AIDS Daily Summary 06/07/96

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

READ: 7-JUN-1996 12:40:09.37

TEXT:

AIDS Daily Summary
June 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 National AIDS Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC National AIDS Clearinghouse should be cited as the source of this information. Copyright 1996, Information, Inc., Bethesda, MD

- "Monkey Study Accents Risks of Oral Sex"
- "H.I.V. Virus Still Spreading Rapidly, U.N. Says"
- "AIDS Drugs Urged for Health Workers"
- "Younger People Withstand AIDS Better, Study Finds"
- "BioChem's Fortunes Rise"
- "F.D.A. Rejects Sale of Drug for Shingles"
- "TV Clash Upsets French Anti-AIDS Campaign"
- "Namibia Calls for Help to AIDS Orphans"
- "HIV Viral Load Markers in Clinical Practice"
- "Circle of Friends"
- "Update: Provisional Public Health Service Recommendations For Chemoprophylaxis After Occupational Exposure to HIV"

"Monkey Study Accents Risks of Oral Sex"
New York Times (06/07/96) P. A18; Altman, Lawrence K.
In a surprising study involving the Simian immunodeficiency virus (SIV), scientists say they have found evidence that HIV may be transmitted via oral sex. Six of seven monkeys tested contracted SIV when it was applied to the backs of their mouths, even though they did not have open sores, cuts, or gum disease. Ruth M. Ruprecht and colleagues at the Dana-Farber Cancer Institute and Tulane University reported the findings in today's issue of Science. The researchers were surprised by their findings because epidemiological studies have shown that oral-genital exposure is a rare form of transmission. Also surprising was the finding that the amount of SIV needed for infection was one

six-thousandth of the amount needed for infection through the rectum. The findings do not impact the government's recommendation to use condoms during oral sex, according to Ann Duerr, an epidemiologist for the Centers for Disease Control and Prevention.

"H.I.V. Virus Still Spreading Rapidly, U.N. Says"
New York Times (06/07/96) P. A3; Simons, Marlise

HIV is spreading rapidly around the world, especially in Asia and southern Africa, and the number of people with full-blown AIDS has also increased sharply, the United Nations said Thursday. Peter Piot, director of the United Nations Joint Program on HIV/AIDS, said that an estimated 1.3 million people are sick with AIDS, up 25 percent from 1994 to 1995. About 21 million adults are infected with HIV, and about 42 percent of them are women, the agency reported. Piot added that "at least several million" children are infected, with 7,500 more people becoming infected daily. The largest increases in AIDS cases are expected in China and Vietnam, with widespread infection already impacting India and southern Africa. An estimated 10 percent of the adult population in South Africa is infected, while only 0.5 percent of adults in North America and 0.2 percent in Western Europe are infected. Officials from the United Nations said that governments' responses to prevention programs are still mixed despite the obvious threat.

"AIDS Drugs Urged for Health Workers"
Washington Times (06/07/96) P. A5

Health care workers exposed to HIV should be treated with antiviral drugs, the Centers for Disease Control and Prevention said Thursday, making the recommendation for the first time. The agency said recent studies proved the usefulness of the antivirals, recommending that AZT or 3TC be administered to health care workers exposed to HIV while on the job.

"Younger People Withstand AIDS Better, Study Finds"
Reuters (06/07/96)

Younger people are better able to fight off HIV infection than older people, researchers at Britain's Imperial Cancer Research Fund in Oxford report in today's issue of the journal Lancet. Sarah Darby and colleagues studied 1,200 HIV-infected hemophiliacs aged from eight months to 79 years. They found that only 12 percent of those infected with HIV when they were over 55 years old survived 10 years, compared to 86 percent of those under the age of 15 at the time of infection. Different treatments for infection in older patients may be indicated, according to Paul Volberding, an AIDS expert at the University of California.

"BioChem's Fortunes Rise"
Toronto Globe and Mail (06/06/96) P. B7; Swift, Allan
BioChem Pharma said Wednesday that its anti-AIDS drug 3TC has captured 35 percent of the North American market only five months after it was introduced. Sales of the drug now exceed

those of AZT, even though sales of AZT increased 50 percent last year. Sales of 3TC, Epivir, reached \$54 million in the United States since it was approved last November, and \$2 million in Canada since its approval in December. The company expects that its 1997 introduction of Lamivudine, a version of 3TC for hepatitis B, will further boost profits.

"F.D.A. Rejects Sale of Drug for Shingles"

New York Times (06/07/96) P. A15

A Food and Drug Administration panel voted against approving Bristol-Myers Squibb's new anti-shingles drug Sorivudine, saying that the drug's benefits were not great enough to outweigh the risk of a lethal drug interaction. Although Sorivudine heals shingles about a day faster than other treatments, and requires only one dose a day instead of multiple doses, it was implicated in the deaths of 15 Japanese who took the drug in combination with certain common anti-cancer drugs. Bristol-Myers had contended that by cautioning physicians not to prescribe Sorivudine with the cancer drugs, U.S. patients--especially the AIDS patients most at risk from the painful disease--could use the drug safely. The committee urged Bristol-Myers to conduct further research into the drug, saying that it might eventually prove to be useful for treating certain seriously ill patients.

"TV Clash Upsets French Anti-AIDS Campaign"

Reuters (06/06/96); Tran, Pierre

An AIDS activist disrupted a live television show aimed at raising money for AIDS on Thursday, when he denounced the government's plan to deport illegal immigrants with HIV. The show was part of an AIDS fund-raising day supported by the media and charities. Christophe Martet of the group ACT-UP criticized Culture Minister Philippe Douste-Blazy over the plan to return a mother with HIV and her child to Zaire. An argument in the studio between Martet and Douste-Blazy was shown on the television program.

"Namibia Calls for Help to AIDS Orphans"

Xinhua News Agency (06/06/96)

Nickey Iyambo, Namibia's health and social services minister, asked the community for help on Wednesday for children orphaned by AIDS. He made the plea at a hospital where healthy children were being cared for after their mothers died as a result of childbirth. An estimated 500 Namibians are infected with HIV each day, and the total number of infected people is 20,177. President Sam Nujoma also asked the people of Namibia not to discriminate against AIDS patients and called on those with HIV to warn others about the disease.

"HIV Viral Load Markers in Clinical Practice"

Nature Medicine (06/96) Vol. 2, No. 6; P. 625; Saag, M.S.; Holodniy, M.; Kuritzkes, D.R.; et al.

The ability to detect HIV RNA in the bloodstream has allowed for more detailed studies of how the virus replicates and impacts the body's immune system. Plasma HIV RNA levels are associated

with varying stages of disease and have been found useful in predicting disease progression. CD4 cell counts, however, are the best predictor of short-term risk for new opportunistic infections. Three plasma HIV RNA assays are available commercially, but none have been approved by the Food and Drug Administration for use in patient management. Plasma HIV RNA assays are also useful for monitoring the effect of antiretroviral drugs. Many clinicians are using such measurements to treat patients, though some remain uncertain of the best use of the information. A panel of the International AIDS Society-USA made recommendations for the clinical use of these assays, advocating routine use of the tests for patient management. The panel said that antiretroviral therapy should be used to minimize viral replication, which can be monitored with HIV RNA assays. A three-fold or larger reduction of the plasma HIV RNA level is the minimal response that demonstrates an antiviral effect.

"Circle of Friends"

People (06/10/96) Vol. 45, No. 23; P. 91

Facing losses of loved ones in 1993 and hoping to do something positive in their grief, Dana Cappiello and Kathy Scutchfield of Woodside, Calif., started selling bracelets to benefit AIDS services and research. The bracelets, which cost from \$20 to \$500 for silver plate, sterling silver, or gold, bear the slogan "Until There's a Cure," and proceeds are given to the Until There's a Cure Foundation. Cappiello and Scutchfield even persuaded some retailers, including Macy's, Bloomingdale's, and The Body Shop, to donate their profits from the bracelet sales. An estimated 108,000 bracelets have been sold, and wearers include Robert Redford, Bette Midler, and Julia Roberts.

"Update: Provisional Public Health Service Recommendations For Chemoprophylaxis After Occupational Exposure to HIV"
Morbidity and Mortality Weekly Report (07/07/96) Vol. 45, No. 22

Although preventing blood exposures is the primary means of preventing occupationally acquired human immunodeficiency virus (HIV) infection, appropriate post-exposure management is an important element of workplace safety. Information suggesting that zidovudine (ZDV) postexposure prophylaxis (PEP) may reduce the risk for HIV transmission after occupational exposure to HIV-infected blood prompted a Public Health Service (PHS) interagency working group, with expert consultation, to update a previous PHS statement on management of occupational exposure to HIV. The update includes six recommendations, which are provisional because they are based on limited data regarding efficacy and toxicity of PEP and risk for HIV infection after different types of exposure. When possible, these recommendations should be implemented in consultation with persons having expertise in antiretroviral therapy and HIV transmission.

ATT BODYPART TYPE:D

TEXT:

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by PMDF.EOP.GOV (PMDf V5.0-4 #6879) id <0115MIRWR6A8002ES8@PMDf.EOP.GOV> for
levi_j@a1.eop.gov; Fri, 07 Jun 1996 11:15:49 -0400 (EDT)

Received: from aspen3.aspensys.com (aspensys3.aspensys.com)

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115MIV89OCE00007K@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Fri, 07 Jun 1996 11:18:30 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id LAA15124; Fri,
07 Jun 1996 11:18:08 -0400

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: Jill Pizzuto (PIZZUTO_J) (OPD)

CREATION DATE/TIME: 7-JUN-1996 12:46:25.26

SUBJECT: Roz

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ: 7-JUN-1996 13:19:09.89

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ: 7-JUN-1996 20:07:20.35

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ: 7-JUN-1996 12:46:57.18

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: 7-JUN-1996 12:52:41.07

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ: 7-JUN-1996 12:46:41.47

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ: 7-JUN-1996 15:16:22.54

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 7-JUN-1996 14:07:58.47

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: 7-JUN-1996 13:24:35.19

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ: 7-JUN-1996 12:46:51.88

TO: Carol H. Rasco (RASCO_C) (WHO)
READ: 7-JUN-1996 13:59:23.84

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ: 7-JUN-1996 12:55:19.19

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ: 7-JUN-1996 13:22:22.59

TO: Patsy Fleming (FLEMING_P) (WHO)
READ: 7-JUN-1996 15:16:15.86

TO: Jeffrey Levi (LEVI_J) (WHO)
READ: 7-JUN-1996 12:49:50.02

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ: 7-JUN-1996 15:54:23.07

TO: Deborah L. Fine (FINE_D) (OPD)
READ: 10-JUN-1996 18:14:58.67

TO: Dennis Burke (BURKE_D) (OPD)
READ: 9-JUN-1996 18:39:04.30

TO: Diane Regas (REGAS_D) (OPD)
READ: 7-JUN-1996 13:37:23.51

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ: 7-JUN-1996 12:51:27.31

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ: 7-JUN-1996 13:49:49.17

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ: 7-JUN-1996 13:49:09.04

TEXT:

fyi to all: I talked to Roz yesterday evening -- she will be BACK in the OFFICE on Monday! She's flying back to DC sometime on Saturday.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 7-JUN-1996 10:06:42.73

SUBJECT: mmwr

TO: Patsy Fleming (FLEMING_P) (WHO)

