

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From: Donald Abrams, To: Jeffrey Levi, Re: Your Keystone Visit (1 page)	06/15/1996	Personal Misfile
002. email	From: Donald Abrams, To: Multiple Recipients, Re: An Invitation (1 page)	06/16/1996	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[06/12/1996 - 06/18/1996]

2018-0759-F

in417

RESTRICTION CODES

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

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

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

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

RR. Document will be reviewed upon request.

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

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:12-JUN-1996 14:12:00.00

SUBJECT: CDC AIDS Daily Summary 06/12/96

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

READ:12-JUN-1996 14:23:36.48

TEXT:

AIDS Daily Summary
June 12, 1996

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse makes available the following information as a public service only. Providing this information does not constitute endorsement by the CDC, the CDC 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

"Baltimore Plans to Use Old Mailboxes to Collect Needles From Drug Addicts"

"Global Team to Track Disease"

"Feds File AIDS Discrimination Claim"

"AIDS Main Killer of Young, Mid-Age Copenhagen Men"

"UN AIDS Team Stays in Geneva"

"Mother's Message on Love and Death"

"High Risk of HIV Transmission in Mentally Ill, Homeless Drug Users Persists"

"PERT Assay: A More Accurate Screen for Plasma RNA HIV-1"

"Of Bad Blood and Blame"

"The Accurate Diagnosis of Oral Lesions in Human Immunodeficiency Virus Infection: Impact on Medical Staging"

"Baltimore Plans to Use Old Mailboxes to Collect Needles From Drug Addicts"

Washington Times (06/12/96) P. C3

In an attempt to prevent the littering of Baltimore streets with discarded syringes, city health officials are planning to use old sidewalk mailboxes as needle drop boxes. Beginning this month, the city will turn six U.S. Postal Service mailboxes in drug-infested neighborhoods into burgundy drop boxes and urge drug addicts to deposit their needles in them. More than 1 million dirty needles litter Baltimore parks and streets each year, and officials want to reduce the risk of disease transmission for children, trash collectors, and others who may

handle the needles. Baltimore has an estimated 48,000 drug users, and about 25 percent are infected with HIV. The project, which began in Florida and has been tested in such locations as Texas and Australia, will be expanded if enough needles are deposited over the next few months.

"Global Team to Track Disease"

USA Today (06/12/96) P. 1A; Manning, Anita

The first national program to combat emerging infectious disease, which will include a global tracking and response system, encourage research, and update regulations for quarantine at U.S. ports of entry, will be announced by the Clinton administration today. The program will be led by a task force of the National Science and Technology Council. James Hughes of the National Center for Infectious Diseases called new diseases like hantavirus and Ebola, and older ones including dengue, diphtheria, and cholera "wake-up calls." In the United States, the death rate from new and re-emerging infectious diseases, excluding AIDS, rose 22 percent between 1980 and 1992.

"Feds File AIDS Discrimination Claim"

United Press International (06/12/96)

The first AIDS housing discrimination claim filed in California's Central District was brought against the operators of a mobile home park in Huntington Beach Wednesday. Shirley Lewis and her son Steven alleged that they were discriminated against when they were refused permission to live in the park, after the operators learned Steven had AIDS. Lewis had already lived in the park and wanted to bring her 39-year-old son to live with her so she could care for him. She asked the park to waive the minimum age requirement of 45 years for her son, who had become too ill to live alone. Although the park had lifted the age requirement for residents on two other occasions, it refused Lewis' request and said she would be evicted if her son continued living with her. The Lewises had filed a complaint with the Department of Housing and Urban Development late in 1995, claiming that the park's management had discriminated against Steven because he had AIDS. Following an investigation into the case, HUD sided with the Lewises, saying there was "reasonable cause" to believe the park violated the Fair Housing Act by not waiving the housing rule.

"AIDS Main Killer of Young, Mid-Age Copenhagen Men"

Reuters (06/11/96)

AIDS has become the leading killer of young and middle-aged Copenhagen men, accounting for one in four deaths, more than both heart disease and cancer. State Health Agency researchers Jan Fouchard and Hedda Bille, who reported their findings in The Danish Medical Journal on Tuesday, say the disease has reached similar proportions in other major Danish cities, due in part to the prevalence of drug-taking and risky sexual activity. The most recent AIDS survey found that 1,547 Danes had full-blown AIDS, and 91 percent were men.

"UN AIDS Team Stays in Geneva"

Reuters (06/11/96)

The United Nations AIDS Program, organized on Jan. 1, announced Tuesday that it has decided to remain in Geneva, rejecting the French city of Lyon's offer of free office space. The new agency was formed to bring together six U.N. groups, including the World Health Organization's AIDS program, which is based in Geneva. The Joint U.N. Programme on HIV/AIDS has 70 staff members and a two-year budget of \$140 million.

"Mother's Message on Love and Death"

New York Times (06/12/96) P. C18; O'Connor, John J.

Tonight's episode of the HBO series "Family Video Diaries" features a video diary made by a Staten Island mother dying of AIDS. Sandra Billups, the 29-year-old mother, made the video for her 8-year-old daughter Yolanda, whose father died of AIDS when she was a baby. The video shows the love between the mother and daughter, as well as the support of an organization called Project Hospitality.

"High Risk of HIV Transmission in Mentally Ill, Homeless Drug Users Persists"

Reuters (06/11/96)

Mentally ill injection drug users continue to practice behaviors that put them at risk for HIV infection, researchers report in the June issue of the American Journal of Psychiatry. Ezra Susser and colleagues at Columbia University conducted interviews with 50 homeless men, all of them mentally ill injection drug users who lived in a New York City shelter. The majority reported high-risk injection drug use behaviors, including sharing needles. High risk sexual behavior, including unprotected anal sex, was also common among the men. Susser concluded that efforts to reduce risk among this group are needed.

"PERT Assay: A More Accurate Screen for Plasma RNA HIV-1"

Reuters (06/11/96)

A new test, the product-enhanced reverse transcriptase (PERT) assay, provides a more accurate measure of the plasma level of HIV-1 RNA than the polymerase chain reaction (PCR) assay, a team of Swiss researchers report. Jurg Boni and colleagues at the University of Zurich found that the PERT assay, which can detect less than 100 HIV-1 particles per milliliter, to be more sensitive than the PCR assay.

"Of Bad Blood and Blame"

Maclean's (06/03/96) Vol 109, No. 23; P. 14; Jenish, D'Arcy

The federal inquiry into Canada's tainted-blood tragedy, which left more than 1,000 people infected with HIV, is being delayed by a legal challenge brought by the Canadian Red Cross (CRC) Society, the federal government, provinces, former health ministers, and others. The delay, which could last months or years, has left victims and their families wondering if they will ever learn the truth. The Red Cross and other groups are

challenging Judge Horace Krever's authority to assign blame to any person in his report, because they say such findings would turn the inquiry into a trial and violate the rights of the organizations and individuals implicated. Victims' groups say the challenge is an attempt to keep Krever from ever issuing a final report. Representatives of the CRC say findings of misconduct should not be allowed because they could lead to civil or criminal suits. In notices of misconduct sent by inquiry lawyers to the CRC, the organization was cited for delaying measures to ensure a safer blood supply. The tragedy has resulted in a loss of public confidence in the blood system, and a decline in blood donations. The CRC has taken steps to improve the safety of the blood supply, however, and its officials now say Canada has one of the safest blood systems in the world.

"The Accurate Diagnosis of Oral Lesions in Human Immunodeficiency Virus Infection: Impact on Medical Staging"
Journal of the American Medical Association (06/05/96) Vol. 275,
No. 21; P. 1616; Cruz, Gustavo D.

To determine how often medical and dental examiners identified oral candidiasis (OC) and oral hairy leukoplakia (OHL), as well as the impact of these diagnoses on the medical staging of HIV, researchers analyzed medical records from 245 individuals. The participants were homosexual men as well as men and women who were parenteral drug users living in New York City. Gustavo D. Cruz and colleagues at Columbia University report that among homosexual men, the oral/dental examiners diagnosed OC in 11 percent of the individuals and the medical examiners in 4 percent. Among the same group, OHL was diagnosed by the oral/dental examiners in 14 percent of the individuals and by the medical examiners in 8 percent. The oral/dental practitioners consistently diagnosed both conditions more frequently than the medical examiners. The diagnoses affected the medical staging of 12 percent of the HIV-positive homosexual men and 22 percent of the HIV-positive drug users. The researchers concluded that specific training and a comprehensive oral exam have a significant impact on the diagnoses of OC and OHL, and on the medical staging of individuals with HIV. This research was reported in the Archives of Otolaryngology--Head & Neck Surgery.

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

ATT CREATION TIME/DATE:12-JUN-1996 14:15:00.00

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 <0115TOEBXMKG0039Y3@PMDf.EOP.GOV> for
levi_j@al.eop.gov; Wed, 12 Jun 1996 14:12:13 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115TOHNHQH000007K@STORM.EOP.GOV> for

levi_j@al.eop.gov; Wed, 12 Jun 1996 14:14:53 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id OAA19542; Wed,
12 Jun 1996 14:14:40 -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:12-JUN-1996 13:39:44.36

SUBJECT: weekly report

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

READ:12-JUN-1996 14:27:32.33

CC: Patsy Fleming (FLEMING_P) (WHO)

READ:17-JUN-1996 10:49:25.19

TEXT:

PRINTER FONT 12_POINT_ROMAN

This is also on the i drive.

Weekly Report -- June 12, 1996

Patsy Fleming led the US delegation to the board meeting of UNAIDS. There are estimated to be over 20 million adults living with HIV/AIDS around the world. UNAIDS is the umbrella organization coordinating international efforts of various countries and organizations. It also provides direct assistance to national AIDS programs. US financial support for UNAIDS is considered critical to its success.

AIDS Policy staff and Nancy

-Ann Min of OMB met with representatives of the AIDS Drug Assistance Program Working Group. They requested a 1997 budget amendment of \$195 million to support expansion of the program to cover the new protease inhibitors drugs. AIDS Policy staff and OMB staff will be reviewing this issue with emphasis on providing for those who don't have third party payers and cannot afford these drugs out

-of

-pocket.

[Elizabeth: I assume the Diana or Molly are reporting on our meeting with SSA regarding notification of SSI recipients who became eligible because of a drug or alcohol abuse diagnosis that their benefits will be terminated January 1 unless they can document another disability. I would only add:]

The AIDS Policy Office is working with SSA to resolve problems with disability determinations for people with AIDS. There are discrepancies with regard to how disability claims are handled within and among the regional offices.

Secretary Cisneros has sent to OMB a \$25 million budget amendment for FY 1997 for the Housing for People with AIDS Program. This would raise FY1997 spending to \$196 million. This program suffered a \$15 million rescission in FY1995 and is flat in FY1996, despite documented evidence of increasing demand for

housing services by people living with HIV. In visits around the country, Administration officials have seen a number of high quality programs serving people with HIV and other diagnoses; these programs often contribute to reducing other health care costs by reducing hospital stays and the need for other services.

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

CREATOR: OASIS Manager (OASISMGR) (OA)

CREATION DATE/TIME:12-JUN-1996 12:57:08.36

SUBJECT: West Wing Tours

TO: Betsey G. Grais (GRAIS_B) Autoforward to: Remote Addressee (Betsey
Grais@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Theresa F. Granger (GRANGER_T) (WHO)
READ:12-JUN-1996 15:19:26.73

TO: Francho J. Gray (GRAY_F) (OA)
READ:24-JUN-1996 17:20:55.87

TO: Wendy E. Gray (GRAY_W) (NSC)
READ:12-JUN-1996 12:57:35.76

TO: Julia R. Green (GREEN_J) (WHO)
READ:NOT READ

TO: Sara Grote (GROTE_S) (WHO)
READ:12-JUN-1996 19:47:08.23

TO: Christopher M. Gruin (GRUIN_C) (WHO)
READ:12-JUN-1996 13:40:24.87

TO: Daniel J. Gunia (GUNIA_D) (OA)
READ:12-JUN-1996 13:11:16.47

TO: LAWRENCE J. HAAS (HAAS_L) (OMB)
READ:12-JUN-1996 13:00:59.01

TO: Mary A. Haines (HAINES_M) (NSC)
READ:26-JUN-1996 11:00:56.07

TO: Marcia L. Hale (HALE_M) Autoforward to: R. Lawton Jordan III (JORDAN_RL)
(WHO)
READ:NOT READ

TO: Sheryl L. Hall (HALL_S) (OA)
READ:12-JUN-1996 13:20:18.68

TO: William A. Halter (HALTER_W) (OMB)
READ:12-JUN-1996 12:58:43.05

TO: Karen L. Hancox (HANCOX_K) (WHO)
READ:12-JUN-1996 13:04:32.34

TO: Kirk Hanlin (HANLIN_K) (WHO)

READ:14-JUN-1996 15:33:57.78

TO: Bruce D. Harding (HARDIN_B) Autoforward to: Remote Addressee (Bruce D.
Harding@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Michael E. Harman (HARMAN_M) (OA)
READ:12-JUN-1996 14:12:18.39

TO: Skila S. Harris (HARRIS_S) Autoforward to: Remote Addressee (Skila S.
Harris@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: John P. Hart (HART_J) (WHO)
READ:12-JUN-1996 19:00:24.71

TO: Wendy Hartman (HARTMA_W) Autoforward to: Remote Addressee (Wendy
Hartman@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Cookab Hashemi (HASHEMI_C) (WHO)
READ:12-JUN-1996 13:03:28.90

TO: David J. Hawes (HAWES_D) (NSC)
READ:NOT READ

TO: Ardenia R. Hawkins (HAWKINS_AR) (NSC)
READ:12-JUN-1996 15:18:14.34

TO: James A. Hawkins (HAWKINS_J) (WHO)
READ:12-JUN-1996 16:45:15.76

TO: Susan Hazard (HAZARD_S) (WHO)
READ:13-JUN-1996 10:16:40.53

TO: Paul R. Hegarty (HEGART_P) Autoforward to: Remote Addressee (Paul
Hegarty@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: James T. Heimbach (HEIMBACH_J) (WHO)
READ:12-JUN-1996 12:56:47.92

TO: Wendy A. Heistad (HEISTAD_W) (WHO)
READ:12-JUN-1996 14:10:25.25

TO: Kenneth K. Hembree (HEMBREE_K) (OA)
READ:12-JUN-1996 16:16:22.37

TO: Eunice C. Hendrix (HENDRIX_E) (WHO)
READ:12-JUN-1996 13:00:29.55

TO: Kathleen M. Hennessy (HENNESSY_K) (WHO)
READ:12-JUN-1996 16:14:34.71

TO: Madge H. Henning (HENNING_M) (WHO)
READ:13-JUN-1996 09:14:18.56

TO: Alexis Herman (HERMAN_A) (WHO)
READ:NOT READ

TO: Nancy V. Hernreich (HERNREICH_N) (WHO)
READ:12-JUN-1996 13:58:15.95

TO: Kathryn Higgins (HIGGINS_K) Autoforward to: Elizabeth M. Toohey (TOOHEY_E)
(WHO)
READ:NOT READ

TO: David WHCATRIP Hill (HILL_D) (WHO)
READ:NOT READ

TO: Brenda I. Hilliard (HILLIARD_B) (NSC)
READ:12-JUN-1996 17:14:25.54

TO: Joanne M. Hilty (HILTY_J) Autoforward to: Remote Addressee (Joanne M.
Hilty@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Marc A. Hoberman (HOBERMAN_M) (WHO)
READ:12-JUN-1996 13:07:15.68

TO: Elgie Holstein (HOLSTEIN_E) (OPD)
READ:12-JUN-1996 15:05:25.54

TO: Holly H. Holt (HOLT_H) (WHO)
READ:12-JUN-1996 13:03:44.84

TO: Kimberly J. Hopkins (HOPKIN_K) Autoforward to: Remote Addressee (Kim J.
Hopkins@lngate@eopmrk) (VPO)
READ:NOT READ

TO: Stephen K. Horn (HORN_S) (WHO)
READ:12-JUN-1996 13:21:18.92

TO: Russell W. Horwitz (HORWITZ_R) (WHO)
READ:12-JUN-1996 14:19:10.79

TO: Eric P. Hothem (HOTHEM_E) (WHO)
READ:12-JUN-1996 13:22:36.10

TO: Bonnie J. Houchen (HOUCHE_B) Autoforward to: Remote Addressee (Bonnie
Houchen@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Laura J. Houseman (HOUSEMAN_L) (OMB)
READ:12-JUN-1996 14:01:26.31

TO: Michelle A. Houston (HOUSTON_M) (WHO)
READ:12-JUN-1996 12:59:04.65

TO: Helen P. Howell (HOWELL_H) (WHO)
READ:NOT READ

TO: Carolyn C. Huber (HUBER_C) (WHO)
READ:12-JUN-1996 13:02:14.50

TO: Maureen A. Hudson (HUDSON_M) (WHO)
READ:13-JUN-1996 10:30:36.30

TO: Edward F. Hughes (HUGHES_E) (WHO)
READ:12-JUN-1996 13:34:11.94

TO: Phillip J. Humnicky (HUMNIC_P) Autoforward to: Remote Addressee (Phillip J.
Humnicky@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Harold Ickes (ICKES_H) (WHO)
READ:NOT READ

TO: Marilyn R. Jacanin (JACANIN_M) (WHO)
READ:12-JUN-1996 13:06:03.66

TO: Kathryn W. Jackson (JACKSON_KW) (OA)
READ:12-JUN-1996 14:02:27.55

TO: David P. Jacobeen (JACOBEEEN_D) (OA)
READ:13-JUN-1996 07:12:13.53

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:13-JUN-1996 20:41:58.91

TO: Thomas C. Jensen (JENSEN_T) (CEQ)
READ:NOT READ

TO: Lionel S. Johns (JOHNS_L) Autoforward to: Remote Addressee (
ljohns@ostp.eop.gov@inet) (STP)
READ:NOT READ

TO: Annette E. Johnson (JOHNSON_AE) (WHO)
READ:12-JUN-1996 13:04:35.26

TO: Brian J. Johnson (JOHNSON_BJ) (CEQ)
READ:12-JUN-1996 14:52:31.62

TO: David T. Johnson (JOHNSON_DT) (NSC)
READ:NOT READ

TO: Lee R. Johnson (JOHNSON_LR) (WHO)
READ:12-JUN-1996 13:36:28.97

TO: Robert B. Johnson (JOHNSON_R) (WHO)
READ:NOT READ

TO: Rochester M. Johnson (JOHNSON_RM) (WHO)
READ:12-JUN-1996 13:54:36.63

TO: Wayne C. Johnson (JOHNSON_WC) (OA)
READ:13-JUN-1996 09:02:43.43

TO: Ansley A. Jones (JONES_A) Autoforward to: Remote Addressee (Ansley A.
Jones@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Ronald E. Jones (JONES_RE) (OMB)
READ:12-JUN-1996 13:31:04.24

TO: Jennifer A. Jordan (JORDAN_JA) (WHO)
READ:12-JUN-1996 15:20:33.66

TO: R. Lawton Jordan III (JORDAN_RL) (WHO)
READ:NOT READ

TO: Jennifer O. Jose (JOSE_J) (WHO)
READ:12-JUN-1996 13:09:05.04

TO: M. Kay Joshi (JOSHI_M) (NSC)
READ:12-JUN-1996 13:35:11.15

TO: Gay L. Joshlyn (JOSHLYN_G) (OPD)
READ:NOT READ

TO: Lawrence R. Jurcich (JURCICH_L) (OA)
READ:12-JUN-1996 14:27:26.25

TO: Elena Kagan (KAGAN_E) (WHO)
READ:12-JUN-1996 13:02:26.83

TO: David E. Kalbaugh (KALBAUGH_D) (WHO)
READ:NOT READ

TO: Thomas A. Kalil (KALIL_T) (WHO)
READ:12-JUN-1996 14:08:33.45

TO: Elaine C. Kamarck (KAMARC_E) Autoforward to: Remote Addressee (Elaine C.
Kamarck@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ:NOT READ

TO: Sally Katzen (KATZEN_S) (OMB)
READ:17-JUN-1996 14:05:12.22

TO: Janice F. Kearney (KEARNEY_J) (WHO)
READ:NOT READ

TO: Timothy J. Keating (KEATING_T) (WHO)

READ:12-JUN-1996 13:08:24.96

TO: Loreen M. Keller (KELLER_L) (WHO)
READ:12-JUN-1996 13:02:42.99

TO: Henry C. Kelly (KELLY_H) Autoforward to: Remote Addressee (hkelly@ostp.eop.gov@inet) (STP)
READ:NOT READ

TO: Steven Kelman (KELMAN_S) (OMB)
READ:17-JUN-1996 16:54:44.42

TO: Joseph T. Keohan (KEOHAN_J) (VPO)
READ:NOT READ

TO: Charles E. Kieffer (KIEFFER_C) (OMB)
READ:12-JUN-1996 14:31:35.19

TO: Angus S. King (KING_A) (WHO)
READ:12-JUN-1996 12:57:35.54

TO: Joshua A. King (KING_J) (WHO)
READ:NOT READ

TO: Nick B. Kirkhorn (KIRKHORN_N) (WHO)
READ:14-JUN-1996 10:52:53.65

TO: Ron Klain (KLAIN_R) Autoforward to: Remote Addressee (Ron Klain@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:12-JUN-1996 13:17:28.36

TO: James Kohlenberger (KOHLEN_J) Autoforward to: Remote Addressee (Jim Kohlenberger@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Charles S. Konigsberg (KONIGSBERG_C) (OMB)
READ:12-JUN-1996 13:12:58.94

TO: John A. Koskinen (KOSKINEN_J) (OMB)
READ:13-JUN-1996 13:14:06.32

TO: Lisa Kountoupes (KOUNTOUPES_L) (OMB)
READ:12-JUN-1996 18:16:51.44

TO: Lori K. Krause (KRAUSE_L) (WHO)
READ:12-JUN-1996 13:14:58.40

TO: Adam R. Kreisel (KREISEL_A) (WHO)
READ:NOT READ

TO: Heidi Kukis (KUKIS_H) Autoforward to: Remote Addressee (Heidi

Kukis@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Karin Kullman (KULLMAN_K) (WHO)
READ:12-JUN-1996 12:59:23.68

TO: Robert D. Kyle (KYLE_R) (OPD)
READ:NOT READ

TO: Tracy B. LaBrecque (LABRECQUE_T) (WHO)
READ:12-JUN-1996 13:09:45.09

TO: Anthony Lake (LAKE_A) (NSC)
READ:NOT READ

TO: Linda L. Lance (LANCE_L) Autoforward to: Remote Addressee (Linda L.
Lance@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: G. N. Lattimore (LATTIMORE_G) (WHO)
READ:NOT READ

