Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From: Mail Link Monitor, To: Jeffrey Levi, Re: Confirmation: Appt. Request for Levi, Jeffrey W [Personally Identifiable Information] [partial] (1 page)	07/10/1996	b(7)(C), b(7)(F), b(6)
002. email	From: Elizabeth Drye, To: Many Recipients, Re: Ros's Party (2 pages)	07/10/1996	Personal Misfile
003. email	From: Carol Rasco, To: Many Recipients, Re: Thank You! (2 pages)	07/11/1996	Personal Misfile
004. email	From: Jeffrey Levi, To: Jennifer Klein, Re: Ginny Apuzzo [partial] (1 page)	07/12/1996	b(6)
005. email	From: Jeremy Benami, To: Many Recipients, Re: Normisms (7 pages)	07/12/1996	Personal Misfile
006. email	From: Kinseyvi@aol.com, To: Jeffrey Levi, Re: Batsheba (1 page)	07/16/1996	Personal Misfile

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

FOLDER TITLE:
[07/10/1996 - 07/16/1996]

2018-0759-F
jn422

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: Elizabeth E. Drye (DRYE_E) (OPD)

CREATION DATE/TIME:10-JUL-1996 18:48:05.81

SUBJECT: RE: Are we doing weeklies?

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:11-JUL-1996 07:44:06.87

TEXT:
Thanks. Yes we'll do a weekly.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:10-JUL-1996 12:52:00.00

SUBJECT: New Conference Listings 07/09/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:10-JUL-1996 14:12:44.77

TEXT:

CDC National AIDS Clearinghouse
Conference Calendar Database

NEW CONFERENCE LISTINGS
July 9, 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: Patients: At the Intersection of Alternative Healthcare and Conventional Medicine
DATE: October 29-31, 1996
LOCATION: Philadelphia, PA
SPONSOR(S): Pennsylvania Academy of Family Physicians; Alternative Therapies in Health and Medicine
CONTACT: Alternative Healthcare Conference Registration, c/o InnoVision Management Services, 101 Columbia, Alisa Viejo, CA 92656-1491, (800) 899-0573, FAX: (714) 362-2020
EVENT TYPE: Conference
TOPICS: Alternative therapies. Treatment. Physician education. Cancer.
NOTES: Fee: Before September 28, $390; After September 28, $440. Medical students before September 28, $195; Medical students after September 28, $220. Daily registrations available.

TITLE: Update from the XI International Conference on AIDS: Bringing the State of the Art to Your Clinical Practice
DATE: July 26, 1996
LOCATION: Boston, MA
SPONSOR(S): New England AIDS Education and Training Center (AETC); University of Massachusetts Medical School
CONTACT: New England AIDS Education and Training Center (AETC), (617) 566-2283, FAX: (617) 566-2994, Internet email: neaetc@aol.com
EVENT TYPE: Conference
TOPICS: Treatment. Epidemiology. Diagnostic tests. Community organizations. Therapeutic drugs. HIV transmission. Nutrition. Pediatrics. Opportunistic infections. HIV prevention. Substance abuse.
NOTES: Fee: $75 for physicians; $50 for other health care providers. Continuing medical education credits available.

TITLE: IX Entretiens Jacques Cartier: AIDS Pathogenesis: Host and Viral Factors
DATE: October 1-4, 1996
LOCATION: St. Adele, Canada
SPONSOR(S): Voyages Eons
CONTACT: Voyages Eons, 2325 Halpern, St. Laurent, Quebec, H4S 1S3, Canada, (514) 745-2330, FAX: (514) 745-3410, Internet email: eonscorp@interlink.net
EVENT TYPE: Conference
TOPICS: Virology.

TITLE: Third International Workshop on HIV and Cells of Macrophage Lineage
DATE: October 15-17, 1996
LOCATION: Lake Como, Italy
SPONSOR(S): University of California, San Diego
CONTACT: Richard Kornbluth, MD, PhD, Department of Medicine - 0679, University of California, San Diego, 9500 Gilman Dr., La Jolla, CA 92093-0679, (619) 552-7439, (612) 552-7445, Internet email: rkornbluth@ucsd.edu
EVENT TYPE: Workshop
TOPICS: Virology.

TITLE: Fifth Western Pacific Congress on Chemotherapy and Infectious Diseases
DATE: December 1-4, 1996
LOCATION: Singapore, Singapore
SPONSOR(S): Communications Consultants
CONTACT: Communications Consultants, 336 Smith St., #06-302, New Bridge Centre, Singapore 0105, Republic of Singapore, 65-227- 9811, FAX: 65-227-0257
EVENT TYPE: Conference
TOPICS: Cancer. Treatment.

TITLE: First World Congress of Pediatric Infectious Diseases; 15th Inter-American Congress of Pediatric Infectious Diseases
DATE: December 4-7, 1996
LOCATION: Mexico City, Mexico
SPONSOR(S): World Society of Pediatric Infectious Diseases
CONTACT: World Society of Pediatric Infectious Diseases, Instituto Nacional de Pediatria, P.O. Box 101-53, 04530 Mexico City, Mexico, FAX: 5-6066856
EVENT TYPE: Conference
TOPICS: Pediatrics. Infants with HIV/AIDS.

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:10-JUL-1996 12:53:00.00

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <0116WPRMMYJK000ZT7@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Wed, 10 Jul 1996 12:52:51 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0116WPRORL1E00007U@STORM.EOP.GOV> for levi_j@a1.eop.gov; Wed, 10 Jul 1996 12:52:54 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id MAA12183; Wed, 10 Jul 1996 12:52:45 -0400
Errors-to: martha_vander_kolk@smtpinet.aspensys.com
Precedence: bulk
Originator: aidsnews@cdcnac.aspensys.com
X-Comment: CDC National AIDS Clearinghouse
X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas
========== END ATTACHMENT 1 ==========

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

CREATOR: Molly Brostrom (BROSTROM_M) (WHO)

CREATION DATE/TIME:10-JUL-1996 13:10:42.79

SUBJECT: response to DA&A letters

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:10-JUL-1996 15:51:11.18

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:10-JUL-1996 13:33:15.40

TO: Jack A. Smalligan (SMALLIGAN_J) (OMB)
READ:10-JUL-1996 14:01:49.43

TEXT:
PRINTER FONT 12_POINT_COURIER
Diana, Jeff, Jack --
I'd appreciate your thoughts on the following draft responses for SSI DA&A letters. The first is for letters Carol has received -- almost all of hers have been from advocates who are concerned about the impact of the law on beneficiaries.
The second is for Pres'l correspondence to use -- I think the majority of their letters are from people who want to kick the DA&A folks off -- in any case, the letter has to be palatable to both sides.
Thanks much.

Dear ,

Thank you for writing to me about the recently enacted changes in Social Security disability eligibility.

As a result of legislation passed this March, people will no longer be eligible for disability benefits based on conditions of drug addiction or alcoholism.

Beneficiaries who believe they may be eligible for SSI based on a different disability criteria may appeal and reapply for benefits. It is estimated that three quarters of the 200,000 affected beneficiaries are eligible for SSI based on another disability.

The Social Security Administration (SSA) has sent notices to all beneficiaries whose primary disability criteria is drug addiction or alcoholism to inform them of the change and to make them aware of their right to reapply. In addition, SSA is working with beneficiary organizations to educate them on the process and to help ensure that eligible beneficiaries are not inadvertently dropped.

In order to receive a new SSA medical determination before January 1, 1997, beneficiaries must reapply for benefits before July 28. If you or someone you know has questions about the process, please feel free to call [IS THERE A GOOD SSA CONTACT?].

I appreciate hearing your perspective on this important issue.
Sincerely,

Carol H. Rasco
Assistant to the President for Domestic Policy

Dear ,

Thank you for your message regarding disability benefits for individuals with drug or alcohol addictions.

As a result of legislation I signed on March 29, 1996, people will no longer be eligible for disability benefits based on conditions of drug addiction or alcoholism, beginning January 1, 1997. People with substance abuse problems who are disabled as a result of other conditions will still be eligible for disability benefits.

[QUESTION: DO YOU THINK I SHOULD INCLUDE A SENTENCE ABOUT THE FUNDING FOR TREATMENT THAT WAS AUTHORIZED IN THE LEGISLATION?]

I appreciate hearing your perspective on this important issue.
Sincerely,

Bill Clinton

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:10-JUL-1996 16:05:58.08

SUBJECT: RE: response to DA&A letters

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:10-JUL-1996 16:06:12.86

CC: Molly Brostrom (BROSTROM_M) (WHO)
READ:10-JUL-1996 16:06:44.78

CC: Jack A. Smalligan (SMALLIGAN_J) (OMB)
READ:10-JUL-1996 16:16:45.49

CC: Seth E. Masket (MASKET_S) (WHO)
READ:10-JUL-1996 16:06:12.89

TEXT:
i agree with Diana's comments; you negotiated this well.

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

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

CREATION DATE/TIME:10-JUL-1996 17:44:24.50

SUBJECT: DA&A Letters

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:10-JUL-1996 17:46:37.46

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:10-JUL-1996 17:46:49.01

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:11-JUL-1996 07:44:24.04

TO: Richard E. Green (GREEN_R) (OMB)
READ:10-JUL-1996 18:28:16.28

TEXT:
Richard Green did a letter for Ken and Alice on this topic so we made some changes to mesh the letters togeather -- same content, slightly different wording. Below are revised versions. Since these are close to what we ran past Ken before we didn't run these by him again. The version below simply gives the SSA 800 number as the contact point but as Molly and I discussed Diane Garro is a better contact when it is the head of an organization writing.

++++++++++++++++++++++++++++

Dear ,

Thank you for writing to me about the recently enacted changes in eligibility for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits.

As a result of legislation passed this March, people will no longer be eligible to qualify for benefits as a result of drug addiction or alcoholism.

Beneficiaries who believe they may be eligible for SSDI or SSI because they are disabled as a result of other conditions may appeal and reapply for benefits. It is estimated that as many as three quarters of the 200,000 affected beneficiaries may be found eligible for benefits based on another disability.

The Social Security Administration (SSA) has sent notices to all beneficiaries whose disability determination is based on drug addiction or alcoholism to inform them of the change and to make them aware of their right to reapply. In addition, SSA is working with beneficiary organizations to educate them on the process and to help ensure that eligible beneficiaries are not inadvertently dropped from the rolls.

In order to receive a new SSA disability determination before January 1, 1997, beneficiaries must reapply for benefits before July 28. If you or someone you know has questions about

the process, please feel free to call SSA at 1-800-SSA-1213.

I appreciate hearing your perspective on this important issue.

Sincerely,

Carol H. Rasco
Assistant to the President for Domestic Policy

Dear ,

Thank you for your message regarding disability benefits for individuals with drug or alcohol addictions.

As a result of legislation I signed on March 29, 1996, people will no longer be eligible for disability benefits as a result of drug addiction or alcoholism, beginning January 1, 1997. People with substance abuse problems who are determined to be disabled as a result of other conditions will still be eligible for disability benefits.

I appreciate hearing your perspective on this important issue.

Sincerely,

Bill Clinton

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:10-JUL-1996 14:17:00.00

SUBJECT: New Clinical Trials Information 07/10/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:10-JUL-1996 14:19:46.50

TEXT:

July 10, 1996

NEW INFORMATION FROM ACTIS

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

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

For more information, call the ACTIS toll-free number to talk with a health specialist. On request, you can also obtain a printout of a customized search of the clinical trials databases. The information can also be accessed directly by subscribers through two online databases, AIDSTRIALS and AIDSDRUGS, available through the National Library of Medicine.

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

****

PROTOCOL NUMBER: NIAID ACTG 265.

TITLE: Phast I/II Study of Safety and Immunogenicity of Live-Attenuated Varicella Vaccine (Varivax) in HIV-Infected Children.

PHASE: Phase I / Phase II.

DISEASE STATUS:

Patients have the following symptoms and conditions: 1. ALL PATIENTS: Perinatally-acquired HIV infection that is asymptomatic or mildly symptomatic (category N1 or A1). 2. TREATMENT GROUP ONLY: No history of varicella (chickenpox) or herpes zoster (shingles) and no exposure to chickenpox or shingles within the past 4 weeks. 3. CONTROL GROUP ONLY: Clinically confirmed diagnosis of varicella infection within the past 12 months.

PATIENT INCLUSION CRITERIA

SPECIFICATION CRITERIA:

Patients must have:

1. ALL PATIENTS: Perinatally-acquired HIV infection that is asymptomatic or mildly symptomatic (category N1 or A1).
2. TREATMENT GROUP ONLY: No history of varicella (chickenpox) or herpes zoster (shingles) and no exposure to chickenpox or shingles within the past 4 weeks.
3. CONTROL GROUP ONLY: Clinically confirmed diagnosis of varicella infection within the past 12 months.

AGE: 12 Months - 04 Years.
SEX: M. F.

LABORATORY VALUES AT ENTRY

HEMOGLOBIN: > 8.9 g/dl. (if < two years of age); > 9.9 g/dl (if >= two years of age). (TREATMENT GROUP).
PLATELET COUNT: > 75000 platelets/mm3. (TREATMENT GROUP).
CD4 (T4 CELL) COUNT: Unspecified cells/mm3.
BILIRUBIN: < 2 x ULN mg/dl. (ULN = upper limit of normal). (TREATMENT GROUP).
SGPT (ALT): < 5 x ULN. (TREATMENT GROUP).
CREATININE: < 0.9. (if age twelve to twenty-four months); < 1.1 mg/dl (if age twenty-four to forty-eight months). (TREATMENT GROUP).
OTHER LABORATORY VALUES: Absolute neutrophils > 750 cells/mm3. (TREATMENT GROUP).

PATIENT EXCLUSION CRITERIA

SPECIFICATION CRITERIA:

TREATMENT GROUP patients with the following prior conditions are excluded:

1. Active intercurrent infection within the past 72 hours.
2. Fever > 101 F within the past 72 hours.

AGE: 01 Days - 11 Months. 05 Years - 99 Years.

PRIOR TREATMENT:
Excluded: Blood products within the past 5 months (or within 5 months prior to a primary varicella episode in Control Group subjects).

PRIOR MEDICATION:
Excluded in TREATMENT GROUP:
1. VZIG or IVIG within the past 5 months.
2. Another live vaccine within the past month.
3. Inactivated vaccine within the past 2 weeks.
4. Systemic steroids within the past month.
5. Anti-herpes antiviral drug (such as acyclovir, ganciclovir, interferon, foscarnet) within the past week.