READ: 7-JUN-1996 10:43:39.72

TO: Ursula Sanville (SANVILLE_U) (OPD)

READ: 7-JUN-1996 14:45:18.17

TO: Lahoma Romocki (ROMOCKI_L) (OPD)

READ: 11-JUN-1996 14:27:58.23

TEXT:

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

ATT CREATION TIME/DATE: 7-JUN-1996 10:03:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: MMWR 06/07/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

MORBIDITY AND MORTALITY WEEKLY REPORT

Centers for Disease Control and Prevention

June 7, 1996

Vol. 45, No. 22

Notice to Readers

Update: Provisional Public Health Service Recommendations For
Chemoprophylaxis After Occupational Exposure to HIV

Although preventing blood exposures is the primary means of preventing occupationally acquired human immunodeficiency virus (HIV) infection, appropriate post-exposure management is an important element of workplace safety (1). Information suggesting that zidovudine (ZDV) postexposure prophylaxis (PEP) may reduce the risk for HIV transmission after occupational exposure to HIV-infected blood (2) prompted a Public Health Service (PHS) interagency working group*, with expert consultation**, to update a previous PHS statement on management of occupational exposure to HIV with the following findings and recommendations on PEP (1).***

Background

Although failures of ZDV PEP have occurred (3), ZDV PEP was

associated with a decrease of approximately 79% in the risk for HIV seroconversion after percutaneous exposure to HIV-infected blood in a case-control study among health-care workers (2). In a prospective trial in which ZDV was administered to HIV-infected pregnant women and their infants, a direct effect of ZDV prophylaxis on the fetus and/or infant may have contributed to the observed 67% reduction in perinatal HIV transmission (4); the protective effect of ZDV was only partly explained by reduction of the HIV titer in maternal blood (5). PEP also prevented or ameliorated retroviral infection in some studies in animals (6,7).

The average risk for HIV infection from all types of reported percutaneous exposures to HIV-infected blood is 0.3% (3). In the case-control study (2), risk was increased for exposures involving 1) a deep injury to the health-care worker, 2) visible blood on the device causing the injury, 3) a device previously placed in the source-patient's vein or artery (e.g., a needle used for phlebotomy), or 4) a source-patient who died as a result of acquired immunodeficiency syndrome (AIDS) within 60 days postexposure (and therefore was presumed to have a high titer of HIV) (2). Identification of these risk factors in the case-control study suggests that the risk for HIV infection exceeds 0.3% for percutaneous exposures involving a larger blood volume and/or higher HIV titer in blood. The risks after mucous membrane and skin exposures to HIV-infected blood (on average, approximately 0.1% and less than 0.1%, respectively [7]) probably also depend on volume of blood and titer of HIV. The risk is probably higher for skin contact that is prolonged, involves an area that is extensive or in which skin integrity is visibly compromised, and/or involves a higher HIV titer.

Although information about the potency and toxicity of antiretroviral drugs is available from studies of HIV-infected patients, it is uncertain to what extent this information can be applied to uninfected persons receiving PEP. In HIV-infected patients, combination therapy with the nucleosides ZDV and lamivudine (3TC) has greater anti-retroviral activity than ZDV alone and is active against many ZDV-resistant HIV strains without significantly increased toxicity (8). Adding a protease inhibitor provides even greater increases in antiretroviral activity; among protease inhibitors, indinavir (IDV) is more potent than saquinavir at currently recommended doses and appears to have fewer drug interactions and short-term adverse effects than zidovudine (8). Few data exist to assess possible long-term (i.e., delayed) toxicity resulting from use of these drugs in persons not infected with HIV.

In currently recommended doses, ZDV PEP usually is tolerated well by health-care workers; short-term toxicity associated with higher doses primarily includes gastrointestinal symptoms, fatigue, and headache (3,7). The toxicity of other antiretroviral drugs in persons not infected with HIV has not been well characterized. In HIV-infected adults, 3TC can cause gastrointestinal symptoms and, in rare instances, pancreatitis. IDV toxicity includes gastrointestinal symptoms and, usually after prolonged use, mild hyperbilirubinemia (10%) and kidney stones (4%); the latter may be limited by drinking at least 48 oz (1.5 L) of fluid per 24-hour period (8). During the first 4 weeks of IDV therapy, the reported

incidence of kidney stones was 0.8% (Merck Research Laboratories, unpublished data, 1996). As stated in the package insert, the concurrent use of IDV and certain other drugs, including some non-sedating antihistamines, is contraindicated. Based on limited data, ZDV use in the second and third trimesters of pregnancy and early infancy was not associated with serious adverse effects in mothers or infants (4,9); data are limited regarding the safety of ZDV during the first trimester of pregnancy or of other antiretroviral agents during pregnancy. Although 3TC has been associated with pancreatitis in HIV-infected children (8), whether 3TC causes fetal toxicity is unknown.

Recommendations

The following recommendations are provisional because they are based on limited data regarding efficacy and toxicity of PEP and risk for HIV infection after different types of exposure. Because most occupational exposures to HIV do not result in infection transmission, potential toxicity must be carefully considered when prescribing PEP. When possible, these recommendations should be implemented in consultation with persons having expertise in antiretroviral therapy and HIV transmission. Changes in drug regimens may be appropriate, based on factors such as the probable antiretroviral drug resistance profile of HIV from the source patient; local availability of drugs; and medical conditions, concurrent drug therapy, and drug toxicity in the exposed worker. These recommendations were not developed to address nonoccupational (e.g., sexual) exposures.

1. Chemoprophylaxis should be recommended to exposed workers after occupational exposures associated with the highest risk for HIV transmission. For exposures with a lower, but nonnegligible risk, PEP should be offered, balancing the lower risk against the use of drugs having uncertain efficacy and toxicity. For exposures with negligible risk, PEP is not justified (Table 1). Exposed workers should be informed that a) knowledge about the efficacy and toxicity of PEP is limited; b) for agents other than ZDV, data are limited regarding toxicity in persons without HIV infection or who are pregnant; and c) any or all drugs for PEP may be declined by the exposed worker.

2. At present, ZDV should be considered for all PEP regimens because ZDV is the only agent for which data support the efficacy of PEP in the clinical setting. 3TC should usually be added to ZDV for increased antiretroviral activity and activity against many ZDV-resistant strains. A protease inhibitor (preferably IDV because of the characteristics summarized in this report) should be added for exposures with the highest risk for HIV transmission (Table 1). Adding a protease inhibitor also may be considered for lower risk exposures if ZDV-resistant strains are likely, although it is uncertain whether the potential additional toxicity of a third drug is justified for lower risk exposures. For HIV strains resistant to both ZDV and 3TC or resistant to a protease inhibitor, or if these drugs are contraindicated or poorly tolerated, the optimal PEP regimen is uncertain; expert consultation is advised****.

3. PEP should be initiated promptly, preferably within 1-2 hours postexposure. Although animal studies suggest that PEP probably is not effective when started later than 24-36 hours postexposure

(6,7), the interval after which there is no benefit from PEP for humans is undefined. Initiating therapy after a longer interval (e.g., 1-2 weeks) may be considered for the highest risk exposures; even if infection is not prevented, early treatment of acute HIV infection may be beneficial (10). The optimal duration of PEP is unknown; because 4 weeks of ZDV appeared protective (2), PEP should probably be administered for 4 weeks, if tolerated.

4. If the source patient or the patient's HIV status is unknown, initiating PEP should be decided on a case-by-case basis, based on the exposure risk and likelihood of HIV infection in known or possible source patients. If additional information becomes available, decisions about PEP can be modified.

5. Workers with occupational exposures to HIV should receive follow-up counseling and medical evaluation, including HIV-antibody tests at baseline and periodically for at least 6 months postexposure (e.g., 6 weeks, 12 weeks, and 6 months), and should observe precautions to prevent possible secondary transmission (1). If PEP is used, drug-toxicity monitoring should include a complete blood count and renal and hepatic chemical function tests at baseline and 2 weeks after starting PEP. If subjective or objective toxicity is noted, dose reduction or drug substitution should be considered with expert consultation, and further diagnostic studies may be indicated. Health-care workers who become infected with HIV should receive appropriate medical care.

6. Beginning July 15, 1996, health-care providers in the United States are encouraged to enroll all workers who receive PEP in an anonymous registry being developed by CDC, Glaxo Wellcome Inc., and Merck & Co., Inc., to assess toxicity (telephone [888] 737-4448 [(888) PEP-4HIV]). Unusual or severe toxicity from antiretroviral drugs should be reported to the manufacturer and/or the Food and Drug Administration (telephone [800] 332-1088). Updated information about HIV PEP will be available beginning in early 1997 from the Internet at CDC's home page (<http://www.cdc.gov>); CDC's fax information service, telephone (404) 332-4565 (Hospital Infections Program directory); the National AIDS Clearinghouse, telephone (800) 458-5231; and the HIV/AIDS Treatment Information Service, telephone (800) 448-0440.

Reported by: Center for Drug Evaluation and Research, Food and Drug Administration. AIDS Program Office, Health Resources and Svcs Administration. National Institute of Allergy and Infectious Diseases, Warren H. Magnuson Clinical Center, National Institutes of Health. National Center for HIV, STD, and TB Prevention (proposed); National Institute for Occupational Safety and Health; and National Center for Infectious Diseases, CDC.

References

1. CDC. Public Health Service statement on management of occupational exposure to human immunodeficiency virus, including considerations regarding zidovudine postexposure use. MMWR 1990;39(no. RR-1).
2. CDC. Case-control study of HIV seroconversion in health-care workers after percutaneous exposure to HIV-infected blood--France, United Kingdom, and United States, January 1988-August 1994. MMWR 1995;44:929-33.
3. Tokars JI, Marcus R, Culver DH, et al. Surveillance of HIV

infection and zidovudine use among health care workers after occupational exposure to HIV-infected blood. *Ann Intern Med* 1993;118:913-9.

4. Connor EM, Sperling RS, Gelber R, et al. Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. *N Engl J Med* 1994;331:1173-80.
5. Sperling RS, Shapiro DE, Coombs R, et al. Maternal plasma HIV-1 RNA and the success of zidovudine in the prevention of mother-child transmission [Abstract no. LB1]. In: Program and abstracts of the 3rd conference on retroviruses and opportunistic infections. Alexandria, Virginia: Infectious Diseases Society of America, 1996.
6. Niu MT, Stein DS, Schnittmann SM. Primary human immunodeficiency virus type 1 infection: review of pathogenesis and early treatment interventions in humans and animal retrovirus infections. *J Infect Dis* 1993;168:1490-501.
7. Gerberding JL. Management of occupational exposures to blood-borne viruses. *N Engl J Med* 1995;332:444-51.
8. Anonymous. New drugs for HIV infection. *The Medical Letter on Drugs and Therapeutics* 1996;38:35-7.
9. Connor E, Sperling R, Shapiro D, et al. Long term effect of zidovudine exposure among uninfected infants born to HIV-infected mothers in pediatric AIDS Clinical Trials Group protocol 076. In: Abstracts of the 35th Interscience Conference on Antimicrobial Agents and Chemotherapy. Washington, DC: American Society for Microbiology, 1995;205.
10. Kinloch-de Lo%^s S, Hirschel BJ, Hoen B, et al. A controlled trial of zidovudine in primary human immunodeficiency virus infection. *N Engl J Med* 1995;333:408-13

*The interagency working group comprised representatives of CDC, the Food and Drug Administration (FDA), the Health Resources and Services Administration, and the National Institutes of Health. Information included in these recommendations may not represent FDA approval or approved labeling for the particular products or indications in question. Specifically, the terms "safe" and "effective" may not be synonymous with the FDA-defined legal standards for product approval.