TO: Jackie D. Lawson (LAWSON_J) (OA)
READ:14-JUN-1996 07:46:18.11

TO: Malcolm R. Lee (LEE_M) (OPD)
READ:13-JUN-1996 12:58:04.37

TO: Christopher S. Lehane (LEHANE_C) (WHO)
READ:12-JUN-1996 13:44:09.78

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:12-JUN-1996 13:02:55.25

TO: Jacob J. Lew (LEW_J) (OMB)
READ:NOT READ

TO: Maureen F. Lewis (LEWIS_M) (WHO)
READ:12-JUN-1996 13:14:24.13

TO: Peggy A. Lewis (LEWIS_P) (WHO)
READ:NOT READ

TO: Patricia F. Lewis (LEWIS_PF) (WHO)
READ:12-JUN-1996 15:58:42.55

TO: Gordon Li (LI_G) (WHO)
READ:12-JUN-1996 13:05:16.40

TO: Evelyn S. Lieberman (LIEBERMAN_E) (WHO)
READ:12-JUN-1996 13:10:56.51

TO: Bruce R. Lindsey (LINDSEY_B) (WHO)
READ:12-JUN-1996 16:15:34.22

TO: D. Craig Livingstone (LIVINGSTON_D) (WHO)
READ:12-JUN-1996 13:50:51.84

TO: Jim Loftus (LOFTUS_J) (WHO)
READ:NOT READ

TO: matthew E. Lorin (LORIN_M) (NSC)
READ:14-JUN-1996 09:14:08.77

TO: Jay E. Lowry (LOWRY_J) (NSC)
READ:13-JUN-1996 10:34:04.35

TO: Susanna M. Ludwig (LUDWIG_S) (WHO)
READ:12-JUN-1996 15:56:37.59

TO: Marlene A. MacDonald (MACDONALD_M) (WHO)
READ:NOT READ

TO: Mary L. Maddox (MADDOX_M) (WHO)
READ:13-JUN-1996 07:25:50.66

TO: Marna E. Madsen (MADSEN_M) (WHO)
READ:12-JUN-1996 13:29:22.70

TO: Ira C. Magaziner (MAGAZINER_I) (WHO)
READ:12-JUN-1996 13:35:34.68

TO: Alphonse Maldon (MALDON_A) (WHO)
READ:NOT READ

TO: Robert Malley (MALLEY_R) (NSC)
READ:NOT READ

TO: Michael D. Malone (MALONE_M) (WHO)
READ:12-JUN-1996 13:23:57.74

TO: Heather M. Marabeti (MARABE_H) Autoforward to: Remote Addressee (Heather M.
Marabeti@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Eli Mark (MARK_E) (WHO)
READ:12-JUN-1996 12:57:31.27

TO: David C. Marks (MARKSZ_D) (WHO)
READ:NOT READ

TO: Thurgood Marshall (MARSHA_T) Autoforward to: Remote Addressee (Thurgood
Marshall Jr.@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Capricia P. Marshall (MARSHALL_C) (WHO)
READ:13-JUN-1996 08:10:57.56

TO: Ray Martinez (MARTINEZ_R) (WHO)
READ:12-JUN-1996 14:45:47.96

TO: Julie E. Mason (MASON_J) (WHO)
READ:12-JUN-1996 13:19:01.74

TO: Doris O. Matsui (MATSUI_D) (WHO)
READ:12-JUN-1996 13:06:55.84

TO: Sonyia Matthews (MATTHEWS_S) (OPD)
READ:13-JUN-1996 08:22:41.56

TO: Douglas R. Matties (MATTIES_D) (OA)
READ:12-JUN-1996 12:59:58.26

TO: Clifford J. Mauton (MAUTON_C) (WHO)
READ:12-JUN-1996 13:15:19.94

TO: Natalie L. Mayer (MAYER_N) (WHO)
READ:12-JUN-1996 12:59:01.13

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:12-JUN-1996 13:03:04.88

TO: Mark J. Mazur (MAZUR_M) (WHO)
READ:12-JUN-1996 13:58:52.85

TO: Floydetta McAfee (MCAFEE_F) (WHO)
READ:12-JUN-1996 14:12:52.62

TO: Barry R. McCaffrey (MCCAFFREY_B) (DON)
READ:NOT READ

TO: Colleen A. McCarthy (MCCARTHY_C)
READ:NOT READ

TO: Ellen W. McCathran (MCCATHRAN_E) (WHO)
READ:12-JUN-1996 13:00:27.59

TO: William W. McCathran (MCCATHRAN_W) (WHO)
READ:13-JUN-1996 10:58:42.27

TO: Kelli R. McClure (MCCLURE_K) (WHO)
READ:12-JUN-1996 14:54:37.63

TO: Ann McCoy (MCCOY_A) (WHO)
READ:13-JUN-1996 14:02:40.04

TO: Michael McCurry (MCCURRY_M) (WHO)
READ:NOT READ

TO: Anne E. McGuire (MCGUIRE_A) (WHO)
READ:12-JUN-1996 14:53:52.98

TO: Kara M. McGuire (MCGUIRE_K) (WHO)
READ:NOT READ

TO: Lorraine McHugh (MCHUGH_L) (WHO)
READ:12-JUN-1996 13:29:39.34

TO: Patricia A. McHugh (MCHUGH_P) (WHO)
READ:12-JUN-1996 12:58:32.05

TO: John Y. McInnis (MCINNIS_J) (OA)
READ:25-JUN-1996 10:12:15.50

TO: Brian P. McKaig (MCKAIG_B) (OA)
READ:12-JUN-1996 13:11:08.30

TO: Kathy McKiernan (MCKIERNAN_K) (WHO)
READ:13-JUN-1996 10:14:33.87

TO: Thomas F. McLarty (MCLARTY_T) (WHO)
READ:NOT READ

TO: Thomas P. McMahon (MCMAHO_T) Autoforward to: Remote Addressee (Thomas
McMahon@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Patricia M. McMahon (MCMAHON_P) (DON)
READ:12-JUN-1996 21:01:10.38

TO: Susan McNay (MCNAY_S) (WHO)
READ:12-JUN-1996 13:03:44.42

TO: Robert W. McNeely (MCNEELY_R) (WHO)
READ:NOT READ

TO: APRIL K. MELLODY (MELLODY_A) (WHO)
READ:12-JUN-1996 13:51:40.08

TO: Manuel A. Mendoza (MENDOZA_M) (WHO)
READ:13-JUN-1996 09:32:23.64

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ:12-JUN-1996 13:25:46.49

TO: Cathy L. Millison (MILLISON_C) Autoforward to: M. Kate Friedrich (FRIEDRICH_M)
(NSC)
READ:NOT READ

TO: Cheryl D. Mills (MILLS_C) (WHO)
READ:12-JUN-1996 12:58:32.55

TO: Nancy-Ann E. Min (MIN_N) (OMB)
READ:12-JUN-1996 18:12:50.44

TO: Joseph Minarik (MINARIK_J) (OMB)

READ:12-JUN-1996 14:59:00.97

TO: Sharon L. Mitchell (MITCHELL_S) (OA)
READ:12-JUN-1996 17:04:05.72

TO: Elaine M. Mitsler (MITSLER_E) (NSC)
READ:13-JUN-1996 10:06:39.79

TO: Julia Moffett (MOFFETT_J) (WHO)
READ:NOT READ

TO: Elizabeth A. Montoya (MONTOYA_E) (WHO)
READ:NOT READ

TO: Linda L. Moore (MOORE_L) (WHO)
READ:12-JUN-1996 13:29:05.43

TO: Jeter A. Morris (MORRIS_J) (GSA)
READ:12-JUN-1996 13:18:25.89

TO: Ruby G. Moy (MOY_R) (WHO)
READ:12-JUN-1996 13:04:21.36

TO: Alicia H. Munnell (MUNNELL_A) (WHO)
READ:12-JUN-1996 12:59:19.71

TO: Janet Murguia (MURGUIA_J) Autoforward to: Annette E. Johnson (JOHNSON_AE)
(WHO)
READ:12-JUN-1996 13:04:35.26

TO: Melissa M. Murray (MURRAY_MM) (WHO)
READ:12-JUN-1996 13:01:21.06

TO: Alison Muscatine (MUSCATINE_A) (WHO)
READ:12-JUN-1996 16:56:44.17

TO: Betsy Myers (MYERS_B) (WHO)
READ:12-JUN-1996 13:08:11.29

TO: Sam Myers (MYERS_S) (WHO)
READ:NOT READ

TO: Alex Nagy (NAGY_A) (WHO)
READ:18-JUN-1996 09:30:25.32

TO: Lucie F. Naphin (NAPHIN_L) (WHO)
READ:12-JUN-1996 13:24:37.50

TO: Steven J. Naplan (NAPLAN_S) (NSC)
READ:12-JUN-1996 13:11:25.43

TO: Bob J. Nash (NASH_B) (WHO)
READ:13-JUN-1996 10:27:09.19

TO: Michael R. Nelson (NELSON_M) Autoforward to: Remote Addressee (
mnelson@ccmail.ostp.eop.gov@inet) (STP)
READ:NOT READ

TO: Miriam R. Nemetz (NEMETZ_M) (WHO)
READ:30-JUN-1996 15:15:23.02

TO: Stephen R. Neuwirth (NEUWIRTH_S) (WHO)
READ:NOT READ

TO: Wendy C. New (NEW_W) Autoforward to: Remote Addressee (Wendy C.
New@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: Timothy L. Newell (NEWELL_T) (STP)
READ:NOT READ

TO: Holly B. Nichols (NICHOLS_H) (WHO)
READ:13-JUN-1996 12:22:37.84

TO: Stephen R. Nolet (NOLET_S) (WHO)
READ:12-JUN-1996 14:01:56.96

TO: Mary A. Nowell (NOWELL_M) (OA)
READ:12-JUN-1996 12:57:37.99

TO: John W. Ficklin (NSC_RMO) (NSC)
READ:12-JUN-1996 13:38:19.76

TO: Rose M. Ochi (OCHI_R) (DON)
READ:NOT READ

TO: Ellen L. Ochs (OCHS_E) Autoforward to: Remote Addressee (Ellen L.
Ochs@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TO: J. Roderick O'Connor (OCONNO_R) Autoforward to: Remote Addressee (Rod
O'Connor@LNGATE@EOPMRX) (VPO)
READ:NOT READ

TEXT:
MEMORANDUM FOR ALL BLUE PASSHOLDERS
FROM: JODIE R. TORKELSON
ASSISTANT TO THE PRESIDENT FOR
MANAGEMENT AND ADMINISTRATION
SUBJECT: West Wing Tours
West Wing tours will be closed Thursday, June 13th, due to the State Visit of
the President of Ireland.
Call the Staff Tour & Information Line (ext 62002) for updates and changes to
the West Wing tour schedule.

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

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

CREATION DATE/TIME:12-JUN-1996 10:00:55.45

SUBJECT: RE: HOPWA Budget Amendment

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:12-JUN-1996 10:01:10.18

TEXT:

It's on its way.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-JUN-1996 10:12:57.20

SUBJECT: ADAP continued

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

READ:12-JUN-1996 11:23:18.58

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

READ:12-JUN-1996 10:13:10.30

TEXT:

I just spoke to Nancy-Ann; she will have Jim set up a meeting to discuss how we move forward on ADAP.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-JUN-1996 10:29:55.14

SUBJECT: ADAP survey

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

READ:12-JUN-1996 10:49:54.44

TEXT:

Did I miss something -- or have we never seen the results from that survey of ADAP programs HRSA was going to do after that meeting we went to at the Humphrey building? If you don't have it either, I will track it down from HRSA. thanks

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-JUN-1996 10:05:34.40

SUBJECT: You ask tough questions

TO: Richard J. Turman (TURMAN_R) (OMB)
READ:12-JUN-1996 11:20:22.25

CC: William G. White (WHITE_W) (OMB)
READ:12-JUN-1996 10:05:42.31

TEXT:

You are right, NIH SHOULD be doing the clinical effectiveness research. But they haven't and their clinical trials infrastructure (at least for HIV) is too expensive and too cumbersome to do it. (And, more to the point of their not doing this, these questions are not "high science" enough for most of their grantees.)

As I understand it, there are no effectiveness trials in the works at NIH re the protease inhibitors. They may claim "we are going to do it" -- but I doubt they can point to anything specific. Remember, even though we approved AZT almost ten years ago, we still don't know when to start, when to stop, etc. with nucleoside analogues.

I am putting a packet of things together to send over to you and Greg -- included will be a summary of what Keystone is doing. It is essentially trying to design a structure for assuring that clinical effectiveness research is done. This came out of the Vice President's meeting with the pharmaceutical industry -- where there was universal agreement that the NIH isn't doing it and drug companies aren't leading the pack -- it is third party payors (including HCFA) who have the greatest incentive to see these done.

My suggestion that we use some SPNS money to start this process was motivated by two things: (1) NIH is not moving on this and (2) as a major third party payor for these drugs, HRSA should be pressing to get these questions answered. Your questions about HRSA's capacity are legitimate. My bottom line on this is that I don't think we should keep pouring more money into the drug purchasing system without simultaneously finding out more about how to use them and how well they really work.

A few other things:

- o I am sending over a copy of the HRSA response to the old memo about ADAP. I apologize for not getting this to you sooner; I thought I had sent it over. I find the responses totally inadequate -- they essentially find an excuse to do nothing in each instance -- and totally ignore the request that, if these ideas are not the answer, they should suggest alternatives.
- o The breakdown we work with re third party coverage is:
50% Medicaid

5% Medicare

20% private insurance

25% uninsured

Remember, we are essentially working in a data free zone, but these estimates seem to hold up to a minimal level of scrutiny.

o I am also sending over a chart of RETAIL drug prices for the various combination therapies. This was from a presentation at a conference on protease this week in Denver. I am not sure what market these prices were drawn from. Assuming a 340B discount, the estimate of \$6-\$8,000 may hold.

In summary -- I have three objectives in this discussion:

(1) I don't want us just pumping money into more drugs -- I want us to show (with current funds, if necessary) that the related costs of primary care services, including viral load testing, are being covered as well;

(2) I want to make sure that, with limited resources, we are taking care of those most in need -- that means some form of means testing. I really do believe that if we can continue to show that we are providing drug for more than half of people with HIV, we will have gone further than the government has gone for almost any other disease;

(3) I want to be sure that we take advantage of this interest in protease inhibitors to assure that the clinical effectiveness research is done by SOMEONE.

Finally, on another subject -- I am sending over documents related to the Ryan White single appropriation for Titles I and II for Monday's meeting with Dan Bross and company. It's HRSA draft argument for not doing a single appropriation, and a proposed (impossibly complicated and unworkable) methodology from Mike Gifford. You don't have these.

Thanks for your patience with this.

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

CREATOR: Jill Pizzuto (PIZZUTO_J) (OPD)

CREATION DATE/TIME:12-JUN-1996 10:55:53.19

SUBJECT: Monday / STAFF MEETING AT 4:00 P.M.

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:12-JUN-1996 11:45:21.10

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:13-JUN-1996 20:39:37.57

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:12-JUN-1996 11:43:51.88

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:12-JUN-1996 11:14:25.32

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:12-JUN-1996 11:47:29.90

TO: Michael T. Schmidt (SCHMIDT_MT)
READ:12-JUN-1996 11:11:00.14

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:12-JUN-1996 11:52:34.77

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:12-JUN-1996 11:00:03.57

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:12-JUN-1996 11:18:54.75

TO: Carol H. Rasco (RASCO_C) (WHO)
READ:12-JUN-1996 10:56:53.29

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:12-JUN-1996 10:55:50.32

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ:12-JUN-1996 11:45:38.44

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:17-JUN-1996 10:48:01.09

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:12-JUN-1996 12:12:32.17

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:12-JUN-1996 11:03:11.76

TO: Deborah L. Fine (FINE_D) (OPD)
READ:12-JUN-1996 11:11:18.09

TO: Dennis Burke (BURKE_D) (OPD)
READ:12-JUN-1996 11:38:51.52

TO: Diane Regas (REGAS_D) (OPD)
READ:12-JUN-1996 11:18:33.50

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:12-JUN-1996 11:04:07.30

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:12-JUN-1996 15:12:19.04

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:12-JUN-1996 11:03:38.25

TEXT:

fyi to all - a small change for this coming Monday, June 17th:

9:30 a.m. Conference Call/Jeremy Office (instead of regular meeting)

Code #: 3972

4:00 p.m. DPC STAFF MEETING - re: brainstorming about family and work. NOTE:

Jeremy will be providing staff w/ materials in advance.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-JUN-1996 12:53:21.40

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:17-JUN-1996 10:48:27.59

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:13-JUN-1996 10:32:12.23

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:12-JUN-1996 14:08:49.61

TEXT:

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

ATT CREATION TIME/DATE:12-JUN-1996 12:39:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 06/12/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
June 12, 1996

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse makes available the following information as a public service only. Providing this information does not constitute endorsement by the CDC, the CDC 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

"Baltimore Plans to Use Old Mailboxes to Collect Needles From Drug Addicts"
"Global Team to Track Disease"
"Feds File AIDS Discrimination Claim"
"AIDS Main Killer of Young, Mid-Age Copenhagen Men"
"UN AIDS Team Stays in Geneva"
"Mother's Message on Love and Death"
"High Risk of HIV Transmission in Mentally Ill, Homeless Drug

Users Persists"

"PERT Assay: A More Accurate Screen for Plasma RNA HIV-1"

"Of Bad Blood and Blame"

"The Accurate Diagnosis of Oral Lesions in Human Immunodeficiency

Virus Injection: Impact on Medical Staging"

"Baltimore Plans to Use Old Mailboxes to Collect Needles From
Drug Addicts"

Washington Times (06/12/96) P. C3

In an attempt to prevent the littering of Baltimore streets with discarded syringes, city health officials are planning to use old sidewalk mailboxes as needle drop boxes. Beginning this month, the city will turn six U.S. Postal Service mailboxes in drug-infested neighborhoods into burgundy drop boxes and urge drug addicts to deposit their needles in them. More than 1 million dirty needles litter Baltimore parks and streets each year, and officials want to reduce the risk of disease transmission for children, trash collectors, and others who may handle the needles. Baltimore has an estimated 48,000 drug users, and about 25 percent are infected with HIV. The project, which began in Florida and has been tested in such locations as Texas and Australia, will be expanded if enough needles are deposited over the next few months.

"Global Team to Track Disease"

USA Today (06/12/96) P. 1A; Manning, Anita

The first national program to combat emerging infectious disease, which will include a global tracking and response system, encourage research, and update regulations for quarantine at U.S. ports of entry, will be announced by the Clinton administration today. The program will be led by a task force of the National Science and Technology Council. James Hughes of the National Center for Infectious Diseases called new diseases like hantavirus and Ebola, and older ones including dengue, diphtheria, and cholera "wake-up calls." In the United States, the death rate from new and re-emerging infectious diseases, excluding AIDS, rose 22 percent between 1980 and 1992.

"Feds File AIDS Discrimination Claim"

United Press International (06/12/96)

The first AIDS housing discrimination claim filed in California's Central District was brought against the operators of a mobile home park in Huntington Beach Wednesday. Shirley Lewis and her son Steven alleged that they were discriminated against when they were refused permission to live in the park, after the operators learned Steven had AIDS. Lewis had already lived in the park and wanted to bring her 39-year-old son to live with her so she could care for him. She asked the park to waive the minimum age requirement of 45 years for her son, who had become too ill to live alone. Although the park had lifted the age requirement for residents on two other occasions, it refused Lewis' request and said she would be evicted if her son continued living with her. The Lewises had filed a complaint with the

Department of Housing and Urban Development late in 1995, claiming that the park's management had discriminated against Steven because he had AIDS. Following an investigation into the case, HUD sided with the Lewises, saying there was "reasonable cause" to believe the park violated the Fair Housing Act by not waiving the housing rule.

"AIDS Main Killer of Young, Mid-Age Copenhagen Men"
Reuters (06/11/96)

AIDS has become the leading killer of young and middle-aged Copenhagen men, accounting for one in four deaths, more than both heart disease and cancer. State Health Agency researchers Jan Fouchard and Hedda Bille, who reported their findings in The Danish Medical Journal on Tuesday, say the disease has reached similar proportions in other major Danish cities, due in part to the prevalence of drug-taking and risky sexual activity. The most recent AIDS survey found that 1,547 Danes had full-blown AIDS, and 91 percent were men.

"UN AIDS Team Stays in Geneva"
Reuters (06/11/96)

The United Nations AIDS Program, organized on Jan. 1, announced Tuesday that it has decided to remain in Geneva, rejecting the French city of Lyon's offer of free office space. The new agency was formed to bring together six U.N. groups, including the World Health Organization's AIDS program, which is based in Geneva. The Joint U.N. Programme on HIV/AIDS has 70 staff members and a two-year budget of \$140 million.

"Mother's Message on Love and Death"
New York Times (06/12/96) P. C18; O'Connor, John J.

Tonight's episode of the HBO series "Family Video Diaries" features a video diary made by a Staten Island mother dying of AIDS. Sandra Billups, the 29-year-old mother, made the video for her 8-year-old daughter Yolanda, whose father died of AIDS when she was a baby. The video shows the love between the mother and daughter, as well as the support of an organization called Project Hospitality.

"High Risk of HIV Transmission in Mentally Ill, Homeless Drug Users Persists"
Reuters (06/11/96)

Mentally ill injection drug users continue to practice behaviors that put them at risk for HIV infection, researchers report in the June issue of the American Journal of Psychiatry. Ezra Susser and colleagues at Columbia University conducted interviews with 50 homeless men, all of them mentally ill injection drug users who lived in a New York City shelter. The majority reported high-risk injection drug use behaviors, including sharing needles. High risk sexual behavior, including unprotected anal sex, was also common among the men. Susser concluded that efforts to reduce risk among this group are needed.

"PERT Assay: A More Accurate Screen for Plasma RNA HIV-1"
Reuters (06/11/96)

A new test, the product-enhanced reverse transcriptase (PERT) assay, provides a more accurate measure of the plasma level of HIV-1 RNA than the polymerase chain reaction (PCR) assay, a team of Swiss researchers report. Jurg Boni and colleagues at the University of Zurich found that the PERT assay, which can detect less than 100 HIV-1 particles per milliliter, to be more sensitive than the PCR assay.

"Of Bad Blood and Blame"

Maclean's (06/03/96) Vol 109, No. 23; P. 14; Jenish, D'Arcy

The federal inquiry into Canada's tainted-blood tragedy, which left more than 1,000 people infected with HIV, is being delayed by a legal challenge brought by the Canadian Red Cross (CRC) Society, the federal government, provinces, former health ministers, and others. The delay, which could last months or years, has left victims and their families wondering if they will ever learn the truth. The Red Cross and other groups are challenging Judge Horace Krever's authority to assign blame to any person in his report, because they say such findings would turn the inquiry into a trial and violate the rights of the organizations and individuals implicated. Victims' groups say the challenge is an attempt to keep Krever from ever issuing a final report. Representatives of the CRC say findings of misconduct should not be allowed because they could lead to civil or criminal suits. In notices of misconduct sent by inquiry lawyers to the CRC, the organization was cited for delaying measures to ensure a safer blood supply. The tragedy has resulted in a loss of public confidence in the blood system, and a decline in blood donations. The CRC has taken steps to improve the safety of the blood supply, however, and its officials now say Canada has one of the safest blood systems in the world.

"The Accurate Diagnosis of Oral Lesions in Human Immunodeficiency Virus Infection: Impact on Medical Staging"

Journal of the American Medical Association (06/05/96) Vol. 275, No. 21; P. 1616; Cruz, Gustavo D.

To determine how often medical and dental examiners identified oral candidiasis (OC) and oral hairy leukoplakia (OHL), as well as the impact of these diagnoses on the medical staging of HIV, researchers analyzed medical records from 245 individuals. The participants were homosexual men as well as men and women who were parenteral drug users living in New York City. Gustavo D. Cruz and colleagues at Columbia University report that among homosexual men, the oral/dental examiners diagnosed OC in 11 percent of the individuals and the medical examiners in 4 percent. Among the same group, OHL was diagnosed by the oral/dental examiners in 14 percent of the individuals and by the medical examiners in 8 percent. The oral/dental practitioners consistently diagnosed both conditions more frequently than the medical examiners. The diagnoses affected the medical staging of 12 percent of the HIV-positive homosexual men and 22 percent of the HIV-positive drug users. The researchers concluded that

specific training and a comprehensive oral exam have a significant impact on the diagnoses of OC and OHL, and on the medical staging of individuals with HIV. This research was reported in the Archives of Otolaryngology--Head & Neck Surgery.