Excluded in CONTROL GROUP:
VZIG or IVIG within 5 months prior to study entry or a primary episode of varicella.

CONCURRENT MEDICATION:
Excluded in TREATMENT GROUP:
1. Immunosuppressive therapy.
2. Aspirin.

CO-EXISTING CONDITIONS OR DISEASES:
Patients with the following symptoms or conditions are excluded:
ALL PATIENTS -
1. Other known or suspected immune disease or TB.
2. Known hypersensitivity to vaccine components, including neomycin.
3. Other chronic medical or surgical condition or contraindication that would interfere with evaluation.

TREATMENT GROUP ONLY -
Have HIV-infected, indeterminate, or other immunocompromised household members who have no known history of varicella infection.

GENERIC DRUG NAME

Drug 1: Varicella Virus Vaccine Live. Vaccine.

DRUG TRADE NAME

Drug 1: Varivax.

DRUG COMPANIES

Drug 1: Merck Research Laboratories
126 East Lincoln Avenue
Rahway, NJ 07065

Contact: Unspecified (800) 379-1332
Contact: Dr Paul Deutsch (908) 594-5833.

END POINT

Drug safety, immunogenicity.

DISCONTINUE TREATMENT

Patients discontinue treatment for the following reasons:
1. Unacceptable toxicity.
2. Immunologic decline, e.g., progression to clinical category B or C or a decrease in CD4+ count of > 50 percent in patients whose CD4+ prior to immunization was > 2000 cells/mm3.

PARTICIPATING UNITS

0000002201:
Children's Hospital of Denver
1056 East 19th Avenue / B-055
Denver, CO 80218-1088
Contact: Carol Salbenblatt (303) 861-6751
OPEN 960415 ACTU: 7001.

0000001363:
Chicago Children's Memorial Hospital
2300 Children's Plaza / PO Box 20
Chicago, IL 60614-3394
Contact: Debbie Fonken (312) 880-3669
OPEN 960429 ACTU: 4001.

0000001359:
University of Maryland at Baltimore / Univ Medical Center
120 Penn Street
Baltimore, MD 21201
Contact: Sue Lovelace (410) 706-8220
OPEN 960603 ACTU: 3702.

0000001358:
Johns Hopkins University Hospital
600 North Wolfe Street / Blalock 1140
Baltimore, MD 21287
Contact: Laura J Flautt (410) 955-9749
OPEN 960424 ACTU: 3701.

0000001341:
Duke University Medical Center
PO Box 3499

Durham, NC 27710
Contact: John Swetnam (919) 684-6335
OPEN 960510 ACTU: 4701.

0000001311:
Bellevue Hospital / New York University Medical Center
550 First Avenue
New York, NY 10016
Contact: Nagamah S Deygoo (212) 263-6426
OPEN 960606 ACTU: 4401.

0000001321:
Columbia Presbyterian Medical Center
622 West 168th Street
New York, NY 10032
Contact: Babette Tang (212) 305-7222
OPEN 960509 ACTU: 4101.

0000001458:
Incarnation Children's Ctr / Columbia Presbyterian Med Ctr
622 West 168th Street
New York, NY 10032
Contact: Babette Tang (212) 305-7222
OPEN 960509 ACTU: 4103.

0000001416:
SUNY / Health Sciences Center at Stony Brook / Pediatrics
HSC-T15 / Room 080
Stony Brook, NY 11794-8111
Contact: Michel Davi (516) 444-7809
OPEN 960515 ACTU: 5040.

****

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:10-JUL-1996 14:18:00.00

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 <0116WSQRAFSW0007EG@PMDF.EOP.GOV> for
levi_j@a1.eop.gov; Wed, 10 Jul 1996 14:17:39 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0116WSQT0LGU00007U@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Wed, 10 Jul 1996 14:17:41 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id OAA19915; Wed,
10 Jul 1996 14:17:33 -0400
Errors-to: martha_vander_kolk@smtpinet.aspensys.com
Precedence: bulk
Originator: aidsnews@cdcnac.aspensys.com

X-Comment: CDC National AIDS Clearinghouse
X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas
========== END ATTACHMENT 1 ==========

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From: Mail Link Monitor, To: Jeffrey Levi, Re: Confirmation: Appt. Request for Levi, Jeffrey W [Personally Identifiable Information] [partial] (1 page)	07/10/1996	b(7)(C), b(7)(F), b(6)

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

FOLDER TITLE:
[07/10/1996 - 07/16/1996]

2018-0759-F
jn422

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 (WAVES RECEIPT)

CREATOR: Mail Link Monitor (MAILMGT) (SYS)

CREATION DATE/TIME:10-JUL-1996 10:52:59.71

SUBJECT: CONFIRMATION: APPT. REQUEST FOR LEVI, JEFFREY W

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:10-JUL-1996 10:55:58.20

TEXT:
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)f
Date: 07-10-1996
Time: 10:50:26

[0013]

This message serves as confirmation of an appointment for the
visitors listed below.
Appointment With: LEVI, JEFFREY W
Appointment Date: 7/8/96
Appointment Time: 12:15:00 PM
Appointment Room: SB226
Appointment Building: NEOB
Appointment Requested by: LEVI JEFFREY
Phone Number of Requestor: 21090
Comments:
WAVES APPOINTMENT NUMBER: U17907
If you have any questions regarding this appointment,
please call the WAVES Center at 456-6742 and have the
appointment number listed above available to the
Access Control Officer answering your call.
****
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1
****
MONTOYA, DANIEL (b)(6)

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

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

CREATION DATE/TIME:10-JUL-1996 18:47:18.21

SUBJECT: RE: FDA meeting

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:11-JUL-1996 07:44:02.69

TEXT:
Great. I'll expect a security tour before or after.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:10-JUL-1996 14:21:17.54

SUBJECT: actis

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:NOT READ

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:10-JUL-1996 14:17:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: New Clinical Trials Information 07/10/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

July 10, 1996

NEW INFORMATION FROM ACTIS

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

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

For more information, call the ACTIS toll-free number to talk with a health specialist. On request, you can also obtain a printout of a customized search of the clinical trials databases. The information can also be accessed directly by subscribers through two online databases, AIDSTRIALS and AIDSDRUGS, available through the National Library of Medicine.

AIDS CLINICAL TRIALS INFORMATION SERVICE
1-800-TRIALS-A

(1-800-874-2572)
FAX: 1-301-738-6616
TTY/TDD: 1-800-243-7012
International Line: 1-301-217-0023

****

PROTOCOL NUMBER: NIAID ACTG 265.

TITLE: Phast I/II Study of Safety and Immunogenicity of Live-Attenuated Varicella Vaccine (Varivax) in HIV-Infected Children.

PHASE: Phase I / Phase II.

DISEASE STATUS:
Patients have the following symptoms and conditions: 1. ALL PATIENTS: Perinatally-acquired HIV infection that is asymptomatic or mildly symptomatic (category N1 or A1). 2. TREATMENT GROUP ONLY: No history of varicella (chickenpox) or herpes zoster (shingles) and no exposure to chickenpox or shingles within the past 4 weeks. 3. CONTROL GROUP ONLY: Clinically confirmed diagnosis of varicella infection within the past 12 months.

PATIENT INCLUSION CRITERIA

SPECIFICATION CRITERIA:
Patients must have:
1. ALL PATIENTS: Perinatally-acquired HIV infection that is asymptomatic or mildly symptomatic (category N1 or A1).
2. TREATMENT GROUP ONLY: No history of varicella (chickenpox) or herpes zoster (shingles) and no exposure to chickenpox or shingles within the past 4 weeks.
3. CONTROL GROUP ONLY: Clinically confirmed diagnosis of varicella infection within the past 12 months.

AGE: 12 Months - 04 Years.
SEX: M. F.

LABORATORY VALUES AT ENTRY

HEMOGLOBIN: > 8.9 g/dl. (if < two years of age); > 9.9 g/dl (if >= two years of age). (TREATMENT GROUP).
PLATELET COUNT: > 75000 platelets/mm3. (TREATMENT GROUP).
CD4 (T4 CELL) COUNT: Unspecified cells/mm3.
BILIRUBIN: < 2 x ULN mg/dl. (ULN = upper limit of normal). (TREATMENT GROUP).
SGPT (ALT): < 5 x ULN. (TREATMENT GROUP).
CREATININE: < 0.9. (if age twelve to twenty-four months); < 1.1 mg/dl (if age twenty-four to forty-eight months). (TREATMENT GROUP).

OTHER LABORATORY VALUES: Absolute neutrophils > 750 cells/mm3. (TREATMENT GROUP).

PATIENT EXCLUSION CRITERIA

SPECIFICATION CRITERIA:
TREATMENT GROUP patients with the following prior conditions are excluded:
1. Active intercurrent infection within the past 72 hours.
2. Fever > 101 F within the past 72 hours.

AGE: 01 Days - 11 Months. 05 Years - 99 Years.

PRIOR TREATMENT:
Excluded: Blood products within the past 5 months (or within 5 months prior to a primary varicella episode in Control Group subjects).

PRIOR MEDICATION:
Excluded in TREATMENT GROUP:
1. VZIG or IVIG within the past 5 months.
2. Another live vaccine within the past month.
3. Inactivated vaccine within the past 2 weeks.
4. Systemic steroids within the past month.
5. Anti-herpes antiviral drug (such as acyclovir, ganciclovir, interferon, foscarnet) within the past week.

Excluded in CONTROL GROUP:
VZIG or IVIG within 5 months prior to study entry or a primary episode of varicella.

CONCURRENT MEDICATION:
Excluded in TREATMENT GROUP:
1. Immunosuppressive therapy.
2. Aspirin.

CO-EXISTING CONDITIONS OR DISEASES:
Patients with the following symptoms or conditions are excluded:
ALL PATIENTS -
1. Other known or suspected immune disease or TB.
2. Known hypersensitivity to vaccine components, including neomycin.
3. Other chronic medical or surgical condition or contraindication that would interfere with evaluation.

TREATMENT GROUP ONLY -
Have HIV-infected, indeterminate, or other immunocompromised household members who have no known history of varicella infection.

GENERIC DRUG NAME

Drug 1: Varicella Virus Vaccine Live. Vaccine.

DRUG TRADE NAME

Drug 1: Varivax.

DRUG COMPANIES

Drug 1: Merck Research Laboratories
126 East Lincoln Avenue
Rahway, NJ 07065
Contact: Unspecified (800) 379-1332
Contact: Dr Paul Deutsch (908) 594-5833.

END POINT

Drug safety, immunogenicity.

DISCONTINUE TREATMENT

Patients discontinue treatment for the following reasons:
1. Unacceptable toxicity.
2. Immunologic decline, e.g., progression to clinical category B or C or a decrease in CD4+ count of > 50 percent in patients whose CD4+ prior to immunization was > 2000 cells/mm3.

PARTICIPATING UNITS

0000002201:
Children's Hospital of Denver
1056 East 19th Avenue / B-055
Denver, CO 80218-1088
Contact: Carol Salbenblatt (303) 861-6751
OPEN 960415 ACTU: 7001.

0000001363:
Chicago Children's Memorial Hospital
2300 Children's Plaza / PO Box 20
Chicago, IL 60614-3394
Contact: Debbie Fonken (312) 880-3669
OPEN 960429 ACTU: 4001.

0000001359:
University of Maryland at Baltimore / Univ Medical Center
120 Penn Street
Baltimore, MD 21201

Contact: Sue Lovelace (410) 706-8220
OPEN 960603 ACTU: 3702.

0000001358:
Johns Hopkins University Hospital
600 North Wolfe Street / Blalock 1140
Baltimore, MD 21287
Contact: Laura J Flautt (410) 955-9749
OPEN 960424 ACTU: 3701.

0000001341:
Duke University Medical Center
PO Box 3499
Durham, NC 27710
Contact: John Swetnam (919) 684-6335
OPEN 960510 ACTU: 4701.

0000001311:
Bellevue Hospital / New York University Medical Center
550 First Avenue
New York, NY 10016
Contact: Nagamah S Deygoo (212) 263-6426
OPEN 960606 ACTU: 4401.

0000001321:
Columbia Presbyterian Medical Center
622 West 168th Street
New York, NY 10032
Contact: Babette Tang (212) 305-7222
OPEN 960509 ACTU: 4101.

0000001458:
Incarnation Children's Ctr / Columbia Presbyterian Med Ctr
622 West 168th Street
New York, NY 10032
Contact: Babette Tang (212) 305-7222
OPEN 960509 ACTU: 4103.

0000001416:
SUNY / Health Sciences Center at Stony Brook / Pediatrics
HSC-T15 / Room 080
Stony Brook, NY 11794-8111
Contact: Michel Davi (516) 444-7809
OPEN 960515 ACTU: 5040.

****

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

========== ATTACHMENT 2 ==========
ATT CREATION TIME/DATE:10-JUL-1996 14:18:00.00

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 <01I6WSQRAFSW0007EG@PMDF.EOP.GOV> for
levi_j@a1.eop.gov; Wed, 10 Jul 1996 14:17:39 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I6WSQT0LGU00007U@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Wed, 10 Jul 1996 14:17:41 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id OAA19915; Wed,
10 Jul 1996 14:17:33 -0400
Errors-to: martha_vander_kolk@smtpinet.aspensys.com
Precedence: bulk
Originator: aidsnews@cdcnac.aspensys.com
X-Comment: CDC National AIDS Clearinghouse
X-Listprocessor-version: 6.0c -- ListProcessor by Anastasios Kotsikonas
========== END ATTACHMENT 2 ==========

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:10-JUL-1996 17:21:03.27

SUBJECT: A LAWRENCE, KAN,. WOMAN RECEIVED NATIONAL ARTS RECOGNITION

TO: Remote Addressee (pmccoy@trans.csuohio.edu@INET)
READ:NOT READ

TEXT:
Date: 07/10/96 Time: 13:30
A Lawrence, Kan,. Woman Received National Arts Recognition

By Megan Neher, Journal-World, Lawrence, Kan.
Knight-Ridder/Tribune Business News

Jul. 10--Christy Schneider was driving from her home in Lawrence to her office in Topeka one morning when she came up with an ingenious idea.

A friend at work had asked for volunteers to help design artwork for the NAMES Project AIDS Memorial Quilt, the national traveling quilt exhibit that commemorates those who have died from AIDS.