**CDC and the National Foundation for Infectious Diseases cosponsored a workshop, HIV Post-Exposure Management for Health Care Workers, on March 4-5, 1996; proceedings of the workshop will be published in the *American Journal of Medicine*.

***Single copies of this report will be available free until June 7, 1997, from the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone (800) 458-5231 or (301) 217-0023.

****An HIV strain is more likely to be resistant to a specific antiretroviral agent if it is derived from a patient who has been exposed to the agent for a prolonged period of time (e.g., 6-12 months or longer). In general, resistance develops more readily in persons with more advanced HIV infection (e.g., CD4+ T-lymphocyte count of less than 200 cells/mm³), reflecting the increasing rate of viral replication during later stages of the illness.

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

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levi_j@a1.eop.gov; Fri, 07 Jun 1996 10:01:05 -0400 (EDT)

Received: from aspen3.aspensys.com (aspensys3.aspensys.com)

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115MG9RAPCG00007K@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Fri, 07 Jun 1996 10:03:55 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id KAA07213; Fri,
07 Jun 1996 10:03:33 -0400

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@cdnac.aspensys.com@INET@EOPMRX

CREATION DATE/TIME: 7-JUN-1996 10:01:00.00

SUBJECT: MMWR 06/07/96

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

READ: 7-JUN-1996 10:06:21.40

TEXT:

MORBIDITY AND MORTALITY WEEKLY REPORT

Centers for Disease Control and Prevention

June 7, 1996

Vol. 45, No. 22

Notice to Readers

Update: Provisional Public Health Service Recommendations For Chemoprophylaxis After Occupational Exposure to HIV

Although preventing blood exposures is the primary means of preventing occupationally acquired human immunodeficiency virus (HIV) infection, appropriate post-exposure management is an important element of workplace safety (1). Information suggesting that zidovudine (ZDV) postexposure prophylaxis (PEP) may reduce the risk for HIV transmission after occupational exposure to HIV-infected blood (2) prompted a Public Health Service (PHS) interagency working group*, with expert consultation**, to update a previous PHS statement on management of occupational exposure to HIV with the following findings and recommendations on PEP (1).***

Background

Although failures of ZDV PEP have occurred (3), ZDV PEP was associated with a decrease of approximately 79% in the risk for HIV seroconversion after percutaneous exposure to HIV-infected blood in a case-control study among health-care workers (2). In a prospective trial in which ZDV was administered to HIV-infected pregnant women and their infants, a direct effect of ZDV prophylaxis on the fetus and/or infant may have contributed to the observed 67% reduction in perinatal HIV transmission (4); the protective effect of ZDV was only partly explained by reduction of the HIV titer in maternal blood (5). PEP also prevented or ameliorated retroviral infection in some studies in animals (6,7).

The average risk for HIV infection from all types of reported percutaneous exposures to HIV-infected blood is 0.3% (3). In the case-control study (2), risk was increased for exposures involving 1) a deep injury to the health-care worker, 2) visible blood on the device causing the injury, 3) a device previously placed in the source-patient's vein or artery (e.g., a needle used for phlebotomy), or 4) a source-patient who died as a result of acquired immunodeficiency syndrome (AIDS) within 60 days postexposure (and therefore was presumed to have a high titer of

HIV) (2). Identification of these risk factors in the case-control study suggests that the risk for HIV infection exceeds 0.3% for percutaneous exposures involving a larger blood volume and/or higher HIV titer in blood. The risks after mucous membrane and skin exposures to HIV-infected blood (on average, approximately 0.1% and less than 0.1%, respectively [7]) probably also depend on volume of blood and titer of HIV. The risk is probably higher for skin contact that is prolonged, involves an area that is extensive or in which skin integrity is visibly compromised, and/or involves a higher HIV titer.

Although information about the potency and toxicity of antiretroviral drugs is available from studies of HIV-infected patients, it is uncertain to what extent this information can be applied to uninfected persons receiving PEP. In HIV-infected patients, combination therapy with the nucleosides ZDV and lamivudine (3TC) has greater anti-retroviral activity than ZDV alone and is active against many ZDV-resistant HIV strains without significantly increased toxicity (8). Adding a protease inhibitor provides even greater increases in antiretroviral activity; among protease inhibitors, indinavir (IDV) is more potent than saquinavir at currently recommended doses and appears to have fewer drug interactions and short-term adverse effects than ritonavir (8). Few data exist to assess possible long-term (i.e., delayed) toxicity resulting from use of these drugs in persons not infected with HIV.

In currently recommended doses, ZDV PEP usually is tolerated well by health-care workers; short-term toxicity associated with higher doses primarily includes gastrointestinal symptoms, fatigue, and headache (3,7). The toxicity of other antiretroviral drugs in persons not infected with HIV has not been well characterized. In HIV-infected adults, 3TC can cause gastrointestinal symptoms and, in rare instances, pancreatitis. IDV toxicity includes gastrointestinal symptoms and, usually after prolonged use, mild hyperbilirubinemia (10%) and kidney stones (4%); the latter may be limited by drinking at least 48 oz (1.5 L) of fluid per 24-hour period (8). During the first 4 weeks of IDV therapy, the reported incidence of kidney stones was 0.8% (Merck Research Laboratories, unpublished data, 1996). As stated in the package insert, the concurrent use of IDV and certain other drugs, including some non-sedating antihistamines, is contraindicated. Based on limited data, ZDV use in the second and third trimesters of pregnancy and early infancy was not associated with serious adverse effects in mothers or infants (4,9); data are limited regarding the safety of ZDV during the first trimester of pregnancy or of other antiretroviral agents during pregnancy. Although 3TC has been associated with pancreatitis in HIV-infected children (8), whether 3TC causes fetal toxicity is unknown.

Recommendations

The following recommendations are provisional because they are based on limited data regarding efficacy and toxicity of PEP and risk for HIV infection after different types of exposure. Because most occupational exposures to HIV do not result in infection transmission, potential toxicity must be carefully considered when prescribing PEP. When possible, these recommendations should be implemented in consultation with persons having expertise in

antiretroviral therapy and HIV transmission. Changes in drug regimens may be appropriate, based on factors such as the probable antiretroviral drug resistance profile of HIV from the source patient; local availability of drugs; and medical conditions, concurrent drug therapy, and drug toxicity in the exposed worker. These recommendations were not developed to address nonoccupational (e.g., sexual) exposures.

1. Chemoprophylaxis should be recommended to exposed workers after occupational exposures associated with the highest risk for HIV transmission. For exposures with a lower, but nonnegligible risk, PEP should be offered, balancing the lower risk against the use of drugs having uncertain efficacy and toxicity. For exposures with negligible risk, PEP is not justified (Table 1). Exposed workers should be informed that a) knowledge about the efficacy and toxicity of PEP is limited; b) for agents other than ZDV, data are limited regarding toxicity in persons without HIV infection or who are pregnant; and c) any or all drugs for PEP may be declined by the exposed worker.
2. At present, ZDV should be considered for all PEP regimens because ZDV is the only agent for which data support the efficacy of PEP in the clinical setting. 3TC should usually be added to ZDV for increased antiretroviral activity and activity against many ZDV-resistant strains. A protease inhibitor (preferably IDV because of the characteristics summarized in this report) should be added for exposures with the highest risk for HIV transmission (Table 1). Adding a protease inhibitor also may be considered for lower risk exposures if ZDV-resistant strains are likely, although it is uncertain whether the potential additional toxicity of a third drug is justified for lower risk exposures. For HIV strains resistant to both ZDV and 3TC or resistant to a protease inhibitor, or if these drugs are contraindicated or poorly tolerated, the optimal PEP regimen is uncertain; expert consultation is advised****.
3. PEP should be initiated promptly, preferably within 1-2 hours postexposure. Although animal studies suggest that PEP probably is not effective when started later than 24-36 hours postexposure (6,7), the interval after which there is no benefit from PEP for humans is undefined. Initiating therapy after a longer interval (e.g., 1-2 weeks) may be considered for the highest risk exposures; even if infection is not prevented, early treatment of acute HIV infection may be beneficial (10). The optimal duration of PEP is unknown; because 4 weeks of ZDV appeared protective (2), PEP should probably be administered for 4 weeks, if tolerated.
4. If the source patient or the patient's HIV status is unknown, initiating PEP should be decided on a case-by-case basis, based on the exposure risk and likelihood of HIV infection in known or possible source patients. If additional information becomes available, decisions about PEP can be modified.
5. Workers with occupational exposures to HIV should receive follow-up counseling and medical evaluation, including HIV-antibody tests at baseline and periodically for at least 6 months postexposure (e.g., 6 weeks, 12 weeks, and 6 months), and should observe precautions to prevent possible secondary transmission (1). If PEP is used, drug-toxicity monitoring should include a complete blood count and renal and hepatic chemical function tests at

baseline and 2 weeks after starting PEP. If subjective or objective toxicity is noted, dose reduction or drug substitution should be considered with expert consultation, and further diagnostic studies may be indicated. Health-care workers who become infected with HIV should receive appropriate medical care.

6. Beginning July 15, 1996, health-care providers in the United States are encouraged to enroll all workers who receive PEP in an anonymous registry being developed by CDC, Glaxo Wellcome Inc., and Merck & Co., Inc., to assess toxicity (telephone [888] 737-4448 [(888) PEP-4HIV]). Unusual or severe toxicity from antiretroviral drugs should be reported to the manufacturer and/or the Food and Drug Administration (telephone [800] 332-1088). Updated information about HIV PEP will be available beginning in early 1997 from the Internet at CDC's home page (<http://www.cdc.gov>); CDC's fax information service, telephone (404) 332-4565 (Hospital Infections Program directory); the National AIDS Clearinghouse, telephone (800) 458-5231; and the HIV/AIDS Treatment Information Service, telephone (800) 448-0440.

Reported by: Center for Drug Evaluation and Research, Food and Drug Administration. AIDS Program Office, Health Resources and Svcs Administration. National Institute of Allergy and Infectious Diseases, Warren H. Magnuson Clinical Center, National Institutes of Health. National Center for HIV, STD, and TB Prevention (proposed); National Institute for Occupational Safety and Health; and National Center for Infectious Diseases, CDC.

References

1. CDC. Public Health Service statement on management of occupational exposure to human immunodeficiency virus, including considerations regarding zidovudine postexposure use. *MMWR* 1990;39(no. RR-1).
2. CDC. Case-control study of HIV seroconversion in health-care workers after percutaneous exposure to HIV-infected blood--France, United Kingdom, and United States, January 1988-August 1994. *MMWR* 1995;44:929-33.
3. Tokars JI, Marcus R, Culver DH, et al. Surveillance of HIV infection and zidovudine use among health care workers after occupational exposure to HIV-infected blood. *Ann Intern Med* 1993;118:913-9.
4. Connor EM, Sperling RS, Gelber R, et al. Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. *N Engl J Med* 1994;331:1173-80.
5. Sperling RS, Shapiro DE, Coombs R, et al. Maternal plasma HIV-1 RNA and the success of zidovudine in the prevention of mother-child transmission [Abstract no. LB1]. In: Program and abstracts of the 3rd conference on retroviruses and opportunistic infections. Alexandria, Virginia: Infectious Diseases Society of America, 1996.
6. Niu MT, Stein DS, Schnittmann SM. Primary human immunodeficiency virus type 1 infection: review of pathogenesis and early treatment interventions in humans and animal retrovirus infections. *J Infect Dis* 1993;168:1490-501.
7. Gerberding JL. Management of occupational exposures to blood-borne viruses. *N Engl J Med* 1995;332:444-51.
8. Anonymous. New drugs for HIV infection. *The Medical Letter on Drugs and Therapeutics* 1996;38:35-7.