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

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

ATT CREATION TIME/DATE:12-JUN-1996 12:39:00.00

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 <01I5TL27PWO0017P7U@PMDf.EOP.GOV> for
levi_j@al.eop.gov; Wed, 12 Jun 1996 12:36:56 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <01I5TL5LC89O00007K@STORM.EOP.GOV> for
levi_j@al.eop.gov; Wed, 12 Jun 1996 12:39:39 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id MAA10875; Wed,
12 Jun 1996 12:39:26 -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:12-JUN-1996 09:55:59.69

SUBJECT: Re Wisconsin deadlines

TO: FAX (9-662-9682,Tim Westmoreland) (TLXA1MAIL_\\F:9-662-9682\\C:Tim Westmoreland\\)
READ:NOT READ

TEXT:

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

ATT CREATION TIME/DATE:12-JUN-1996 09:26:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Diana M. Fortuna

ATT SUBJECT: RE: Wisconsin

ATT TO: Jeffrey Levi (LEVI_J)

TEXT:

The comment period is over on July 10 or 11.
Official recipient of comments is Mary Jo Bane of HHS/ACF.

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

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: dabrams@sfajds.ucsf.edu@INET@EOPMRX

CREATION DATE/TIME:12-JUN-1996 20:39:00.00

SUBJECT: Re: Connie Wofsy

TO: Jeffrey Levi (LEVI_J@A1@CD) (WHO)
READ:13-JUN-1996 11:05:38.95

TEXT:

That's very sweet.

David Wofsy, MD

4266 Army St. SF, CA 94131

Kids are Kevin and Susan.

Tell Carol I hope her son is ok!

Fun spending time with Bopper!

Donald I. Abrams, M.D.

dabrams@sfajds.ucsf.edu

Phone:415-476-4082 x444

FAX: 415-476-9233

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

ATT CREATION TIME/DATE:12-JUN-1996 20:42:00.00

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 <0115U1VW010W006VDK@PMDf.EOP.GOV> for
LEVI_J@a1.eop.gov; Wed, 12 Jun 1996 20:38:59 -0400 (EDT)

Received: from sfajds.ucsf.edu by STORM.EOP.GOV (PMDf V5.0-7 #6879)

id <0115U206UR5C00007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Wed,
12 Jun 1996 20:41:42 -0700 (MST)

Received: from [128.218.4.17] by sfajds.ucsf.edu (NTMail 3.01.03)

id na044317; Wed, 12 Jun 1996 17:46:37 -0700

X-Mailer: Pegasus Mail for Windows (v2.33)

X-Info: Happiest Computing Place on Earth

Comments: Authenticated sender is <dabrams@[128.218.4.142]>

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-JUN-1996 17:13:11.66

SUBJECT: OAR

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

READ:12-JUN-1996 17:48:22.85

TEXT:

The truth of the matter is....no matter how much we do from the White House, Porter will not budge unless he hears from Varmus, and Varmus will not help us on this -- despite being asked. As you know from recent experience, Varmus is not exactly responsive to those who appointed him. (In this case, he does not want to offend Porter in any way because of the huge increases he is giving NIH.) And somehow the activists have decided that we can deliver the Republican chair of the subcommittee. In any case, the reply is along these lines:

At every possible juncture, the top leadership of the Administration has communicated to Congress our commitment to the consolidated budget authority of the Office of AIDS Research. (This includes but is not limited to: Secretary Shalala, OMB Director Rivlin, and Chief of Staff Panetta). It was part of every written communication between the Administration and the Congress on the Labor-HHS bill and the continuing resolutions during the FY 1996 negotiations. Secretary Shalala has communicated in writing, in testimony, and in personal conversations separately on this issue to the committee members. Even after the year-long continuing resolution for NIH was signed into law, we kept this issue alive in negotiations with the Congress until the final CR was passed. It was on the list of report language issues that Panetta carried to the negotiations until the very end -- however, the Republicans were not willing to reopen this issue. It is important to remember that the Democrats have been unanimous on this issue; the Democratic subcommittee members have worked closely with the Administration to try to resolve this issue favorably.

The President himself raised this issue at the White House Conference on AIDS saying: "we have got to protect the research budget and the Office of AIDS Research. I will oppose any effort to undermine the research effort or the Office of AIDS Research." We will continue to press this issue throughout the FY 1997 process. The Levine report makes clear the importance of this authority. The FY 1997 request reflect the OAR's priorities; any allocation of increased funds will be made based on the recommendations of the OAR. We will do everything possible, even without the consolidated appropriation, to make sure that OAR's leadership is what gives direction to the NIH's AIDS research effort.

OK -- this is probably longer than you wanted, and may even be a

little defensive -- but on this issue I am particularly tired of being held accountable for the REPUBLICANS!

Finally -- you can call me (540-743-1728) or page me (not quite out of range)...since it looks like I'll be working a good part of the time. I'll have my computer, so I can log in if you need something.

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

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

CREATION DATE/TIME:12-JUN-1996 15:42:12.08

SUBJECT: FAX

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:12-JUN-1996 15:50:10.33

TEXT:

I sent you a fax. Would it be possible to have some help before you leave? Thanks.

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

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

CREATION DATE/TIME:12-JUN-1996 10:52:00.12

SUBJECT: RE: ADAP survey

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:12-JUN-1996 12:12:10.47

TEXT:

I have never seen that. I thought that was what you were referring to yesterday while we were on the phone.

I do know that HRSA is asking a number of survey-type questions in the application guidance for the \$52 million in FY96.

Let me know if I can be of assistance.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:12-JUN-1996 16:25:00.00

SUBJECT: New Conference Listings 06/12/96

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

READ:12-JUN-1996 17:06:42.73

TEXT:

CDC National AIDS Clearinghouse
Conference Calendar Database

NEW CONFERENCE LISTINGS
June 12, 1996

The Clearinghouse's Conference Calendar Database contains information about upcoming conferences related to HIV and AIDS.

NAC ONLINE users can search this database by selecting "Clearinghouse Databases" from the NAC ONLINE main menu. When asked to enter a database name, specify "CONF" to search the Calendar.

To access the NAC ONLINE BBS, set your communications software to dial (800) 851-7245, and set the options for 8 data bits, N parity, 1 stop bit, full duplex, and complete a new user questionnaire. Only non-profit organizations, government agencies, educational institutions, and health departments are given full access to NAC ONLINE and the NAC databases.

Overnight, 3 new listings and 2 updated were loaded to the Conference Calendar Database. Their records follow:

TITLE: Weaving a National Commitment: New Challenges and Strategies for
Protecting Children; 11th National Conference on Child Abuse and
Neglect

DATE: September 16-21, 1996

LOCATION: Washington, DC

SPONSOR(S): National Center on Child Abuse and Neglect (NCCAN)

CONTACT: Eleventh National Conference, c/o Research Assessment
Management, Inc., 1300 Spring St., Ste. 210, Silver Spring, MD
20910, (301) 589-8242.

EVENT TYPE: Conference

TOPICS: Sexual abuse or assault. Families. Children. Adolescents.
Health care accessibility. Health care delivery. Risk
reduction. Community based organizations. Substance abuse.
Policies. Advocacy. Legal issues.

NOTES: Fee: Before July 15, \$260; after July 15, \$295;
students/seniors: before July 15, \$150; after July 15, \$175. One

day registrations available. Additional fees for special events.
Abstract submission deadline is November 17, 1995.

TITLE: Clinical Care of the AIDS Patient: Summer Symposium
DATE: August 1-6, 1996
LOCATION: Sun Valley, ID
SPONSOR(S): Department of Medicine, University of California, San Francisco
CONTACT: Postgraduate Programs, Box 0656, University of California, San Francisco, San Francisco, CA 94143-0656, (415) 476-5208 (program information), (415) 476-5808 (registration information)
EVENT TYPE: Conference
TOPICS: Treatment. Clinics. Health professional education. Epidemiology. Psychiatry. Alternative therapies. Wasting syndrome. Gastrointestinal diseases or disorders. Tuberculosis (TB). Fungal infections. Neurological diseases or disorders. Case studies. Cytomegalovirus (CMV). Kaposi sarcoma. Pneumocystis carinii pneumonia (PCP). Pediatrics. Health professionals. Therapeutic drugs. Sexually transmitted diseases (STDs). Syphilis.
NOTES: Fee: Physicians, \$385; Allied Health Professionals, \$275. Additional fees for some social events. Continuing education credits available. Accommodations, (800) 786-8259. Reservations must be received by July 1, 1996. Transportation, (800) 767-8785.

TITLE: Third International Congress on Drug Therapy for HIV Infection
DATE: November 3-7, 1996
LOCATION: Birmingham, UK - United Kingdom
SPONSOR(S): Gardiner-Caldwell Communications, Ltd.
CONTACT: James Arthur, Gardiner-Caldwell Communications, Ltd., The Old Ribbon Mill, Pitt St., Macclesfield, Cheshire SK11 7PT, United Kingdom, 44-1625-615-325, FAX: 44-1625-616-563
EVENT TYPE: Conference
TOPICS: Therapeutic drugs. Treatment.
NOTES: Abstract deadline: June 28, 1996.

TITLE: Use of Viral Load, CD4 Cell Counts and Resistance Mutation Patterns to Design Strategies for the Combination or Sequential Use of HIV-1 Reverse Transcriptase Inhibitors and Protease Inhibitors
DATE: June 12, 1996
LOCATION: Providence, RI
SPONSOR(S): Rhode Island Hospital Department of Infectious Disease; Brown University AIDS Program
CONTACT: Brown University AIDS Program, Box G-S204 Brown University, Providence, RI 02912
EVENT TYPE: Lecture
TOPICS: Diagnostic tests. Treatment. Therapeutic drugs.
NOTES: Continuing medical education credits available.

TITLE: Update: XI International Conference on AIDS
DATE: July 24, 1996
LOCATION: Providence, RI
SPONSOR(S): Brown University AIDS Program; Rhode Island Project AIDS
CONTACT: Brown University AIDS Program, Box G-S204 Brown University,
Providence, RI 02912
EVENT TYPE: Lecture
TOPICS: Research programs. Health professionals. General AIDS issues.
NOTES: Update for the provider and research communities: 12noon to
2pm. Update for the general HIV-affected community: 6pm-9pm.

Information about additional conferences is welcome. Please send
E-Mail to Flynn McLean (through NAC ONLINE, or
fmclean@cdcnac.aspensys.com via the Internet) at the CDC National
AIDS Clearinghouse; include the title, dates, site, sponsoring
agency, contact information, registration fee, and topics to be
discussed at the conference.

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE:12-JUN-1996 16:28:00.00

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 <0115TT1N3WC000W2S7@PMDf.EOP.GOV> for
levi_j@a1.eop.gov; Wed, 12 Jun 1996 16:25:32 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115TT4YW1LK00007K@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Wed, 12 Jun 1996 16:28:13 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id QAA02849; Wed,
12 Jun 1996 16:27:55 -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:12-JUN-1996 10:00:20.69

SUBJECT: RE: HOPWA Budget Amendment

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

READ:12-JUN-1996 10:00:31.08

TEXT:

No, I don't have the HOPWA letter -- I would love to see it, especially since HUD promised they would let us know when they were sending it over.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-JUN-1996 17:45:35.12

SUBJECT: and another thing

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

READ:12-JUN-1996 17:49:18.20

TEXT:

...according to Nancy-Ann, Varmus has agreed to call the
Republicans on the subcommittee on this subject -- just not Porter
(feeling he's been over this ground already with him). Will he
really do it? Will we know what he actually said? Who knows?

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

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

CREATION DATE/TIME:12-JUN-1996 09:29:48.70

SUBJECT: RE: Wisconsin

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:12-JUN-1996 09:56:00.39

TEXT:

The comment period is over on July 10 or 11.

Official recipient of comments is Mary Jo Bane of HHS/ACF.

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

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

CREATION DATE/TIME:12-JUN-1996 09:59:22.28

SUBJECT: HOPWA Budget Amendment

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:12-JUN-1996 10:01:03.43

TEXT:

Do you have a copy of the (6/6) letter from Secretary Cisneros to Alice Rivlin that requests a FY97 Budget Amendment for HOPWA? (He offers an offset.) If not, I can fax you a copy.

It may give you an idea how this may (or may not) be done for Ryan White.

Let me know.

P.S. I have asked my counterparts here to look into how VA did their assumptions for protease inhibitors. They are going to get back to me. But I presume that you have all ready talked to the VA directly.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:12-JUN-1996 15:26:00.00

SUBJECT: CDC AIDS Daily Summary 06/12/96

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

READ:12-JUN-1996 15:50:03.57

TEXT:

AIDS Daily Summary
June 12, 1996

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse makes available the following information as a public service only. Providing this information does not constitute endorsement by the CDC, the CDC 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

"Baltimore Plans to Use Old Mailboxes to Collect Needles From Drug Addicts"

"Global Team to Track Disease"

"Feds File AIDS Discrimination Claim"

"AIDS Main Killer of Young, Mid-Age Copenhagen Men"

"UN AIDS Team Stays in Geneva"

"Mother's Message on Love and Death"

"High Risk of HIV Transmission in Mentally Ill, Homeless Drug Users Persists"

"PERT Assay: A More Accurate Screen for Plasma RNA HIV-1"

"Of Bad Blood and Blame"

"The Accurate Diagnosis of Oral Lesions in Human Immunodeficiency Virus Injection: Impact on Medical Staging"

"Baltimore Plans to Use Old Mailboxes to Collect Needles From Drug Addicts"

Washington Times (06/12/96) P. C3

In an attempt to prevent the littering of Baltimore streets with discarded syringes, city health officials are planning to use old sidewalk mailboxes as needle drop boxes. Beginning this month, the city will turn six U.S. Postal Service mailboxes in drug-infested neighborhoods into burgundy drop boxes and urge drug addicts to deposit their needles in them. More than 1 million dirty needles litter Baltimore parks and streets each year, and officials want to reduce the risk of disease transmission for children, trash collectors, and others who may

handle the needles. Baltimore has an estimated 48,000 drug users, and about 25 percent are infected with HIV. The project, which began in Florida and has been tested in such locations as Texas and Australia, will be expanded if enough needles are deposited over the next few months.

"Global Team to Track Disease"

USA Today (06/12/96) P. 1A; Manning, Anita

The first national program to combat emerging infectious disease, which will include a global tracking and response system, encourage research, and update regulations for quarantine at U.S. ports of entry, will be announced by the Clinton administration today. The program will be led by a task force of the National Science and Technology Council. James Hughes of the National Center for Infectious Diseases called new diseases like hantavirus and Ebola, and older ones including dengue, diphtheria, and cholera "wake-up calls." In the United States, the death rate from new and re-emerging infectious diseases, excluding AIDS, rose 22 percent between 1980 and 1992.

"Feds File AIDS Discrimination Claim"

United Press International (06/12/96)

The first AIDS housing discrimination claim filed in California's Central District was brought against the operators of a mobile home park in Huntington Beach Wednesday. Shirley Lewis and her son Steven alleged that they were discriminated against when they were refused permission to live in the park, after the operators learned Steven had AIDS. Lewis had already lived in the park and wanted to bring her 39-year-old son to live with her so she could care for him. She asked the park to waive the minimum age requirement of 45 years for her son, who had become too ill to live alone. Although the park had lifted the age requirement for residents on two other occasions, it refused Lewis' request and said she would be evicted if her son continued living with her. The Lewises had filed a complaint with the Department of Housing and Urban Development late in 1995, claiming that the park's management had discriminated against Steven because he had AIDS. Following an investigation into the case, HUD sided with the Lewises, saying there was "reasonable cause" to believe the park violated the Fair Housing Act by not waiving the housing rule.

"AIDS Main Killer of Young, Mid-Age Copenhagen Men"

Reuters (06/11/96)

AIDS has become the leading killer of young and middle-aged Copenhagen men, accounting for one in four deaths, more than both heart disease and cancer. State Health Agency researchers Jan Fouchard and Hedda Bille, who reported their findings in The Danish Medical Journal on Tuesday, say the disease has reached similar proportions in other major Danish cities, due in part to the prevalence of drug-taking and risky sexual activity. The most recent AIDS survey found that 1,547 Danes had full-blown AIDS, and 91 percent were men.

"UN AIDS Team Stays in Geneva"

Reuters (06/11/96)

The United Nations AIDS Program, organized on Jan. 1, announced Tuesday that it has decided to remain in Geneva, rejecting the French city of Lyon's offer of free office space. The new agency was formed to bring together six U.N. groups, including the World Health Organization's AIDS program, which is based in Geneva. The Joint U.N. Programme on HIV/AIDS has 70 staff members and a two-year budget of \$140 million.

"Mother's Message on Love and Death"

New York Times (06/12/96) P. C18; O'Connor, John J.

Tonight's episode of the HBO series "Family Video Diaries" features a video diary made by a Staten Island mother dying of AIDS. Sandra Billups, the 29-year-old mother, made the video for her 8-year-old daughter Yolanda, whose father died of AIDS when she was a baby. The video shows the love between the mother and daughter, as well as the support of an organization called Project Hospitality.

"High Risk of HIV Transmission in Mentally Ill, Homeless Drug Users Persists"

Reuters (06/11/96)

Mentally ill injection drug users continue to practice behaviors that put them at risk for HIV infection, researchers report in the June issue of the American Journal of Psychiatry. Ezra Susser and colleagues at Columbia University conducted interviews with 50 homeless men, all of them mentally ill injection drug users who lived in a New York City shelter. The majority reported high-risk injection drug use behaviors, including sharing needles. High risk sexual behavior, including unprotected anal sex, was also common among the men. Susser concluded that efforts to reduce risk among this group are needed.

"PERT Assay: A More Accurate Screen for Plasma RNA HIV-1"

Reuters (06/11/96)

A new test, the product-enhanced reverse transcriptase (PERT) assay, provides a more accurate measure of the plasma level of HIV-1 RNA than the polymerase chain reaction (PCR) assay, a team of Swiss researchers report. Jurg Boni and colleagues at the University of Zurich found that the PERT assay, which can detect less than 100 HIV-1 particles per milliliter, to be more sensitive than the PCR assay.

"Of Bad Blood and Blame"

Maclean's (06/03/96) Vol 109, No. 23; P. 14; Jenish, D'Arcy

The federal inquiry into Canada's tainted-blood tragedy, which left more than 1,000 people infected with HIV, is being delayed by a legal challenge brought by the Canadian Red Cross (CRC) Society, the federal government, provinces, former health ministers, and others. The delay, which could last months or years, has left victims and their families wondering if they will ever learn the truth. The Red Cross and other groups are

challenging Judge Horace Krever's authority to assign blame to any person in his report, because they say such findings would turn the inquiry into a trial and violate the rights of the organizations and individuals implicated. Victims' groups say the challenge is an attempt to keep Krever from ever issuing a final report. Representatives of the CRC say findings of misconduct should not be allowed because they could lead to civil or criminal suits. In notices of misconduct sent by inquiry lawyers to the CRC, the organization was cited for delaying measures to ensure a safer blood supply. The tragedy has resulted in a loss of public confidence in the blood system, and a decline in blood donations. The CRC has taken steps to improve the safety of the blood supply, however, and its officials now say Canada has one of the safest blood systems in the world.

"The Accurate Diagnosis of Oral Lesions in Human Immunodeficiency Virus Infection: Impact on Medical Staging"
Journal of the American Medical Association (06/05/96) Vol. 275,
No. 21; P. 1616; Cruz, Gustavo D.

To determine how often medical and dental examiners identified oral candidiasis (OC) and oral hairy leukoplakia (OHL), as well as the impact of these diagnoses on the medical staging of HIV, researchers analyzed medical records from 245 individuals. The participants were homosexual men as well as men and women who were parenteral drug users living in New York City. Gustavo D. Cruz and colleagues at Columbia University report that among homosexual men, the oral/dental examiners diagnosed OC in 11 percent of the individuals and the medical examiners in 4 percent. Among the same group, OHL was diagnosed by the oral/dental examiners in 14 percent of the individuals and by the medical examiners in 8 percent. The oral/dental practitioners consistently diagnosed both conditions more frequently than the medical examiners. The diagnoses affected the medical staging of 12 percent of the HIV-positive homosexual men and 22 percent of the HIV-positive drug users. The researchers concluded that specific training and a comprehensive oral exam have a significant impact on the diagnoses of OC and OHL, and on the medical staging of individuals with HIV. This research was reported in the Archives of Otolaryngology--Head & Neck Surgery.

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

ATT CREATION TIME/DATE:12-JUN-1996 15:30:00.00

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 <0115TR003OC0000PW3@PMDf.EOP.GOV> for
levi_j@a1.eop.gov; Wed, 12 Jun 1996 15:26:57 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115TR3BD2G800007K@STORM.EOP.GOV> for

levi_j@a1.eop.gov; Wed, 12 Jun 1996 15:29:37 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id PAA26418; Wed,
12 Jun 1996 15:29:23 -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 (EXTERNAL MAIL)

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

CREATION DATE/TIME:13-JUN-1996 14:08:00.00

SUBJECT: CDC National AIDS Hotline Training Bulletin #171

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

READ:13-JUN-1996 15:04:28.40

TEXT:

.....
CENTERS FOR DISEASE CONTROL AND PREVENTION
HIV/AIDS PREVENTION
CDC NATIONAL AIDS HOTLINE TRAINING BULLETIN
.....

February 13, 1996

#171

These are answers from Centers for Disease Control and Prevention (CDC) to questions concerning an article on the "Scope of the AIDS Epidemic in the United States" in Science, November 24, 1995, by Philip S. Rosenberg, Ph.D.

1. How do these data compare with previous estimates of HIV prevalence?

This study estimates that between 630,000 and 900,000 Americans are living with HIV (this is called "HIV prevalence"). This estimate is derived from statistical techniques that have been refined and expanded since the 1990 Public Health Service (PHS) estimate of 800,000-1,200,000 people infected. Researchers now have additional years of data and more precise information on the completeness of AIDS reporting, which suggest that the upward range of the previous estimate was probably too high. The new estimate more accurately reflects the current state of knowledge.

2. What is this new information? And why does that change the estimate?

Because "back calculation" is based on actual AIDS cases reported to CDC, researchers must estimate how many HIV infections are never reported to CDC as cases of AIDS, and incorporate that number into the overall estimate. The calculation of the percentage of cases never reported must include both the number of people diagnosed with AIDS who are simply never reported and the number of people estimated to die with HIV before developing AIDS.

Recent examinations of the CDC reporting system, coupled

with more complete information on the number of people who die with HIV before being diagnosed with AIDS, have shown that the system is more complete than previously thought. Researchers now believe that approximately 85% of people with HIV will eventually be reported to CDC with AIDS.

The previous estimate was based on the assumption that 75% of people with HIV were eventually reported to CDC with AIDS. Because the percentage of people missed is now thought to be significantly lower (15% rather than 25%), the percentage that must be added to the "back calculated" number of HIV infections to account for these individuals is lower. Therefore the estimated number of people infected is lower, likely providing a more accurate picture.

3. How accurate is this estimate?

This estimate is based on the best available information to date and is consistent with estimates from a number of different sources. However, there is no way to determine precisely how many individuals are infected with HIV. We can not directly observe changes in the numbers of people being infected with HIV (the way we can analyze AIDS cases). And determining where and how many new cases of HIV are occurring is an imprecise science that must rely on "snapshots" of the number of infections in specific subgroups of the population and complex statistical modeling.

Because the AIDS epidemic is continuously evolving and is currently behaving differently in different populations, the estimate could indeed change slightly as additional years of data become available. From a prevention standpoint, the absolute number of infections is less important than changes over time and changes in specific groups.