Schneider, 24, developed an idea to promote the AIDS quilt that turned out to be her greatest professional accomplishment, she said.

"I usually have to think for a long time before I come up with an idea I like, but this image popped into my head instantly," said Schneider, a Kansas University graduate. "A woman weeping while making a quilt, her tears becoming the stitches as they reach the fabric."

After about 90 hours of work, Schneider had created a gouache painting of a grief-stricken woman sewing a quilt landscape with her tears. The illustration was turned into a poster that was used as a fund-raiser for the project. Almost $3,000 has been collected so far.

"To me, there can't be anything worse than losing someone you love to something you have no control over," she said about her painting. "I tried to image and sympathize with how their loved ones must feel."

About a month ago, Schneider found out that her poster had been accepted into the annual Communication Arts Magazine. The magazine, which was distributed nationally last week, selects about 200 works of art to be featured in one of the industry's most prestigious recognition annuals. More than 6,000 pieces were submitted for possible publication.

Schneider, who has worked for Admark Inc., an advertising and sale promotion company in Topeka for almost two years, designs and illustrates brochures, advertising for newspaper and television and other displays.

She also has illustrated a children's book, Jeremy's Muffler by Laura Nielsen, that was released last fall.

The AIDS benefit poster was sold in March at the quilt display, along with several other locations in Topeka. Since then, Schneider has received orders from across the country for her poster.

Posters are available by contacting Admark Inc., (913) 267-4712.

KBviaNewsEDGE

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

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

CREATION DATE/TIME:10-JUL-1996 11:38:03.83

SUBJECT: Funding for DPC parties

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:11-JUL-1996 09:24:19.96

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:10-JUL-1996 11:51:57.92

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:10-JUL-1996 12:06:14.02

TO: Sandra L. Bublick-Max (BUBLICKMAX_S) (OPD)
READ:10-JUL-1996 13:32:50.95

TO: Dennis Burke (BURKE_D) (OPD)
READ:15-JUL-1996 08:35:35.37

TO: Michael Cohen (COHEN_M) (OPD)
READ:10-JUL-1996 21:31:56.60

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:15-JUL-1996 17:34:47.56

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:15-JUL-1996 10:12:01.34

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:10-JUL-1996 12:39:24.96

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:10-JUL-1996 12:23:43.57

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:11-JUL-1996 14:49:09.92

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

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:10-JUL-1996 11:42:11.40

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:10-JUL-1996 11:53:01.15

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:11-JUL-1996 17:13:18.97

TO: Bruce N. Reed (REED_B) (WHO)
READ:18-JUL-1996 09:48:59.48

TO: Diane Regas (REGAS_D) (OPD)
READ:10-JUL-1996 13:51:48.70

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:10-JUL-1996 11:43:00.08

TO: Jeanine D. Smartt (SMARTT_J) (OPD)
READ:10-JUL-1996 16:26:00.05

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:10-JUL-1996 11:41:09.33

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:10-JUL-1996 13:46:10.39

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:10-JUL-1996 11:55:43.71

IND_TO: Dorothy K. Craft (CRAFT_D) (OPD)
READ:26-JUL-1996 08:50:48.33

TEXT:
Steve is going to help bring our party fund up to date. Some of you still may want to contribute to Mike/Gaynor/Debbie going away party expenses and/or Dorothy's shower. Details on Ros's party to follow.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:10-JUL-1996 17:40:07.71

SUBJECT: Are we doing weeklies?

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:10-JUL-1996 18:47:46.53

TEXT:
If so -- mine is on the i drive -- weekly.jl

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:10-JUL-1996 16:12:00.00

SUBJECT: Funding Opportunities (07/10/96)

TO: levi_j (levi_j@A1@CD) (WHO)
READ:10-JUL-1996 16:31:59.79

TEXT:
July 10, 1996

NEW/UPDATED FUNDING OPPORTUNITIES

The Clearinghouse's Funding Databases contain information on more than 800 current and archival funding opportunities. These Databases are primarily intended to serve as a starting point for people seeking support for HIV/AIDS education, prevention, service provision, and information dissemination. The grantmaking agency should be contacted for further information and application procedures.

The Clearinghouse makes these databases available to the public through its electronic bulletin board service, NAC ONLINE. Information and assistance about the Clearinghouse and NAC ONLINE can be obtained by calling a Reference Specialist at 1-800-458-5231 or 1800-243-7012 (deaf access/TDD). If you know of opportunities that we do not have in our databases, please contact us at aidsinfo@cdcnac.aspensys.com.

---

1) Robert Wood Johnson Foundation: Home Care Research Initiative (1996)

**********FUND INFORMATION**********

FUND ACCESSION NUMBER
S 03310-030

FUND TITLE
Home Care Research Initiative (1996)

DESCRIPTION (FUND)
The Robert Wood Johnson Foundation (RWJF) announces the availability of funds to support the Home Care Research Initiative (HCRI). The purpose of the HCRI is to support research and analysis that will improve the knowledge base

underlying home care policy and practice. The major premise of the initiative is that more effective strategies for allocating dollars, targeting services, and promoting delivery system efficacy will be key to the future maintenance and expansion of and community care benefits. This call for proposals is intended to stimulate the analytic work that will help decision makers design such strategies as they shape the service system of the future. The HCRI will support two kinds of approaches: 1) original research on a significant allocation or efficacy issue or an important policy option; and 2) synthesis and analysis of existing research and evaluations to identify knowledge gaps, areas of consensus, and directions for future research and evaluation. Depending on their objectives and design, funded projects may employ quantitative and/or qualitative methods and may involve primary data collection, the analysis of secondary data bases, or the critical review of prior research studies.

TARGET AUDIENCE
Planners, General Public, Consumers

SUBJECT AREAS
Health planning, Health policies, Research

AMOUNT AVAILABLE - TOTAL
$3,500,000

FUND TOTAL NOTE
Larger amounts may be available depending on the program.

AMOUNT OF FUND - MINIMUM
$100,000

AMOUNT OF FUND - MAXIMUM
$300,000

AMOUNT OF FUND - AVERAGE
$200,000

FUND DURATION
From 1-3 years.

INTENDED AWARD DATE
December 1, 1996.

APPLICANTS AND/OR PROJECTS MUST BE LOCATED IN:
Location unrestricted.

ELIGIBLE ORGANIZATIONS
Educational Organization, Institution, Research Institution

TYPE OF SUPPORT
Staff salaries. Direct expenses. Essential equipment.

ADDITIONAL INFORMATION

The HCRI aims to stimulate studies that address key resource allocation issues such as: 1) the benefits of particular services and service models for different populations, the most useful measures for relating service use to outcomes, and the most effective predictors of beneficial outcomes; 2) the causes and effects of variations in the use of home and community-based services across different areas, programs, payers, and populations; 3) the different levels and types of informal support, different organizational arrangements, and varying financial incentives that affect the mix of formal skills and services provided, and what the implications for costs and outcomes are; 4) the triage mechanisms being used by states, localities, and managed care plans to sort services and people in need and the evidence for their relative efficacy; and 5) the professional identities and organizational incentives of various gatekeepers and how they affect the volume and mix of medical and supportive services. Topics of interest relating to delivery system efficiency include: 1) how satisfactory outcomes can be achieved at lower cost through innovative strategies that reconfigure service packages; 2) how alternative housing and support arrangements affect service use, quality, and cost; 3) to what extent information, communication, and assistive technologies extend the reach of professional and paraprofessional service providers, and facilitate informal care and self-management of chronic conditions; 4) what factors prevent or facilitate the participation of individuals and families in the care process; 5) how are cost-effectiveness and quality of service delivery affected by public and private payment and regulatory policies; and 6) what is the impact of unionization and of laws governing professional practice on innovations in job design and service delivery, including paraprofessional responsibilities.

OTHER LIMITATIONS

Grant funds may be used to support project staff salaries, consultant fees, data processing, supplies, and other direct expenses of carrying out the proposed activities, including a limited amount of essential equipment. In keeping with Foundation policy, grant funds may not be used to subsidize individuals directly for the cost of care, to construct or renovate facilities, or as a substitute for funds currently being used to support similar activities.

APPLICATION DEADLINE

August 1, 1996

APPLICATION PROCEDURE CONTACT PERSON

Michael Almog
RWJF Home Care Research Initiative
Visiting Nurse Service of New York

5 Penn Plaza
New York, NY 10001
(212) 290-3769

FUNDER NAME
Robert Wood Johnson Foundation

FUNDER'S DESCRIPTION
The Robert Wood Johnson Foundation is the nation's largest philanthropy devoted exclusively to health and health care. Its grantmaking is concentrated in four areas: assuring access to basic health services; improving the way services are organized and provided for people with chronic health conditions; reducing the harm caused by substance abuse; and helping the nation address the problem of rising health care costs. Since 1988, the Foundation has invested over $50 million to stimulate innovative responses to the AIDS epidemic, including two large national grant programs: AIDS Health Services Program and Building Health Care Systems for People with Chronic Illnesses. In addition, the Foundation has funded a number of smaller programs that provide nutritious meals, legal assistance, dental care and other services to people with AIDS.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:10-JUL-1996 16:13:00.00

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <0116WWQJKEHC0013ZE@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Wed, 10 Jul 1996 16:12:01 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0116WWQF5IYC00007U@STORM.EOP.GOV> for levi_j@a1.eop.gov; Wed, 10 Jul 1996 16:11:55 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id QAA05487; Wed, 10 Jul 1996 16:11:47 -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: Jeremy D. Benami (BENAMI_J) (WHO)

CREATION DATE/TIME:10-JUL-1996 10:04:25.11

SUBJECT: Two FYIs

TO: Carol H. Rasco (RASCO_C) (WHO)
READ:10-JUL-1996 19:28:02.56

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:15-JUL-1996 09:49:49.83

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:10-JUL-1996 10:06:50.83

CC: Elizabeth E. Drye (DRYE_E) (OPD)
READ:10-JUL-1996 11:30:17.39

TEXT:
The Advisory Council report came up at senior staff this morning, and I reported that despite some of the media coverage, the overall tone of the report was positive. I did indicate that there was criticism on needle exchange and other issues like prevention spending and housing. I also indicated that Scott would be willing to respond to media inquiries and to give a positive review overall.
Second, Nancy Ann called last night to say that HUD was about to send its budget amendment for 25million more in HOPWA $ without any real offsets. She was hoping we could call HUD to register our concern. Carol, I called Bruce Katz - but I didn't beep you to call Cisneros. I know how tough their budget is, and their response to us is simply going to be "do you have any suggestions on what we should cut further?" So I just didn't think this would be a worthwhile phone call for you. I hope you agree. Odds are this budget amendment will not go anywhere.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	From: Elizabeth Drye, To: Many Recipients, Re: Ros's Party (2 pages)	07/10/1996	Personal Misfile

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

FOLDER TITLE:
[07/10/1996 - 07/16/1996]

2018-0759-F
jn422

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:10-JUL-1996 15:15:00.00

SUBJECT: CDC AIDS Daily Summary 07/10/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:10-JUL-1996 15:20:01.81

TEXT:

AIDS Daily Summary
July 10, 1996

****
"Some Treatments, Behaviors Are Working to Slow AIDS Rate"
"Needle-Swap Programs Spark Life-and-Death Debates"
"AIDS Researchers Differ on Vaccine Strategies"
"Tests for Viral Levels in Blood May Foretell AIDS Progression"
"Glaxo Close to Own Triple AIDS Therapy"
"AIDS Advisers Praise, Criticize Clinton Efforts"
"Abbott Drug Maintains AIDS Promise"
"Universal AIDS Fight Urged"
"Editorial: Family Planning, Sexually Transmitted Diseases, and the Prevention of AIDS--Divided We Fail?"
"Robert Gallo Wants to Fight"
****

"Some Treatments, Behaviors Are Working to Slow AIDS Rate"
Washington Post (07/10/96) P. A3; Brown, David

While some advances have been made in preventing the spread of HIV, the ultimate goal--a cream or foam to prevent virus transmission during intercourse--is still years away. The rate of HIV transmission from mother to child is decreasing in the United States as a result of the use of AZT by pregnant women and newborns. Moreover, experts at the Centers for Disease Control and Prevention estimate that HIV testing, counseling, and treatment for pregnant women could reduce the number of infected infants born from 1,750 a year to 1,100. Perinatal infection is especially problematic in sub-Saharan Africa, where use of AZT is rare. On Tuesday, the United Nations' AIDS program announced its plans for a three-year study of 2,000 HIV-infected pregnant women

in South Africa, Tanzania, and Uganda. Less expensive alternatives to AZT will be tested, including antibodies taken from HIV patients and the drug nevirapine. Researchers, meanwhile, are also seeking a "microbicide" that could be applied in a cream to prevent transmission during intercourse, and the U.S. government announced a plan on Tuesday to devote $100 million over the next four years to developing such a product.

"Needle-Swap Programs Spark Life-and-Death Debates"
Wall Street Journal (07/10/96) P. B1; Bennett, Amanda

Although currently illegal in most states, needle-exchange programs could prevent more than 11,000 new HIV infections by the end of the decade, two AIDS researchers reported Tuesday at the International Conference on AIDS. Peter Lurie of the Center for AIDS Prevention Studies at the University of California San Francisco and Ernest Drucker of Albert Einstein College of Medicine in New York said that, based on results of studies of the effectiveness of such programs, as many as 10,000 infections could have been prevented between 1987 and 1995 if clean needle programs had been implemented. Other researchers praised the study--the first to estimate the national effect of needle exchanges--and said the figures may even underestimate the potential impact of the programs. Needle exchanges are controversial because some people believe they encourage the use of illegal drugs. Federal funds cannot be used to support the programs, and at least nine states prohibit the distribution of needles without a prescription.

"AIDS Researchers Differ on Vaccine Strategies"
New York Times (07/10/96) P. C10

While the AIDS community agrees that a vaccine is needed to prevent HIV infection, scientists, public health officials, and political leaders disagree over when and where to launch the first large trials and which vaccine to test. A vaccine is especially needed in developing countries, where 90 percent of HIV infections occur. More than 1,700 HIV-negative people are participating in 16 trials of experimental vaccines in the United States. In some studies, approximately 5 percent of the volunteers have become infected through high-risk activities. The National Institutes of Health stopped a planned vaccine trial in 1994 because it said there was not a good enough chance of success. William E. Paul, head of the National Institutes of Health's Office of AIDS Research, said researchers need to apply advances in immunology to an AIDS vaccine.