9. Connor E, Sperling R, Shapiro D, et al. Long term effect of zidovudine exposure among uninfected infants born to HIV-infected mothers in pediatric AIDS Clinical Trials Group protocol 076. In: Abstracts of the 35th Interscience Conference on Antimicrobial Agents and Chemotherapy. Washington, DC: American Society for Microbiology, 1995;205.

10. Kinloch-de Loys S, Hirschel BJ, Hoen B, et al. A controlled trial of zidovudine in primary human immunodeficiency virus infection. N Engl J Med 1995;333:408-13

*The interagency working group comprised representatives of CDC, the Food and Drug Administration (FDA), the Health Resources and Services Administration, and the National Institutes of Health.

Information included in these recommendations may not represent FDA approval or approved labeling for the particular products or indications in question. Specifically, the terms "safe" and "effective" may not be synonymous with the FDA-defined legal standards for product approval.

**CDC and the National Foundation for Infectious Diseases cosponsored a workshop, HIV Post-Exposure Management for Health Care Workers, on March 4-5, 1996; proceedings of the workshop will be published in the American Journal of Medicine.

***Single copies of this report will be available free until June 7, 1997, from the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone (800) 458-5231 or (301) 217-0023.

****An HIV strain is more likely to be resistant to a specific antiretroviral agent if it is derived from a patient who has been exposed to the agent for a prolonged period of time (e.g., 6-12 months or longer). In general, resistance develops more readily in persons with more advanced HIV infection (e.g., CD4+ T-lymphocyte count of less than 200 cells/mm³), reflecting the increasing rate of viral replication during later stages of the illness.

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

ATT CREATION TIME/DATE: 7-JUN-1996 10:04:00.00

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 <0115MG69ELHC008UAD@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Fri, 07 Jun 1996 10:01:05 -0400 (EDT)

Received: from aspen3.aspensys.com (aspensys3.aspensys.com)

by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0115MG9RAPCG00007K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri, 07 Jun 1996 10:03:55 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id KAA07213; Fri, 07 Jun 1996 10:03:33 -0400

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: 7-JUN-1996 09:01:30.94

SUBJECT: RE: Question on "Means-Testing"

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

READ: 7-JUN-1996 09:01:39.86

TEXT:

I am not sure it's in the statute, but the services are provided on a sliding scale based on income (for those without full coverage by a third party payor, including Medicaid) -- yes, anyone can get care there, but the program only pays for those who cannot afford it.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 9-JUN-1996 15:52:40.13

SUBJECT: SSA call

TO: Remote Addressee (JONEILL@HRSA.SSW.DHHS.GOV@INET@EOPMRX)
READ:NOT READ

CC: Remote Addressee (SGORDON@HRSA.SSW.DHHS.GOV@INET@EOPMRX)
READ:NOT READ

TEXT:

You should be receiving a call from Michael Greenberg at the Social Security Administration regarding getting notices out to all AIDS grantees about the process for recertifying people for SSI who got on because of a drug or alcohol abuse related disability. As you know, these folks are kicked off effective January 1. However, those with an AIDS diagnosis can remain eligible if they do the right paper work.

SSA has a standard info packet they would like help in distributing. A cover not from you or Sumaya emphasizing the importance of this, that people with AIDS are presumptively eligible, and that time is of the essence would be helpful. Let me know if you need anything from me on this.
thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 9-JUN-1996 15:48:46.12

SUBJECT: I have not forgotten

TO: Remote Addressee (Margaret_Chesney@quickmail.ucsf.edu@INET@EOPMRX)
READ:NOT READ

TEXT:

about our good meeting -- I appreciate the time you and Jeff took
-- I am still determined to make something happen in this regard.
I have some bureaucratic obstacles to overcome -- I hope to do so
this week and will let you know the outcome. We will do this
even if I have to go hat in hand to outside funders!!!

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 9-JUN-1996 15:47:27.36

SUBJECT: Substance abuse meeting

TO: Remote Addressee (eam1@cpsod1.em.cdc.gov@INET@EOPMRX)

READ:NOT READ

TEXT:

I received a call on Friday from Ron Bogard (NORA working group on HIV and the incarcerated) suggesting that the discussion of substance and prevention and prisons be part of the agenda in August at the St. Petersburg meeting. This makes a lot of sense..is this already planned? can it be added?
thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 9-JUN-1996 15:42:41.07

SUBJECT: RE: Meeting w/ Bross, Lubinski and Co.

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

READ:10-JUN-1996 08:28:20.14

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

READ:10-JUN-1996 08:37:57.94

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

READ:10-JUN-1996 09:00:33.20

TEXT:

I assume Tuesday the 18th...

Query: do we need someone from the Department or HRSA there? If so, my nominee is Joe O'Neill, Assoc. Administrator for AIDS at HRSA.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 9-JUN-1996 16:05:02.86

SUBJECT: ADAP

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

READ:10-JUN-1996 09:01:21.62

TEXT:

A few thoughts/questions post Friday's meeting.

Assuming we move forward, I think we need to make this a comprehensive response (perhaps announced just after Vancouver, showing we continue to respond to the science). It should not just be for ADAP -- but underlying services as well. The simplest way to do this is to funnel the money through the regular Title II process. Last time we did not know if there would be a 50% siphon. Now we can leave it to the states to spend the money on ADAP or related services. (We need some restrictions -- not for hiring more planners for the consortia, for example.)

Ideally, we could put something in each title along these lines.

We might also want to put money into counseling and testing -- taking png people at their word that more people will want to seek out care. We could also, then, use some SPNS money to support an NIH-HRSA collaboration in doing some clinical effectiveness research on the use of protease inhibitors (an interest of the VP) -- so we know just who needs to use these drugs and when. I know this is dreaming...so back to reality:

I will speak with Joe O'Neill re back up for the \$52 million. I think there are other ways to back into these numbers as well. Could you get from your VA counterpart how they estimated the cost of adding protease and associated tests? I know that a document was submitted to OMB since the AIDS person at VA told me but was too nervous to share it with me and only outlined their calculation for me over the phone.

Also, HCFA is in the process of sending out a letter to state Medicaid directors saying protease is now expected to be covered. This should be part of our package.

If we take the VA population (about 20,000); the Medicaid population (about 100,000?); the non-Medicaid Title IIIB population (some portion of the 80,000 they provide direct primary care for) -- we will start with a base of a fairly substantial portion of the population in need being served BEFORE we get to ADAP.

Also, have you ever seen the results of the HRSA survey we met at HHS about a long time ago?

let me know what you think.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME: 9-JUN-1996 18:29:38.30

SUBJECT: ADAP PROPOSAL

TO: Jeffrey Levi (LEVI_J) (WHO)

READ: 9-JUN-1996 18:30:31.12

TEXT:

PRINTER FONT 12_POINT_COURIER

Jeff's dream plan/June 9, 1996

New therapies for treatment of HIV infection offer great hope for prolonged and higher quality life for people living with HIV and AIDS. This poses a series of challenges for policy makers as we attempt to assure that the potential of these treatments is maximized. These challenges include:

a. More Americans at risk for HIV will want to know their HIV status. Currently, the Centers for Disease Control estimate that only one

-half (??) of the 800,000 to one million Americans estimated to have HIV actually know their status. The potential for improved prognosis with new treatments provides an opportunity to increase the number of people with HIV who learn their status.

b. As more Americans with HIV seek care, pressure on the existing HIV care infrastructure will increase. Additional steps will be necessary to assure that these new treatments are readily available. (It should be noted that if these new treatments live up to their potential in reducing the amount of virus an individual with HIV has in his bloodstream, the value of treatment in preventing further transmission for HIV increases.)

c. Professionals who care for people with HIV will need to learn how to manage their patients using new testing techniques and new therapies. Some of the new therapies must be administered with great care to assure that resistant strains of HIV are not developed.

d. The Food and Drug Administration is approving new therapies for HIV in record time. While early approval gives patients in need access to promising new therapies, it also means that, among other things, we know less than we might otherwise know about the durability of the new intervention and when is the best time to begin intervention. These questions of clinical effectiveness must be answered so that the new therapies are ultimately used as effectively as possible for individuals with HIV and so that scarce care dollars are spent wisely.

The Clinton Administration is committed to a rapid and comprehensive response to new scientific developments. When it was learned that treatment with AZT of HIV

-infected pregnant

women can prevent transmission of HIV to newborns, the Public Health Service issued new guidelines making routine counseling and voluntary HIV testing of pregnant women the standard of care in the United States. The Health Care Financing Administration quickly established this standard of care for Medicaid recipients and the Health Resources and Services Administration instituted extensive outreach and services to assure that as many pregnant

women with HIV as possible are given the option of AZT treatment. Similarly, on the same day that the FDA approved the first protease inhibitor -- the new class of drugs that holds such promise for people with HIV -- the President sent a budget amendment to Congress asking for an additional \$52 million for the AIDS Drug Assistance Program, part of Title II of the Ryan White CARE Act. This was designed to ensure that these new drugs could be covered under this program that purchases AIDS

-related

drugs for people without third party payors and with limited incomes.

The International Conference on.... at Vancouver witnessed continued good news about new treatments for HIV. The Clinton Administration remains committed to doing all it can to assure that the existing AIDS care

-related infrastructure responds to

this need. To that end, the President is sending to Congress a reprogramming request for FY 1996 and a budget amendment for FY 1997 containing the following elements:

Increasing Knowledge of HIV Status

CDC:

a. next phase of social marketing campaign -- encouraging people to get tested because there are now more effective interventions.

b. training of counselors at testing sites regarding treatment education.

HRSA:

a. use of Title I and II funds for treatment education

Health Care Infrastructure

HCFA:

a. Assure coverage of protease inhibitors and viral burden testing as defined standard of care for Medicaid recipients

VA:

a. Assure coverage of protease inhibitors and viral burden testing at all centers.

HRSA (RWCA):

Title I: Treatment education and primary care services (add on

new costs for viral burden testing and protease to existing support of direct primary care).

Title II: Treatment education; viral burden testing for primary care sites; ADAP. (These do not need to be separated out: Title II grantees can determine proportion going to each service.)

Title IIIB: Additional funds for viral burden and drugs for those already served and not covered by Medicaid; some funds for new tested who will seek care; some funds for rest of community health centers who serve HIV

-positive but don't get IIIB funds.

Title IV: treatment education and referral.

SPNS: see below (but since this is to be funded through the CARE Act mechanism, there can be a SPNS tap).