4. Is HIV prevalence increasing or decreasing?

The Rosenberg analysis, as well as serosurveys in subgroups of the entire U.S. population, indicate that prevalence has remained relatively stable in recent years. This means that roughly the same number of people are becoming infected with HIV as the number of people who are dying with severe HIV disease.

5. There seem to be a lot of conflicting news stories about the state of the epidemic. Some indicate the epidemic is increasing and others suggest that it is leveling. Why is this?

AIDS is not one but several epidemics. The epidemic continues to evolve and is behaving differently in different groups of people--by age, race, risk group, and geographic region. To evaluate the status of these diverse epidemics,

CDC and others rely on several different data sets and studies.

Confusion most frequently stems from the generalization of findings from individual studies, rather than a combination of data. Additionally, some confusion has resulted from the intermingling of terms--such as HIV incidence, HIV prevalence, AIDS incidence, and AIDS deaths--all of which provide important but distinct information.

6. Is this just another way of looking at the data?

This is the first study to analyze national AIDS data and estimate HIV prevalence by age. And consequently, it provides the clearest picture to date of the continuing toll of AIDS in young Americans.

7. If each generation faces the same epidemic, why continue to invest in prevention?

These findings suggest that prevention has helped stabilize the rate of infection in the population overall, and may have contributed to a decline in infection in older white males.

This study underscores the need for sustained, targeted prevention efforts to reduce this repeated toll. While 40,000 new infections is much less than the dramatic rate of increase that characterized the mid 80's, it is not acceptable to allow another American to become infected for every one who dies from this preventable disease.

8. Why is HIV prevalence so low in white women?

A number of underlying factors may contribute to the disproportionate impact of AIDS on women of color. While it is impossible to determine what those factors are from this data, local prevention planners should consider social, economic, and cultural factors that may influence risk behaviors.

9. Why does this analysis only go through January 1993?

The Rosenberg study uses a method of "back calculation" that can currently only be applied to cases reported to CDC under the pre-1993 "case definition."

The "case definition," the criteria used to report people with severe HIV-related illness or AIDS, was changed in 1993. CDC added three medical conditions and a measure of a severely suppressed immune system to more accurately capture all of those individuals severely ill and in need of care.

Rosenberg and other researchers are now devising methods

that can be applied to the new reporting system. These estimates can then be updated to reflect the most recent data.

10. What does this study tell us about risk groups? How many new infections are related to heterosexual sex, drug use, and gay and bisexual sex?

While the Rosenberg study does not analyze the data by risk group, the characteristics of recently reported AIDS cases do provide indications of where recent infections may be occurring. The most recent reports of AIDS cases suggest that about 1/2 of cases are among men who have sex with men, about 1/4 of cases are among IDU, and about 1/8 among heterosexuals.

11. Will the repeated waves of HIV infection in young adults continue?

With sustained, targeted prevention efforts for each group entering young adulthood, we can help keep these waves from developing.

The Rosenberg study indicates that the rate of infection among young adults remained relatively stable through 1992. As each generation (through young adults born in 1969) has come of age, they have faced the same pattern of HIV infection--with a substantial increase in the rate of infection as individuals enter their late teens and early twenties, with rates peaking in the mid- to late-twenties. If we can intervene and change behaviors as young adults reach this age, perhaps, in the next analysis the pattern will change.

12. Do these findings surprise you?

The fact that new infections are occurring primarily in young adults is certainly not surprising. Many other studies have suggested a falling average age of infection. As the epidemic has matured in this country, one would expect the new entrants to the at-risk population to be young.

One would hope, however, that young adults today would be becoming infected at much lower rates than young adults several years ago--as the population has become more aware of how to prevent HIV infection. This study reinforces the need for sustained prevention, and perhaps also reinforces both the difficulty and the importance of changing behavior among our nation's young adults.

13. What should be done now?

This study points to the need for increased prevention

efforts for young adults. Because of the diversity of the epidemic among different groups, communities must look more closely at what is going on locally and design programs to address the prevention needs of young adults--particularly minorities. And when designing prevention programs for young adults, young adults should be included in the design, development, and delivery of messages and services.

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

ATT CREATION TIME/DATE:13-JUN-1996 14:11:00.00

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 <0115V2JYQS34004UI3@PMDf.EOP.GOV> for levi_j@al.eop.gov; Thu, 13 Jun 1996 14:08:25 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115V2N7R9E600007K@STORM.EOP.GOV> for levi_j@al.eop.gov; Thu, 13 Jun 1996 14:11:02 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id OAA11428; Thu, 13 Jun 1996 14:10:52 -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: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:13-JUN-1996 14:48:50.77

SUBJECT: favor follow-up

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:13-JUN-1996 15:02:53.53

TEXT:

As of this moment nothing there's emergency-like in your box. I'll check periodically.

There's a fax from Bill Arnold opposing changes to the ADAP language (where Shalala can reallocate other titles to Title II).

There's a copy of an invitation from Christine Lubinski to Nancy Ann to speak to the NORA Coalition re FY 97 appropriations and Mediciad on 6.22 from 12:30 - 2:00.

Spoke to Jane Silver -- they marked up this morning. All she knew was that there was an amendment introduced from Pelosi re OAR that failed.

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

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

CREATION DATE/TIME:13-JUN-1996 15:17:59.53

SUBJECT: Reminder. Party at 5:00. Weekly due by 6:00. Fun Fun Fun.

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

READ:13-JUN-1996 16:38:06.66

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

READ:13-JUN-1996 18:31:03.42

TO: Molly Brostrom (BROSTROM_M) (WHO)

READ:13-JUN-1996 16:25:00.63

TO: Dennis Burke (BURKE_D) (OPD)

READ:14-JUN-1996 08:15:58.12

TO: Diane Regas (REGAS_D) (OPD)

READ:13-JUN-1996 15:22:42.94

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:17-JUN-1996 10:58:53.53

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

READ:13-JUN-1996 15:18:01.85

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

READ:13-JUN-1996 20:58:44.31

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

READ:13-JUN-1996 16:12:05.68

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:13-JUN-1996 19:14:22.30

TO: Jill Pizzuto (PIZZUTO_J) (OPD)

READ:13-JUN-1996 15:32:09.59

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

READ:13-JUN-1996 15:22:55.82

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

READ:13-JUN-1996 15:21:02.49

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

READ:13-JUN-1996 15:38:54.30

TEXT:

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

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:13-JUN-1996 14:06:26.37

SUBJECT: RE: a favor

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:13-JUN-1996 15:02:41.08

TEXT:

sure ...

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:13-JUN-1996 11:07:46.53

SUBJECT: a favor

TO: Ursula Sanville (SANVILLE_U) (OPD)

READ:13-JUN-1996 14:05:18.63

TEXT:

could you look through my in box occassionally today to check on faxes, etc. that might require a timely response -- I am especially concerned about a fax campaign re OAR, in case Carol is getting stuff -- so that I can fill her in.

I am assuming, given the delay in the budget debate on the floor of the house that they never marked up last night...could you check with Jane Silver or Vickie Wachino to see if that is true? thanaks.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

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

SUBJECT: CDC National AIDS Hotline Training Bulletin #167

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

READ:13-JUN-1996 15:01:27.50

TEXT:

.....
CENTERS FOR DISEASE CONTROL AND PREVENTION
HIV/AIDS PREVENTION
CDC NATIONAL AIDS HOTLINE TRAINING BULLETIN
.....

January 29, 1996

#167

This is a statement from the National Institutes of Health (NIH) concerning new data on HIV immunologic escape mechanisms and HIV suppressor molecules.

How does HIV escape the formidable early immune responses that successfully clear most other viral infections? How do various immune system molecules--some of which shut down HIV, and some of which boost it up--interact to modulate the course of disease in HIV-infected individuals?

Anthony S. Fauci, M.D., Director of the National Institute of Allergy and Infectious Diseases, presented data that help answer these questions in the keynote address at the 3rd Conference on Retroviruses and Opportunistic Infections in Washington, DC, on Jan. 28. Dr. Fauci's state-of-the-science lecture was titled "Host Factors in the Pathogenesis of HIV Disease."

"One reason HIV is unique is that despite the body's immune responses following initial, or primary, infection, which usually reduce the virus to very low levels, some HIV invariably escapes," says Dr. Fauci. "Our laboratory has recently delineated several interesting mechanisms that help explain viral escape in primary HIV infection. We also have shown that the regulation of HIV expression by molecules secreted by immune system cells is even more complex than previously realized."

Among the new findings Dr. Fauci reviewed were:

- * Major expansion of a limited subset of CD8+ T cells following initial HIV infection is associated with more rapid disease development.

- * These initially expanded clones that can kill HIV-infected cells are found in the bloodstream rather than the lymph nodes (where the virus is replicating), and quickly disappear.
- * Recently identified HIV "suppressor molecules" are secreted by CD4+ T cells and monocytes, as well as by CD8+ T cells, and interact with other immune system components in a complex fashion.

Following primary infection with HIV, up to 70 percent of HIV-infected individuals suffer an acute syndrome often characterized by flu-like symptoms. HIV replicates extensively during this period, and large quantities of HIV disseminate throughout the body, especially to the lymphoid organs. An immune response ensues, including the expansion of different subsets of T cells.

T cell response.

Dr. Fauci and his team in the NIAID Laboratory of Immunoregulation have analyzed the T cells that respond to primary HIV infection, classifying them according to a variable (V) region of their receptors. (T cells have receptors with alpha and beta chains, and on the beta chain is a region known as V beta that varies among T cells. Humans have 24 different V beta families.)

Previously (see Aug. 11, 1994, *Nature*), the NIAID investigators demonstrated that during primary infection, some HIV-infected patients have a marked expansion of a limited variety of T cells, representing very few V beta families (restricted expansion). Other patients have minor expansions of a wider array of T cells, with many different V beta families.

"We originally found three patterns: major expansion of a single subset, a second pattern in which there was a moderate expansion of one or two subsets, and a third pattern characterized by the diffuse expansion of several subsets or no expansion at all," explains Dr. Fauci.

The group's preliminary data suggested a correlation between these patterns and clinical course. Patients with a very restricted major V beta expansion did poorly, whereas those with no expansion or diffuse expansion did better.

"These early observations appear to be correct. We now have data on 27 patients, and they can be divided into the three groups we identified previously," says Dr. Fauci. "Patients with more dramatic but restricted V beta expansions clearly experience more rapid progression of HIV disease than other patients."

What happens to killer T cells? The NIAID researchers also have found that major, restricted expansion of T cells in primary HIV

infection is transient, and that among these expanded cells are cytotoxic T lymphocytes (CTLs), also known as killer T cells, specific for HIV.

Studying patients with acute primary HIV infection, the researchers found that after a brief period of time the markedly expanded populations of CTLs, effective at killing HIV, disappear completely.

"Two reasons one might suggest as to why these initially expanded CTL clones disappear so quickly are that the virus has mutated or that there is no more virus around," says Dr. Fauci. "Neither of these situations appear to be the case. We found that the virus was present in abundant quantities and was still in its original form at the time of the study. What appears to be happening is the exhaustion or disappearance of the CTLs that had expanded greatly and that could down-regulate the virus."

He and his colleagues also have found that the CTLs that initially expand greatly appear to accumulate in the bloodstream, rather than in lymph nodes, where most HIV is sequestered.

"We have demonstrated that not only do these clones disappear rapidly, but even when they can be found, they're not really where they are supposed to be," says Dr. Fauci.

How the immune system regulates HIV replication.

At the Washington meeting, Dr. Fauci also presented new data on how molecules secreted by cells of the immune system interact to regulate HIV replication. "Our focus has been to investigate the positive and negative balance of forces between inductive cytokines and suppressive cytokines."

Previously, Dr. Fauci and his colleagues demonstrated that cytokines such as tumor necrosis factor, interleukin-1-beta, and interleukin-6 all can boost HIV replication in infected cells.

The group also has found that CD8+ T cells are able to block HIV expression in both the blood and lymph nodes, as first reported by Dr. Jay Levy of the University of California at San Francisco. The NIAID researchers recently have observed that the cytokine interleukin-2 is a potent inducer of this so-called "CD8 suppressor" phenomenon. In contrast, interleukin-12 does not significantly induce suppressing activity in CD8+ T cells (see Nov. 7, 1995 Proceedings of the National Academy of Science).

New findings on chemokines

Building on the recent work of Dr. Robert Gallo, who used cells acutely infected with HIV in vitro, Dr. Fauci and his group have studied three immune-signaling molecules--RANTES, MIP-1 alpha, and MIP-1 beta--that appear to be associated with the CD8 suppressor phenomenon. The NIAID group has further demonstrated

that these molecules, called chemokines, suppress in vitro virus replication in cells from HIV-infected people. The researchers have shown that IL-2 induces CD8 suppressors by selectively inducing CD8+ T cells to secrete RANTES, MIP-1 alpha, and MIP-1 beta. IL-12, on the other hand, does not induce these molecules. Blocking RANTES, MIP-1 alpha, and MIP-1 beta eliminates the suppressor effect.

Finally, Dr. Fauci and his team have found that RANTES, MIP-1 alpha, and MIP-1 beta are secreted not only by CD8+ cells, but also by CD8-depleted cells such as CD4+ T cells and monocytes.

"It is becoming clear that not all HIV suppression is due to CD8+ T cells," he says. "Suppression by chemokines can occur even in the absence of CD8+ cells."

To further complicate matters, the NIAID researchers have found that RANTES, MIP-1 alpha, and MIP-1 beta may suppress HIV in one model system, but not in another. "As is always the case in immunology, the story ends up being much more complicated than you first expected," says Dr. Fauci. "Much more work needs to be done before these results can be translated to the patient."

Dr. Fauci's principal collaborators in these studies are Drs. Giuseppe Pantaleo, Drew Weissman, and Audrey Kinter.

NIAID is a component of the National Institutes of Health. NIAID conducts and supports research aimed at preventing, diagnosing and treating illnesses such as AIDS and other sexually transmitted diseases, tuberculosis, asthma and allergies. NIH is an agency of the U.S. Public Health Service, part of the Department of Health and Human Services.

Further Reading:

Cocchi F, DeVico AL, Garzino-Demo A, Arya SK, Gallo RC, Lusso P. Identification of RANTES, MIP-1 alpha, and MIP-1 beta as the major HIV-suppressive factors produced by CD8+ T cells. *Science* 1995;270:1811-5, (Dec. 15, 1995).

Kinter AL, Bende SM, Hardy EC, Jackson R, Fauci, AS. Interleukin 2 induces CD8+ T cell-mediated suppression of human immunodeficiency virus replication in CD4+ T cells and this effect overrides its ability to stimulate virus expression. *Proc Natl Acad Sci USA* 1995;92:10985-9, (Nov. 21, 1995).

Levy JA. Pathogenesis of human immunodeficiency virus infection. *Microbiol Rev* 1993; Mar;57(1):183-289, (March 1993).

Pantaleo G, Demarest JF, Soudeyns H, Graziosi C, Denis F, Adelsberger JW, Borrow P, Saag MS, Shaw GM, Sekaly RP, Fauci AS. Major expansion of CD8+ T cells with a predominant V beta usage during the primary immune response to HIV. *Nature* 1994;370(6489):463-7, (Aug. 11, 1994).

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ATT CREATION TIME/DATE:13-JUN-1996 13:18:00.00

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 <01I5V0PIN64W003TPZ@PMDf.EOP.GOV> for levi_j@a1.eop.gov; Thu, 13 Jun 1996 13:15:37 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <01I5V0SLNZ6M00007K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Thu, 13 Jun 1996 13:18:15 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id NAA05270; Thu, 13 Jun 1996 13:17:55 -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 (EXTERNAL MAIL)

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

CREATION DATE/TIME:13-JUN-1996 14:59:00.00

SUBJECT: CDC National AIDS Hotline Training Bulletin #177

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

READ:13-JUN-1996 15:08:37.62

TEXT:

.....
CENTERS FOR DISEASE CONTROL AND PREVENTION
HIV/AIDS PREVENTION
CDC NATIONAL AIDS HOTLINE TRAINING BULLETIN
.....

April 2, 1996

#177

This is a statement from the National Institutes of Health (NIH) concerning gene therapy that prolongs CD4+ T cell survival in HIV-infected individuals.

In a small study of HIV-infected people, researchers supported in part by the National Institute of Allergy and Infectious Diseases (NIAID) have shown that a novel form of gene therapy can prolong, with no apparent side effects, the survival of critical immune system cells that are typically depleted during the course of HIV disease. Gary Nabel, M.D., Ph.D., of the University of Michigan, and his colleagues report their findings in the April 2, 1996, issue of the Proceedings of the National Academy of Sciences.

Dr. Nabel's paper is the first published report of a gene therapy study in which doctors have treated HIV-infected patients with their own CD4+ T cells that have been modified with an antiviral gene. The approach has the advantage of not requiring cells from donors who would need to be matched immunologically with the recipient.

"This work is an example of NIAID's commitment to the development of innovative therapies for HIV-infected people," says Anthony S. Fauci, M.D., NIAID Director.

"This pilot study suggests that gene transfer can be used to prolong the survival of CD4+ T cells and may, ultimately, help to sustain the immune systems of HIV-infected people," says Dr. Nabel, also an investigator affiliated with the Howard Hughes Medical Institute. "Additional studies, now under way, will help to define the optimal methods of CD4+ T cell gene transfer and determine the clinical efficacy of this approach."

In the study, the researchers drew blood from three HIV-infected

people, and separated out each patient's CD4+ T cells. These cells, sometimes called "T-helper" cells, are the main targets of HIV.

Into these cells, which were treated with two antiretroviral drugs to block HIV replication, the researchers inserted one of two altered HIV rev genes. Normally, rev produces a protein, Rev, that allows transport of certain HIV genetic material within the infected cell from the nucleus to the cytoplasm, a critical step in viral replication.

Into half the cells from each patient, the researchers inserted an altered rev gene that produces a defective protein, Rev M10, which suppresses HIV replication by competing with the function of normal Rev. The altered rev gene was developed in the late 1980s in the laboratory of NIAID grantee Bryan Cullen, Ph.D., of Duke University.

Into the other cells from each patient, the scientists inserted a "dummy" gene that produces a protein that does not compete with normal Rev, and therefore has no anti-HIV activity.

The researchers treated both sets of cells with interleukin-2 to expand them to large numbers, and then re-infused each patient with their own cells. The patients were monitored closely, and the researchers tracked the survival of both Rev M10-producing cells and the cells with the "dummy" rev gene. As had previously been shown in test tube experiments, the CD4+ T cells expressing Rev M10 persisted longer than the cells with the "dummy" gene.

"Our data suggest that genetically modified cells can be detected, and the cells expressing Rev M10 demonstrated a 4- to 5- fold selective survival advantage," the authors write.

None of the patients in the pilot trial experienced any adverse effects from the treatment. "These results indicate that this form of genetic treatment could be used safely in a larger number of HIV-infected patients," says Dr. Nabel.

Dr. Nabel is the principal investigator of a research team sponsored by the Strategic Programs for Innovative Research on AIDS Treatment (SPIRAT), an initiative of NIAID's Division of AIDS.

"This elegantly designed study circumvented the usual problem of person-to-person variation in clinical trials by essentially using each individual as both a positive and negative control," says Nava Sarver, Ph.D., chief of the Targeted Interventions Branch of NIAID's Division of AIDS, and the program officer for SPIRAT. "This approach already has been emulated by other gene therapy researchers beginning clinical trials."

"Dr. Nabel's work provides critical information as to the feasibility of gene transfer therapy for HIV infection, providing

preliminary answers to several important questions," she adds. "For example, we now have evidence that this procedure is safe; that we can insert genes into cells from HIV-infected individuals without inducing HIV replication in cell culture; that we can trace these cells once we put them back into the body; and that delivery of anti-HIV genes using non-viral delivery vehicles (vectors) is feasible."

SPIRAT, launched in 1994, supports studies at the interface of basic and clinical research, leading to the implementation of pilot clinical studies to test novel therapeutic strategies to combat HIV disease. Examples include strategies to restore and maintain a functional immune system via immune cell or tissue restoration, and direct suppression of HIV replication through molecular or cellular mechanisms.

NIAID is a component of the National Institutes of Health. NIAID conducts and supports research to prevent, diagnose, and treat illnesses such as AIDS and other sexually transmitted diseases, tuberculosis, asthma, and allergies. NIH is an agency of the U.S. Public Health Service, U.S. Department of Health and Human Services.

Reference:

Woffendin C, et al. Expression of a protective gene prolongs survival of T cells in human immunodeficiency virus-infected patients. *Proc Natl Acad Sci USA* 1996;93:2889-94.

Further Reading:

Bridges SH, Sarver N. Gene therapy and immune restoration for HIV disease. *Lancet* 1995;345:427-32.

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about the latest treatments for persons with HIV infection or AIDS.

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ATT CREATION TIME/DATE:13-JUN-1996 15:02:00.00

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 <0115V4BTLDE800YVK6@PMDf.EOP.GOV> for
levi_j@a1.eop.gov; Thu, 13 Jun 1996 14:59:06 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115V4F220ZE00007K@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Thu, 13 Jun 1996 15:01:44 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id PAA17279; Thu,
13 Jun 1996 15:01:32 -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 (EXTERNAL MAIL)

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

CREATION DATE/TIME:13-JUN-1996 22:01:00.00

SUBJECT: CDC AIDS Daily Summary 06/13/96

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

READ:14-JUN-1996 10:47:31.78

TEXT:

AIDS Daily Summary
June 13, 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

"The Tragic Hypocrisy of 'Animal Rights'"
"HIV-Infected Man Indicted in Alleged Attack on Boy"
"Federal Court Pulls Plug on Internet Decency Law"
"UNAIDS Sees Hopeful Trends in AIDS Control"
"Bearing the Torch for a Better World"
"Stavudine/Didanosine Tolerated in Children" "Science
& Health Bulletin: Zambia-AIDS Zambia..."
"Science & Health Bulletin: Zaire-Foundation [Created in Memory
of Late Professor]"
"Oral Ganciclovir for the Prevention of Cytomegalovirus Disease
in Persons With AIDS"
"North Carolina's Black Churches to Join in AIDS Fight"

"The Tragic Hypocrisy of 'Animal Rights'"
Wall Street Journal (06/13/96) P. A14; Getty, Jeff
In a commentary in the Wall Street Journal, AIDS patient and activist Jeff Getty defends animal research and criticizes efforts by the group People for the Ethical Treatment of Animals (PETA) for opposing the use of animals to seek an AIDS cure. Getty, who received a baboon bone marrow transplant in December, says that PETA's opposition to any AIDS cure that would involve animal research has delayed AIDS research in several instances. As examples, he cites how some researchers have been forced to conduct studies underground to avoid violent attacks, as well as strict animal rights laws that have delayed research and objections by animal rights groups that delayed his own

transplant. Getty objects to people who say they support both animal rights and AIDS research, noting that without animal research, many other diseases would never have been cured.

"HIV-Infected Man Indicted in Alleged Attack on Boy"

Washington Post (06/13/96) P. B6

An HIV-positive man in Prince George's County, Md., has been indicted on a charge of attempted second-degree murder for allegedly trying to sodomize a boy last summer. Prosecutors claim that Charles Hayhoe, 35, tried to sodomize an 11-year-old boy three times in August 1995. Hayhoe, a friend of the boy's family, told officials when he was arrested that he is HIV-positive. The accused was also indicted on assault with intent to murder, battery, and three sex offense charges.

"Federal Court Pulls Plug on Internet Decency Law"

Washington Times (06/13/96) P. A1; Abrahms, Doug

A panel of three federal judges in Philadelphia struck down parts of the Communications Decency Act Wednesday, rejecting efforts to restrict speech on the Internet as unconstitutional. The judges sided with more than 50 groups, including the American Civil Liberties Union and online groups, which had filed two lawsuits to block the law. Opponents of the law said a provision including criminal penalties threatened to imprison people for posting information about sex education, AIDS, abortion, and breast cancer.