"Tests for Viral Levels in Blood May Foretell AIDS Progression"
USA Today (07/10/96) P. 4D; Painter, Kim

Tests of the amount of HIV in a person's bloodstream can predict how soon they will develop AIDS, new studies suggest. One study, published in today's issue of the Journal of the American Medical Association, found that 72 percent of patients with the highest level of virus had developed AIDS within 10 years, compared to none of the patients with the lowest viral loads. The studies also suggest that "the die is cast relatively

early in HIV infection," according to National Cancer Institute researcher Thomas O'Brien.

"Glaxo Close to Own Triple AIDS Therapy"
Financial Times (07/10/96) P. 18; Green, Daniel

Glaxo Wellcome, which currently sells two of the three drugs used in most triple therapy regimens for HIV, announced this week that it hopes to offer a complete triple therapy package within two years. The three-drug combination includes Glaxo's AZT and 3TC, and one of the new protease inhibitors, made by Merck, Abbott Laboratories, and Roche. Glaxo has marketing rights to a protease inhibitor being developed by Vertex, a U.S. biotechnology company. Peter Young, director of HIV and hepatitis at Glaxo, said that sales of drugs for HIV/AIDS could multiply 20 times over the next few years but that prices of the new triple therapy drugs could fall as sales grow.

"AIDS Advisers Praise, Criticize Clinton Efforts"
Washington Post (07/10/96) P. A15

The Presidential Advisory Council on HIV/AIDS said that while the Clinton administration may be the best so far in fighting AIDS, it is "overly timid" in supporting aggressive prevention strategies like needle exchange programs. The group issued a report Monday praising Clinton for increasing AIDS funding and blocking attempts to dismantle Medicaid programs used by half the country's AIDS patients. The report also criticized a ban on using federal funds for needle exchanges, which currently operate in 55 U.S. cities. Clinton is planning to issue a national AIDS action plan next month and is seeking a $34 million increase for AIDS prevention programs at the Centers for Disease Control and Prevention.

"Abbott Drug Maintains AIDS Promise"
Chicago Tribune (07/09/96) P. 3-5

Abbott Laboratories' new protease inhibitor Norvir, when combined with Glaxo Wellcome's AZT and Hoffmann-La Roche's ddC, continues to fight off HIV after 60 weeks of treatment, researchers said Monday. The drug was also found to increase survival among HIV-infected individuals.

"Universal AIDS Fight Urged"
Toronto Globe and Mail (07/08/96) P. A1; Picard, Andre

While researchers are optimistic that new AIDS drugs may make the disease treatable as a long-term, chronic condition, the cost of the drugs makes them inaccessible to most people who need them. To the 90 percent of people with AIDS living in developing countries, an AIDS cure is no more likely than it was ten years ago, said Eric Sawyer, a member of ACT-UP New York. Sawyer urged drug companies to drop prices and called on governments to increase support. Governments worldwide are cutting back on health care and research and becoming complacent about AIDS. In Canada, the government is deciding whether to renew a $42.2 million national AIDS program.

"Editorial: Family Planning, Sexually Transmitted Diseases, and the Prevention of AIDS--Divided We Fail?"
American Journal of Public Health (06/96) Vol. 86, No. 6, P. 783; Stein, Zena

In an editorial in the American Journal of Public Health, Associate Editor Zena Stein points out that facilities providing comprehensive services for family planning, sexually transmitted diseases, and the prevention of AIDS would be more effective than the current system of facilities that address these three areas separately. Family planning clinics, she says, focus on contraception and do not adequately treat women for sexually transmitted diseases. Special clinics for STDs are usually independent of general health services and tend not to emphasize prevention or provide contact tracing and follow up. Services that aim to teach HIV prevention--including a wide range of public and private agencies--operate separately from these two categories. Stein says family planning clinics, STD clinics, and HIV services have neglected their responsibility to prevent and treat STDs among women and predicts that integrating these facilities would improve prevention and care for all STDs, including HIV.

"Robert Gallo Wants to Fight"
Worth (06/96) Vol. 5, No. 6, P. 110; Coppola, Vincent

Robert Gallo, who proved that HIV causes AIDS and developed the HIV test to protect the blood supply, is known for his controversial relationships with colleagues and others in the AIDS community, as well as his extreme devotion to the area of AIDS. He holds or shares 79 patents, for example, and his findings have produced some $1 billion in private-sector revenues. In 1995, Gallo announced that he was leaving his 30-year career at the National Institutes of Health to direct his own commercial research center, the Institute of Human Virology in Baltimore, Md. The new institute, expected to open in November, will operate in collaboration with the University of Baltimore. It is being founded on $12 million from the state of Maryland and the city of Baltimore, but potential therapies will be developed and marketed through a private company, Omega Biotherapies, which Gallo founded and partly owns. Some of Gallo's more promising projects in the pipeline include vaccines, treatment for Kaposi's sarcoma, and therapies involving chemokines.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:10-JUL-1996 15:16:00.00

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 <01I6WURMLQJ40011ZX@PMDF.EOP.GOV> for

levi_j@a1.eop.gov; Wed, 10 Jul 1996 15:15:37 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0116WURLVHBE00007U@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Wed, 10 Jul 1996 15:15:36 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id PAA29339; Wed,
10 Jul 1996 15:15:22 -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: Elizabeth E. Drye (DRYE_E) (OPD)

CREATION DATE/TIME:11-JUL-1996 15:29:22.69

SUBJECT: Do you know where your weekly is?

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

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:11-JUL-1996 17:45:01.29

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:11-JUL-1996 15:29:30.55

TO: Dennis Burke (BURKE_D) (OPD)
READ:11-JUL-1996 19:19:50.50

TO: Diane Regas (REGAS_D) (OPD)
READ:11-JUL-1996 15:29:59.70

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:15-JUL-1996 10:14:55.16

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:11-JUL-1996 15:40:30.10

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:11-JUL-1996 16:39:52.75

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:11-JUL-1996 15:56:58.18

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:11-JUL-1996 15:56:06.85

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:11-JUL-1996 15:42:04.89

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:11-JUL-1996 15:41:10.69

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:11-JUL-1996 15:49:18.14

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:11-JUL-1996 17:16:38.40

TO: Jeanine D. Smartt (SMARTT_J) (OPD)
READ:11-JUL-1996 16:48:31.25

TO: Michael Cohen (COHEN_M) (OPD)
READ:11-JUL-1996 17:19:21.76

TO: Sandra L. Bublick-Max (BUBLICKMAX_S) (OPD)
READ:12-JUL-1996 14:50:31.43

TEXT:
I hope it's on its way to me within the next half hour. Thanks.

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

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

CREATION DATE/TIME:11-JUL-1996 11:24:36.92

SUBJECT: Name spellings

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:11-JUL-1996 12:56:02.66

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:11-JUL-1996 11:24:43.02

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:11-JUL-1996 11:36:20.70

TO: Sandra L. Bublick-Max (BUBLICKMAX_S) (OPD)
READ:11-JUL-1996 14:29:33.96

TO: Dennis Burke (BURKE_D) (OPD)
READ:11-JUL-1996 13:05:37.63

TO: Michael Cohen (COHEN_M) (OPD)
READ:11-JUL-1996 12:13:33.44

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:15-JUL-1996 17:44:02.83

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:15-JUL-1996 10:13:36.78

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:11-JUL-1996 12:21:58.37

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:11-JUL-1996 11:27:21.29

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:11-JUL-1996 15:08:10.23

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

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:11-JUL-1996 11:41:25.20

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:11-JUL-1996 11:45:25.64

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:11-JUL-1996 11:55:34.20

TO: Bruce N. Reed (REED_B) (WHO)
READ:12-JUL-1996 17:51:24.65

TO: Diane Regas (REGAS_D) (OPD)
READ:11-JUL-1996 11:33:19.92

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:11-JUL-1996 11:26:05.27

TO: Jeanine D. Smartt (SMARTT_J) (OPD)
READ:11-JUL-1996 16:48:12.28

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:11-JUL-1996 11:25:48.56

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:11-JUL-1996 11:35:04.53

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:11-JUL-1996 11:25:30.11

IND_TO: Dorothy K. Craft (CRAFT_D) (OPD)
READ:25-JUL-1996 18:51:17.30

TEXT:
Correction to my last e-mail. Anne is still Anne (only her last name as changed).
More important, the correct spelling for Rosalyn's nickname is ROZ!!!!! Please remember to sign her photo frame in Jeremy's office before 5:00 today.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-JUL-1996 12:07:10.57

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:15-JUL-1996 10:13:56.92

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:NOT READ

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:11-JUL-1996 13:43:45.84

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:11-JUL-1996 11:17:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 07/11/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
July 11, 1996

****

"Powerful Response Reported to a Combined AIDS Therapy"
"AIDS 'Cocktail' May Turn Glaxo Drugs to Gold"
"AIDS's Economic Impact Contradictory, Complex"
"Costly New AIDS Drug Therapy Finds Support in Congress, Due to Efforts of Unlikely Alliance"
"Genetic AIDS Vaccine Proves Safe, Helps Antibodies in Early Testing"
"How Soon to Treat HIV Infection?"

"Loans for AIDS Vaccines Urged"
"Patients Challenge Drug 'Cocktails'"
"Protease Inhibitors: A Tale of Two Companies"
"Japan Gives Cel-Sci Patent for Cancer Drug"
****

"Powerful Response Reported to a Combined AIDS Therapy"
New York Times (07/11/96) P. A16; Altman, Lawrence K.

Preliminary results of a small clinical trial reported Wednesday have shown that when used in combination, two protease inhibitors can reduce the amount of HIV to virtually undetectable levels. Martin Markowitz and colleagues at the Aaron Diamond AIDS Research Center said that Abbott Laboratories' ritonavir and Hoffmann-La Roche's saquinavir, when used together, apparently stopped the virus from replicating but did not eliminate it from the body. Other drug combinations have shown similar results, but this is the first trial of two protease inhibitors. Some experts had predicted that combining protease inhibitors would cause serious liver damage, but this did not happen in the first six weeks of therapy.

"AIDS 'Cocktail' May Turn Glaxo Drugs to Gold"
Wall Street Journal (07/11/96) P. B1; Tanouye, Elyse

Glaxo Holdings' 1995 acquisition of Wellcome is proving to be more lucrative than first thought, in part because of Wellcome's Retrovir brand of AZT, an AIDS drug that is being increasingly used in combination with some of the newer drugs and another Glaxo Wellcome drug, 3TC (lamivudine). These treatments, along with two other potential therapies that Wellcome also brought to the merger, could bring the combined company's AIDS drug sales from $300 million last year for AZT alone to $2 billion for four drugs within four years, according to UBS Securities analyst Marc J. Ostro. Moreover, Glaxo predicts that 3TC, or Epivir as it is also known, will rival Retrovir in sales, and the company is considering combining the two drugs into one tablet. Glaxo will report on the two experimental drugs--one code-named 1592, which is three times as potent as its cousin AZT and which appears to be as effective as protease inhibitors in reducing viral load, and a protease inhibitor licensed from Vertex Pharmaceuticals--at the 11th International Conference on AIDS in Vancouver today, possibly bundling the drugs with 3TC and AZT in the future.

"AIDS's Economic Impact Contradictory, Complex"
Washington Post (07/11/96) P. A3; Brown, David

The impact of AIDS on national economies is complicated and contradictory, and projections of its effects on the economies of African countries have proven false, an expert told delegates to the 11th International Conference on AIDS Wednesday. Josef Decosas, a doctor and health economist, said that recent studies in Africa have not shown the expected economic damage. The HIV rate in Africa did not reach levels predicted 10 years ago, and some projections did not account for the surplus labor force in Africa, which was able to fill the jobs vacated by workers who

died of AIDS. Decosas said that a positive economic impact of the epidemic would not be surprising, citing the economic boom that followed Europe's 14th Century plague. He also suggested that economists focus on the epidemic's impact on individual villages and households, rather than countries.

"Costly New AIDS Drug Therapy Finds Support in Congress, Due to Efforts of Unlikely Alliance"
Wall Street Journal (07/11/96) P. A16; Georges, Christopher

Due in part to intense lobbying by left- and right-leaning AIDS activists and pharmaceutical companies, Congress is expected to increase federal funding by $23 million to help pay for AIDS drugs for the uninsured. Congress and the White House have already agreed to boost spending on AIDS drugs by $52 million in this year's budget for the AIDS Drug Assistance Programs. AIDS activists and gay-rights groups, including the Democrat-supporting Human Rights Campaign Fund and the Log Cabin Republicans, have gained increased influence in Congress through increased political contributions. Pharmaceutical companies have also been important contributors and lobbyists for increased government funding for AIDS drugs. They are linked to Republican lawmakers and have formed alliances with AIDS activists. Only a fraction of the huge cost of new AIDS drugs may be covered by current funding levels, however, and the states are likely to feel the financial burden even with federal programs.

"Genetic AIDS Vaccine Proves Safe, Helps Antibodies in Early Testing"
Philadelphia Inquirer (07/11/96) P. A1; Collins, Huntly

The first AIDS vaccine that includes HIV DNA has been found safe and effective in humans, University of Pennsylvania researchers will report today. The vaccine was able to protect two chimpanzees from the virus and has also stimulated antibodies to HIV in infected study participants. Researchers led by David Weiner are preparing to launch a vaccine trial in up to 25 uninfected volunteers. Other vaccines made from HIV proteins have been tested in people, but this will be the first to include HIV DNA.

"How Soon to Treat HIV Infection?"
USA Today (07/11/96) P. 1D; Painter, Kim

Extremely early treatment for HIV, possibly within hours of exposure, was discussed Wednesday at the 11th International Conference on AIDS. Researchers from Canada, the United States, and Switzerland reported that people who took anti-HIV drugs during or within months of infection showed dramatic drops in the level of virus in their bodies. Martin Markowitz of the Aaron Diamond AIDS Research Center will report today that nine men who received a triple-combination therapy shortly after infection remain free of detectable virus after four to 10 months. Doctors say they may stop treating such patients if no virus is found after a year. Health workers already receive anti-HIV drugs if they know they have been exposed to the virus, and this may become practice for individuals exposed through unprotected sex.