Professional Training of Care Providers

AETCs: additional funds for protease inhibitor training

VA: training within existing budget

Clinical Effectiveness Research

Funded as part of tap from SPNS, this would attempt to do two things in response to the Vice President's initiative regarding AIDS clinical effectiveness research:

(1) Create a three

-year demonstration project of the mechanism

recommended by the Keystone Center dialogue (results due August

1) for doing clinical effectiveness research of AIDS therapies.

(2) Specifically fund the clinical effectiveness research (data analysis, organization, protocol design only -- companies provide drug and trials done in the context of care paid for by third party payors) of protease inhibitors. Ideally, we could use the existing care infrastructures of the VA and Title IIIB to do these trials.

Note: even if we only add money for ADAP, we should still run it through Title II -- so that states can also support some underlying primary care services, such as viral burden testing -- and so that we can tap some money for SPNS for this clinical effectiveness work. Otherwise we will continue to pour more and more money into ADAP without knowing whether these drugs are working.

Add chart:

Initiative

Agency

Program #served 96 \$ New 96 \$

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:10-JUN-1996 13:39:07.71

SUBJECT: here it is

TO: Remote Addressee (SGORDON@HRSA.SSW.DHHS.GOV@INET@EOPMRX)

READ:NOT READ

TEXT:

PRINTER FONT 12_POINT_ROMAN

I. BACKGROUND

Following the White House Conference on HIV and AIDS, the Presidential Advisory Council on HIV and AIDS recommended a more systematic series of regional briefings to continue the dialogue of the Conference at the local level. The Office of National AIDS Policy (ONAP), working with the National AIDS Fund and Funder's Concerned about AIDS, has been working on these briefings and will continue them throughout August.

The AIDS Program Office of the Health Resources Service Administration (HRSA) is active in these regional briefings and has been present in Ft. Lauderdale and Miami, Florida and San Francisco, California. There are at least four more regional briefings scheduled to occur in the next coming months. Those cities include: Chicago, Illinois; Los Angeles, California; Cleveland, Ohio; and Charlotte, North Carolina.

The goals of these regional briefings are:
to communicate between the AIDS community organizations and officials of the federal government, especially the AIDS program office at HRSA;
to enhance the relationship between the AIDS program office at HRSA and the Presidential Advisory Council on HIV and AIDS as a means of additional communication with the AIDS community; and
to strengthen the relationship between other public/private and public/public sectors involved in AIDS program support.

II. SCOPE OF WORK

The contractor will assist the Office of the Associate Administrator for AIDS in the following ways:

- o Coordinate between the AIDS Program Office at HRSA and the Office of National AIDS Policy on conducting HIV and AIDS regional briefings across the country;
- o Schedule and advance regional briefings across the country that include HIV and AIDS program site visits, regional briefings, media/press conferences;
- o Strengthen relationship with AIDS community organizations and other organizations involved in AIDS program support;
- o Evaluate and follow

-up on the regional issues and their impact on AIDS policy, funding, etc.; and

- o Act as Liaison between the AIDS Program Office at HRSA and the Office of National AIDS Policy, the Presidential Advisory Council and HIV and AIDS and other officials of the federal government as well as other public/private organizations involved in AIDS program support.

III. PERIOD OF PERFORMANCE

The period of performance for the contractor will be from, on, or before June 24, 1996 through October 31, 1996.

IV. PROJECT OFFICER

Shelley Gordon
Deputy Director, AIDS Program Office
Telephone: (301) 443

-4588

FAX No: (301) 443

-1551

V. JUSTIFICATION FOR NON

-COMPETITIVE PROCUREMENT

Daniel Montoya has worked on previous Office of National AIDS Policy coordination efforts with regional briefings that include cities in Texas and New York.

Montoya has been actively involved in HIV and AIDS issues that include interaction between federal, state and local public and private agencies and organizations as well as close work in AIDS communities. As a person living with HIV, Montoya is especially sensitive to the needs of the AIDS community.

Montoya has a Masters of Public Affairs from the Lyndon B. Johnson School of Public Affairs. Montoya has been involved health, environmental and energy policy issues for the past seven years, both at the grassroots level and at the federal level as assistant to the Chair and Director of a Federal Fleet Conversion Task Force. He has a strong background in organization and management of program, research, communication and/or legislative oriented projects. He has worked on HIV/AIDS organizations as a volunteer, board member as well as Chair of the Board that include the HIV Wellness Center, AIDS Services of Austin, Project Transitions AIDS Hospice, Austin Latino Lesbian and Gay Organization (ALLGO), Informe

-SIDA, Caritas Clinic, Joseph's House and Dignity AIDS Ministry. He has developed an understanding and strong working relationship with the Office of National AIDS Policy at the White House as well as the AIDS program support offices at HRSA, Centers for Disease Control (CDC), National Institutes of Health (NIH), Federal Drug Administration (FDA), Health and Human Services (HHS), and Housing and Urban Development (HUD).

Montoya had worked as Special Assistant to the Commissioner of the Texas General Land Office for over seven years where he developed writing, research, legislative and project management skills. He has also been on detail from that office to the General Services Commission Director, Lieutenant Governor Bob Bullock, State Senator Rodney Ellis, and the State

-Federal Office
in Washington D.C. working on state and federal research and legislative policy issues.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:10-JUN-1996 10:57:00.00

SUBJECT: CDC AIDS Daily Summary 06/10/96

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

READ:10-JUN-1996 11:05:27.05

TEXT:

AIDS Daily Summary
June 10, 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 National AIDS Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC National AIDS Clearinghouse should be cited as the source of this information. Copyright 1996, Information, Inc., Bethesda, MD

"Court to Rule on Girl, 3, With AIDS"
"Discounts Provided for New Medication"
"HIV-Drug Nears Approval"
"New Anti-Viral Drug Recommended"
"Learning What Trip Really Means"
"AIDSWALK Rallies Forces Against Killer"
"Black Clergy Exhorted to Take on AIDS"
"Healing the Wounds of the Past: Salvadoran Doctor's Mission Is to Help the City's Latinos"
"Special Consultation on Syringe Laws Addresses Epidemics, Airs Controversy"
"A Tax Break [Is Proposed for AIDS Patients and Others]"

"Court to Rule on Girl, 3, With AIDS"
Washington Post (06/10/96) P. D3; Lewis, Nancy
A "do not resuscitate" order for a 3-year-old girl with AIDS was temporarily removed Thursday in a ruling by the Maryland Court of Special Appeals. Doctors say the girl is in grave condition because her mother hid her from authorities for six months. The mother's attorney had filed an emergency appeal of a district court judge's decision to appoint a guardian and to approve the "do not resuscitate" order. The girl's doctor has testified that any attempt to resuscitate her would lead to her death because of her serious condition. She weighs about 17 pounds, is unable to move her head, and is in constant pain even

though she is receiving an adult dose of a painkiller more than 20 times the strength of morphine. The girl's medical records revealed that medical personnel suspected that the mother may have been abusing drugs at the time of the neglect, although she has testified that she has not used drugs for eight years.

"Discounts Provided for New Medication"

Wall Street Journal (06/10/96) P. A19; Perelman, Gregg

In a letter to the editor of the Wall Street Journal, Gregg Perelman, president and CEO of Stadtlanders Pharmacy, claims a recent Journal article represented pharmacy prices for protease inhibitors as lower than they actually are. He points out that Stadtlanders, which distributes Merck's protease inhibitor Crixivan, provides the drug to about 80 percent of their customers at a large discount. He also says that most of the people using the drug have insurance that covers part of the cost, and that others can use a cash discount prescription card. According to Perelman, the prices listed in the article for other protease inhibitors were 15 percent to 20 percent below actual pharmacy prices.

"HIV-Drug Nears Approval"

Miami Herald (06/08/96) P. 3C

Nevirapine, a new anti-HIV drug made by Boehringer Ingelheim Pharmaceutical, was recommended for approval Friday by a Food and Drug Administration panel. The panel recommended use of the drug in adults with HIV, indicating that it should be used across the infected adult population, not only for advanced cases.

"New Anti-Viral Drug Recommended"

Houston Chronicle (06/07/96) P. 22A

The Centers for Disease Control and Prevention made new recommendations Thursday for treating health care workers who are exposed to HIV. Workers with open wounds who are splashed with HIV-infected blood should be offered AZT immediately, and workers accidentally stuck with HIV-contaminated needles should be offered a three-drug regimen consisting of AZT, lamivudine, and indinavir, the agency said. In December, the CDC published a study showing that health care workers who took AZT after a needlestick reduced their risk of becoming infected by 79 percent. Lamivudine and indinavir are two new anti-virals that help fight HIV's ability to become resistant to AZT.

"Learning What Trip Really Means"

Los Angeles Times--Washington Edition (06/10/96) P. B4; Reed, Mack

As one of 2,275 cyclists who participated in the 525-mile California AIDS Ride 3, Los Angeles Times reporter Mack Reed relates stories collected during the trip, stories of climbing hills, wrecking, and sharing stories of loved ones lost to AIDS. He says the riders pulled together to help each other and offered support along the way. The event raised \$8 million for people with AIDS.

"AIDSWALK Rallies Forces Against Killer"

Baltimore Sun (06/10/96) P. 1B; Francke, Caitlin

An estimated 7,500 people participated in Baltimore's AIDSWALK Sunday to remember loved ones lost to the disease, promote AIDS awareness, and raise money for the disease. The mood was festive for the 3.2 mile walk, which started and ended at Memorial Stadium. The event raised an estimated \$300,000 for the Health Education Resource Organization (HERO), which cares for about 2,000 AIDS patients in the Baltimore area.

"Black Clergy Exhorted to Take on AIDS"

Philadelphia Inquirer (06/08/96) P. B1; O'Reilly, David

At a conference held Friday in Philadelphia, Rev. James A. Forbes, senior pastor at New York's Riverside Church, urged African American clergy to become active in the fight against AIDS, a disease that is widespread among the African American population. Forbes noted that African American clergy and congregations have watched passively for 15 years as HIV spread from "them"--the homosexual community--to others, including teenagers, heterosexual men and women, and infants. Former U.S. Surgeon General Joycelyn Elders was among the 250 clergy, church leaders and healthcare workers who participated in the event. She told the group that they should be as active as African American church leaders were in the anti-slavery and civil rights movements. In Philadelphia, blacks make up about 40 percent of the population, and almost 70 percent of the AIDS cases reported last year. The conference was sponsored by the Ecumenical Information AIDS Resource Center, a nonprofit agency established by predominantly African American churches to promote AIDS education among blacks.

"Healing the Wounds of the Past: Salvadoran Doctor's Mission Is to Help the City's Latinos"

Washington Times (06/10/96) P. C10; Marshall, Toni

La Clinica del Pueblo, a clinic for Latinos in Washington, D.C., has the largest Latino-based HIV-AIDS program in the metropolitan area, according to the D.C. Agency for HIV/AIDS. Clinic administrator Dr. Juan Romagoza, while not licensed in the United States as a doctor, is largely responsible for the program's success, having developed health screening, education, and follow-up programs for such illnesses as cancer, HIV, and AIDS. Romagoza was recently recognized for his efforts when he received the \$100,000 Robert Wood Johnson Community Health Leadership award.