"UNAIDS Sees Hopeful Trends in AIDS Control"

Xinhua News Agency (06/12/96)

While the number of new HIV infections has declined in many countries due to safer sex practices, the rate of infection worldwide continues to grow rapidly, the U.N. program on AIDS (UNAIDS) said Wednesday. The agency said an estimated 7,500 people become infected each day. In the United States, new HIV infections have decreased 60 percent from an annual 100,000 a few years ago to 40,000. Other countries that have reported successful slowing of the AIDS epidemic include Australia, New Zealand, northern European countries, and parts of sub-Saharan Africa. UNAIDS said the trend was partly due to changes in behavior, including increased condom use. Between 1994 and 1995, however, there was an increase of more than 25 percent in the global number of AIDS cases reported.

"Bearing the Torch for a Better World"

Washington Post--Maryland Weekly (06/13/96) P. 1; Aguilar, Louis

Among the 181 Marylanders and former Olympians that will carry the Olympic torch through the state next week are 106 individuals who have been deemed "community heroes" for their service to the community. College Park's Kyla Liggett Herod, for example, grew up in Washington, D.C., and began working with AIDS patients at the age of 14. Now, as a 20-year-old junior at the University of Maryland, she is studying family and women's studies and African American studies. Herod conducted AIDS education programs for prostitutes in Cambodia and now volunteers

at a sexual assault center and interprets for the deaf at her church.

"Stavudine/Didanosine Tolerated in Children"

Reuters (06/12/96)

The combination therapy of stavudine and didanosine is well tolerated and safe in children with advanced HIV infection, researchers at the Baylor College of Medicine in Houston report in the journal *Pediatrics*. Mark W. Kline and colleagues also say that the results of their preliminary trial suggest that the therapy had a favorable impact on viral burden. Stavudine is not approved for use in children, but a trial has found the drug to be safe and well tolerated.

"Science & Health Bulletin: Zambia-AIDS Zambia..."

PANA Wire Service (06/12/96)

Traditional healers in Zambia will soon collaborate with the health ministry to combat AIDS. Under a new policy being developed by the Zambian government, herbal medicines used by healers would be subjected to clinical tests to determine their efficacy and safety, Health Minister Katele Kalumba said Wednesday. He said an estimated 11 percent of the country's rural population and between 18 percent and 25 percent of the urban population is infected with HIV. Kalumba noted that the people's confidence in the healers would have a positive impact on AIDS patients.

"Science & Health Bulletin: Zaire-Foundation [Created in Memory of Late Professor]"

PANA Wire Service (06/12/96); Lapess, Rigobert Munkeni

A foundation for AIDS research has been created in Zaire in memory of Andre Lurhuma, the immunologist who co-invented MM1, a controversial vaccine for HIV which eventually proved to be ineffective. The foundation has been created by friends of Lurhuma, who died in May 1995, as a way to continue his work and enhance the fight against major epidemics including AIDS, tuberculosis, and malaria. It is also intended to create a framework for researchers and medical practitioners, and provide courses for prospective immunologists, virologists, and other specialists.

"Oral Ganciclovir for the Prevention of Cytomegalovirus Disease in Persons With AIDS"

New England Journal of Medicine (06/06/96) Vol. 334, No. 23; P. 1491; Spector, Stephen A.; McKinley, George F.; Lalezari, Jacob P.; et al.

Cytomegalovirus (CMV) infection is common among people with AIDS, and causes CMV retinitis in 25 percent to 40 percent of all AIDS patients. To evaluate how effectively ganciclovir, taken orally, can prevent CMV disease in patients with advanced AIDS, researchers at the University of California at San Diego tested the therapy in 486 patients for about one year. Stephen Spector and colleagues found that 26 percent of the patients who had received no treatment were diagnosed with CMV disease, compared

to only 14 percent of the patients who received ganciclovir. This represents an overall reduction in risk of 49 percent. CMV retinitis was the most frequent event, and also the form of CMV disease most affected by ganciclovir. Thirteen percent of the study participants discontinued the treatment because they developed CMV disease, and 19 percent stopped due to side effects. The authors concluded that, while prophylaxis with ganciclovir was not associated with improved overall survival, the treatment significantly prolonged survival without CMV disease in people with advanced AIDS.

"North Carolina's Black Churches to Join in AIDS Fight"

American Medical News (06/10/96) Vol. 39, No. 22; P. 35

After having distanced themselves from the AIDS epidemic for years, predominantly black churches across North Carolina are now recognizing that the disease is impacting their own community. AIDS is the leading killer of the state's black men between the ages of 15 and 44, and the second-leading killer of black women in that age group. The General Baptist State Convention of North Carolina, representing more than 1,800 historically black churches, is hiring a health and human services coordinator to promote AIDS education and prevention. Furthermore, the state will host the national Black Church Education and Leadership Conference on AIDS next year. Some churches have also invited public health experts to lead AIDS programs for their congregations.

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

ATT CREATION TIME/DATE:13-JUN-1996 22:04:00.00

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 <0115VJ2Q3A6O001F83@PMDf.EOP.GOV> for levi_j@al.eop.gov; Thu, 13 Jun 1996 22:01:40 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115VJ61PSWK00007K@STORM.EOP.GOV> for levi_j@al.eop.gov; Thu, 13 Jun 1996 22:04:20 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id WAA23403; Thu, 13 Jun 1996 22:04:12 -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:13-JUN-1996 13:29:07.65

SUBJECT: TODAY's party

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:13-JUN-1996 13:55:54.23

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:13-JUN-1996 20:58:24.24

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:13-JUN-1996 13:31:28.65

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:13-JUN-1996 13:48:58.33

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:13-JUN-1996 14:07:34.43

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ:13-JUN-1996 13:33:05.06

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:13-JUN-1996 14:38:08.59

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:13-JUN-1996 15:12:44.73

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:13-JUN-1996 13:37:48.26

TO: Carol H. Rasco (RASCO_C) (WHO)
READ:13-JUN-1996 15:11:00.56

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:13-JUN-1996 13:31:38.22

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ:17-JUN-1996 09:06:49.29

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:17-JUN-1996 10:51:05.63

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:13-JUN-1996 15:04:06.32

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:13-JUN-1996 15:08:39.85

TO: Deborah L. Fine (FINE_D) (OPD)
READ:13-JUN-1996 13:29:35.60

TO: Dennis Burke (BURKE_D) (OPD)
READ:14-JUN-1996 08:15:38.43

TO: Diane Regas (REGAS_D) (OPD)
READ:13-JUN-1996 13:39:03.37

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:13-JUN-1996 13:35:35.49

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:13-JUN-1996 14:10:19.93

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:13-JUN-1996 13:52:04.32

TO: FAX (9-720-4732,Elworth, Larry) (TLXA1MAIL_\F:9-720-4732\C:Elworth, Larry\\)
READ:NOT READ

TEXT:

FYI to all: we're asking if everyone can show up on time AT 5:00 p.m. Debbie has got to leave by 5:30 b/c something came up -- needs to be at a meeting.
THANKS!

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

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

CREATION DATE/TIME:13-JUN-1996 11:30:07.77

SUBJECT: WEEKLY REPORTS DUE BY 6:00 pm today

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:13-JUN-1996 16:36:33.93

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:13-JUN-1996 12:01:04.94

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:NOT READ

TO: Dennis Burke (BURKE_D) (OPD)
READ:14-JUN-1996 08:14:53.13

TO: Diane Regas (REGAS_D) (OPD)
READ:13-JUN-1996 11:30:52.18

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:17-JUN-1996 10:50:56.63

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:13-JUN-1996 12:35:52.31

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:13-JUN-1996 20:57:49.65

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:13-JUN-1996 11:31:14.32

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:13-JUN-1996 15:03:48.73

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:13-JUN-1996 11:30:36.48

TO: Michael T. Schmidt (SCHMIDT_MT)
READ:13-JUN-1996 11:30:15.14

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:13-JUN-1996 11:30:33.13

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:13-JUN-1996 11:44:10.53

TEXT:

Thanks for reformatting your work to standard format last week -- we're on a roll.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:13-JUN-1996 15:02:36.69

SUBJECT: clearinghouse info

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:17-JUN-1996 10:51:17.59

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:13-JUN-1996 16:08:55.95

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:13-JUN-1996 17:24:30.12

TEXT:

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

ATT CREATION TIME/DATE:13-JUN-1996 13:17:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC National AIDS Hotline Training Bulletin #167

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

.....
CENTERS FOR DISEASE CONTROL AND PREVENTION
HIV/AIDS PREVENTION
CDC NATIONAL AIDS HOTLINE TRAINING BULLETIN
.....

January 29, 1996

#167

This is a statement from the National Institutes of Health (NIH) concerning new data on HIV immunologic escape mechanisms and HIV suppressor molecules.

How does HIV escape the formidable early immune responses that successfully clear most other viral infections? How do various immune system molecules--some of which shut down HIV, and some of which boost it up--interact to modulate the course of disease in HIV-infected individuals?

Anthony S. Fauci, M.D., Director of the National Institute of Allergy and Infectious Diseases, presented data that help answer these questions in the keynote address at the 3rd Conference on Retroviruses and Opportunistic Infections in

Washington, DC, on Jan. 28. Dr. Fauci's state-of-the-science lecture was titled "Host Factors in the Pathogenesis of HIV Disease."

"One reason HIV is unique is that despite the body's immune responses following initial, or primary, infection, which usually reduce the virus to very low levels, some HIV invariably escapes," says Dr. Fauci. "Our laboratory has recently delineated several interesting mechanisms that help explain viral escape in primary HIV infection. We also have shown that the regulation of HIV expression by molecules secreted by immune system cells is even more complex than previously realized."

Among the new findings Dr. Fauci reviewed were:

- * Major expansion of a limited subset of CD8+ T cells following initial HIV infection is associated with more rapid disease development.
- * These initially expanded clones that can kill HIV-infected cells are found in the bloodstream rather than the lymph nodes (where the virus is replicating), and quickly disappear.
- * Recently identified HIV "suppressor molecules" are secreted by CD4+ T cells and monocytes, as well as by CD8+ T cells, and interact with other immune system components in a complex fashion.

Following primary infection with HIV, up to 70 percent of HIV-infected individuals suffer an acute syndrome often characterized by flu-like symptoms. HIV replicates extensively during this period, and large quantities of HIV disseminate throughout the body, especially to the lymphoid organs. An immune response ensues, including the expansion of different subsets of T cells.

T cell response.

Dr. Fauci and his team in the NIAID Laboratory of Immunoregulation have analyzed the T cells that respond to primary HIV infection, classifying them according to a variable (V) region of their receptors. (T cells have receptors with alpha and beta chains, and on the beta chain is a region known as V beta that varies among T cells. Humans have 24 different V beta families.)

Previously (see Aug. 11, 1994, *Nature*), the NIAID investigators demonstrated that during primary infection, some HIV-infected patients have a marked expansion of a limited variety of T cells, representing very few V beta families (restricted expansion). Other patients have minor expansions of a wider array of T cells, with many different V beta families.

"We originally found three patterns: major expansion of a single subset, a second pattern in which there was a moderate expansion of one or two subsets, and a third pattern characterized by the diffuse expansion of several subsets or no expansion at all," explains Dr. Fauci.

The group's preliminary data suggested a correlation between these patterns and clinical course. Patients with a very restricted major V beta expansion did poorly, whereas those with no expansion or diffuse expansion did better.

"These early observations appear to be correct. We now have data on 27 patients, and they can be divided into the three groups we identified previously," says Dr. Fauci. "Patients with more dramatic but restricted V beta expansions clearly experience more rapid progression of HIV disease than other patients."

What happens to killer T cells? The NIAID researchers also have found that major, restricted expansion of T cells in primary HIV infection is transient, and that among these expanded cells are cytotoxic T lymphocytes (CTLs), also known as killer T cells, specific for HIV.

Studying patients with acute primary HIV infection, the researchers found that after a brief period of time the markedly expanded populations of CTLs, effective at killing HIV, disappear completely.

"Two reasons one might suggest as to why these initially expanded CTL clones disappear so quickly are that the virus has mutated or that there is no more virus around," says Dr. Fauci. "Neither of these situations appear to be the case. We found that the virus was present in abundant quantities and was still in its original form at the time of the study. What appears to be happening is the exhaustion or disappearance of the CTLs that had expanded greatly and that could down-regulate the virus."

He and his colleagues also have found that the CTLs that initially expand greatly appear to accumulate in the bloodstream, rather than in lymph nodes, where most HIV is sequestered.

"We have demonstrated that not only do these clones disappear rapidly, but even when they can be found, they're not really where they are supposed to be," says Dr. Fauci.

How the immune system regulates HIV replication.

At the Washington meeting, Dr. Fauci also presented new data on how molecules secreted by cells of the immune system interact to regulate HIV replication. "Our focus has been to investigate the positive and negative balance of forces between inductive cytokines and suppressive cytokines."

Previously, Dr. Fauci and his colleagues demonstrated that

cytokines such as tumor necrosis factor, interleukin-1-beta, and interleukin-6 all can boost HIV replication in infected cells.

The group also has found that CD8+ T cells are able to block HIV expression in both the blood and lymph nodes, as first reported by Dr. Jay Levy of the University of California at San Francisco. The NIAID researchers recently have observed that the cytokine interleukin-2 is a potent inducer of this so-called "CD8 suppressor" phenomenon. In contrast, interleukin-12 does not significantly induce suppressing activity in CD8+ T cells (see Nov. 7, 1995 Proceedings of the National Academy of Science).

New findings on chemokines

Building on the recent work of Dr. Robert Gallo, who used cells acutely infected with HIV in vitro, Dr. Fauci and his group have studied three immune-signaling molecules--RANTES, MIP-1 alpha, and MIP-1 beta--that appear to be associated with the CD8 suppressor phenomenon. The NIAID group has further demonstrated that these molecules, called chemokines, suppress in vitro virus replication in cells from HIV-infected people. The researchers have shown that IL-2 induces CD8 suppressors by selectively inducing CD8+ T cells to secrete RANTES, MIP-1 alpha, and MIP-1 beta. IL-12, on the other hand, does not induce these molecules. Blocking RANTES, MIP-1 alpha, and MIP-1 beta eliminates the suppressor effect.

Finally, Dr. Fauci and his team have found that RANTES, MIP-1 alpha, and MIP-1 beta are secreted not only by CD8+ cells, but also by CD8-depleted cells such as CD4+ T cells and monocytes.

"It is becoming clear that not all HIV suppression is due to CD8+ T cells," he says. "Suppression by chemokines can occur even in the absence of CD8+ cells."

To further complicate matters, the NIAID researchers have found that RANTES, MIP-1 alpha, and MIP-1 beta may suppress HIV in one model system, but not in another. "As is always the case in immunology, the story ends up being much more complicated than you first expected," says Dr. Fauci. "Much more work needs to be done before these results can be translated to the patient."

Dr. Fauci's principal collaborators in these studies are Drs. Giuseppe Pantaleo, Drew Weissman, and Audrey Kinter.

NIAID is a component of the National Institutes of Health. NIAID conducts and supports research aimed at preventing, diagnosing and treating illnesses such as AIDS and other sexually transmitted diseases, tuberculosis, asthma and allergies. NIH is an agency of the U.S. Public Health Service, part of the Department of Health and Human Services.

Further Reading:

Cocchi F, DeVico AL, Garzino-Demo A, Arya SK, Gallo RC, Lusso P. Identification of RANTES, MIP-1 alpha, and MIP-1 beta as the major HIV-suppressive factors produced by CD8+ T cells. Science 1995;270:1811-5, (Dec. 15, 1995).

Kinter AL, Bende SM, Hardy EC, Jackson R, Fauci, AS. Interleukin 2 induces CD8+ T cell-mediated suppression of human immunodeficiency virus replication in CD4+ T cells and this effect overrides its ability to stimulate virus expression. Proc Natl Acad Sci USA 1995;92:10985-9, (Nov. 21, 1995).

Levy JA. Pathogenesis of human immunodeficiency virus infection. Microbiol Rev 1993; Mar;57(1):183-289, (March 1993).

Pantaleo G, Demarest JF, Soudeyns H, Graziosi C, Denis F, Adelsberger JW, Borrow P, Saag MS, Shaw GM, Sekaly RP, Fauci AS. Major expansion of CD8+ T cells with a predominant V beta usage during the primary immune response to HIV. Nature 1994;370(6489):463-7, (Aug. 11, 1994).

Disclaimer: CDC Hotline Training Bulletins

The information in the "CDC Hotline Training Bulletins" is provided by CDC and NIH for use by the CDC National AIDS Hotline in responding to general questions from the public about HIV and AIDS. The bulletins are not intended to be comprehensive discussions of the subject areas. Treatment and drug therapy options change as new research and clinical experiences broaden scientific knowledge. Therefore, persons seeking information on drug therapy should refer to the product information sheet included in all drug packages for the most current and accurate information about a particular drug, especially if the drug is new or infrequently used. HIV-infected individuals should consult their personal physician for specific concerns about their health. For persons desiring more information on a specific topic, public, medical, and university libraries can provide excellent references. The AIDS Clinical Trials Information Service (800-874-2572) can provide information about ongoing HIV/AIDS clinical trials; the HIV/AIDS Treatment Information Service (800-448-0440) can assist with information about the latest treatments for persons with HIV infection or AIDS.

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

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

ATT CREATION TIME/DATE:13-JUN-1996 13:18:00.00

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 <0115V0PIN64W003TPZ@PMDf.EOP.GOV> for
levi_j@a1.eop.gov; Thu, 13 Jun 1996 13:15:37 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115V0SLNZ6M00007K@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Thu, 13 Jun 1996 13:18:15 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id NAA05270; Thu,
13 Jun 1996 13:17:55 -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:13-JUN-1996 15:07:23.26

SUBJECT: cdc data

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:17-JUN-1996 10:53:13.52

TO: Ursula Sanville (SANVILLE_U) (OPD)

READ:13-JUN-1996 16:08:00.10

TO: Lahoma Romocki (ROMOCKI_L) (OPD)

READ:13-JUN-1996 16:11:29.18

TEXT:

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

ATT CREATION TIME/DATE:13-JUN-1996 14:10:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC National AIDS Hotline Training Bulletin #171

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

.....
CENTERS FOR DISEASE CONTROL AND PREVENTION
HIV/AIDS PREVENTION
CDC NATIONAL AIDS HOTLINE TRAINING BULLETIN
.....

February 13, 1996

#171

These are answers from Centers for Disease Control and Prevention (CDC) to questions concerning an article on the "Scope of the AIDS Epidemic in the United States" in Science, November 24, 1995, by Philip S. Rosenberg, Ph.D.

1. How do these data compare with previous estimates of HIV prevalence?

This study estimates that between 630,000 and 900,000 Americans are living with HIV (this is called "HIV prevalence"). This estimate is derived from statistical techniques that have been refined and expanded since the 1990 Public Health Service (PHS) estimate of 800,000-1,200,000 people infected. Researchers now have additional

years of data and more precise information on the completeness of AIDS reporting, which suggest that the upward range of the previous estimate was probably too high. The new estimate more accurately reflects the current state of knowledge.

2. What is this new information? And why does that change the estimate?

Because "back calculation" is based on actual AIDS cases reported to CDC, researchers must estimate how many HIV infections are never reported to CDC as cases of AIDS, and incorporate that number into the overall estimate. The calculation of the percentage of cases never reported must include both the number of people diagnosed with AIDS who are simply never reported and the number of people estimated to die with HIV before developing AIDS.

Recent examinations of the CDC reporting system, coupled with more complete information on the number of people who die with HIV before being diagnosed with AIDS, have shown that the system is more complete than previously thought. Researchers now believe that approximately 85% of people with HIV will eventually be reported to CDC with AIDS.

The previous estimate was based on the assumption that 75% of people with HIV were eventually reported to CDC with AIDS. Because the percentage of people missed is now thought to be significantly lower (15% rather than 25%), the percentage that must be added to the "back calculated" number of HIV infections to account for these individuals is lower. Therefore the estimated number of people infected is lower, likely providing a more accurate picture.

3. How accurate is this estimate?

This estimate is based on the best available information to date and is consistent with estimates from a number of different sources. However, there is no way to determine precisely how many individuals are infected with HIV. We can not directly observe changes in the numbers of people being infected with HIV (the way we can analyze AIDS cases). And determining where and how many new cases of HIV are occurring is an imprecise science that must rely on "snapshots" of the number of infections in specific subgroups of the population and complex statistical modeling.

Because the AIDS epidemic is continuously evolving and is currently behaving differently in different populations, the estimate could indeed change slightly as additional years of data become available. From a prevention standpoint, the absolute number of infections is less important than changes over time and changes in specific groups.

4. Is HIV prevalence increasing or decreasing?

The Rosenberg analysis, as well as serosurveys in subgroups of the entire U.S. population, indicate that prevalence has remained relatively stable in recent years. This means that roughly the same number of people are becoming infected with HIV as the number of people who are dying with severe HIV disease.

5. There seem to be a lot of conflicting news stories about the state of the epidemic. Some indicate the epidemic is increasing and others suggest that it is leveling. Why is this?

AIDS is not one but several epidemics. The epidemic continues to evolve and is behaving differently in different groups of people--by age, race, risk group, and geographic region. To evaluate the status of these diverse epidemics, CDC and others rely on several different data sets and studies.

Confusion most frequently stems from the generalization of findings from individual studies, rather than a combination of data. Additionally, some confusion has resulted from the intermingling of terms--such as HIV incidence, HIV prevalence, AIDS incidence, and AIDS deaths--all of which provide important but distinct information.

6. Is this just another way of looking at the data?

This is the first study to analyze national AIDS data and estimate HIV prevalence by age. And consequently, it provides the clearest picture to date of the continuing toll of AIDS in young Americans.

7. If each generation faces the same epidemic, why continue to invest in prevention?

These findings suggest that prevention has helped stabilize the rate of infection in the population overall, and may have contributed to a decline in infection in older white males.

This study underscores the need for sustained, targeted prevention efforts to reduce this repeated toll. While 40,000 new infections is much less than the dramatic rate of increase that characterized the mid 80's, it is not acceptable to allow another American to become infected for every one who dies from this preventable disease.

8. Why is HIV prevalence so low in white women?

A number of underlying factors may contribute to the

disproportionate impact of AIDS on women of color. While it is impossible to determine what those factors are from this data, local prevention planners should consider social, economic, and cultural factors that may influence risk behaviors.

9. Why does this analysis only go through January 1993?

The Rosenberg study uses a method of "back calculation" that can currently only be applied to cases reported to CDC under the pre-1993 "case definition."

The "case definition," the criteria used to report people with severe HIV-related illness or AIDS, was changed in 1993. CDC added three medical conditions and a measure of a severely suppressed immune system to more accurately capture all of those individuals severely ill and in need of care.

Rosenberg and other researchers are now devising methods that can be applied to the new reporting system. These estimates can then be updated to reflect the most recent data.

10. What does this study tell us about risk groups? How many new infections are related to heterosexual sex, drug use, and gay and bisexual sex?

While the Rosenberg study does not analyze the data by risk group, the characteristics of recently reported AIDS cases do provide indications of where recent infections may be occurring. The most recent reports of AIDS cases suggest that about 1/2 of cases are among men who have sex with men, about 1/4 of cases are among IDU, and about 1/8 among heterosexuals.

11. Will the repeated waves of HIV infection in young adults continue?

With sustained, targeted prevention efforts for each group entering young adulthood, we can help keep these waves from developing.