"Loans for AIDS Vaccines Urged"
Financial Times (07/11/96) P. 4; Green, Daniel

Developing countries should seek loans from the World Bank to pay for AIDS vaccines, Seth Berkley, chairman of the International AIDS Vaccine Initiative said. Borrowing to pay for vaccines would be more cost-effective than paying for treating AIDS patients, he noted. Developing countries could improve the market for an HIV vaccine by offering drug companies money, Berkley proposed.

"Patients Challenge Drug 'Cocktails'"
Toronto Globe and Mail (07/10/96) P. A8; Immen, Wallace

Wednesday, at the 11th International Conference on AIDS, patients voiced their concerns that the new HIV therapies being heralded by drug companies have problematic side effects, are expensive, and may offer only a temporary victory over the virus. They also complained that the drugs must be taken according to a strict regimen and that people taking the drugs must remain on a strict diet. Protease inhibitors may cause nausea, weakness, pain, or kidney stones. Other HIV drugs can cause nervous disorders, and toxic effects on organs or blood cells, and if not taken exactly when prescribed, the drugs may not be effective and can become vulnerable to resistance.

"Protease Inhibitors: A Tale of Two Companies"
Science (06/28/96) Vol. 272, No. 5270, P. 1882; Cohen, Jon

The early success of protease inhibitors in treating HIV infection is an indication that the money invested in AIDS research is finally paying off. Both Merck & Co.'s indinavir and Abbott Laboratories' ritonavir received FDA approval in record time and both drugs show enormous promise in treating HIV. The two drug makers went about developing their drugs in a very different fashion, however. While both were influenced by earlier work on inhibitors of renin--another protease that regulates blood pressure--Merck went all out as early as January 1987 on the development of an AIDS drug, while Abbott did not get into the AIDS drug development business until about five months later. Abbott officially launched its protease program in 1988 after winning a grant from the National Institute of Allergy and Infectious Diseases. The company's protease team included three chemists, while it was rumored that Merck had several dozen. Both companies faced challenges, including the death of a Merck team leader and an Abbott drug that demonstrated poor oral bioavailability. Both also had to cooperate with AIDS activists: Merck permitted AIDS activists to sit in on a community advisory board, while Abbott began trials of ritonavir in France to avoid confrontations with activists. Both firms were ultimately successful in producing promising therapies. While indinavir and ritonavir are expensive and raise concerns about the development of drug-resistant HIV, the drugs have clearly ushered in a new era in AIDS research.

"Japan Gives Cel-Sci Patent for Cancer Drug"

Washington Business Journal (06/21/96-06/27/96) Vol. 15, No. 6, P. 11; Starzynski, Bob

Cel-Sci Corp. has been awarded a Japanese patent covering the basic technology required for the production of Multikine, an immunotherapy cancer drug. Officials of the company, who consider Japan to be one of the largest pharmaceutical markets worldwide, say the country's patent office is also one of the most thorough in reviewing biotech patents. Multikine performed well in a recent prostate cancer study in Philadelphia, while Cel-Sci's HGP-30 AIDS vaccine, another promising product, demonstrated efficacy in protecting against HIV infection. "No other vaccines have shown any success until now," notes Geert Kersten, CEO of Cel-Sci.

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

========== ATTACHMENT 2 ==========
ATT CREATION TIME/DATE:11-JUL-1996 11:18:00.00

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <0116Y0QVFJUO001KBV@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Thu, 11 Jul 1996 11:17:36 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0116Y0QU85DA00007U@STORM.EOP.GOV> for levi_j@a1.eop.gov; Thu, 11 Jul 1996 11:17:34 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id LAA25162; Thu, 11 Jul 1996 11:17:27 -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 READ RECEIPT)

CREATOR: LEVI_J (WHO)

CREATION DATE/TIME:11-JUL-1996 14:32:00.00

SUBJECT: Receipt Notification

TO: MILLER_RA (OPD)
READ:11-JUL-1996 16:00:48.37

TEXT:
This is a Read Receipt Notification for:

Message Title: see attached
Addressee: LEVI_J
Date Sent: 11-Jul-1996 01:15pm
Date Read: 11-Jul-1996 02:32pm

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

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

CREATION DATE/TIME:11-JUL-1996 13:15:05.05

SUBJECT: see attached

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:11-JUL-1996 14:32:13.94

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:11-JUL-1996 11:21:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Madge H. Henning

ATT SUBJECT: nilofer Azad

ATT TO: Rosalyn A. Miller (MILLER_RA)

TEXT:
My records indicate that Nilofer is arriving on the 15th.
Madge
========== END ATTACHMENT 1 ==========

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

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

CREATION DATE/TIME:11-JUL-1996 11:14:21.95

SUBJECT: Anne Walley

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:11-JUL-1996 12:55:55.01

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:11-JUL-1996 11:24:18.06

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:11-JUL-1996 11:32:00.68

TO: Sandra L. Bublick-Max (BUBLICKMAX_S) (OPD)
READ:11-JUL-1996 13:07:47.56

TO: Dennis Burke (BURKE_D) (OPD)
READ:11-JUL-1996 12:28:25.94

TO: Michael Cohen (COHEN_M) (OPD)
READ:11-JUL-1996 12:13:05.63

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:15-JUL-1996 17:43:51.60

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:15-JUL-1996 10:13:19.31

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:11-JUL-1996 12:18:30.75

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:11-JUL-1996 11:23:06.99

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:11-JUL-1996 15:07:59.82

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

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:11-JUL-1996 11:24:44.61

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:11-JUL-1996 11:43:38.98

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:11-JUL-1996 11:16:38.88

TO: Rosalyn A. Miller (MILLER_RA) (OPD)
READ:11-JUL-1996 13:14:38.14

TO: Bruce N. Reed (REED_B) (WHO)
READ:12-JUL-1996 17:51:27.63

TO: Diane Regas (REGAS_D) (OPD)
READ:11-JUL-1996 11:33:07.17

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:11-JUL-1996 11:22:06.06

TO: Jeanine D. Smartt (SMARTT_J) (OPD)
READ:11-JUL-1996 16:48:01.11

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:11-JUL-1996 11:25:22.93

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:11-JUL-1996 11:34:56.39

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:11-JUL-1996 11:16:59.73

IND_TO: Dorothy K. Craft (CRAFT_D) (OPD)
READ:25-JUL-1996 18:51:07.63

TEXT:
Depty Asst to the Pres and Director of Scheduling, is now Anee Hawley! per CHR.

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

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

CREATION DATE/TIME:11-JUL-1996 13:32:04.14

SUBJECT: Question

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:11-JUL-1996 14:32:31.77

TEXT:
Since we keep missing each other...
Where did you get the document titled:
"340B Programs Contract Price Savings for AIDS Drugs"
This is the one that lists Saquinavir with a 33% discount.
The Office of Drug Pricing were generally unfamiliar with this document.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-JUL-1996 09:02:21.73

SUBJECT: ADAP

TO: Richard J. Turman (TURMAN_R) (OMB)
READ:11-JUL-1996 11:00:27.54

TO: William G. White (WHITE_W) (OMB)
READ:11-JUL-1996 09:02:47.22

TEXT:
So I guess it's decided...I heard Shalala this morning from Vancouver saying that we have a moral obligation to assure that everyone who needs HIV drugs worldwilde gets them...I suppose this means the Department will hand us a huge offset -- complete with proposals to internationalize ADAP?????

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

CREATOR: Jill Pizzuto (PIZZUTO_J) (OPD)

CREATION DATE/TIME:11-JUL-1996 21:08:14.18

SUBJECT: conference code sheets

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:10-JUL-1996 10:35:57.18

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:11-JUL-1996 14:44:28.73

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:10-JUL-1996 10:11:57.82

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:10-JUL-1996 11:16:16.08

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:10-JUL-1996 10:23:24.24

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:10-JUL-1996 12:22:49.19

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:10-JUL-1996 10:14:37.37

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:10-JUL-1996 13:46:01.64

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:10-JUL-1996 12:36:36.30

TO: Carol H. Rasco (RASCO_C) Autoforward to: Jill Pizzuto (PIZZUTO_J) (WHO)
READ:10-JUL-1996 10:12:17.42

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:10-JUL-1996 10:18:56.38

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

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:15-JUL-1996 10:11:33.48

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:10-JUL-1996 10:30:49.49

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:10-JUL-1996 13:14:36.05

TO: Deborah L. Fine (FINE_D) (OPD)
READ:10-JUL-1996 14:00:14.46

TO: Dennis Burke (BURKE_D) (OPD)
READ:15-JUL-1996 08:35:32.01

TO: Diane Regas (REGAS_D) (OPD)
READ:10-JUL-1996 10:06:24.35

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:10-JUL-1996 10:12:17.42

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:15-JUL-1996 17:34:08.69

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:10-JUL-1996 10:17:42.53

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

IND_TO: Dorothy K. Craft (CRAFT_D) (OPD)
READ:24-JUL-1996 16:43:35.47

TEXT:

fyi: for some reason, the July conf. code sheet wasn't properly distributed and I don't think everyone received a copy. If anyone still needs a copy, please give me a call.
thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:11-JUL-1996 12:21:29.24

SUBJECT: Indian Treaty Room

TO: Kim Holmes (HOLMES_K) (WHO)
READ:11-JUL-1996 14:20:26.08

CC: Ian R. Van Praagh (VANPRAAGH_I) (WHO)
READ:11-JUL-1996 16:30:03.69

TEXT:
My boss, Patsy Fleming, would like to co-host a reception in honor of Paula Van Ness, the outgoing President of the National AIDS Fund, in the Indian Treaty Room on August 12th from 6:30-8:30 p.m. The National AIDS Fund is a 501(c)(3) that has been very supportive of the work of the Administration, co-sponsoring with the AIDS Policy Office our report to the President on adolescents and AIDS.
Please let me know if this can be done and what we need to do as follow up.
Thanks very much.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:11-JUL-1996 11:17:00.00

SUBJECT: CDC AIDS Daily Summary 07/11/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:11-JUL-1996 11:43:46.90

TEXT:

AIDS Daily Summary
July 11, 1996

****

"Powerful Response Reported to a Combined AIDS Therapy"
"AIDS 'Cocktail' May Turn Glaxo Drugs to Gold"
"AIDS's Economic Impact Contradictory, Complex"
"Costly New AIDS Drug Therapy Finds Support in Congress, Due to Efforts of Unlikely Alliance"
"Genetic AIDS Vaccine Proves Safe, Helps Antibodies in Early Testing"
"How Soon to Treat HIV Infection?"
"Loans for AIDS Vaccines Urged"
"Patients Challenge Drug 'Cocktails'"
"Protease Inhibitors: A Tale of Two Companies"
"Japan Gives Cel-Sci Patent for Cancer Drug"

****

"Powerful Response Reported to a Combined AIDS Therapy"
New York Times (07/11/96) P. A16; Altman, Lawrence K.

Preliminary results of a small clinical trial reported Wednesday have shown that when used in combination, two protease inhibitors can reduce the amount of HIV to virtually undetectable levels. Martin Markowitz and colleagues at the Aaron Diamond AIDS Research Center said that Abbott Laboratories' ritonavir and Hoffmann-La Roche's saquinavir, when used together, apparently stopped the virus from replicating but did not eliminate it from the body. Other drug combinations have shown similar results, but this is the first trial of two protease inhibitors. Some experts had predicted that combining protease inhibitors would cause serious liver damage, but this did not happen in the first six

weeks of therapy.

"AIDS 'Cocktail' May Turn Glaxo Drugs to Gold"
Wall Street Journal (07/11/96) P. B1; Tanouye, Elyse

Glaxo Holdings' 1995 acquisition of Wellcome is proving to be more lucrative than first thought, in part because of Wellcome's Retrovir brand of AZT, an AIDS drug that is being increasingly used in combination with some of the newer drugs and another Glaxo Wellcome drug, 3TC (lamivudine). These treatments, along with two other potential therapies that Wellcome also brought to the merger, could bring the combined company's AIDS drug sales from $300 million last year for AZT alone to $2 billion for four drugs within four years, according to UBS Securities analyst Marc J. Ostro. Moreover, Glaxo predicts that 3TC, or Epivir as it is also known, will rival Retrovir in sales, and the company is considering combining the two drugs into one tablet. Glaxo will report on the two experimental drugs--one code-named 1592, which is three times as potent as its cousin AZT and which appears to be as effective as protease inhibitors in reducing viral load, and a protease inhibitor licensed from Vertex Pharmaceuticals--at the 11th International Conference on AIDS in Vancouver today, possibly bundling the drugs with 3TC and AZT in the future.

"AIDS's Economic Impact Contradictory, Complex"
Washington Post (07/11/96) P. A3; Brown, David

The impact of AIDS on national economies is complicated and contradictory, and projections of its effects on the economies of African countries have proven false, an expert told delegates to the 11th International Conference on AIDS Wednesday. Josef Decosas, a doctor and health economist, said that recent studies in Africa have not shown the expected economic damage. The HIV rate in Africa did not reach levels predicted 10 years ago, and some projections did not account for the surplus labor force in Africa, which was able to fill the jobs vacated by workers who died of AIDS. Decosas said that a positive economic impact of the epidemic would not be surprising, citing the economic boom that followed Europe's 14th Century plague. He also suggested that economists focus on the epidemic's impact on individual villages and households, rather than countries.

"Costly New AIDS Drug Therapy Finds Support in Congress, Due to Efforts of Unlikely Alliance"
Wall Street Journal (07/11/96) P. A16; Georges, Christopher

Due in part to intense lobbying by left- and right-leaning AIDS activists and pharmaceutical companies, Congress is expected to increase federal funding by $23 million to help pay for AIDS drugs for the uninsured. Congress and the White House have already agreed to boost spending on AIDS drugs by $52 million in this year's budget for the AIDS Drug Assistance Programs. AIDS activists and gay-rights groups, including the Democrat-supporting Human Rights Campaign Fund and the Log Cabin Republicans, have gained increased influence in Congress through increased political contributions. Pharmaceutical companies have

also been important contributors and lobbyists for increased government funding for AIDS drugs. They are linked to Republican lawmakers and have formed alliances with AIDS activists. Only a fraction of the huge cost of new AIDS drugs may be covered by current funding levels, however, and the states are likely to feel the financial burden even with federal programs.