"Special Consultation on Syringe Laws Addresses Epidemics, Airs Controversy"

Journal of the American Medical Association (06/06/96) Vol. 275, No. 21; P. 1621; Titus, Karen

The Consultation on Syringe Laws and Regulations to Address the Dual Epidemics of HIV Infection and Substance Abuse, held in Atlanta, Ga., brought physicians, public health experts, and other experts together to consider how syringe laws impact the transmission of HIV. A national survey found that laws

restricting the sale of syringes foil efforts by health care professionals to reduce disease transmission. According to the Centers for Disease Control and Prevention, one third of all AIDS cases are related to injection drug use, and the rate of transmission associated with injecting drug users is higher than for any other category. Don Des Jarlais, of the Chemical Dependency Institute at Beth Israel Medical Center, says that rates of HIV transmission among injecting drug users can be reduced by providing early intervention, sterile injecting equipment, and community outreach. All but two states restrict access to syringes in some way, and 47 states have laws that criminalize the sale or distribution of drug injection equipment. Lawrence O. Gostin, a law professor at Georgetown University and Johns Hopkins School of Medicine, said the issue will remain controversial, but that the solution will include both preventing and treating drug abuse and helping injection drug users protect themselves from disease.

"A Tax Break [Is Proposed for AIDS Patients and Others]"

Advocate (06/11/96) No. 709; P. 16

Sen. John Kerry (D-Mass.) has introduced a bill that would allow people with AIDS and other terminal illnesses to sell their homes and not pay a capital gains tax on the proceeds of the sale. That exemption is currently available only to those aged 55 and older. Kerry explained that he proposed the bill because he had heard of families that took 10 years to recover from the financial burden created by the loss of a loved one to a terminal illness.

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

ATT CREATION TIME/DATE:10-JUN-1996 11:00:00.00

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 <0115QOZGK5E8017AD9@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Mon, 10 Jun 1996 10:56:54 -0400 (EDT)

Received: from aspen3.aspensys.com (aspensys3.aspensys.com)

by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0115QP2OX1XM00007K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Mon, 10 Jun 1996 10:59:28 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id KAA29248; Mon, 10 Jun 1996 10:59:13 -0400

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 (EXTERNAL MAIL)

CREATOR: hdgl@cpsod1.em.cdc.gov@INET@EOPMRX

CREATION DATE/TIME:10-JUN-1996 07:48:00.00

SUBJECT: Re: Reinventing counseling and testing

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

READ:10-JUN-1996 08:00:47.63

TEXT:

I'll be in DC Tuesday and Wednesday, but probably won't have time for an additional meeting. So Thursday or Friday may work. Once you've checked with Joe, can someone call my secretary Tamika Brown to set up a time?

Helene

From: Jeffrey Levi
To: hdgl; JONEILL
Cc: Patsy Fleming
Subject: Reinventing counseling and testing
Date: Friday, May 31, 1996 10:29AM

Return-Path: <LEVI_J@a1.eop.gov>
Received: from cdc1 by Smtpln.em.cdc.gov id <31AE93C7@Smtpln.em.cdc.gov>;
Fri,
31 May 96 10:37:59 EST
Received: from gatekeeper.eop.gov by cdc1 (5.0/SMI-SVR4) id AA16654; Fri, 31
May 1996 10:40:13 -0400
Received: from pmdf.eop.gov by gatekeeper.eop.gov;
(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA06272; Fri, 31 May 1996 10:38:52
-0400
Received: from mr.eop.gov by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id
<0115CPBROGN400UZBO@PMDF.EOP.GOV>; Fri, 31 May 1996 10:35:43 -0400 (EDT)
Received: with PMDF-MR; Fri, 31 May 1996 10:38:17 -0400 (EDT)
Mr-Received: by mta DALE; Relayed; Fri, 31 May 1996 10:38:17 -0400
Mr-Received: by mta EOPMRX; Relayed; Fri, 31 May 1996 10:35:33 -0400
Alternate-Recipient: prohibited
Date: Fri, 31 May 1996 10:29:21 -0400 (EDT)
From: Jeffrey Levi <LEVI_J@a1.eop.gov>
Subject: Reinventing counseling and testing
To: JONEILL@HRSA.SSW.DHHS.GOV, hdgl@cpsod1.em.cdc.gov
Cc: Patsy Fleming <FLEMING_P@a1.eop.gov>
Message-Id: <E1452ZWIDF78YN*/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: Fri, 31 May 1996 10:38:00 -0400 (EDT)
Importance: normal
Priority: normal
Ua-Content-Id: E1452ZWIDF78YN

X400-Mts-Identifier: [;71830113506991/2582172@CD]

A1-Type: MAIL

Hop-Count: 2

content-length: 1441

--

I would like to find time to talk with both of you -- conference call for starters, or when Helene is in town sometime very soon -- about the conversation we started in SF regarding counseling and testing. I think that we are at a critical juncture in terms of the uses of counseling and testing, how these programs need to be structured -- and how we go about convincing people to be tested. I also think that we need to engage in a community-wide consensus building process -- one that brings together federal, state, local government, AIDS community groups, prevention academics, and providers -- to create a common understanding of where we are and where we ought to go. That's my agenda here: I don't have a particular solution or approach in mind -- I just know that the objective situation is now dramatically different and we therefore need to engage in some dialogue. If we don't -- then others, with less benevolent agendas (e.g., mandatory testing) may step in. And so, given the political season, I would like us to move rather quickly in trying to create a new (or, more appropriately, updated) consensus.

Let me know when might be good times (next week?) for us to talk.

Thanks much.

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

ATT CREATION TIME/DATE:10-JUN-1996 07:51:00.00

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 <0115QIE7W41S003G3U@PMDF.EOP.GOV> for LEVI_J@a1.eop.gov; Mon, 10 Jun 1996 07:47:56 -0400 (EDT)

Received: from cdc2 (cdc2.cdc.gov) by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0115QIHNF2Y00007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Mon, 10 Jun 1996 07:50:42 -0700 (MST)

Received: from SmtOut.em.cdc.gov by cdc2 (5.0/SMI-SVR4) id AA13693; Mon, 10 Jun 1996 08:02:34 +0500

Received: by SmtOut.em.cdc.gov with Microsoft Mail id <31BB9B8A@SmtOut.em.cdc.gov>; Mon, 10 Jun 1996 07:50:34 -0500 (EST)

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:10-JUN-1996 11:10:21.39

SUBJECT: conference call

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

TEXT:

Can you set up a conference call for the Services Subcommittee for
Wednesday June 19th at 4:30 p.m. eastern time -- with notices
to those folks.

thanks.

also -- I have told Scott that after today, we will make any
changes in the executive summary and the assessment from here --
so when you've done the final version -- can you e-mail them to
me?

thanks for all your patience with this.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From: Dorothy Karayannis, To: Many Recipients, Re: 1/2 hr left (2 pages)	06/10/1996	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[06/04/1996 - 06/12/1996]

2018-0759-F

jn416

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]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	From: Dorothy Karayannis, To: Many Recipients, Re: Surprise Birthday Breakfast (2 pages)	06/10/1996	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[06/04/1996 - 06/12/1996]

2018-0759-F

jn416

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: James I. Blount (BLOUNT_J) (OMB)

CREATION DATE/TIME:10-JUN-1996 08:28:49.42

SUBJECT: RE: Meeting w/ Bross, Lubinski and Co.

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:10-JUN-1996 08:30:07.57

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

READ:10-JUN-1996 08:38:24.24

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

READ:10-JUN-1996 09:04:11.51

TEXT:

Yes, that is correct. Tuesday the 18th.

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

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

CREATION DATE/TIME:10-JUN-1996 09:33:06.11

SUBJECT: RE: ADAP

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:10-JUN-1996 09:49:27.79

TEXT:

I need to brief Richard on Friday's meeting and then I will get back to you on these items.

HRSA Budget staff is sending me a fact sheet that is from Ciro Sumyaya's FY97 Briefing book on how the \$52 million was calculated. The calculation sounds pretty rudimentary. (I didn't mention the possibility of another amendment.) I will fax you a copy later -- so you can wait on talking to Joe O'Neil until you see this if you like.

By the way, when is the Vancouver meeting again? People will want to know that here when I forward your e-mail.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: hdgl@cpsodl.em.cdc.gov@INET@EOPMRX

CREATION DATE/TIME:10-JUN-1996 07:48:00.00

SUBJECT: Re: one more thought

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

READ:10-JUN-1996 08:01:24.73

TEXT:

Thanks. Will follow up.

From: Jeffrey Levi

To: hdgl

Subject: one more thought

Date: Friday, May 31, 1996 10:38AM

Return-Path: <LEVI_J@a1.eop.gov>

Received: from cdc1 by Smtpln.em.cdc.gov id <31AE9444@Smtpln.em.cdc.gov>;

Fri,

31 May 96 10:40:04 EST

Received: from gatekeeper.eop.gov by cdc1 (5.0/SMI-SVR4) id AA16843; Fri, 31

May 1996 10:42:21 -0400

Received: from pmdf.eop.gov by gatekeeper.eop.gov;

(5.65v3.2/1.1.8.2/17Oct95-0424PM) id AA06238; Fri, 31 May 1996 10:40:59

-0400

Received: from mr.eop.gov by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id

<0115CPE7N99S00Y253@PMDF.EOP.GOV> for hdgl@cpsodl.em.cdc.gov; Fri, 31

May

1996 10:37:42 -0400 (EDT)

Received: with PMDF-MR; Fri, 31 May 1996 10:40:16 -0400 (EDT)

Mr-Received: by mta DALE; Relayed; Fri, 31 May 1996 10:40:16 -0400

Mr-Received: by mta EOPMRX; Relayed; Fri, 31 May 1996 10:37:32 -0400

Alternate-Recipient: prohibited

Date: Fri, 31 May 1996 10:38:17 -0400 (EDT)

From: Jeffrey Levi <LEVI_J@a1.eop.gov>

Subject: one more thought

To: hdgl@cpsodl.em.cdc.gov

Message-Id: <E1385ZWIDF8YRL*/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: Fri, 31 May 1996 10:40:00 -0400 (EDT)

Importance: normal

Priority: normal

Ua-Content-Id: E1385ZWIDF8YRL

X400-Mts-Identifier: [;61040113506991/2582180@CD]

A1-Type: MAIL

Hop-Count: 2

content-length: 451

--
One more follow up to SF: As you know, CPCRA is one of my pet programs, so your interest in looking at it for some prevention studies piqued my curiosity. You might want to (or have someone on your staff) talk with Fred Gordin at the VA -- 202-745-8301 -- who is chair of the CPCRA at the moment -- about the program and how they might be able to work with CDC.

thanks.

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

ATT CREATION TIME/DATE:10-JUN-1996 07:51:00.00

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 <0115QIEQ51QO00ADZP@PMDF.EOP.GOV> for LEVI_J@a1.eop.gov; Mon, 10 Jun 1996 07:48:21 -0400 (EDT)

Received: from cdc2 (cdc2.cdc.gov) by STORM.EOP.GOV (PMDF V5.0-7 #6879)

id <0115QI13NCNW00007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Mon, 10 Jun 1996 07:51:04 -0700 (MST)

Received: from SmtOut.em.cdc.gov by cdc2 (5.0/SMI-SVR4) id AA13699; Mon, 10 Jun 1996 08:02:49 +0500

Received: by SmtOut.em.cdc.gov with Microsoft Mail id

<31BB9B9A@SmtOut.em.cdc.gov>; Mon, 10 Jun 1996 07:50:50 -0500 (EST)

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:10-JUN-1996 14:34:29.28

SUBJECT: so I can't spell...