The Rosenberg study indicates that the rate of infection among young adults remained relatively stable through 1992. As each generation (through young adults born in 1969) has come of age, they have faced the same pattern of HIV infection--with a substantial increase in the rate of infection as individuals enter their late teens and early twenties, with rates peaking in the mid- to late-twenties. If we can intervene and change behaviors as young adults reach this age, perhaps, in the next analysis the pattern will change.

12. Do these findings surprise you?

The fact that new infections are occurring primarily in young adults is certainly not surprising. Many other studies have suggested a falling average age of infection. As the epidemic has matured in this country, one would expect the new entrants to the at-risk population to be young.

One would hope, however, that young adults today would be becoming infected at much lower rates than young adults several years ago--as the population has become more aware of how to prevent HIV infection. This study reinforces the need for sustained prevention, and perhaps also reinforces both the difficulty and the importance of changing behavior among our nation's young adults.

13. What should be done now?

This study points to the need for increased prevention efforts for young adults. Because of the diversity of the epidemic among different groups, communities must look more closely at what is going on locally and design programs to address the prevention needs of young adults--particularly minorities. And when designing prevention programs for young adults, young adults should be included in the design, development, and delivery of messages and services.

Disclaimer: CDC Hotline Training Bulletins

The information in the "CDC Hotline Training Bulletins" is provided by CDC and NIH for use by the CDC National AIDS Hotline in responding to general questions from the public about HIV and AIDS. The bulletins are not intended to be comprehensive discussions of the subject areas. Treatment and drug therapy options change as new research and clinical experiences broaden scientific knowledge. Therefore, persons seeking information on drug therapy should refer to the product information sheet included in all drug packages for the most current and accurate information about a particular drug, especially if the drug is new or infrequently used. HIV-infected individuals should consult their personal physician for specific concerns about their health. For persons desiring more information on a specific topic, public, medical, and university libraries can provide excellent references. The AIDS Clinical Trials Information Service (800-874-2572) can provide information about ongoing HIV/AIDS clinical trials; the HIV/AIDS Treatment Information Service (800-448-0440) can assist with information about the latest treatments for persons with HIV infection or AIDS.

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

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

ATT CREATION TIME/DATE:13-JUN-1996 14:11:00.00

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 <0115V2JYQS34004UI3@PMDf.EOP.GOV> for
levi_j@al.eop.gov; Thu, 13 Jun 1996 14:08:25 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115V2N7R9E600007K@STORM.EOP.GOV> for
levi_j@al.eop.gov; Thu, 13 Jun 1996 14:11:02 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id OAA11428; Thu,
13 Jun 1996 14:10:52 -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:13-JUN-1996 15:09:30.89

SUBJECT: notice

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:17-JUN-1996 10:56:06.28

TO: Ursula Sanville (SANVILLE_U) (OPD)

READ:13-JUN-1996 15:53:34.30

TO: Lahoma Romocki (ROMOCKI_L) (OPD)

READ:13-JUN-1996 16:09:35.00

TEXT:

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

ATT CREATION TIME/DATE:13-JUN-1996 15:01:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC National AIDS Hotline Training Bulletin #177

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

.....
CENTERS FOR DISEASE CONTROL AND PREVENTION
HIV/AIDS PREVENTION
CDC NATIONAL AIDS HOTLINE TRAINING BULLETIN
.....

April 2, 1996

#177

This is a statement from the National Institutes of Health (NIH) concerning gene therapy that prolongs CD4+ T cell survival in HIV-infected individuals.

In a small study of HIV-infected people, researchers supported in part by the National Institute of Allergy and Infectious Diseases (NIAID) have shown that a novel form of gene therapy can prolong, with no apparent side effects, the survival of critical immune system cells that are typically depleted during the course of HIV disease. Gary Nabel, M.D., Ph.D., of the University of Michigan, and his colleagues report their findings in the April 2, 1996, issue of the Proceedings of the National Academy of Sciences.

Dr. Nabel's paper is the first published report of a gene therapy

study in which doctors have treated HIV-infected patients with their own CD4+ T cells that have been modified with an antiviral gene. The approach has the advantage of not requiring cells from donors who would need to be matched immunologically with the recipient.

"This work is an example of NIAID's commitment to the development of innovative therapies for HIV-infected people," says Anthony S. Fauci, M.D., NIAID Director.

"This pilot study suggests that gene transfer can be used to prolong the survival of CD4+ T cells and may, ultimately, help to sustain the immune systems of HIV-infected people," says Dr. Nabel, also an investigator affiliated with the Howard Hughes Medical Institute. "Additional studies, now under way, will help to define the optimal methods of CD4+ T cell gene transfer and determine the clinical efficacy of this approach."

In the study, the researchers drew blood from three HIV-infected people, and separated out each patient's CD4+ T cells. These cells, sometimes called "T-helper" cells, are the main targets of HIV.

Into these cells, which were treated with two antiretroviral drugs to block HIV replication, the researchers inserted one of two altered HIV rev genes. Normally, rev produces a protein, Rev, that allows transport of certain HIV genetic material within the infected cell from the nucleus to the cytoplasm, a critical step in viral replication.

Into half the cells from each patient, the researchers inserted an altered rev gene that produces a defective protein, Rev M10, which suppresses HIV replication by competing with the function of normal Rev. The altered rev gene was developed in the late 1980s in the laboratory of NIAID grantee Bryan Cullen, Ph.D., of Duke University.

Into the other cells from each patient, the scientists inserted a "dummy" gene that produces a protein that does not compete with normal Rev, and therefore has no anti-HIV activity.

The researchers treated both sets of cells with interleukin-2 to expand them to large numbers, and then re-infused each patient with their own cells. The patients were monitored closely, and the researchers tracked the survival of both Rev M10-producing cells and the cells with the "dummy" rev gene. As had previously been shown in test tube experiments, the CD4+ T cells expressing Rev M10 persisted longer than the cells with the "dummy" gene.

"Our data suggest that genetically modified cells can be detected, and the cells expressing Rev M10 demonstrated a 4- to 5- fold selective survival advantage," the authors write.

None of the patients in the pilot trial experienced any adverse

effects from the treatment. "These results indicate that this form of genetic treatment could be used safely in a larger number of HIV-infected patients," says Dr. Nabel.

Dr. Nabel is the principal investigator of a research team sponsored by the Strategic Programs for Innovative Research on AIDS Treatment (SPIRAT), an initiative of NIAID's Division of AIDS.

"This elegantly designed study circumvented the usual problem of person-to-person variation in clinical trials by essentially using each individual as both a positive and negative control," says Nava Sarver, Ph.D., chief of the Targeted Interventions Branch of NIAID's Division of AIDS, and the program officer for SPIRAT. "This approach already has been emulated by other gene therapy researchers beginning clinical trials."

"Dr. Nabel's work provides critical information as to the feasibility of gene transfer therapy for HIV infection, providing preliminary answers to several important questions," she adds. "For example, we now have evidence that this procedure is safe; that we can insert genes into cells from HIV-infected individuals without inducing HIV replication in cell culture; that we can trace these cells once we put them back into the body; and that delivery of anti-HIV genes using non-viral delivery vehicles (vectors) is feasible."

SPIRAT, launched in 1994, supports studies at the interface of basic and clinical research, leading to the implementation of pilot clinical studies to test novel therapeutic strategies to combat HIV disease. Examples include strategies to restore and maintain a functional immune system via immune cell or tissue restoration, and direct suppression of HIV replication through molecular or cellular mechanisms.

NIAID is a component of the National Institutes of Health. NIAID conducts and supports research to prevent, diagnose, and treat illnesses such as AIDS and other sexually transmitted diseases, tuberculosis, asthma, and allergies. NIH is an agency of the U.S. Public Health Service, U.S. Department of Health and Human Services.

Reference:

Woffendin C, et al. Expression of a protective gene prolongs survival of T cells in human immunodeficiency virus-infected patients. *Proc Natl Acad Sci USA* 1996;93:2889-94.

Further Reading:

Bridges SH, Sarver N. Gene therapy and immune restoration for HIV disease. *Lancet* 1995;345:427-32.

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

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

ATT CREATION TIME/DATE:13-JUN-1996 15:02:00.00

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 <0115V4BTLDE800YVK6@PMDf.EOP.GOV> for levi_j@a1.eop.gov; Thu, 13 Jun 1996 14:59:06 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115V4F220ZE00007K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Thu, 13 Jun 1996 15:01:44 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id PAA17279; Thu, 13 Jun 1996 15:01:32 -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 2 =====

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-JUN-1996 10:46:04.49

SUBJECT: RE: - no subject (0115VTIQ2UIQ007GBD) -

TO: Margolies-Seiler, Eva Z. (cam1@cpsodl.em.cdc.gov@INET@EOPMRX)
READ:NOT READ

TEXT:
sounds good to me; thanks very much.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-JUN-1996 12:44:32.21

SUBJECT: Labor-HHS SAP

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

READ:14-JUN-1996 15:17:58.96

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

READ:14-JUN-1996 12:46:04.81

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

READ:14-JUN-1996 12:44:29.95

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

READ:14-JUN-1996 12:44:39.77

CC: Gordon P. Agress (AGRESS_G) (OMB)

READ:14-JUN-1996 13:19:15.40

CC: Patsy Fleming (FLEMING_P) (WHO)

READ:17-JUN-1996 11:01:20.05

CC: Ursula Sanville (SANVILLE_U) (OPD)

READ:14-JUN-1996 15:17:25.23

TEXT:

A few things for the L-HHS SAP before full committee:

(1) The consolidated appropriation for OAR. However high in this letter we can get it, the better -- for obvious reasons.

(2) The full amount for Ryan White.

(3) The full increase for CDC. (We have been good about requesting increases, but not quite as good in fighting for them through the appropriations process -- it would be great if this were in this time.)

(4) SAMHSA's overall increase.

Let me know if we can help with language.

Thanks.

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

CREATOR: Jill Pizzuto (PIZZUTO_J) (OPD)

CREATION DATE/TIME:14-JUN-1996 12:25:45.69

SUBJECT: CHR Calendar Highlights

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:14-JUN-1996 15:47:06.91

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:17-JUN-1996 08:53:43.08

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:14-JUN-1996 17:46:09.32

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:14-JUN-1996 14:09:48.87

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:14-JUN-1996 13:20:10.11

TO: Michael T. Schmidt (SCHMIDT_MT) (OPD)
READ:14-JUN-1996 14:12:25.89

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:14-JUN-1996 13:50:43.83

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:14-JUN-1996 13:53:55.03

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:14-JUN-1996 14:21:43.24

TO: Carol H. Rasco (RASCO_C) (WHO)
READ:15-JUN-1996 13:13:31.01

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:14-JUN-1996 12:48:39.74

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ:17-JUN-1996 13:58:53.14

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:17-JUN-1996 11:04:43.19

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:14-JUN-1996 12:39:27.10

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:17-JUN-1996 08:39:58.06

TO: Deborah L. Fine (FINE_D) (OPD)
READ:14-JUN-1996 15:28:22.19

TO: Dennis Burke (BURKE_D) (OPD)
READ:14-JUN-1996 12:26:37.26

TO: Diane Regas (REGAS_D) (OPD)
READ:14-JUN-1996 12:28:34.89

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:14-JUN-1996 12:28:25.35

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:14-JUN-1996 13:36:37.08

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:14-JUN-1996 13:50:36.10

TO: FAX (9-720-4732,Elworth, Larry) (TLXA\MAIL_\F:9-720-4732\C:Elworth, Larry\\)
READ:NOT READ

TEXT:

PRINTER FONT 12_POINT_ROMAN

TO: DPC STAFF

FR: JILL PIZZUTO

RE: CHR CALENDAR HIGHLIGHTS

June 17:

10:00 a.m. Partnership for a Drug Free America News Conference

12:30 p.m. Bernice Friedlander/ USOCA (EED

-Staffer???)

June 18:

11:30 a.m. Holding Little Hands for the American Luncheon w/
President Violeta

Chamorro (& FLOTUS, Donna McLarty)

6:30 p.m. WH Summer Picnic for members of the Press Corps

June 19th:

8:15 a.m. Women Appointees Briefing on Domestic Policy

June 20:

8:30

-10:00 a.m. Keynote Address/Nat'l Alliance to End
Homelessness

7:00 p.m. WH Summer Picnic for Members of Congress

June 23

-24:

Family ReUnion V: Work and Family, Nashville (CHR/ JBA)

June 28:

9:15 a.m. Nat'l Women's Political Caucus Panel Participation

July 9

-11:

TRIP / El Paso: ONDCP sponsored Southwest Border Counterdrug
Conference
(CHR/ Burke)

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

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

CREATION DATE/TIME:14-JUN-1996 14:55:14.04

SUBJECT: Two Items

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:14-JUN-1996 16:23:24.12

TEXT:

1. On your L/HHS SAP note, I was curious exactly what you had in mind on SAMHSA.
2. On a Monday ADAP meeting with Nancy-Ann, we're still trying to see if we can get it set up for either 1-2 or 3-3:30 on Monday; we'll let you know.

p.s. If you are not in the office today, where are you e-mailing from?

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-JUN-1996 12:39:25.49

SUBJECT: RE: Things

TO: Ursula Sanville (SANVILLE_U) (OPD)

READ:14-JUN-1996 15:16:50.62

TEXT:

LaHoma can give you the name of the deputy at ONDCP we have been working with -- or you may still have it from the earlier exchange.
thanks for the updates.

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

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:14-JUN-1996 19:22:08.84

SUBJECT: RE: Media plan

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:15-JUN-1996 09:31:39.08

TEXT:

Richard's not getting email .. but I did talk to him about meeting Monday. The scoop is Richard is out the end of next week and I'm at Keystone Monday pm and all day Tuesday. So .. are you game to try at 11:30 Monday ... ?

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: eam1@cpsod1.em.cdc.gov@INET@EOPMRX

CREATION DATE/TIME:14-JUN-1996 03:00:00.00

SUBJECT: - no subject (0115VTIQ2UIQ007GBD) -

TO: Levi, Jeff (levi_j@Al@CD) (WHO)

READ:14-JUN-1996 10:45:17.05

TEXT:

Jeff, regarding your question about the meeting in St. Petersburg:

This meeting will be a forum to examine how we can work together to implement practical approaches to substance abuse and HIV prevention across risk populations. The goals are to identify and explore steps for improving collaboration to prevent substance abuse and HIV infection in the United States. A major purpose of the meeting will be to identify issues and barriers that prevent effective integration of these activities and to identify the relationships and actions that need to be developed to overcome them. Issues related to corrections will not receive separate billing but will be covered within the context of this process. We would consider it a major topic of discuss that must be included in any action plan that is developed since such a large proportion of substance abusers are frequently incarcerated.

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

ATT CREATION TIME/DATE:14-JUN-1996 03:03:00.00

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 <0115VTIMH6B4007UQG@PMDf.EOP.GOV> for levi_j@al.eop.gov; Fri, 14 Jun 1996 03:00:48 -0400 (EDT)

Received: from cdc2 (cdc2.cdc.gov) by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115VTLXC3LO00007K@STORM.EOP.GOV> for levi_j@al.eop.gov; Fri, 14 Jun 1996 03:03:28 -0700 (MST)

Received: from SmtOut.em.cdc.gov by cdc2 (5.0/SMI-SVR4) id AA14588; Fri, 14 Jun 1996 03:15:45 +0500

Received: by SmtOut.em.cdc.gov with Microsoft Mail id <31C09E29@SmtOut.em.cdc.gov>; Fri, 14 Jun 1996 03:03:05 -0500 (EST)

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-JUN-1996 16:27:13.50

SUBJECT: RE: Data Source

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

READ:14-JUN-1996 16:28:19.48

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

READ:16-JUN-1996 22:53:06.08

TEXT:

I will have to look this up when I get back to the office. The Medicaid and Medicare numbers are HCFA estimates; I THINK the other two are from an AHCPR study, but I will double check.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-JUN-1996 10:49:15.29

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:17-JUN-1996 11:00:30.15

TO: Ursula Sanville (SANVILLE_U) (OPD)

READ:NOT READ

TO: Lahoma Romocki (ROMOCKI_L) (OPD)

READ:18-JUN-1996 14:52:53.80

TEXT:

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

ATT CREATION TIME/DATE:13-JUN-1996 22:04:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 06/13/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
June 13, 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

"The Tragic Hypocrisy of 'Animal Rights'"

"HIV-Infected Man Indicted in Alleged Attack on Boy"

"Federal Court Pulls Plug on Internet Decency Law"

"UNAIDS Sees Hopeful Trends in AIDS Control"

"Bearing the Torch for a Better World"

"Stavudine/Didanosine Tolerated in Children" "Science
& Health Bulletin: Zambia-AIDS Zambia..."

"Science & Health Bulletin: Zaire-Foundation [Created in Memory

of Late Professor]"

"Oral Ganciclovir for the Prevention of Cytomegalovirus Disease
in Persons With AIDS"

"North Carolina's Black Churches to Join in AIDS Fight"

"The Tragic Hypocrisy of 'Animal Rights'"

Wall Street Journal (06/13/96) P. A14; Getty, Jeff

In a commentary in the Wall Street Journal, AIDS patient and activist Jeff Getty defends animal research and criticizes efforts by the group People for the Ethical Treatment of Animals (PETA) for opposing the use of animals to seek an AIDS cure. Getty, who received a baboon bone marrow transplant in December, says that PETA's opposition to any AIDS cure that would involve animal research has delayed AIDS research in several instances. As examples, he cites how some researchers have been forced to conduct studies underground to avoid violent attacks, as well as strict animal rights laws that have delayed research and objections by animal rights groups that delayed his own transplant. Getty objects to people who say they support both animal rights and AIDS research, noting that without animal research, many other diseases would never have been cured.

"HIV-Infected Man Indicted in Alleged Attack on Boy"

Washington Post (06/13/96) P. B6

An HIV-positive man in Prince George's County, Md., has been indicted on a charge of attempted second-degree murder for allegedly trying to sodomize a boy last summer. Prosecutors claim that Charles Hayhoe, 35, tried to sodomize an 11-year-old boy three times in August 1995. Hayhoe, a friend of the boy's family, told officials when he was arrested that he is HIV-positive. The accused was also indicted on assault with intent to murder, battery, and three sex offense charges.

"Federal Court Pulls Plug on Internet Decency Law"

Washington Times (06/13/96) P. A1; Abrahms, Doug

A panel of three federal judges in Philadelphia struck down parts of the Communications Decency Act Wednesday, rejecting efforts to restrict speech on the Internet as unconstitutional. The judges sided with more than 50 groups, including the American Civil Liberties Union and online groups, which had filed two lawsuits to block the law. Opponents of the law said a provision including criminal penalties threatened to imprison people for posting information about sex education, AIDS, abortion, and breast cancer.

"UNAIDS Sees Hopeful Trends in AIDS Control"

Xinhua News Agency (06/12/96)

While the number of new HIV infections has declined in many countries due to safer sex practices, the rate of infection worldwide continues to grow rapidly, the U.N. program on AIDS (UNAIDS) said Wednesday. The agency said an estimated 7,500 people become infected each day. In the United States, new HIV infections have decreased 60 percent from an annual 100,000 a few

years ago to 40,000. Other countries that have reported successful slowing of the AIDS epidemic include Australia, New Zealand, northern European countries, and parts of sub-Saharan Africa. UNAIDS said the trend was partly due to changes in behavior, including increased condom use. Between 1994 and 1995, however, there was an increase of more than 25 percent in the global number of AIDS cases reported.

"Bearing the Torch for a Better World"

Washington Post--Maryland Weekly (06/13/96) P. 1; Aguilar, Louis

Among the 181 Marylanders and former Olympians that will carry the Olympic torch through the state next week are 106 individuals who have been deemed "community heroes" for their service to the community. College Park's Kyla Liggett Herod, for example, grew up in Washington, D.C., and began working with AIDS patients at the age of 14. Now, as a 20-year-old junior at the University of Maryland, she is studying family and women's studies and African American studies. Herod conducted AIDS education programs for prostitutes in Cambodia and now volunteers at a sexual assault center and interprets for the deaf at her church.

"Stavudine/Didanosine Tolerated in Children"

Reuters (06/12/96)

The combination therapy of stavudine and didanosine is well tolerated and safe in children with advanced HIV infection, researchers at the Baylor College of Medicine in Houston report in the journal Pediatrics. Mark W. Kline and colleagues also say that the results of their preliminary trial suggest that the therapy had a favorable impact on viral burden. Stavudine is not approved for use in children, but a trial has found the drug to be safe and well tolerated.

"Science & Health Bulletin: Zambia-AIDS Zambia..."

PANA Wire Service (06/12/96)

Traditional healers in Zambia will soon collaborate with the health ministry to combat AIDS. Under a new policy being developed by the Zambian government, herbal medicines used by healers would be subjected to clinical tests to determine their efficacy and safety, Health Minister Katele Kalumba said Wednesday. He said an estimated 11 percent of the country's rural population and between 18 percent and 25 percent of the urban population is infected with HIV. Kalumba noted that the people's confidence in the healers would have a positive impact on AIDS patients.

"Science & Health Bulletin: Zaire-Foundation [Created in Memory of Late Professor]"

PANA Wire Service (06/12/96); Lapess, Rigobert Munkeni

A foundation for AIDS research has been created in Zaire in memory of Andre Lurhuma, the immunologist who co-invented MM1, a controversial vaccine for HIV which eventually proved to be ineffective. The foundation has been created by friends of Lurhuma, who died in May 1995, as a way to continue his work and

enhance the fight against major epidemics including AIDS, tuberculosis, and malaria. It is also intended to create a framework for researchers and medical practitioners, and provide courses for prospective immunologists, virologists, and other specialists.

"Oral Ganciclovir for the Prevention of Cytomegalovirus Disease in Persons With AIDS"

New England Journal of Medicine (06/06/96) Vol. 334, No. 23; P. 1491; Spector, Stephen A.; McKinley, George F.; Lalezari, Jacob P.; et al.

Cytomegalovirus (CMV) infection is common among people with AIDS, and causes CMV retinitis in 25 percent to 40 percent of all AIDS patients. To evaluate how effectively ganciclovir, taken orally, can prevent CMV disease in patients with advanced AIDS, researchers at the University of California at San Diego tested the therapy in 486 patients for about one year. Stephen Spector and colleagues found that 26 percent of the patients who had received no treatment were diagnosed with CMV disease, compared to only 14 percent of the patients who received ganciclovir. This represents an overall reduction in risk of 49 percent. CMV retinitis was the most frequent event, and also the form of CMV disease most affected by ganciclovir. Thirteen percent of the study participants discontinued the treatment because they developed CMV disease, and 19 percent stopped due to side effects. The authors concluded that, while prophylaxis with ganciclovir was not associated with improved overall survival, the treatment significantly prolonged survival without CMV disease in people with advanced AIDS.

"North Carolina's Black Churches to Join in AIDS Fight"

American Medical News (06/10/96) Vol. 39, No. 22; P. 35

After having distanced themselves from the AIDS epidemic for years, predominantly black churches across North Carolina are now recognizing that the disease is impacting their own community. AIDS is the leading killer of the state's black men between the ages of 15 and 44, and the second-leading killer of black women in that age group. The General Baptist State Convention of North Carolina, representing more than 1,800 historically black churches, is hiring a health and human services coordinator to promote AIDS education and prevention. Furthermore, the state will host the national Black Church Education and Leadership Conference on AIDS next year. Some churches have also invited public health experts to lead AIDS programs for their congregations.