"Genetic AIDS Vaccine Proves Safe, Helps Antibodies in Early Testing"
Philadelphia Inquirer (07/11/96) P. A1; Collins, Huntly

The first AIDS vaccine that includes HIV DNA has been found safe and effective in humans, University of Pennsylvania researchers will report today. The vaccine was able to protect two chimpanzees from the virus and has also stimulated antibodies to HIV in infected study participants. Researchers led by David Weiner are preparing to launch a vaccine trial in up to 25 uninfected volunteers. Other vaccines made from HIV proteins have been tested in people, but this will be the first to include HIV DNA.

"How Soon to Treat HIV Infection?"
USA Today (07/11/96) P. 1D; Painter, Kim

Extremely early treatment for HIV, possibly within hours of exposure, was discussed Wednesday at the 11th International Conference on AIDS. Researchers from Canada, the United States, and Switzerland reported that people who took anti-HIV drugs during or within months of infection showed dramatic drops in the level of virus in their bodies. Martin Markowitz of the Aaron Diamond AIDS Research Center will report today that nine men who received a triple-combination therapy shortly after infection remain free of detectable virus after four to 10 months. Doctors say they may stop treating such patients if no virus is found after a year. Health workers already receive anti-HIV drugs if they know they have been exposed to the virus, and this may become practice for individuals exposed through unprotected sex.

"Loans for AIDS Vaccines Urged"
Financial Times (07/11/96) P. 4; Green, Daniel

Developing countries should seek loans from the World Bank to pay for AIDS vaccines, Seth Berkley, chairman of the International AIDS Vaccine Initiative said. Borrowing to pay for vaccines would be more cost-effective than paying for treating AIDS patients, he noted. Developing countries could improve the market for an HIV vaccine by offering drug companies money, Berkley proposed.

"Patients Challenge Drug 'Cocktails'"
Toronto Globe and Mail (07/10/96) P. A8; Immen, Wallace

Wednesday, at the 11th International Conference on AIDS, patients voiced their concerns that the new HIV therapies being heralded by drug companies have problematic side effects, are expensive, and may offer only a temporary victory over the virus. They also complained that the drugs must be taken according to a strict regimen and that people taking the drugs must remain on a

strict diet. Protease inhibitors may cause nausea, weakness, pain, or kidney stones. Other HIV drugs can cause nervous disorders, and toxic effects on organs or blood cells, and if not taken exactly when prescribed, the drugs may not be effective and can become vulnerable to resistance.

"Protease Inhibitors: A Tale of Two Companies"
Science (06/28/96) Vol. 272, No. 5270, P. 1882; Cohen, Jon

The early success of protease inhibitors in treating HIV infection is an indication that the money invested in AIDS research is finally paying off. Both Merck & Co.'s indinavir and Abbott Laboratories' ritonavir received FDA approval in record time and both drugs show enormous promise in treating HIV. The two drug makers went about developing their drugs in a very different fashion, however. While both were influenced by earlier work on inhibitors of renin--another protease that regulates blood pressure--Merck went all out as early as January 1987 on the development of an AIDS drug, while Abbott did not get into the AIDS drug development business until about five months later. Abbott officially launched its protease program in 1988 after winning a grant from the National Institute of Allergy and Infectious Diseases. The company's protease team included three chemists, while it was rumored that Merck had several dozen. Both companies faced challenges, including the death of a Merck team leader and an Abbott drug that demonstrated poor oral bioavailability. Both also had to cooperate with AIDS activists: Merck permitted AIDS activists to sit in on a community advisory board, while Abbott began trials of ritonavir in France to avoid confrontations with activists. Both firms were ultimately successful in producing promising therapies. While indinavir and ritonavir are expensive and raise concerns about the development of drug-resistant HIV, the drugs have clearly ushered in a new era in AIDS research.

"Japan Gives Cel-Sci Patent for Cancer Drug"
Washington Business Journal (06/21/96-06/27/96) Vol. 15, No. 6, P. 11; Starzynski, Bob

Cel-Sci Corp. has been awarded a Japanese patent covering the basic technology required for the production of Multikine, an immunotherapy cancer drug. Officials of the company, who consider Japan to be one of the largest pharmaceutical markets worldwide, say the country's patent office is also one of the most thorough in reviewing biotech patents. Multikine performed well in a recent prostate cancer study in Philadelphia, while Cel-Sci's HGP-30 AIDS vaccine, another promising product, demonstrated efficacy in protecting against HIV infection. "No other vaccines have shown any success until now," notes Geert Kersten, CEO of Cel-Sci.

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

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from storm.eop.gov (storm.eop.gov)
 by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <0116Y0QVFJUO001KBV@PMDF.EOP.GOV> for
 levi_j@a1.eop.gov; Thu, 11 Jul 1996 11:17:36 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
 by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0116Y0QU85DA00007U@STORM.EOP.GOV> for
 levi_j@a1.eop.gov; Thu, 11 Jul 1996 11:17:34 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id LAA25162; Thu,
 11 Jul 1996 11:17:27 -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:11-JUL-1996 10:31:19.17

SUBJECT: Why I called

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:11-JUL-1996 12:46:22.60

TEXT:
I am sputtering mad (mad, not angry -- I do know the difference) -- re HHS and the strategy (other problems with ONDCP -- they now disown what they originally gave us, but that's a different story)...please call, I think we need some help.

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

CREATOR: Jill Pizzuto (PIZZUTO_J) (OPD)

CREATION DATE/TIME:11-JUL-1996 17:10:13.81

SUBJECT: fyi re: tomorrow

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:11-JUL-1996 17:48:19.64

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:11-JUL-1996 20:53:21.85

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:11-JUL-1996 17:10:34.61

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:11-JUL-1996 17:10:31.96

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:12-JUL-1996 08:29:19.54

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:11-JUL-1996 17:17:50.38

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:11-JUL-1996 17:29:27.48

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:11-JUL-1996 18:06:12.51

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:11-JUL-1996 17:24:01.34

TO: Carol H. Rasco (RASCO_C) (WHO)
READ:11-JUL-1996 20:16:07.49

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:11-JUL-1996 17:30:47.30

TO: Dorothy L. Karayannis (KARAYANNIS_D) (OPD)
READ:11-JUL-1996 17:12:26.23

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:15-JUL-1996 09:54:51.42

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:11-JUL-1996 17:16:11.08

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:12-JUL-1996 08:37:38.17

TO: Deborah L. Fine (FINE_D) (OPD)
READ:11-JUL-1996 17:11:25.31

TO: Dennis Burke (BURKE_D) (OPD)
READ:11-JUL-1996 19:15:31.37

TO: Diane Regas (REGAS_D) (OPD)
READ:11-JUL-1996 17:39:50.35

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:11-JUL-1996 17:52:26.04

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:15-JUL-1996 17:45:17.17

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:11-JUL-1996 19:52:10.18

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

TEXT:
fyi to all:
Carol, Julie AND Jill will all be out tomorrow. Lauren will be sitting in the
West Wing for the day to take messages for us.
Julie & I will be back on Monday.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	From: Carol Rasco, To: Many Recipients, Re: Thank You! (2 pages)	07/11/1996	Personal Misfile

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

FOLDER TITLE:
[07/10/1996 - 07/16/1996]

2018-0759-F
jn422

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:12-JUL-1996 11:35:21.15

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:15-JUL-1996 10:15:09.08

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:NOT READ

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:12-JUL-1996 17:22:58.10

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:12-JUL-1996 11:33:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 07/12/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
July 12, 1996

****

"AIDS Conferees Debate How Early to Offer New Drugs"
"AIDS Therapy Faces a Turning Point"
"Scientists Display Substantial Gains in AIDS Treatment"
"Health Plans to Cover New AIDS Drugs But Issues of Cost, Treatment Remain"
"Many See Hope in AIDS Meeting; Marketers Also See Opportunity"
"Many AIDS Patients Opt for Suicide"
"Firm Fired HIV Positive Employee Over Illness, Suit Charges"

"AIDS Activists Disrupt Meeting of Researchers"
"A Shot in the Dark"
"Progress Report: Prophylaxis and Therapy for MAC"
****

"AIDS Conferees Debate How Early to Offer New Drugs"
Wall Street Journal (07/12/96) P. B1; Waldholz, Michael

Throughout the 11th International Conference on AIDS this week, researchers discussed how soon newly-infected HIV patients should be treated with protease inhibitors, costly new drugs that have been able to reduce the amount of virus to undetectable levels. Treating the estimated 800,000 Americans with HIV could cost at least $5 billion a year and increase the risk of HIV developing resistance to the drugs, but Aaron Diamond AIDS Center scientist David Ho says that his studies support treatment at the first sign of infection. In a current study, 12 patients were treated early and have no detectable virus after a year. Ho wants to remove the therapy and see if the virus comes back or if it is still hiding in certain tissues of the body. Doctors who treat poor patients say the debate over early treatment is meaningless for them because their patients cannot afford the costly drugs.

"AIDS Therapy Faces a Turning Point"
Washington Post (07/12/96) P. A1; Brown, David

As the 11th International Conference on AIDS ended Thursday, researchers tempered the positive news about promising new drugs with caution that a cure is still not in sight. Studies presented at the meeting demonstrated the ability of protease inhibitors, combined with other drugs, to reduce the amount of HIV in the bloodstream to undetectable levels for up to two years. Scientists are considering whether drug therapy could be stopped in patients who have no detectable HIV. However, before stopping treatment, doctors would offer to biopsy a patient's lymph node, where the virus may still be growing. If a cure is not found, infected people may be able to live longer lives through long-term virus suppression. Survival may depend on how soon treatment is started, however.

"Scientists Display Substantial Gains in AIDS Treatment"
New York Times (07/12/96) P. A1; Altman, Lawrence K.

Data from several studies of new AIDS treatments were released on Thursday at the 11th International Conference on AIDS. The researchers who conducted the trials, however, cautioned that the findings could not be deemed a cure. Two studies involved combinations of drugs, including AZT, 3TC and the protease inhibitor ritonavir; in both trials, patients' viral loads were reduced to undetectable levels for long periods of time. While the new treatments are extremely promising, experts note that the virus could develop resistance to the new drugs--just as it has to older ones--or patients could prove to be unable to tolerate the harmful effects of the drugs over an extended period.

"Health Plans to Cover New AIDS Drugs But Issues of Cost,

Treatment Remain"
Wall Street Journal (07/12/96) P. A3; Winslow, Ron

While health insurers and managed care plans say they will pay for the costly new protease inhibitors for patients with HIV, the potential cost for the drugs could vary widely. Researchers are debating how soon patients should be treated with the drugs, a factor that could affect cost dramatically. The drugs cost at least $12,000 a year, and a test to monitor patients costs another $1,000. Moreover, early treatment would increase both the number of patients being treated and the cost to insurers. Concerns may be exaggerated, though, considering that the drugs help improve the health of seriously ill patients and thus save money on hospital stays and antibiotics. Tim Westmoreland of the Georgetown University Law Center noted that protease inhibitors may actually save money for health plans that pay for both prescription-drug benefits and hospital care.

"Many See Hope in AIDS Meeting; Marketers Also See Opportunity"
Wall Street Journal (07/12/96) P. B1; Tanouye, Elyse

The 11th International Conference on AIDS held in Vancouver, British Columbia, this week was sponsored by drug makers and other companies eager to display their products. According to Graeme White, the conference's corporate relations manager, pharmaceutical firms and other sponsors contributed nearly a third of the $11 million cost of holding the event. While many conference attendees merely picked up their free Abbott Laboratories' tote bags and eagerly stood in line at the Gilead Sciences booth to get a free water bottle, some AIDS activists protested the commercial hype of the event, marching through the aisles while chanting, "We die. You make money," and putting down roach motels at the Roche Holding booth while waving signs that said "Greed Infestation." According to one drug company executive, however, the commercial hubbub was "extraordinarily subdued," compared with meetings of such groups as the American Heart Association, where celebrities often pitch products.

"Many AIDS Patients Opt for Suicide"
Miami Herald (07/11/96) P. 9A; Haney, Daniel Q.

People with AIDS commonly attempt suicide and doctors seem increasingly willing to assist them, according to survey results presented Wednesday. Failed suicides are frequent, because physician-assisted suicide is illegal in most places, but surveys show that doctors and nurses are more willing to bend or break the rules to help patients end their pain. Thomas Mitchell of the University of California at San Francisco reported that 53 percent of 114 San Francisco-area AIDS specialists surveyed said they had helped patients end their lives by writing prescriptions for narcotic overdoses. Five years ago, 28 percent of doctors said they would probably help in a suicide.

"Firm Fired HIV Positive Employee Over Illness, Suit Charges"
Chicago Tribune (07/11/96) P. 1-7; O'Connor, Matt

Robert Viola, who served as a board member of AIDS Care, a residence for homeless AIDS patients in Chicago, was sued by a

former employee for firing him because he thought the man had developed AIDS. Patrick N. Martinez says he told Viola previously that he had HIV and that Viola wrongly believed a case of bronchitis indicated that Martinez had developed full-blown AIDS. When Martinez returned to work after being ill, Viola confronted Martinez with the information and tried to force him to quit. Viola fired him the next month. Martinez says he believes Viola was concerned about the potentially high health care costs to his company. Jim Flosi, founder and president of AIDS Care, said that such allegations are completely out of character for Viola, noting that he has volunteered many hours and offered the services of his marketing, communications, and graphics design firm to the cause.

"AIDS Activists Disrupt Meeting of Researchers"
Boston Globe (07/11/96) P. 8; Knox, Richard A.

A small group of AIDS activists from ACT-UP San Francisco disrupted a meeting at the 11th International Conference on AIDS Wednesday, throwing red liquid that broke glassware and soaked the clothes of participants. The protest was one of many at the conference, but the first violent disruption. The protesters were apparently upset about the toxicity of AZT.

"A Shot in the Dark"
Discover (06/96) Vol. 17, No. 6, P. 66; Cohen, Jon

Thailand, a country particularly hard-hit by AIDS, is preparing for the world's first large clinical trial of an HIV vaccine. The country began experiencing an explosive HIV epidemic in 1988, and unlike the epidemic in the United States and Europe, 90 percent of the people infected were heterosexuals. Researchers found a new strain of HIV, subtype E, in northern Thailand and suspected it was more easily transmitted through heterosexual sex than the more common subtype B. A panel at the National Institute of Allergy and Infectious Diseases recommended in 1994 that efficacy trials of the Biocine and Genentech vaccines begin, but the trials were delayed indefinitely. That same year, a World Health Organization panel approved beginning vaccine trials in hard-hit developing countries. Genentech had a large supply of vaccine, but it was designed for subtype B. The company began testing the vaccine in a small number of Thai drug users who were infected with subtype B. Even as this trial was being prepared, though, subtype E was spreading rapidly among drug users. Biocine hopes to start a trial of a subtype E vaccine this fall and is working on a vaccine for both subtypes that may enter a trial by the end of 1997.