TO: Remote Addressee (lefros@ostp.eop.gov@INET)

READ:NOT READ

TEXT:

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

ATT CREATION TIME/DATE:10-JUN-1996 14:19:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Jeffrey Levi

ATT SUBJECT: language re HIV

ATT TO: Remote Addressee (lefrof@ostp.eop.gov@INET)

TEXT:

The United States is committed to domestic and international efforts to reduce the spread of HIV. At the White House Conference on HIV/AIDS in December, the President set as a national goal the reduction of new infections each year until there are none. Through the Centers for Disease Control and Prevention, the federal government supports surveillance, epidemiology, behavioral research, and prevention services. The National Institutes of Health and the Department of Defense are engaged in research to develop an effective and accessible vaccine. Finally, the U.S. supports international surveillance, epidemiology, and prevention programs through its support of the UNAIDS program and through bilateral assistance funded by USAID.

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: lefros@ostp.eop.gov@INET@EOPMRX

CREATION DATE/TIME:10-JUN-1996 15:22:00.00

SUBJECT: Re: so I can't spell...

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

READ:10-JUN-1996 15:26:19.04

TEXT:

THANK YOU!!!!

Reply Separator

Subject: so I can't spell...

Author: Jeffrey Levi <LEVI_J@a1.eop.gov> at Internet

Date: 6/10/96 2:33 PM

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

ATT CREATION TIME/DATE:10-JUN-1996 15:25:00.00

ATT BODYPART TYPE:D

TEXT:

Date: Mon, 10 Jun 1996 14:19:37 EDT

From: Jeffrey Levi <LEVI_J@a1.eop.gov>

Subject: language re HIV

To: Remote Addressee <lefrof@ostp.eop.gov>

Message-id: <E1417ZWINKKEN0*/R=CD/R=A1/U=LEVI_J/@MHS>

MIME-version: 1.0

Content-type: TEXT/PLAIN; CHARSET=US-ASCII

Delivery-date: Mon, 10 Jun 1996 14:23:00 EDT

Posting-date: Mon, 10 Jun 1996 14:23:00 EDT

Importance: normal

A1-type: MAIL

The United States is committed to domestic and international efforts to reduce the spread of HIV. At the White House Conference on HIV/AIDS in December, the President set as a national goal the reduction of new infections each year until there are none. Through the Centers for Disease Control and Prevention, the federal government supports surveillance, epidemiology, behavioral research, and prevention services. The National Institutes of Health and the Department of Defense are engaged in research to develop an effective and accessible vaccine. Finally, the U.S. supports international surveillance, epidemiology, and prevention programs through its support of the UNAIDS program and through bilateral assistance funded by USAID.

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

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

ATT CREATION TIME/DATE:10-JUN-1996 15:25:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

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

by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <0115QYA6BLYO018KDG@PMDF.EOP.GOV> for
LEVI_J@a1.eop.gov; Mon, 10 Jun 1996 15:22:48 -0400 (EDT)

Received: from ccmil.ostp.eop.gov by STORM.EOP.GOV (PMDF V5.0-7 #6879)

id <0115QYDHCFCG600007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Mon,
10 Jun 1996 15:25:34 -0700 (MST)

Received: from ccMail by ccmil.ostp.eop.gov (IMA Internet Exchange 1.04b)

id 1bca2340; Mon, 10 Jun 1996 15:31:16 -0700

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:10-JUN-1996 11:05:53.34

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:17-JUN-1996 10:44:39.32

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:12-JUN-1996 16:09:07.62

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:11-JUN-1996 13:48:03.57

TEXT:

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

ATT CREATION TIME/DATE:10-JUN-1996 10:59:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 06/10/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
June 10, 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 National AIDS Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC National AIDS Clearinghouse should be cited as the source of this information. Copyright 1996, Information, Inc., Bethesda, MD

- "Court to Rule on Girl, 3, With AIDS"
- "Discounts Provided for New Medication"
- "HIV-Drug Nears Approval"
- "New Anti-Viral Drug Recommended"
- "Learning What Trip Really Means"
- "AIDSWALK Rallies Forces Against Killer"
- "Black Clergy Exhorted to Take on AIDS"
- "Healing the Wounds of the Past: Salvadoran Doctor's Mission Is

to Help the City's Latinos"

"Special Consultation on Syringe Laws Addresses Epidemics, Aids Controversy"

"A Tax Break [Is Proposed for AIDS Patients and Others]"

"Court to Rule on Girl, 3, With AIDS"

Washington Post (06/10/96) P. D3; Lewis, Nancy

A "do not resuscitate" order for a 3-year-old girl with AIDS was temporarily removed Thursday in a ruling by the Maryland Court of Special Appeals. Doctors say the girl is in grave condition because her mother hid her from authorities for six months. The mother's attorney had filed an emergency appeal of a district court judge's decision to appoint a guardian and to approve the "do not resuscitate" order. The girl's doctor has testified that any attempt to resuscitate her would lead to her death because of her serious condition. She weighs about 17 pounds, is unable to move her head, and is in constant pain even though she is receiving an adult dose of a painkiller more than 20 times the strength of morphine. The girl's medical records revealed that medical personnel suspected that the mother may have been abusing drugs at the time of the neglect, although she has testified that she has not used drugs for eight years.

"Discounts Provided for New Medication"

Wall Street Journal (06/10/96) P. A19; Perelman, Gregg

In a letter to the editor of the Wall Street Journal, Gregg Perelman, president and CEO of Stadtlanders Pharmacy, claims a recent Journal article represented pharmacy prices for protease inhibitors as lower than they actually are. He points out that Stadtlanders, which distributes Merck's protease inhibitor Crixivan, provides the drug to about 80 percent of their customers at a large discount. He also says that most of the people using the drug have insurance that covers part of the cost, and that others can use a cash discount prescription card. According to Perelman, the prices listed in the article for other protease inhibitors were 15 percent to 20 percent below actual pharmacy prices.

"HIV-Drug Nears Approval"

Miami Herald (06/08/96) P. 3C

Nevirapine, a new anti-HIV drug made by Boehringer Ingelheim Pharmaceutical, was recommended for approval Friday by a Food and Drug Administration panel. The panel recommended use of the drug in adults with HIV, indicating that it should be used across the infected adult population, not only for advanced cases.

"New Anti-Viral Drug Recommended"

Houston Chronicle (06/07/96) P. 22A

The Centers for Disease Control and Prevention made new recommendations Thursday for treating health care workers who are exposed to HIV. Workers with open wounds who are splashed with HIV-infected blood should be offered AZT immediately, and workers

accidentally stuck with HIV-contaminated needles should be offered a three-drug regimen consisting of AZT, lamivudine, and indinavir, the agency said. In December, the CDC published a study showing that health care workers who took AZT after a needlestick reduced their risk of becoming infected by 79 percent. Lamivudine and indinavir are two new anti-virals that help fight HIV's ability to become resistant to AZT.

"Learning What Trip Really Means"

Los Angeles Times--Washington Edition (06/10/96) P. B4; Reed, Mack

As one of 2,275 cyclists who participated in the 525-mile California AIDS Ride 3, Los Angeles Times reporter Mack Reed relates stories collected during the trip, stories of climbing hills, wrecking, and sharing stories of loved ones lost to AIDS. He says the riders pulled together to help each other and offered support along the way. The event raised \$8 million for people with AIDS.

"AIDSWALK Rallies Forces Against Killer"

Baltimore Sun (06/10/96) P. 1B; Francke, Caitlin

An estimated 7,500 people participated in Baltimore's AIDSWALK Sunday to remember loved ones lost to the disease, promote AIDS awareness, and raise money for the disease. The mood was festive for the 3.2 mile walk, which started and ended at Memorial Stadium. The event raised an estimated \$300,000 for the Health Education Resource Organization (HERO), which cares for about 2,000 AIDS patients in the Baltimore area.

"Black Clergy Exhorted to Take on AIDS"

Philadelphia Inquirer (06/08/96) P. B1; O'Reilly, David

At a conference held Friday in Philadelphia, Rev. James A. Forbes, senior pastor at New York's Riverside Church, urged African American clergy to become active in the fight against AIDS, a disease that is widespread among the African American population. Forbes noted that African American clergy and congregations have watched passively for 15 years as HIV spread from "them"--the homosexual community--to others, including teenagers, heterosexual men and women, and infants. Former U.S. Surgeon General Joycelyn Elders was among the 250 clergy, church leaders and healthcare workers who participated in the event. She told the group that they should be as active as African American church leaders were in the anti-slavery and civil rights movements. In Philadelphia, blacks make up about 40 percent of the population, and almost 70 percent of the AIDS cases reported last year. The conference was sponsored by the Ecumenical Information AIDS Resource Center, a nonprofit agency established by predominantly African American churches to promote AIDS education among blacks.

"Healing the Wounds of the Past: Salvadoran Doctor's Mission Is to Help the City's Latinos"

Washington Times (06/10/96) P. C10; Marshall, Toni

La Clinica del Pueblo, a clinic for Latinos in Washington,

D.C., has the largest Latino-based HIV-AIDS program in the metropolitan area, according to the D.C. Agency for HIV/AIDS. Clinic administrator Dr. Juan Romagoza, while not licensed in the United States as a doctor, is largely responsible for the program's success, having developed health screening, education, and follow-up programs for such illnesses as cancer, HIV, and AIDS. Romagoza was recently recognized for his efforts when he received the \$100,000 Robert Wood Johnson Community Health Leadership award.

"Special Consultation on Syringe Laws Addresses Epidemics, Aids Controversy"

Journal of the American Medical Association (06/06/96) Vol. 275, No. 21; P. 1621; Titus, Karen

The Consultation on Syringe Laws and Regulations to Address the Dual Epidemics of HIV Infection and Substance Abuse, held in Atlanta, Ga., brought physicians, public health experts, and other experts together to consider how syringe laws impact the transmission of HIV. A national survey found that laws restricting the sale of syringes foil efforts by health care professionals to reduce disease transmission. According to the Centers for Disease Control and Prevention, one third of all AIDS cases are related to injection drug use, and the rate of transmission associated with injecting drug users is higher than for any other category. Don Des Jarlais, of the Chemical Dependency Institute at Beth Israel Medical Center, says that rates of HIV transmission among injecting drug users can be reduced by providing early intervention, sterile injecting equipment, and community outreach. All but two states restrict access to syringes in some way, and 47 states have laws that criminalize the sale or distribution of drug injection equipment. Lawrence O. Gostin, a law professor at Georgetown University and Johns Hopkins School of Medicine, said the issue will remain controversial, but that the solution will include both preventing and treating drug abuse and helping injection drug users protect themselves from disease.

"A Tax Break [Is Proposed for AIDS Patients and Others]"

Advocate (06/11/96) No. 709; P. 16

Sen. John Kerry (D-Mass.) has introduced a bill that would allow people with AIDS and other terminal illnesses to sell their homes and not pay a capital gains tax on the proceeds of the sale. That exemption is currently available only to those aged 55 and older. Kerry explained that he proposed the bill because he had heard of families that took 10 years to recover from the financial burden created by the loss of a loved one to a terminal illness.