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

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

ATT CREATION TIME/DATE:13-JUN-1996 22:04:00.00

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 <01I5VJ2Q3A6O001F83@PMDf.EOP.GOV> for
levi_j@a1.eop.gov; Thu, 13 Jun 1996 22:01:40 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <01I5VJ61PSWK00007K@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Thu, 13 Jun 1996 22:04:20 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id WAA23403; Thu,
13 Jun 1996 22:04:12 -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:14-JUN-1996 17:55:22.10

SUBJECT: National Strategy

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:17-JUN-1996 11:03:35.35

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-JUN-1996 09:30:11.73

TEXT:

What's the current timeline for the National Strategy. Any impediments I can try to help with. The needle issue is now settled. What are the other roadblocks?

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-JUN-1996 16:28:23.98

SUBJECT: RE: Media plan

TO: Ursula Sanville (SANVILLE_U) (OPD)

READ:14-JUN-1996 19:19:19.32

CC: Richard Sorian (SORIAN_R) (OPD)

READ:NOT READ

TEXT:

- (1) Is Richard now getting e-mail?
- (2) Monday morning is going to be hard...unless we find a few minutes between 11:30 and 12:00.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:14-JUN-1996 18:22:00.00

SUBJECT: CDC AIDS Daily Summary 06/14/96

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

READ:16-JUN-1996 15:20:09.09

TEXT:

AIDS Daily Summary
June 14, 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

"New Drug 'Cocktails' Mark Exciting Turn in the War on AIDS"

"Across the USA: Florida"

"TB, Measles Outbreak Reported in Liberia"

"Infectious Disease Control Plan Gets High-Level Backing"

"Birth Canal Cleansing Fails to Deter AIDS--Study"

"Many Injection Drug Users Uninformed About HIV Transmission Risks"

"Celgene to File for Synovir by End of Year"

"Rifampin Resistant TB Reported in HIV-Positive Patient"

"Importance of Age at Infection With HIV-1 for Survival and Development of AIDS in UK Haemophilia Population"

"Sounding Board: AIDS Prevention--Sexual Ethics and Responsibility"

"New Drug 'Cocktails' Mark Exciting Turn in the War on AIDS"

Wall Street Journal (06/14/96) P. A1; Waldholz, Michael

Combination therapy, including a protease inhibitor and two drugs based on AZT, is showing promise for many AIDS patients. This has led some experts to the conclusion that AIDS may soon be seen as a long-term, manageable disease. After years of development and testing, scientists may have found the appropriate combination of drugs to control HIV. In a new approach that researchers hope may be a cure, scientists are targeting newly infected patients, rather than those in the advanced stages of disease. Martin Markowitz of Aaron Diamond AIDS Research Center claims that the effort "will answer the

question of whether HIV infection can be eradicated in man."
Nearly 60,000 Americans and 10,000 more people in other countries have already received the new drugs, the first of which was approved in mid-December. The cost of the drugs and possible side effects are drawbacks to the therapy, but many in the AIDS community are optimistic about the recent advances.

"Across the USA: Florida"
USA Today (06/14/96) P. 9A

For the first time ever, doctors in Florida are now required to report the names of HIV-positive individuals to public health officials, according to the state's new AIDS disclosure law.

"TB, Measles Outbreak Reported in Liberia"
Washington Times (06/14/96) P. A18

An outbreak of tuberculosis and measles has sent 16,000 Liberians to the U.S. Embassy residential compound in Monrovia for treatment. Varsay Cooper, a physicians' assistant working at the Red Cross-sponsored clinic at the compound, said that clinic workers see at least four new cases every day and that many people have contracted the communicable diseases.

"Infectious Disease Control Plan Gets High-Level Backing"
Washington Post (06/13/96) P. A27

A two-year-old program to stop the worldwide spread of infectious diseases received a \$26 million budget increase on Wednesday. The boost would expand the Centers for Disease Control and Prevention's Infection Center, which has been directing the 12-year-old effort. The center's budget would increase from \$18.4 million to \$44.4 million to help create a "global surveillance system," including a worldwide computer system linking poor countries with medical researchers. Moreover, the CDC would expand its regional infectious disease center system, which would grow from 4 centers to 10. Also to be expanded is a surveillance network to track emerging and re-surfacing germs.

"Birth Canal Cleansing Fails to Deter AIDS--Study"
Reuters (06/13/96)

Cleansing the birth canal with disinfectant did not prevent a mother from transmitting HIV to her infant, National Cancer Institute researchers report today in the medical journal Lancet. Robert Biggar and colleagues in the United States and Malawi conducted case studies in which they cleaned out the birth canals of infected women just before delivery. The procedure did not prevent the transmission of HIV from mother to child, and the researchers suggest that a different antiseptic might be more effective. "Perhaps birth canal exposure is not a major contributor to perinatal infection risk," they wrote.

"Many Injection Drug Users Uninformed About HIV Transmission Risks"
Reuters (06/13/96)

Besides drug sharing, many injection drug users have other drug-related risk behaviors for HIV infection, researchers at the

University of Colorado report. Stephen Koester and colleagues found that the sharing of drug injection paraphernalia, including water, drug-mixing containers, and drug filters was twice as prevalent as sharing of syringes. They also discerned that heroin injectors were at the greatest risk of contracting HIV through risky injection practices. Individuals who received some community HIV prevention education reported a lower rate of injection-related risk behaviors.

"Celgene to File for Synovir by End of Year"

Reuters (06/13/96)

Celgene will seek Food and Drug Administration approval for its drug Synovir (thalidomide) by the end of the year. The company will first seek approval for the drug as a treatment for leprosy and will then seek acceptance to market the drug for AIDS-related wasting. A trial of Synovir for AIDS-related wasting, which affects some 100,000 AIDS patients, is expected to be completed by the end of the summer. Celgene hopes to have the drug approved for both applications by September 1997.

"Rifampin Resistant TB Reported in HIV-Positive Patient"

Reuters (06/13/96)

Using rifabutin for the prophylactic treatment of tuberculosis in AIDS patients may lead to rifampin-resistance, researchers reported in Thursday's issue of the New England Journal of Medicine. Rifabutin and rifampin are related drugs used to treat bacterial infections. William Bishai and colleagues report that a 35-year-old HIV-positive man given rifabutin to prevent a second tuberculosis infection was found to have a rifampin-resistant strain of the bacterium. Bishai said the case demonstrates that adherence to recommended guidelines, which call for screening patients for active tuberculosis before starting rifabutin prophylaxis, is critical.

"Importance of Age at Infection With HIV-1 for Survival and Development of AIDS in UK Haemophilia Population"

Lancet (06/08/96) Vol. 347, No. 9015; P. 1573; Ewart, David W.; Giangrande, Paul L. F.; et al.

While infection with HIV-1 later in life has been associated with a shorter time to development of AIDS, adequate studies have not been done to determine the degree of difference between patients infected in infancy and those infected in old age. To evaluate this difference, British researcher Sarah C. Darby, of the Imperial Cancer Research Fund in Oxford, and colleagues studied the role of age at infection in the entire population of hemophiliacs in the United Kingdom. Their sample consisted of 1,216 HIV-1 infected hemophiliacs, with age at infection ranging from 8 months to 79 years. The researchers found that survival was strongly related to age at time of infection. Among the survivors after 10 years, 86 percent had been infected before the age of 15, 72 percent between the ages of 15 and 34, 45 percent between the ages of 35 and 54, and 12 percent at or after age 55. The authors say that the differences in survival times are not explained by deaths expected in the absence of HIV infection.

They conclude that age at infection should be considered in further studies of disease progression.

"Sounding Board: AIDS Prevention--Sexual Ethics and Responsibility"

New England Journal of Medicine (06/06/96) Vol. 334, No. 23; P. 1540; Bayer, Ronald

Since the beginning of the AIDS epidemic, questions of sexual ethics have become increasingly important. The responsibilities of an HIV-infected individual had to be considered, ranging from wearing a condom to informing past and present partners. Condom use was advocated for everyone--infected or not--because it was the only way to ensure self-protection. From one perspective, it was seen as the infected person's moral obligation to inform sex partners of one's infection. Many states even made laws imposing criminal penalties against those whose actions could result in HIV transmission. This idea was opposed, however, for fear that distinguishing the infected from the uninfected would lead to discrimination. The principle of self-protection removed responsibility from those with HIV, although by the late 1980s and early 1990s, calls for self-disclosure began to be heard. Consideration of personal responsibility leads to the question of whether or not an infected person is obligated to tell their partner. Because people may be infected without knowing they are, some experts have recommended that even couples in long-term relationships use condoms, because the idea of trust "disempowers" partners.

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

ATT CREATION TIME/DATE:14-JUN-1996 18:25:00.00

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 <0115WPPLTTA8007IPS@PMDf.EOP.GOV> for levi_j@a1.eop.gov; Fri, 14 Jun 1996 18:22:42 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <0115WPSVBZ6800007K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri, 14 Jun 1996 18:25:19 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id SAA15597; Fri, 14 Jun 1996 18:25:10 -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: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:14-JUN-1996 16:12:40.90

SUBJECT: Media plan

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:14-JUN-1996 16:27:25.62

TO: Richard Sorian (SORIAN_R) (OPD)

READ:NOT READ

TEXT:

Richard and Jeff --

I'd like to meet re the media plan for the strategy -- at the very least
brainstorm. How does Monday morning look? (I have Keystone starting at 1:00
and will be out Tuesday).

Jane

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

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

CREATION DATE/TIME:14-JUN-1996 14:59:46.21

SUBJECT: Data Source

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:14-JUN-1996 16:25:49.18

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

READ:14-JUN-1996 15:22:12.46

TEXT:

Jeff, you said in a previous e-mail that third party coverage for people with AIDS is roughly as follows:

50% Medicaid

5% Medicare

20% Private Insurance

25% Uninsured

What was your source on this?

Thanks for you help.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-JUN-1996 16:25:29.75

SUBJECT: RE: Two Items

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

READ:16-JUN-1996 22:52:51.87

TEXT:

I am logging in from Luray...I am allegedly off.

Re SAMHSA -- assuming we are getting less over all -- the importance of substance abuse prevention and treatment in general (since we know that they are not doing much that is HIV specific.)

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

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:14-JUN-1996 11:39:47.11

SUBJECT: Things

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:14-JUN-1996 12:37:47.44

TEXT:

A couple of things --

- Strategy. It's gone to HHS. I'm working on the ONDCP and OMB versions. ONDCP can be ready today -- who at ONDCP do you think we should send this to? OMB can be ready beginning of next week.
 - Paul Corser. The letter for Paul is in draft stage at correspondance. You are cc'd on the letter.
 - Redlined bill for PF. Patsy needs to send a signed memo from her to Tim Saunders, Executive Clerk requesting the bill. He's in room 5, OEOB.
 - Phone calls. David Murphy called again wanting to talk to you. He's associated with the Mankind Research Institute -- feels they have a cure. His number is 301-330-8096.
- Jay Coburn call at 8:30 am -- House subcommittee approved the Labor HHS bill last night and added 15 million for prevention.
- Inbox. Forwarded copy of a memo dated June4th. Memo is from Elizabeth Birch to Harold Ickes. They want Varmus to make calls to Porter, Bonilla, Dan Miller, Frank Riggs, and Bill Young before the markup. OAR should be our #1 priority , etc, etc.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-JUN-1996 09:31:26.97

SUBJECT: RE: National Strategy

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

READ:17-JUN-1996 09:13:51.99

CC: Patsy Fleming (FLEMING_P) (WHO)

READ:17-JUN-1996 11:03:49.21

TEXT:

The strategy is back at HHS for final review. So far, no specific impediments. Goal is still the end of the month.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-JUN-1996 09:42:12.24

SUBJECT: Testing project

TO: Remote Addressee (Margaret_Chesney@quickmail.ucsf.edu@INET@EOPMRX)
READ:NOT READ

TEXT:

Margaret: The following is a draft I have written for Helene Gayle and Joe O'Neill describing our project. I had a conference call with them on Thursday; I think they are willing to move forward on this. They suggested that CAPS should have a community partner -- perhaps NMAC (Miguelina Maldonado is excellent) -- to reassure folks about outreach and inclusion. I think it is a good idea -- how do you feel?

I have written this outline as the next step in the discussion with Helene and Joe. I have tried to write this in a way that is not threatening to bureaucratic interests without undermining our objective. Suggestions are definitely welcome. However, you DON'T have this document.

Thanks very much. jl

PRINTER FONT 12_POINT_COURIER

DRAFT DRAFT DRAFT DRAFT

Dialogue on HIV Counseling and Testing

Background: Since it was first licensed, the role of the HIV antibody test has evolved over time -- as we have learned its value as a diagnostic tool, as the technology of testing has also changed, and, perhaps most importantly, as our capacity for medical intervention has improved. The structures, policies, and messages associated with counseling and testing have not always kept pace, resulting in a significant number --- some estimates are as high as one half -- of people with HIV not knowing their antibody status. This denies individuals with HIV the opportunity to consider early treatment options and represents a potential threat to the public health.

Objective: To provide a forum for discussion by key government, community, and scientific leaders of how the role of counseling and testing has evolved to create a foundation for a new consensus regarding the role of counseling and testing in our public health response to HIV. A formal consensus statement would not result; however it is hoped that the dialogue would result in creative new approaches that could be brought back to each of the sectors represented in the discussion.

Method: A roundtable discussion by approximately 25

-30 key
players. Presentations or commissioned papers would focus the

discussion. These would provide essential background in at least the following areas:

- o How are people currently accessing counseling and testing?
- o What do we know about why people are not being tested?
- o What new approaches for reaching different populations are being tested? (examples: GMHC model; HCFA model re 076; we would also need to find ones regarding special populations, integration into primary care, etc.)
- o How are new technologies affecting this discussion? (home testing, rapid testing, etc.)

In light of what is learned from the above, key issues for discussion would be:

- o Do we need a new message about counseling and testing? How does the message vary based on population targeted?
- o Do we need to adapt how we do counseling and testing and where we do it?
- o Are there related policies or issues that must be addressed to accomplish the goal of getting more people to know their serostatus? (This includes legal barriers, stigma associated with testing and being positive, etc.)

- o What additional research is needed?

The discussion would need to be practical, focused, and realistic. For example, we are not going to achieve universal health care coverage from this discussion -- we must focus on the reality of existing government resources and structures and how they can be adapted to address the evolution of the role of HIV testing.

Who: To work, this must be a small group (25

-30 people) who are representative of the groups and entities that must be reached.

We would need to include representatives of the Federal government (CDC, HRSA, HCFA, SAMHSA, NIH), state and local government, HIV community activists, scientists, and media/social marketing experts.

When: September

-November 1996. This should be a short process; no more than three meetings. Since no formal "statement" must emerge, it should not be a complicated process. We need to work on a short time frame in order to be responsive in our programs to the rapidly evolving science.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From: Donald Abrams, To: Jeffrey Levi, Re: Your Keystone Visit (1 page)	06/15/1996	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[06/12/1996 - 06/18/1996]

2018-0759-F
jn417

RESTRICTION CODES

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

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

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

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

RR. Document will be reviewed upon request.

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

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:16-JUN-1996 15:24:03.70

SUBJECT: trying again

TO: Remote Addressee (Margaret_Chesney@quickmail.ucsf.edu@INET@EOPMRX)
READ:NOT READ

TEXT:

This got returned on the first try -- as undeliverable for four hours...whatever that means.

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE:15-JUN-1996 09:32:00.00

ATT BODYPART TYPE:H

ATT CREATOR: Jeffrey Levi

ATT SUBJECT: Testing project

ATT TO: Remote Addressee (Margaret_Chesney@quickmail.ucsf.edu@INET@EOPMRX)

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When: September

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:16-JUN-1996 15:22:48.12

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:17-JUN-1996 11:07:42.61

TO: Ursula Sanville (SANVILLE_U) (OPD)

READ:NOT READ

TO: Lahoma Romocki (ROMOCKI_L) (OPD)

READ:18-JUN-1996 14:47:00.05

TEXT:

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

ATT CREATION TIME/DATE:14-JUN-1996 18:25:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 06/14/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
June 14, 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

"New Drug 'Cocktails' Mark Exciting Turn in the War on AIDS"

"Across the USA: Florida"

"TB, Measles Outbreak Reported in Liberia"

"Infectious Disease Control Plan Gets High-Level Backing"

"Birth Canal Cleansing Fails to Deter AIDS--Study"

"Many Injection Drug Users Uninformed About HIV Transmission Risks"

"Celgene to File for Synovir by End of Year"

"Rifampin Resistant TB Reported in HIV-Positive Patient"
"Importance of Age at Infection With HIV-1 for Survival and
Development of AIDS in UK Haemophilia Population"
"Sounding Board: AIDS Prevention--Sexual Ethics and
Responsibility"

"New Drug 'Cocktails' Mark Exciting Turn in the War on AIDS"
Wall Street Journal (06/14/96) P. A1; Waldholz, Michael

Combination therapy, including a protease inhibitor and two drugs based on AZT, is showing promise for many AIDS patients. This has led some experts to the conclusion that AIDS may soon be seen as a long-term, manageable disease. After years of development and testing, scientists may have found the appropriate combination of drugs to control HIV. In a new approach that researchers hope may be a cure, scientists are targeting newly infected patients, rather than those in the advanced stages of disease. Martin Markowitz of Aaron Diamond AIDS Research Center claims that the effort "will answer the question of whether HIV infection can be eradicated in man." Nearly 60,000 Americans and 10,000 more people in other countries have already received the new drugs, the first of which was approved in mid-December. The cost of the drugs and possible side effects are drawbacks to the therapy, but many in the AIDS community are optimistic about the recent advances.

"Across the USA: Florida"
USA Today (06/14/96) P. 9A

For the first time ever, doctors in Florida are now required to report the names of HIV-positive individuals to public health officials, according to the state's new AIDS disclosure law.

"TB, Measles Outbreak Reported in Liberia"
Washington Times (06/14/96) P. A18

An outbreak of tuberculosis and measles has sent 16,000 Liberians to the U.S. Embassy residential compound in Monrovia for treatment. Varsay Cooper, a physicians' assistant working at the Red Cross-sponsored clinic at the compound, said that clinic workers see at least four new cases every day and that many people have contracted the communicable diseases.

"Infectious Disease Control Plan Gets High-Level Backing"
Washington Post (06/13/96) P. A27

A two-year-old program to stop the worldwide spread of infectious diseases received a \$26 million budget increase on Wednesday. The boost would expand the Centers for Disease Control and Prevention's Infection Center, which has been directing the 12-year-old effort. The center's budget would increase from \$18.4 million to \$44.4 million to help create a "global surveillance system," including a worldwide computer system linking poor countries with medical researchers. Moreover, the CDC would expand its regional infectious disease center system, which would grow from 4 centers to 10. Also to be expanded is a surveillance network to track emerging and re-surfacing germs.

"Birth Canal Cleansing Fails to Deter AIDS--Study"

Reuters (06/13/96)

Cleansing the birth canal with disinfectant did not prevent a mother from transmitting HIV to her infant, National Cancer Institute researchers report today in the medical journal Lancet. Robert Biggar and colleagues in the United States and Malawi conducted case studies in which they cleaned out the birth canals of infected women just before delivery. The procedure did not prevent the transmission of HIV from mother to child, and the researchers suggest that a different antiseptic might be more effective. "Perhaps birth canal exposure is not a major contributor to perinatal infection risk," they wrote.

"Many Injection Drug Users Uninformed About HIV Transmission Risks"

Reuters (06/13/96)

Besides drug sharing, many injection drug users have other drug-related risk behaviors for HIV infection, researchers at the University of Colorado report. Stephen Koester and colleagues found that the sharing of drug injection paraphernalia, including water, drug-mixing containers, and drug filters was twice as prevalent as sharing of syringes. They also discerned that heroin injectors were at the greatest risk of contracting HIV through risky injection practices. Individuals who received some community HIV prevention education reported a lower rate of injection-related risk behaviors.

"Celgene to File for Synovir by End of Year"

Reuters (06/13/96)

Celgene will seek Food and Drug Administration approval for its drug Synovir (thalidomide) by the end of the year. The company will first seek approval for the drug as a treatment for leprosy and will then seek acceptance to market the drug for AIDS-related wasting. A trial of Synovir for AIDS-related wasting, which affects some 100,000 AIDS patients, is expected to be completed by the end of the summer. Celgene hopes to have the drug approved for both applications by September 1997.

"Rifampin Resistant TB Reported in HIV-Positive Patient"

Reuters (06/13/96)

Using rifabutin for the prophylactic treatment of tuberculosis in AIDS patients may lead to rifampin-resistance, researchers reported in Thursday's issue of the New England Journal of Medicine. Rifabutin and rifampin are related drugs used to treat bacterial infections. William Bishai and colleagues report that a 35-year-old HIV-positive man given rifabutin to prevent a second tuberculosis infection was found to have a rifampin-resistant strain of the bacterium. Bishai said the case demonstrates that adherence to recommended guidelines, which call for screening patients for active tuberculosis before starting rifabutin prophylaxis, is critical.

"Importance of Age at Infection With HIV-1 for Survival and

Development of AIDS in UK Haemophilia Population"
Lancet (06/08/96) Vol. 347, No. 9015; P. 1573; Ewart, David W.;
Giangrande, Paul L. F.; et al.

While infection with HIV-1 later in life has been associated with a shorter time to development of AIDS, adequate studies have not been done to determine the degree of difference between patients infected in infancy and those infected in old age. To evaluate this difference, British researcher Sarah C. Darby, of the Imperial Cancer Research Fund in Oxford, and colleagues studied the role of age at infection in the entire population of hemophiliacs in the United Kingdom. Their sample consisted of 1,216 HIV-1 infected hemophiliacs, with age at infection ranging from 8 months to 79 years. The researchers found that survival was strongly related to age at time of infection. Among the survivors after 10 years, 86 percent had been infected before the age of 15, 72 percent between the ages of 15 and 34, 45 percent between the ages of 35 and 54, and 12 percent at or after age 55. The authors say that the differences in survival times are not explained by deaths expected in the absence of HIV infection. They conclude that age at infection should be considered in further studies of disease progression.

"Sounding Board: AIDS Prevention--Sexual Ethics and Responsibility"

New England Journal of Medicine (06/06/96) Vol. 334, No. 23; P. 1540; Bayer, Ronald

Since the beginning of the AIDS epidemic, questions of sexual ethics have become increasingly important. The responsibilities of an HIV-infected individual had to be considered, ranging from wearing a condom to informing past and present partners. Condom use was advocated for everyone--infected or not--because it was the only way to ensure self-protection. From one perspective, it was seen as the infected person's moral obligation to inform sex partners of one's infection. Many states even made laws imposing criminal penalties against those whose actions could result in HIV transmission. This idea was opposed, however, for fear that distinguishing the infected from the uninfected would lead to discrimination. The principle of self-protection removed responsibility from those with HIV, although by the late 1980s and early 1990s, calls for self-disclosure began to be heard. Consideration of personal responsibility leads to the question of whether or not an infected person is obligated to tell their partner. Because people may be infected without knowing they are, some experts have recommended that even couples in long-term relationships use condoms, because the idea of trust "disempowers" partners.

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

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

ATT CREATION TIME/DATE:14-JUN-1996 18:25:00.00

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 <0115WPPLTTA8007IPS@PMDF.EOP.GOV> for
levi_j@a1.eop.gov; Fri, 14 Jun 1996 18:22:42 -0400 (EDT)

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

by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0115WPSVBZ6800007K@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Fri, 14 Jun 1996 18:25:19 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id SAA15597; Fri,
14 Jun 1996 18:25:10 -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 =====

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	From: Donald Abrams, To: Multiple Recipients, Re: An Invitation (1 page)	06/16/1996	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

[06/12/1996 - 06/18/1996]

2018-0759-F

jn417

RESTRICTION CODES

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

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

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

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

RR. Document will be reviewed upon request.