"Progress Report: Prophylaxis and Therapy for MAC"
AIDS Clinical Care (06/96) Vol. 8, No. 6; P. 45; Currier, Judith

Several studies in the past year have reported advances in the prophylaxis and treatment of disseminated Mycobacterium avium complex (MAC), a common cause of morbidity and mortality in patients with advanced HIV infection. Rifabutin was the first agent shown to reduce the incidence of disseminated MAC, but further analysis of favorable studies showed no survival benefit.

Clarithromycin has been shown to improve survival by 33.1 percent, although resistance was also found to develop to the drug. Studies showed that both daily clarithromycin and weekly azithromycin are better than rifabutin for MAC prophylaxis, but the relative effect of the two is difficult to determine. Clarithromycin appears to be slightly more effective, although resistance was more commonly associated with it than with azithromycin. To treat MAC, therapy with a macrolide and at least one other agent is currently recommended, although some studies have suggested that a three-drug combination may be more beneficial.

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

========== ATTACHMENT 2 ==========
ATT CREATION TIME/DATE:12-JUL-1996 11:34:00.00

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 <01I6ZFKWLRS00022IH@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Fri, 12 Jul 1996 11:33:28 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I6ZFKT2S0K00007U@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri, 12 Jul 1996 11:33:24 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id LAA10710; Fri, 12 Jul 1996 11:33:19 -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: Rosalyn A. Miller (MILLER_RA) (OPD)

CREATION DATE/TIME:12-JUL-1996 17:48:24.80

SUBJECT: So Long!!!!!

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:12-JUL-1996 18:21:49.28

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:16-JUL-1996 09:28:55.05

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:15-JUL-1996 08:59:31.36

TO: Dennis Burke (BURKE_D) (OPD)
READ:12-JUL-1996 21:52:30.33

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:15-JUL-1996 17:48:58.35

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:15-JUL-1996 18:15:18.55

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:15-JUL-1996 09:51:37.36

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:15-JUL-1996 08:57:42.18

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:12-JUL-1996 20:13:27.82

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

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:12-JUL-1996 18:33:32.03

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:12-JUL-1996 20:22:55.20

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:12-JUL-1996 17:55:45.60

TO: Bruce N. Reed (REED_B) (WHO)
READ:12-JUL-1996 17:48:38.82

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:15-JUL-1996 07:43:26.67

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:12-JUL-1996 18:12:49.08

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:12-JUL-1996 18:04:29.58

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:15-JUL-1996 08:41:25.38

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:15-JUL-1996 10:25:29.17

IND_TO: Dorothy K. Craft (CRAFT_D) (OPD)
READ:26-JUL-1996 08:28:58.73

TEXT:
I have personally hugged most of you, but for those of you that I missed, here's one for you ------ HUG!!!!!!
It's been my pleasure to work with and for each of you. Please know that I carry the wonderful memories of this experience to Little Rock with me. Your support for my mother and me has meant more than I can express in words. Everyone that I meet will know what a wonderful crew DPC is!
Please feel free to stay in touch:

Until July 31, 1996 -- 6166 Leesburg Pike #A-107
Falls Church, VA 22044
(703)532-2082

After July 31, 1996 -- 1200 Commerce St., #606
Little Rock, AR 72202
(501)376-8139.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. email	From: Jeffrey Levi, To: Jennifer Klein, Re: Ginny Apuzzo [partial] (1 page)	07/12/1996	b(6)

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

FOLDER TITLE:
[07/10/1996 - 07/16/1996]

2018-0759-F
jn422

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:12-JUL-1996 09:35:56.01

SUBJECT: Ginny Apuzzo

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:12-JUL-1996 09:37:23.41

TEXT:
The contact over at Labor is Cynthia Metzler -- Asst. Secretary for Administration and Management, 219-9086.

(b)(6)

Thanks very much.

[004]

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:12-JUL-1996 10:29:00.00

SUBJECT: MMWR 07/12/96: Prevention of Perinatal Hepatitis B

TO: levi_j (levi_j@A1@CD) (WHO)
READ:12-JUL-1996 10:30:54.04

TEXT:
MORBIDITY AND MORTALITY WEEKLY REPORT
****
Centers for Disease Control and Prevention
July 12, 1996
Vol. 45, No. 27

Prevention of Perinatal Hepatitis B Through Enhanced Case Management -- Connecticut, 1994-95, and United States, 1994

Each year, an estimated 20,000 infants are born to women in the United States who are positive for hepatitis B surface antigen (HBsAg). These infants are at high risk for perinatal hepatitis B virus (HBV) infection and for chronic liver disease as adults. To identify newborns who require immunoprophylaxis to prevent perinatal HBV infection (1-4), all vaccine advisory groups have recommended routine HBsAg screening of all pregnant women during an early prenatal visit in each pregnancy. Federal funding to support perinatal hepatitis B-prevention programs became available in 1990, and by 1992, programs had been implemented in all 50 states and the District of Columbia. Specific objectives of these programs are to ensure that 1) all pregnant women are tested for HBsAg, and 2) infants born to HBsAg-positive women receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine at birth, with follow-up doses of vaccine at ages 1 and 6 months (5). This report describes the case-management features of successful hepatitis B-prevention programs in Connecticut during 1994-95 and in the United States during 1994.

Connecticut

In 1992, the Connecticut Department of Public Health implemented a perinatal hepatitis B-prevention program and recommended that 1) HBsAg-positive women be contacted before delivery and educated about HBV infection, 2) the infant's pediatrician and delivery hospital be informed of the mother's HBsAg status, and 3) a tracking system be used to ensure the infant receives appropriate postexposure prophylaxis. Local health departments (LHDs) initially were responsible for providing management to mother/infant pairs.

Enhanced case management (ECM) was implemented in two counties in July 1994 and a third county in April 1995. In addition to use of the basic recommendations, the ECM program employed a full-time nurse (hired by the state) who worked on a flexible schedule to

manage all mother/infant pairs in the three-county area and a computer-based tracking system to identify pending births to infected mothers and the need for follow-up vaccine doses for infants. To evaluate program effectiveness, outcomes in the ECM program were compared with the LHD programs for HBsAg-positive women identified during 1994-95.

During 1994-95, the ECM program identified 64 HBsAg-positive pregnant women and maintained contact with all of these women throughout their pregnancies. During this period, LHD programs identified 71 HBsAg-positive pregnant women and established and/or maintained contact with 58 (82%). The mothers in the LHD programs resided in 27 different local health jurisdictions. Three of these jurisdictions managed greater than or equal to 10 mothers, and 18 each managed one.

Documented compliance with the recommendation to administer HBIG and the first dose of hepatitis B vaccine within 24 hours of birth was higher in the ECM group (100%) than in the LHD group (90%) (Table 1). In addition, the rate of completion of the three-dose series by 6-8 months after birth was higher in the ECM program (91%) than the LHD programs (48%). No infants were lost to follow-up in the ECM program; in comparison, seven (12%) infants in the LHD programs were lost to follow-up without documentation that the series was completed.

United States

In March 1996, CDC conducted a survey to assess the effectiveness of the 58 federally funded perinatal hepatitis B-prevention programs for infants born to HBsAg-positive women in the United States during 1994. Of 8252 infants born to HBsAg-positive women, 7362 (89%) received HBIG and the first dose of hepatitis B vaccine at birth, and 5042 (61%) completed prophylaxis by age 6-8 months.

As part of this survey, program coordinators completed a questionnaire about key programmatic elements; 48 (76%) of the 58 programs provided complete information. ECM techniques associated with an increased likelihood of vaccination of infants born to HBsAg-positive mothers (Table 1) included routine reminders to HBsAg-positive women that their status should be reported to the delivery hospital, reporting of the maternal HBsAg status on the newborn metabolic screening card or birth certificate, routine reminders to the prenatal-care providers that the mother's HBsAg status should be reported to the delivery hospital, and use of a computer-based tracking system for HBsAg-positive pregnant women and their infants.

Reported by: AJ Roome, MPH, M Rak, JL Hadler, MD, State Epidemiologist, Connecticut Dept of Public Health. Epidemiology and Surveillance Div, National Immunization Program; Hepatitis Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

Editorial Note: Administration of appropriate immunoprophylaxis is approximately 90% effective in preventing perinatal HBV transmission (6). Because infants who are incompletely vaccinated with hepatitis B vaccine are at increased risk for perinatal HBV infection and less likely to be protected against infection compared with completely vaccinated children, timely provision of

HBIG and the appropriate doses of vaccine is essential to prevention (7).

The findings in this report indicate that, compared with all U.S. infants born to HBsAg-positive women, a substantially higher proportion of such infants in the ECM program in Connecticut received HBIG and were completely vaccinated with hepatitis B vaccine by age 6-8 months. One potential explanation for the increase in Connecticut was the use of comprehensive case-management techniques, including employment of staff specifically for the program, use of a computer-based tracking system, and use of reminder letters. Similar techniques improved case management in the national survey. In addition, reporting of maternal HBsAg status on newborn metabolic screening cards or birth certificates may help to ensure infants are vaccinated in the hospital and entered into tracking and recall systems at the state health department.

Perinatal hepatitis B-prevention programs without intensive case management have been only moderately successful in ensuring that children of HBsAg-positive mothers are identified and complete the vaccine series by age 6-8 months. For example, in 1988, an evaluation of patients served by a large municipal hospital indicated that only 65% of infants at risk for perinatal HBV infection had received both HBIG and hepatitis B vaccine within 7 days after delivery (8). In addition, among 832 infants identified by a neonatal hepatitis B surveillance and vaccination program in New York City in 1988, only 59% had received HBIG and completed the vaccine series by age 18 months (9).

Although this report did not include cost analysis, previous studies associate substantial cost savings with prevention of perinatal HBV transmission (10). For example, the estimated lifetime medical costs for one patient with cirrhosis of the liver (without transplantation) is $87,000; however, the costs associated with the techniques employed by the ECM program were not estimated. In addition, the integration of perinatal HBV-prevention programs with existing and new perinatal screening programs (e.g., maternal screening for human immunodeficiency virus and group B streptococcal infections) may improve overall cost effectiveness of these programs and facilitate comprehensive case management for other diseases that affect newborns.

A national health objective for the year 2000 is to reduce by approximately 80% the number of perinatal HBV infections in the United States (objective 20.3). Based on the national survey described in this report, only half of all births to HBsAg-positive mothers in the United States are reported to a perinatal hepatitis B-prevention program and entered into a tracking system. Based on recent studies, widespread use of comprehensive case-management techniques similar to those used by newborn metabolic screening programs are needed to achieve the year 2000 objective.

References

1. CDC. Protection against viral hepatitis: recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 1990;39(no. RR-2).

2. Committee on Obstetrics: Maternal and Fetal Medicine. Guidelines for hepatitis B virus screening and vaccination during pregnancy.

Washington, DC: American College of Obstetrics and Gynecology, 1990.
3. American Academy of Pediatrics. 1994 Red book: report of the Committee on Infectious Diseases. 23rd ed. Elk Grove Village, Illinois: American Academy of Pediatrics, 1994:224-38.
4. American Academy of Family Physicians. Recommendations for hepatitis B preexposure vaccination and postexposure prophylaxis. Kansas City, Missouri: American Academy of Family Physicians, August 1992. (Reprint no. 529).
5. CDC. Hepatitis surveillance report no. 56. Atlanta, Georgia: US Department of Health and Human Services, Public Health Service, CDC, 1995.
6. Stevens CE, Taylor PE, Tong MJ, et al. Yeast-recombinant hepatitis B vaccine: efficacy with hepatitis B immune globulin in prevention of perinatal hepatitis B virus transmission. JAMA 1987;257:2612-6.
7. Kohn MA, Farley TA, Scott C. The need for more aggressive follow-up of children born to hepatitis B surface antigen positive mothers: lessons learned from the Louisiana Perinatal Hepatitis B Immunization Program. Pediatr Infect Dis J 1996;15:535-40.
8. Birnbaum JM, Bromberg K. Evaluation of prophylaxis against hepatitis B in a large municipal hospital. Am J Infect Control 1992;20:172-6.
9. Henning KJ, Pollack DM, Friedman SM. A neonatal hepatitis B surveillance and vaccination program: New York City, 1987 to 1988. Am J Public Health 1992;82:885-8.
10. Margolis HS, Coleman PJ, Brown RE, et al. Prevention of hepatitis B virus transmission by immunization: an economic analysis of current recommendations. JAMA 1995;274:1201-8.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:12-JUL-1996 10:30:00.00

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 <01I6ZDCDE7C000272I@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Fri, 12 Jul 1996 10:29:19 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I6ZDCCI1XC00007U@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri, 12 Jul 1996 10:29:18 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id KAA03817; Fri, 12 Jul 1996 10:29:04 -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: Jennifer L. Klein (KLEIN_J) (OPD)

CREATION DATE/TIME:12-JUL-1996 09:37:06.94

SUBJECT: RE: Ginny Apuzzo

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:12-JUL-1996 10:25:46.14

TEXT:
I'll call. Don't you hate listening to these calls when Carol is gone. You can never understand them, they all talk at the same time, grrrr.

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

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

CREATION DATE/TIME:12-JUL-1996 19:02:25.76

SUBJECT: Grandmother's Project

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:12-JUL-1996 20:23:38.70

TEXT:
I looked at the stuff on the grandmother's project and would very much like to stay involved. Give me a call when you have a chance. Thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:12-JUL-1996 09:32:26.07

SUBJECT: parties

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:12-JUL-1996 13:08:59.29

TEXT:
to whom do I owe money -- and how much?