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

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

ATT CREATION TIME/DATE:10-JUN-1996 11:00:00.00

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 <0115QOZGK5E8017AD9@PMDf.EOP.GOV> for
levi_j@a1.eop.gov; Mon, 10 Jun 1996 10:56:54 -0400 (EDT)

Received: from aspen3.aspensys.com (aspensys3.aspensys.com)

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115QP2OX1XM00007K@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Mon, 10 Jun 1996 10:59:28 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id KAA29248; Mon,
10 Jun 1996 10:59:13 -0400

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:10-JUN-1996 14:23:21.84

SUBJECT: language re HIV

TO: Remote Addressee (lefrof@ostp.eop.gov@INET)

READ:NOT READ

TEXT:

The United States is committed to domestic and international efforts to reduce the spread of HIV. At the White House Conference on HIV/AIDS in December, the President set as a national goal the reduction of new infections each year until there are none. Through the Centers for Disease Control and Prevention, the federal government supports surveillance, epidemiology, behavioral research, and prevention services. The National Institutes of Health and the Department of Defense are engaged in research to develop an effective and accessible vaccine. Finally, the U.S. supports international surveillance, epidemiology, and prevention programs through its support of the UNAIDS program and through bilateral assistance funded by USAID.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:10-JUN-1996 09:43:00.83

SUBJECT: RE: ADAP

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

READ:10-JUN-1996 10:17:34.58

TEXT:

Vancouver is week of July 7th.

An alternative goal is August 2nd, when the Keystone Center presents its findings to the VP.

Data on IIIB:

1994 provided 73,000 peopl primary care.

40% on Medicaid

66% at or below poverty

45% 101-200% of poverty

5% 201-300% of poverty

3.9% above 300% of poverty

9.8% unknown.

This would be a good place to target some ADAP-related \$ to be sure poor people are getting access to these treatment.

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

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:11-JUN-1996 17:34:57.32

SUBJECT: name

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:11-JUN-1996 17:44:54.43

TEXT:

A reminder you were going to get me the name of a person from the CPCRA visit in SF who was collaborating with NICHD. This for the strategy and showing a model of collaboration in 'youth' research activities.

Thanks..

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-JUN-1996 15:18:36.19

SUBJECT: Wisconsin

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

READ:12-JUN-1996 09:25:35.53

TEXT:

how much longer is the comment period for the Wisconsin waiver?

Who is the official recipient of comments?

thanks

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-JUN-1996 11:19:59.80

SUBJECT: NYS milestones

TO: Remote Addressee (DVanhoven@hcfa.gov@INET@EOPMRX)
READ:NOT READ

CC: Patsy Fleming (FLEMING_P) (WHO)
READ:17-JUN-1996 10:46:05.87

TEXT:
PRINTER FONT 12_POINT_COURIER

Debbie--

Thanks again for the chance to review the milestones document. Since this is new to me, I need to confirm my understanding of what this actually means:

- (1) I assume that each of these milestones requires substantive review by HCFA.
- (2) Is there any point at which -- prior to submission -- HCFA gives the state an indication of what it expects to see? In other words, are we clear about the criteria against which we will judge the milestone?
- (3) Is there a requirement and/or opportunity for public comment (to the state and to HCFA) on these milestones? Obviously, an opportunity for consumer input into development of each of these milestones would be critical to increasing confidence in the system.

I think the range of milestones is excellent. Some specific points or questions:

Ratesetting:

Does the state guarantee solvency or does it purchase the reinsurance?

Computer systems:

Will it be possible to track HIV

-positive clients in both systems (the SNP and the mainstream)? (We should want to so we can compare.)

However-

-there should be something in the milestone about confidentiality of patient records, so that HIV status is not readily available to anyone accessing the system. This would include some way of identifying participation by an individual in the SNP without it being an immediate signal of HIV status.

Education and outreach:

Will these specific materials be reviewed?

Any requirement for language competency -- e.g., if 5 percent of the eligible population speaks the language, there needs to be

something in that language?

Enrollment:

Does the state need to show a process or a program for ensuring individuals regarding voluntary enrollment?

Can we ask that this be done in a sensitive and confidential manner?

Can we ask (or suggest that it will be part of the review of the milestone) that existing community based organizations serving people with HIV be part of the enrollment process?

Have we addressed what happens to other family members who are not HIV positive? In other words -- can we keep HIV positive mothers in the same plan as their uninfected kids, for example?

Have we addressed the issue of how to handle people who are transitioning on and off Medicaid?

Provider capacity:

Can we ask about demonstrating geographic capacity for appropriate specialty and sub

-specialty providers?

Access and Quality of Care:

(This obviously is of tremendous interest in terms of setting precedents for other states; the issue of quality of care standards is one that the Presidential Advisory Council on HIV/AIDS has identified for action by the Administration.)

Would it also make sense to require development of procedures and protocols for coordinating patient care in the mainstream plan and the HIV SNP -- as you do for the mental health SNP?

I hope this is clear -- please feel free to call me with questions or if there is anything more you need from me on this.

Also, let me know when the New York community is likely to start hearing about more interaction between HCFA and the state so I am prepared for calls.

Thanks again.

Jeff

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-JUN-1996 09:00:04.23

SUBJECT: meeting re ADAP

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

READ:11-JUN-1996 09:00:15.31

TEXT:

You mentioned yesterday that we might want to meet with Richard about the ADAP situation...a reminder that I am out of the office Thursday and Friday, so we would need to do it today or tomorrow, if we do it this week.
thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-JUN-1996 17:45:19.47

SUBJECT: RE: ticker on Connie Wofsy

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

READ:11-JUN-1996 17:54:26.00

TEXT:

we'll take care of it.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: ScottHitt@aol.com@INET@EOPMRX

CREATION DATE/TIME:11-JUN-1996 09:51:00.00

SUBJECT: Re: Council Fax

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

READ:11-JUN-1996 10:11:22.84

TEXT:

Heres the fax

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

ATT CREATION TIME/DATE:11-JUN-1996 09:56:00.00

ATT BODYPART TYPE:p

TEXT:

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

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

ATT CREATION TIME/DATE:11-JUN-1996 09:56:00.00

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 <0115S100B5DC003EP9@PMDF.EOP.GOV> for
LEVI_J@a1.eop.gov; Tue, 11 Jun 1996 09:51:42 -0400 (EDT)

Received: from emout08.mail.aol.com (emout08.mx.aol.com)

by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0115S13CR52600007K@STORM.EOP.GOV> for
LEVI_J@a1.eop.gov; Tue, 11 Jun 1996 09:54:24 -0700 (MST)

Received: by emout08.mail.aol.com (8.6.12/8.6.12)

id JAA25030 for LEVI_J@a1.eop.gov; Tue, 11 Jun 1996 09:54:11 -0400

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

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

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

CREATION DATE/TIME:11-JUN-1996 12:41:45.52

SUBJECT: Change in Meeting w/ Lubinski and Bross

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

READ:11-JUN-1996 14:16:40.84

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:11-JUN-1996 14:04:04.05

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

READ:11-JUN-1996 12:58:55.98

TEXT:

We are going to have to push the meeting w/ the Aids Action Group up to Monday the 17th. Same time 2:00pm. Call if you have a conflict. I have notified Dan Bross and Co.

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

CREATOR: Jill Pizzuto (PIZZUTO_J) (OPD)

CREATION DATE/TIME:11-JUN-1996 14:38:02.77

SUBJECT: PARTY TIME

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:11-JUN-1996 14:41:06.33

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:13-JUN-1996 20:35:23.02

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:11-JUN-1996 15:47:51.82

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:11-JUN-1996 15:19:57.58

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:11-JUN-1996 14:47:12.08

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ:11-JUN-1996 14:43:50.83

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:11-JUN-1996 14:38:31.80

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:11-JUN-1996 14:38:19.40

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:11-JUN-1996 15:49:41.94

TO: Carol H. Rasco (RASCO_C) (WHO)
READ:11-JUN-1996 14:44:33.24

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:11-JUN-1996 14:51:41.86

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ:11-JUN-1996 18:46:16.91

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:17-JUN-1996 10:47:43.87

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:11-JUN-1996 14:38:24.40

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:11-JUN-1996 17:36:29.62

TO: Deborah L. Fine (FINE_D) (OPD)
READ:11-JUN-1996 16:43:37.37

TO: Dennis Burke (BURKE_D) (OPD)
READ:11-JUN-1996 18:34:32.27

TO: Diane Regas (REGAS_D) (OPD)
READ:11-JUN-1996 16:15:35.17

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:11-JUN-1996 14:54:44.37

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:11-JUN-1996 17:47:06.42

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:12-JUN-1996 08:46:17.52

TEXT:

Staff - we're planning a farewell party for Debbie & Mike this Thursday at 5:00 p.m. - RM 216, balcony. Elizabeth is handling fun stuff -- so, just show up!

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-JUN-1996 14:06:18.62

SUBJECT: ticker on Connie Wofsy

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

READ:11-JUN-1996 17:44:33.66

TEXT:

From the tickler file...Yes, it would be nice if there were a POTUS letter to family of Constance Wofsy -- don't have an address -- do you need us to track it down -- what's the next step?
thanks

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

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

CREATION DATE/TIME:11-JUN-1996 17:44:29.87

SUBJECT: RE: ticker on Connie Wofsy

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:11-JUN-1996 17:45:22.72

TEXT:

I think that Carol meant by sending you that note and article for you all to draft a letter to this woman and work with Dorskind's office to send it out and track down an address. I can check with her if you want, or I can just let her know you think a letter should go out and will work with Dorkind's office to see that it does. Actually I think the latter would be best. If she has another idea for how it should happen she'll tell me and I'll let you know. If not, assume that you should work with Dorskind. What do you think? Does this sound okay?

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-JUN-1996 17:46:57.69

SUBJECT: Connie Wofsy

TO: Remote Addressee (dabrams@sfajds.ucsf.edu@INET@EOPMRX)

READ:NOT READ

TEXT:

Carol Rasco saw Connie Wofsy's obituary in the NY Times and wants
the President to send her family a note -- do you have a home
address?
thanks

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-JUN-1996 15:57:00.19

SUBJECT: Labor-HHS

TO: Nancy-Ann E. Min (MIN_N) (OMB)
READ:13-JUN-1996 08:59:31.65

TO: Richard J. Turman (TURMAN_R) (OMB)
READ:12-JUN-1996 17:49:56.11

TO: William G. White (WHITE_W) (OMB)
READ:12-JUN-1996 15:58:37.25

TO: Victoria A. Wachino (WACHINO_VA) (OMB)
READ:12-JUN-1996 16:19:49.69

TEXT:

From what I understand:

Ryan White is getting:

Title I: \$10 million

Title II: \$30 million (earmarked for ADAP)

Title IIIB: \$5 million

Title IV: \$5 million

AETCs: +\$4 million

This is pretty close to our original request, just biased toward ADAP.

There is also report language giving the Secretary authority to move money within Ryan White to address the ADAP shortfall.

Pelosi may offer an amendment to strike this provision and ask that the Secretary request supplemental funds if needed. She also may move to strike the earmark. (I suggested to Steve Morin that at least some flexibility is needed to cover related services.)

Steve Morin says he has spoken to Tony McCann about another \$100 million for ADAP at some point down the line -- without anyone running screaming from the room.

OAR: same language as last year, except the 3% transfer authority is year long. Pelosi will offer an amendment to restore the consolidated budget authority; it will either be withdrawn or it will fail on party lines.