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

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:16-JUN-1996 15:26:11.12

SUBJECT: California trip

TO: Carmena Parris (PARRIS_C) (OPD)

READ:18-JUN-1996 08:07:15.24

TEXT:

Here's what I have decided for the SF trip:

June 30 UA971 from Dulles (5:30 p.m.)

July 3rd, flight to Dulles leaving 11:30 a.m. arriving 7:29 pm

If you can get a seat assignment -- see if it can be done next to
Lawrence Deyton; his reservation is already made.

thanks.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME: 17-JUN-1996 11:04:00.00

SUBJECT: CDC AIDS Daily Summary 06/17/96

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

READ: 17-JUN-1996 11:25:27.70

TEXT:

AIDS Daily Summary
June 17, 1996

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"Florida Doctors Slow on HIV Testing for Pregnant Women"

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Philadelphia Inquirer (06/17/96) P. B1; Collins, Huntly

Mercy Health is set to take over Betak, Philadelphia's only nursing home for AIDS patients, on July 1. The deal would save the struggling facility, on which low-income AIDS patients rely, by converting it into a personal-care boarding home for patients who cannot care for themselves but do not need skilled nursing care. Those who do need the nursing care would be admitted to St. Joseph's Hospital, where North Philadelphia Health Systems would provide 29 skilled nursing beds for AIDS patients. The state would pay Betak a fee for each patient, marking the first time the state would provide money for a personal care home for AIDS patients. AIDS patient advocates said the plan would provide a much-needed safety net for the city's most desperate AIDS patients.

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Washington Post (06/16/96) P. A12

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"Across the USA: Tennessee"

USA Today (06/17/96) P. 12

Inmates of Tennessee state prisons are seven times more likely than the general population to contract the virus that causes AIDS, officials report. Of the 13,494 prisoners there, 120 are infected with HIV.

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Washington Post (06/15/96) P. A1; Weiss, Rick

In a twist on World Animal Awareness Week, a five-day event to take place in Washington, D.C., this week, AIDS activists, scientists, and other patient advocates will be confronting animal rights supporters with a choice between animal rights and finding a cure for AIDS. Thousands of animal rights supporters will participate in the event, at which AIDS advocates will argue that opposing the use of animals in medical research threatens progress toward curing AIDS and other diseases. Animal rights supporters who also support AIDS research, including Hollywood celebrities who will participate in the event, are a particular target of the AIDS groups. Each World Awareness Week event will be countered by demonstrations and messages from AIDS groups, including ACT-UP, the AIDS Action Council, and the National Association of People With AIDS. Some Awareness Week participants said they would not be distracted from their goal to protect animals, arguing that animal research is not necessary to advance medicine.

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New York Times (06/17/96) P. A1; Kolata, Gina

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"AIDS Researchers, Activists Wary of Newspaper Article's Message"

Scientist (06/10/96) Vol. 10, No. 12; P. 1; Benowitz, Steven

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Centers for Disease Control and Prevention in 1987 gave the public the alarming misperception that anyone was at risk for HIV. While the article acknowledged that the message was technically correct, it held that the campaign ignored the higher risk of certain groups, including gay men and intravenous drug users. Most scientists and activists dispute the article's claims that the CDC exaggerated risks or misdirected prevention efforts to secure federal funds. They also say combined prevention and awareness efforts are needed for both those at especially high risk for AIDS and the general population. Ronald O. Valdiserri, deputy director of CDC's National Center for HIV, STD, and TB Prevention in Atlanta, says the article "embodied a simplistic view of HIV prevention." Many scientists say the CDC's campaign was fair in light of the lack of HIV/AIDS information available at the time. But, they add, now that more is known about the virus and the disease, the government's AIDS budget needs to be reallocated to target specific groups.

"Florida Doctors Slow on HIV Testing for Pregnant Women"

American Medical News (06/10/96) Vol. 39, No. 22; P. 27

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

ATT CREATION TIME/DATE:17-JUN-1996 11:08:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

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by PMDF.EOP.GOV (PMDf V5.0-4 #6879) id <01160HADWKE80115CC@PMDf.EOP.GOV> for levi_j@a1.eop.gov; Mon, 17 Jun 1996 11:04:32 -0400 (EDT)

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

by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <01160HDIX6B200007K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Mon, 17 Jun 1996 11:07:07 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id LAA15858; Mon, 17 Jun 1996 11:07:01 -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:17-JUN-1996 11:26:54.67

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:17-JUN-1996 12:25:08.70

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:NOT READ

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:18-JUN-1996 14:12:57.78

TEXT:

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ATT CREATION TIME/DATE:17-JUN-1996 11:07:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 06/17/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

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RFC-822-headers:

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

by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01160HADWKE80115CC@PMDF.EOP.GOV> for
levi_j@a1.eop.gov; Mon, 17 Jun 1996 11:04:32 -0400 (EDT)

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

by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01160HDIX6B200007K@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Mon, 17 Jun 1996 11:07:07 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id LAA15858; Mon,
17 Jun 1996 11:07:01 -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 (PAGER)

CREATOR: Mail Link Monitor (MAILMGT) (SYS)

CREATION DATE/TIME:17-JUN-1996 10:49:56.93

SUBJECT: PAGER CONFIRMATION - LEVI,JEFF

TO: Jeffrey Levi (LEVI_J) (WHO)

READ:NOT READ

TEXT:

PAGE FOR LEVI,JEFF, WAS TRANSMITTED 17-JUN-1996 10:30:17.17

TEXT TRANSMITTED WAS:

THIS IS A TEST

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:17-JUN-1996 12:46:15.57

SUBJECT: Re prisons and CDC prevention/substance abuse meeting

TO: Patsy Fleming (FLEMING_P) (WHO)

READ:17-JUN-1996 14:12:06.75

TO: Remote Addressee (pmilon@hrsa.ssw.dhhs.gov@INET)

READ:NOT READ

TEXT:

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

ATT CREATION TIME/DATE:12-JUN-1996 16:56:00.00

ATT BODYPART TYPE:E

ATT CREATOR: Margolies-Seiler, Eva Z.

ATT SUBJECT: - no subject (0115VTIQ2UIQ007GBD) -

ATT TO: Levi, Jeff (levi_j@A1@CD)

TEXT:

Jeff, regarding your question about the meeting in St. Petersburg:

This meeting will be a forum to examine how we can work together to implement practical approaches to substance abuse and HIV prevention across risk populations. The goals are to identify and explore steps for improving collaboration to prevent substance abuse and HIV infection in the United States. A major purpose of the meeting will be to identify issues and barriers that prevent effective integration of these activities and to identify the relationships and actions that need to be developed to overcome them. Issues related to corrections will not receive separate billing but will be covered within the context of this process. We would consider it a major topic of discuss that must be included in any action plan that is developed since such a large proportion of substance abusers are frequently incarcerated.

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

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

ATT CREATION TIME/DATE:14-JUN-1996 03:03:00.00

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 <0115VTIMH6B4007UQG@PMDf.EOP.GOV> for
levi_j@a1.eop.gov; Fri, 14 Jun 1996 03:00:48 -0400 (EDT)

Received: from cdc2 (cdc2.cdc.gov) by STORM.EOP.GOV (PMDf V5.0-7 #6879)
id <0115VTLXC3LO00007K@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri,
14 Jun 1996 03:03:28 -0700 (MST)

Received: from SmtOut.em.cdc.gov by cdc2 (5.0/SMI-SVR4) id AA14588; Fri,
14 Jun 1996 03:15:45 +0500

Received: by SmtOut.em.cdc.gov with Microsoft Mail id
<31C09E29@SmtOut.em.cdc.gov>; Fri, 14 Jun 1996 03:03:05 -0500 (EST)

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:17-JUN-1996 10:04:17.00

SUBJECT: Trying again

TO: FAX (9-1415-597-9213,Margaret Chesn (TLXA1MAIL_\\F:9-1415-597-9213\C:Margaret Chesney\\)
READ:NOT READ

TEXT:

for some reason, this e-mail has gotten kicked back from your system....so here's a more conventional route.

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

ATT CREATION TIME/DATE:15-JUN-1996 09:32:00.00

ATT BODYPART TYPE:H

ATT CREATOR: Jeffrey Levi

ATT SUBJECT: Testing project

ATT TO: Remote Addressee (Margaret_Chesney@quickmail.ucsf.edu@INET@EOPMRX)

TEXT:

Margaret: The following is a draft I have written for Helene Gayle and Joe O'Neill describing our project. I had a conference call with them on Thursday; I think they are willing to move forward on this. They suggested that CAPS should have a community partner -- perhaps NMAC (Miguelina Maldonado is excellent) -- to reassure folks about outreach and inclusion. I think it is a good idea -- how do you feel?

I have written this outline as the next step in the discussion with Helene and Joe. I have tried to write this in a way that is not threatening to bureaucratic interests without undermining our objective. Suggestions are definitely welcome. However, you DON'T have this document.

Thanks very much. jl

PRINTER FONT 12_POINT_COURIER

DRAFT DRAFT DRAFT DRAFT

Dialogue on HIV Counseling and Testing

Background: Since it was first licensed, the role of the HIV antibody test has evolved over time -- as we have learned its value as a diagnostic tool, as the technology of testing has also changed, and, perhaps most importantly, as our capacity for medical intervention has improved. The structures, policies, and messages associated with counseling and testing have not always kept pace, resulting in a significant number --- some estimates are as high as one half -- of people with HIV not knowing their antibody status. This denies individuals with HIV the

opportunity to consider early treatment options and represents a potential threat to the public health.

Objective: To provide a forum for discussion by key government, community, and scientific leaders of how the role of counseling and testing has evolved to create a foundation for a new consensus regarding the role of counseling and testing in our public health response to HIV. A formal consensus statement would not result; however it is hoped that the dialogue would result in creative new approaches that could be brought back to each of the sectors represented in the discussion.

Method: A roundtable discussion by approximately 25

-30 key

players. Presentations or commissioned papers would focus the discussion. These would provide essential background in at least the following areas:

- o How are people currently accessing counseling and testing?
- o What do we know about why people are not being tested?
- o What new approaches for reaching different populations are being tested? (examples: GMHC model; HCFA model re 076; we would also need to find ones regarding special populations, integration into primary care, etc.)
- o How are new technologies affecting this discussion? (home testing, rapid testing, etc.)

In light of what is learned from the above, key issues for discussion would be:

- o Do we need a new message about counseling and testing? How does the message vary based on population targeted?
- o Do we need to adapt how we do counseling and testing and where we do it?
- o Are there related policies or issues that must be addressed to accomplish the goal of getting more people to know their serostatus? (This includes legal barriers, stigma associated with testing and being positive, etc.)

- o What additional research is needed?

The discussion would need to be practical, focused, and realistic. For example, we are not going to achieve universal health care coverage from this discussion -- we must focus on the reality of existing government resources and structures and how they can be adapted to address the evolution of the role of HIV testing.

Who: To work, this must be a small group (25

-30 people) who are

representative of the groups and entities that must be reached.

We would need to include representatives of the Federal government (CDC, HRSA, HCFA, SAMHSA, NIH), state and local government, HIV community activists, scientists, and media/social marketing experts.

When: September

-November 1996. This should be a short process; no more than three meetings. Since no formal "statement" must

emerge, it should not be a complicated process. We need to work on a short time frame in order to be responsive in our programs to the rapidly evolving science.

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

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

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

CREATION DATE/TIME:17-JUN-1996 10:57:22.31

SUBJECT: Olympic Torch Ceremony

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:17-JUN-1996 10:57:19.56

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:17-JUN-1996 11:06:47.50

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:17-JUN-1996 11:02:15.23

TO: Dennis Burke (BURKE_D) (OPD)
READ:17-JUN-1996 11:17:33.15

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:17-JUN-1996 11:09:44.41

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:17-JUN-1996 15:39:13.03

TO: Deborah L. Fine (FINE_D) (OPD)
READ:17-JUN-1996 12:48:13.18

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:17-JUN-1996 11:07:15.29

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:17-JUN-1996 11:04:49.19

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:18-JUN-1996 19:23:13.52

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ:17-JUN-1996 14:00:39.35

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:17-JUN-1996 14:50:56.45

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:17-JUN-1996 11:24:38.00

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:17-JUN-1996 11:08:50.86

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

TO: Bruce N. Reed (REED_B) (WHO)
READ:17-JUN-1996 11:04:06.68

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:17-JUN-1996 11:26:04.10

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

TO: Michael T. Schmidt (SCHMIDT_MT)
READ:NOT READ

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:17-JUN-1996 11:01:30.95

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:17-JUN-1996 12:08:14.25

TEXT:
I have been asked to coordinate the intern attendance for this event. Please let me know (ASAP) if you are planning to attending and are willing to help get our interns into this event.
Thanks

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE:14-JUN-1996 08:58:00.00

ATT BODYPART TYPE:B

ATT CREATOR: OASIS Manager [Douglas R. Matties]

ATT SUBJECT: Olympic Torch Ceremony

ATT TO: All ALL-IN-1 users on this node (SUBSCRIBERS:)

TEXT:
June 14, 1996
MEMORANDUM For ALL White House Photo Passholders
FROM: Melinda N. Bates
Special Assistant to the President and Director,
Visitors Office
SUBJECT: Olympic Torch Ceremony
On Friday, June 21, at 8:05 a.m. the Olympic Torch departs the South Lawn of the White House on its way to Atlanta. All EOP passholders with hard passes that display the passholder picture are cordially invited to attend the ceremony if their pass is one of the following types: CONTRACTOR, E/EOB, MAC, MIL, NEOB, NGS, OGA, RES, SE, U, and W. Sorry, other pass types, or those whose pass does not have their photo, will not be permitted to attend.
- The lawn will open at 6:00 a.m. and closes promptly at 7:15 a.m.
- Staff should enter through the Southwest Gate and must present their photo pass.
- Please do not bring food or beverages.
- All attendees will be required to stand.

- This is not an opportunity to meet the President.
- Cameras are welcome.
- We regret that space does not permit staff to invite guests.

Regardless of the location of your office, you must exit through the Southwest Gate.

We hope you enjoy this opportunity to see the Olympic Torch and the runners who will carry it on the next leg of its journey.

Thank you for your cooperation.

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:18-JUN-1996 15:57:35.47

SUBJECT: conferences

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:18-JUN-1996 16:05:08.63

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:18-JUN-1996 17:31:08.36

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:19-JUN-1996 11:23:12.53

TEXT:

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

ATT CREATION TIME/DATE:18-JUN-1996 12:17:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: New Conference Listings 06/18/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

CDC National AIDS Clearinghouse
Conference Calendar Database

NEW CONFERENCE LISTINGS
June 18, 1996

The Clearinghouse's Conference Calendar Database contains
information about upcoming conferences related to HIV and AIDS.

NAC ONLINE users can search this database by selecting
"Clearinghouse Databases" from the NAC ONLINE main menu. When
asked to enter a database name, specify "CONF" to search the
Calendar.

To access the NAC ONLINE BBS, set your communications software to
dial (800) 851-7245, and set the options for 8 data bits, N parity,
1 stop bit, full duplex, and complete a new user questionnaire.
Only non-profit organizations, government agencies, educational
institutions, and health departments are given full access to NAC
ONLINE and the NAC databases.

Overnight, 6 new listings were loaded to the Conference Calendar

Database. Their records follow:

TITLE: Strategies for a Changing Health Care Environment: The National
Nurse Practitioner Conference 1996

DATE: October 23-26, 1996

LOCATION: Arlington, VA

SPONSOR(S): Nurse Practitioner World News; Nurse Practitioner Business
Institute

CONTACT: Nurse Practitioner Education Associates, Ltd., 9556 Wandering
Way, Columbia, MD 21045-3244

EVENT TYPE: Conference

TOPICS: Nurse education. Nurse roles. Sexuality. Information sources.
Children with HIV/AIDS. Sexual abuse or assault. Case
management. Sexually transmitted diseases (STDs). Women.
Legislation or regulation. Tuberculosis (TB). Hepatitis.
Contraception.

NOTES: Fee: Before August 5, 1996, \$300; After August 5, \$350; After
October 4, \$375; student, \$250 (enclose copy of ID). Single day
registrations available. Continuing education credits available.
Accommodations, (800) 228-9290. Travel, (800) 334-8644 or (800)
521-4041.

TITLE: Winning Grants; Proposal Writing Step by Step

DATE: June 26, 1996

LOCATION: San Diego, CA

SPONSOR(S): Community AIDS Response to Increase Grants (CARING)

CONTACT: Community AIDS Response to Increase Grants (CARING), P.O. Box
85524 (P502E), San Diego, CA 92186-5524, (619) 291-2853, FAX:
(619) 692-8668

EVENT TYPE: Workshop

TOPICS: Fundraising. Funding sources. Community organizations.

NOTES: Fee: \$50. Pre-registration required. Materials (230 page manual)
fee: \$45.

TITLE: Co-Conspirators: Impact of Opportunistic Infections with HIV
Disease

DATE: July 10, 1996

LOCATION: Vancouver, CA - Canada

SPONSOR(S): University of Alabama School of Medicine, Division of Continuing
Medical Education

CONTACT: (800) 433-4584, (800) 521-1177, within New York, FAX: (212)
679-7883, Internet email: whcme@whci.41mad.com

EVENT TYPE: Conference

TOPICS: Opportunistic infections. Pneumocystis carinii pneumonia (PCP).
Herpes virus group. Treatment. Therapeutic drugs.

TITLE: Nurses Cancer Symposium; 16th Annual

DATE: October 10-12, 1996

LOCATION: San Diego, CA

SPONSOR(S): ScrippsHealth; Stevens Cancer Center; Scripps Memorial Hospitals

CONTACT: Stevens Cancer Center, P.O. Box 28, La Jolla, CA 92038- 0028,
(619) 626-6794, FAX: (619) 626-6793
EVENT TYPE: Symposium
TOPICS: Nurse education. Cancer. Treatment. Case management.
Nutrition. Cultural factors. Legislation or regulation.
NOTES: Fee: Before August 15, 1996, \$325; After August 15, \$350;
Students, \$125. One day registrations available. Accommodations,
(619) 692-2265. Travel, (800) 247-6470.

TITLE: New York States Parents and Teachers Association 1996 Convention
DATE: November 15-17, 1996
LOCATION: Kiamesha Lake, NY
SPONSOR(S): New York State Congress of Parents and Teachers, Inc.
CONTACT: New York State Congress of Parents and Teachers, Inc., 119
Washington Ave., Albany, NY 12210-2284, (518) 462-5326, FAX:
(518) 462-5339
EVENT TYPE: Conference
TOPICS: Schools. Adolescents. Children.
NOTES: Exhibition spaces available.

TITLE: Beyond Borders: Caring for the HIV Infected Child
DATE: July 12, 1996
LOCATION: Vancouver, CA - Canada
SPONSOR(S): National Pediatric & Family HIV Resource Center; The Francois
Xavier Bagnoud International Pediatric HIV Training Program
CONTACT: Estella Ortega, (201) 268-8251, or (800) 362-0071, FAX: (201)
485-2752, Internet email: nphrc@daiid.umdj.edu
EVENT TYPE: Symposium
TOPICS: Children with HIV/AIDS. Case management. Developing nations.
Nutrition. Cultural factors. Families. Health professional
education. Advocacy. Psychological factors. Research
programs. Research needs. Immunization.
NOTES: No fee, but pre-registration is preferred.

Information about additional conferences is welcome. Please send
E-Mail to Flynn McLean (through NAC ONLINE, or
fmclean@cdcnac.aspensys.com via the Internet) at the CDC National
AIDS Clearinghouse; include the title, dates, site, sponsoring
agency, contact information, registration fee, and topics to be
discussed at the conference.

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

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

ATT CREATION TIME/DATE:18-JUN-1996 12:17:00.00

ATT BODYPART TYPE:D

TEXT:

RFC-822-headers:

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

by PMDF.EOP.GOV (PMDf V5.0-4 #6879) id <01161Y1RGY4G007VXY@PMDf.EOP.GOV> for
levi_j@al.eop.gov; Tue, 18 Jun 1996 12:14:45 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDf V5.0-7 #6879) id <01161Y5XL4OE00007X@STORM.EOP.GOV> for
levi_j@al.eop.gov; Tue, 18 Jun 1996 12:18:09 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id MAA09511; Tue,
18 Jun 1996 12:17:16 -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: Jill Pizzuto (PIZZUTO_J) (OPD)

CREATION DATE/TIME:18-JUN-1996 15:39:24.88

SUBJECT: Today, 6:00 p.m.

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:18-JUN-1996 16:16:48.00

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:24-JUN-1996 17:05:37.99

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:18-JUN-1996 15:41:00.27

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:18-JUN-1996 15:44:59.71

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:18-JUN-1996 16:52:48.10

TO: Michael T. Schmidt (SCHMIDT_MT)
READ:NOT READ

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:18-JUN-1996 15:39:57.49

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:18-JUN-1996 16:12:35.23

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:18-JUN-1996 15:39:21.29

TO: Carol H. Rasco (RASCO_C) (WHO)
READ:18-JUN-1996 15:52:09.26

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:18-JUN-1996 15:51:34.08

TO: Dorothy L. Karayannis (KARAYANNIS_D)
READ:18-JUN-1996 16:32:40.41

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:18-JUN-1996 16:02:34.76

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:18-JUN-1996 15:48:28.57

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:18-JUN-1996 16:13:20.63

TO: Deborah L. Fine (FINE_D) (OPD)
READ:18-JUN-1996 15:40:05.53

TO: Dennis Burke (BURKE_D) (OPD)
READ:18-JUN-1996 15:57:31.00

TO: Diane Regas (REGAS_D) (OPD)
READ:18-JUN-1996 15:41:05.26

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:18-JUN-1996 16:15:55.76

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:18-JUN-1996 15:59:34.72

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:18-JUN-1996 16:03:58.46

TO: FAX (9-720-4732,Elworth, Larry) (TLXA1MAIL_ \F:9-720-4732\C:Elworth, Larry\\)
READ:NOT READ

TEXT:

just a reminder for everyone to come to Carol's Office this evening at 6:00 for
Dorothy's shower!
thanks!

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

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

CREATION DATE/TIME:18-JUN-1996 15:57:18.64

SUBJECT: Partu Dues

TO: Carol H. Rasco (RASCO_C) (WHO)
READ:18-JUN-1996 16:00:11.70

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:18-JUN-1996 16:00:10.85

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:18-JUN-1996 16:59:25.18

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:18-JUN-1996 16:08:36.75

TO: Dennis Burke (BURKE_D) (OPD)
READ:18-JUN-1996 16:00:57.92

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:18-JUN-1996 16:21:02.52

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:18-JUN-1996 16:03:52.30

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:18-JUN-1996 15:58:06.62

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:18-JUN-1996 16:04:53.29

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:24-JUN-1996 17:06:12.41

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:18-JUN-1996 15:59:06.34

TO: Bruce N. Reed (REED_B) (WHO)
READ:18-JUN-1996 16:02:21.86

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:18-JUN-1996 16:00:09.14

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:18-JUN-1996 16:16:15.84

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ:18-JUN-1996 17:06:39.51

TEXT:

Here's the good news. We're having a party for Dorothy at 6:00! Here's the bad news, I need to collect money for previous functions -- specifically, Mike's, Debbie's and Gaynor's going away parties. Don't worry -- we've cut expenses without cutting quality. Per person total cost for these functions is \$7 (after Jeremy's generous donation). Please get \$7 to me by the end of the week so I can reimburse people who footed bill (Molly, Julie, Dorothy, Jen -- I'll just subtract \$7 from what DPC owes you).

I'll send a separate e-mail on Dorothy's event, another fabulous affordable affair.

Thanks. This is all voluntary, of course, so feel free to give DPC party fund less (or more).