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:12-JUL-1996 11:33:00.00

SUBJECT: CDC AIDS Daily Summary 07/12/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:12-JUL-1996 12:10:57.07

TEXT:

AIDS Daily Summary
July 12, 1996

****

"AIDS Conferees Debate How Early to Offer New Drugs"
"AIDS Therapy Faces a Turning Point"
"Scientists Display Substantial Gains in AIDS Treatment"
"Health Plans to Cover New AIDS Drugs But Issues of Cost, Treatment Remain"
"Many See Hope in AIDS Meeting; Marketers Also See Opportunity"
"Many AIDS Patients Opt for Suicide"
"Firm Fired HIV Positive Employee Over Illness, Suit Charges"
"AIDS Activists Disrupt Meeting of Researchers"
"A Shot in the Dark"
"Progress Report: Prophylaxis and Therapy for MAC"

****

"AIDS Conferees Debate How Early to Offer New Drugs"
Wall Street Journal (07/12/96) P. B1; Waldholz, Michael

Throughout the 11th International Conference on AIDS this week, researchers discussed how soon newly-infected HIV patients should be treated with protease inhibitors, costly new drugs that have been able to reduce the amount of virus to undetectable levels. Treating the estimated 800,000 Americans with HIV could cost at least $5 billion a year and increase the risk of HIV developing resistance to the drugs, but Aaron Diamond AIDS Center scientist David Ho says that his studies support treatment at the first sign of infection. In a current study, 12 patients were treated early and have no detectable virus after a year. Ho wants to remove the therapy and see if the virus comes back or if it is still hiding in certain tissues of the body. Doctors who treat

poor patients say the debate over early treatment is meaningless for them because their patients cannot afford the costly drugs.

"AIDS Therapy Faces a Turning Point"
Washington Post (07/12/96) P. A1; Brown, David

As the 11th International Conference on AIDS ended Thursday, researchers tempered the positive news about promising new drugs with caution that a cure is still not in sight. Studies presented at the meeting demonstrated the ability of protease inhibitors, combined with other drugs, to reduce the amount of HIV in the bloodstream to undetectable levels for up to two years. Scientists are considering whether drug therapy could be stopped in patients who have no detectable HIV. However, before stopping treatment, doctors would offer to biopsy a patient's lymph node, where the virus may still be growing. If a cure is not found, infected people may be able to live longer lives through long-term virus suppression. Survival may depend on how soon treatment is started, however.

"Scientists Display Substantial Gains in AIDS Treatment"
New York Times (07/12/96) P. A1; Altman, Lawrence K.

Data from several studies of new AIDS treatments were released on Thursday at the 11th International Conference on AIDS. The researchers who conducted the trials, however, cautioned that the findings could not be deemed a cure. Two studies involved combinations of drugs, including AZT, 3TC and the protease inhibitor ritonavir; in both trials, patients' viral loads were reduced to undetectable levels for long periods of time. While the new treatments are extremely promising, experts note that the virus could develop resistance to the new drugs--just as it has to older ones--or patients could prove to be unable to tolerate the harmful effects of the drugs over an extended period.

"Health Plans to Cover New AIDS Drugs But Issues of Cost, Treatment Remain"
Wall Street Journal (07/12/96) P. A3; Winslow, Ron

While health insurers and managed care plans say they will pay for the costly new protease inhibitors for patients with HIV, the potential cost for the drugs could vary widely. Researchers are debating how soon patients should be treated with the drugs, a factor that could affect cost dramatically. The drugs cost at least $12,000 a year, and a test to monitor patients costs another $1,000. Moreover, early treatment would increase both the number of patients being treated and the cost to insurers. Concerns may be exaggerated, though, considering that the drugs help improve the health of seriously ill patients and thus save money on hospital stays and antibiotics. Tim Westmoreland of the Georgetown University Law Center noted that protease inhibitors may actually save money for health plans that pay for both prescription-drug benefits and hospital care.

"Many See Hope in AIDS Meeting; Marketers Also See Opportunity"
Wall Street Journal (07/12/96) P. B1; Tanouye, Elyse

The 11th International Conference on AIDS held in Vancouver, British Columbia, this week was sponsored by drug makers and other companies eager to display their products. According to Graeme White, the conference's corporate relations manager, pharmaceutical firms and other sponsors contributed nearly a third of the $11 million cost of holding the event. While many conference attendees merely picked up their free Abbott Laboratories' tote bags and eagerly stood in line at the Gilead Sciences booth to get a free water bottle, some AIDS activists protested the commercial hype of the event, marching through the aisles while chanting, "We die. You make money," and putting down roach motels at the Roche Holding booth while waving signs that said "Greed Infestation." According to one drug company executive, however, the commercial hubbub was "extraordinarily subdued," compared with meetings of such groups as the American Heart Association, where celebrities often pitch products.

"Many AIDS Patients Opt for Suicide"
Miami Herald (07/11/96) P. 9A; Haney, Daniel Q.

People with AIDS commonly attempt suicide and doctors seem increasingly willing to assist them, according to survey results presented Wednesday. Failed suicides are frequent, because physician-assisted suicide is illegal in most places, but surveys show that doctors and nurses are more willing to bend or break the rules to help patients end their pain. Thomas Mitchell of the University of California at San Francisco reported that 53 percent of 114 San Francisco-area AIDS specialists surveyed said they had helped patients end their lives by writing prescriptions for narcotic overdoses. Five years ago, 28 percent of doctors said they would probably help in a suicide.

"Firm Fired HIV Positive Employee Over Illness, Suit Charges"
Chicago Tribune (07/11/96) P. 1-7; O'Connor, Matt

Robert Viola, who served as a board member of AIDS Care, a residence for homeless AIDS patients in Chicago, was sued by a former employee for firing him because he thought the man had developed AIDS. Patrick N. Martinez says he told Viola previously that he had HIV and that Viola wrongly believed a case of bronchitis indicated that Martinez had developed full-blown AIDS. When Martinez returned to work after being ill, Viola confronted Martinez with the information and tried to force him to quit. Viola fired him the next month. Martinez says he believes Viola was concerned about the potentially high health care costs to his company. Jim Flosi, founder and president of AIDS Care, said that such allegations are completely out of character for Viola, noting that he has volunteered many hours and offered the services of his marketing, communications, and graphics design firm to the cause.

"AIDS Activists Disrupt Meeting of Researchers"
Boston Globe (07/11/96) P. 8; Knox, Richard A.

A small group of AIDS activists from ACT-UP San Francisco disrupted a meeting at the 11th International Conference on AIDS Wednesday, throwing red liquid that broke glassware and soaked

the clothes of participants. The protest was one of many at the conference, but the first violent disruption. The protesters were apparently upset about the toxicity of AZT.

"A Shot in the Dark"
Discover (06/96) Vol. 17, No. 6, P. 66; Cohen, Jon

Thailand, a country particularly hard-hit by AIDS, is preparing for the world's first large clinical trial of an HIV vaccine. The country began experiencing an explosive HIV epidemic in 1988, and unlike the epidemic in the United States and Europe, 90 percent of the people infected were heterosexuals. Researchers found a new strain of HIV, subtype E, in northern Thailand and suspected it was more easily transmitted through heterosexual sex than the more common subtype B. A panel at the National Institute of Allergy and Infectious Diseases recommended in 1994 that efficacy trials of the Biocine and Genentech vaccines begin, but the trials were delayed indefinitely. That same year, a World Health Organization panel approved beginning vaccine trials in hard-hit developing countries. Genentech had a large supply of vaccine, but it was designed for subtype B. The company began testing the vaccine in a small number of Thai drug users who were infected with subtype B. Even as this trial was being prepared, though, subtype E was spreading rapidly among drug users. Biocine hopes to start a trial of a subtype E vaccine this fall and is working on a vaccine for both subtypes that may enter a trial by the end of 1997.

"Progress Report: Prophylaxis and Therapy for MAC"
AIDS Clinical Care (06/96) Vol. 8, No. 6; P. 45; Currier, Judith

Several studies in the past year have reported advances in the prophylaxis and treatment of disseminated Mycobacterium avium complex (MAC), a common cause of morbidity and mortality in patients with advanced HIV infection. Rifabutin was the first agent shown to reduce the incidence of disseminated MAC, but further analysis of favorable studies showed no survival benefit. Clarithromycin has been shown to improve survival by 33.1 percent, although resistance was also found to develop to the drug. Studies showed that both daily clarithromycin and weekly azithromycin are better than rifabutin for MAC prophylaxis, but the relative effect of the two is difficult to determine. Clarithromycin appears to be slightly more effective, although resistance was more commonly associated with it than with azithromycin. To treat MAC, therapy with a macrolide and at least one other agent is currently recommended, although some studies have suggested that a three-drug combination may be more beneficial.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:12-JUL-1996 11:34:00.00

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 <01I6ZFKWLRS00022IH@PMDF.EOP.GOV> for
levi_j@a1.eop.gov; Fri, 12 Jul 1996 11:33:28 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I6ZFKT2S0K00007U@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Fri, 12 Jul 1996 11:33:24 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id LAA10710; Fri,
12 Jul 1996 11:33:19 -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-JUL-1996 13:26:59.22

SUBJECT: your thoughts

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:12-JUL-1996 15:11:01.25

TEXT:
It looks like we will be coming up with a budget amendment for AIDS drugs -- sometime next week (depending on negotiations between OMB and HHS re offsets...don't want to be a fly on the wall for that one). Nancy-Ann and I have discussed how to maximize White House credit for this -- perhaps we can talk on Monday (I'm out the rest of this afternoon) about what our options are -- including whether the President is traveling somewhere where this would be good to put out.

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

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

CREATION DATE/TIME:12-JUL-1996 15:18:03.21

SUBJECT: drug $

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:12-JUL-1996 20:22:09.58

TEXT:
I agree.
I will be back on Tuesday a.m.
If you get me a paragraph on what exactly the announcement will be, I will walk it around on Tuesday morning to try to drum up interest.
========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:12-JUL-1996 13:24:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Jeffrey Levi

ATT SUBJECT: your thoughts

ATT TO: Jeremy D. Benami (BENAMI_J)

TEXT:
It looks like we will be coming up with a budget amendment for AIDS drugs -- sometime next week (depending on negotiations between OMB and HHS re offsets...don't want to be a fly on the wall for that one). Nancy-Ann and I have discussed how to maximize White House credit for this -- perhaps we can talk on Monday (I'm out the rest of this afternoon) about what our options are -- including whether the President is traveling somewhere where this would be good to put out.
========== END ATTACHMENT 1 ==========

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

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

CREATION DATE/TIME:12-JUL-1996 13:10:07.81

SUBJECT: RE: parties

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:12-JUL-1996 13:20:32.57

TEXT:
STeve warnath is collecting -- for gaynor/mike/debbie going away parties ($7 total) and for Roz ($10 total). You can also contribute to Dorothy's shower if you would like!

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	From: Jeremy Benami, To: Many Recipients, Re: Normisms (7 pages)	07/12/1996	Personal Misfile

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

FOLDER TITLE:
[07/10/1996 - 07/16/1996]

2018-0759-F
jn422

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: Ashley L. Raines (RAINES_A) (OA)

CREATION DATE/TIME:13-JUL-1996 14:37:07.81

SUBJECT: Meeting

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-JUL-1996 08:42:34.18

CC: Nelson W. Cunningham (CUNNINGHAM_N) (OA)
READ:13-JUL-1996 16:30:50.15

TEXT:
Nelson and I would like to meet with you on Monday (7/15) for about 30 minutes to discuss the process for bringing on agency representatives to work on the Interagency Task Force on AIDS. Does 11:30-12noon work for you?

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: MANAGER (SYS)

CREATION DATE/TIME:13-JUL-1996 21:28:00.00

SUBJECT: OASIS Mail Janitor: Report of refiled messages

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-JUL-1996 08:46:29.41

TEXT:
Dear OASIS User,
This message has been generated by the ALL-IN-1 Mail Janitor Utility.
This utility has placed:
34 message(s) from your READ folder,
0 message(s) from your CREATED folder,
and 49 message(s) from your OUTBOX folder
into your WASTEBASKET, because they were older than 14 days.
It has also placed
0 message(s) from your INBOX folder
into your WASTEBASKET, because they were older than 28 days.
Remember that WASTEBASKETS will be emptied on Saturdays
before this Mail Janitor utility runs.
THE DOCUMENTS REFILED BY THIS UTILITY WILL BE DELETED FROM THE OASIS EMAIL SYSTEM NEXT WEEKEND, BUT RECORDS WILL BE PRESERVED ON THE ARMS RECORDKEEPING SYSTEM AS DESCRIBED IN THE OA DIRECTIVE OF JULY 14, 1995 (SEE BULLETIN BOARD FOR COMPLETE TEXT).
Use the FC (File Cabinet) menu to retrieve any messages that you
wish to save, by refiling them into another folder.
If you need assistance, please call x57370.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-JUL-1996 17:44:45.71

SUBJECT: RE: Meeting change

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:15-JUL-1996 17:45:37.48

TEXT:
4 p.m. it is -- is it easier if we come to you?

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-JUL-1996 15:11:02.76

SUBJECT: various things

TO: Ashley L. Raines (RAINES_A) (OA)
READ:15-JUL-1996 16:06:04.56

TEXT:
(1) the other lines that need voicemail are:
632-1099
632-1259
(2) remember the list of newspapers, etc. I sent you re subscriptions -- is that possible?
(3) anything you can do about the computers getting networked locally would be great.
thanks for all your help.

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

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

CREATION DATE/TIME:15-JUL-1996 17:37:00.68

SUBJECT: Meeting change

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-JUL-1996 17:45:40.88

TEXT:
Can we postpone our meeting until Wednesday after 4? I realized I have a ton of stuff that needs to be finished before then.
Thanks.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:15-JUL-1996 19:32:00.00

SUBJECT: New Information from ACTIS 07/15/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:16-JUL-1996 08:58:22.50

TEXT:

---------- Message requiring your approval ----------
Sender: "Flynn Mclean" <Flynn_Mclean_at_NAC__PO@smtpinet.aspensys.com>
Subject: New Information from ACTIS 07/15/96

July 15, 1996

NEW INFORMATION FROM ACTIS

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

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

For more information, call the ACTIS toll-free number to talk with a health specialist. On request, you can also obtain a printout of a customized search of the clinical trials databases. The information can also be accessed directly by subscribers through two online databases, AIDSTRIALS and AIDSDRUGS, available through the National Library of Medicine.

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

****

PROTOCOL NUMBER: NIAID ACTG 293.

TITLE: A Randomized Phase III Trial of Oral Isotretinoin Versus

Observation for Low-Grade Cervical Dysplasia in HIV-Infected Women.

PHASE: Phase III.

DISEASE STATUS:
Patients have the following symptoms and conditions: 1. Documented HIV infection. 2. Biopsy-proven grade I CIN (low grade cervical dysplasia). Biopsy must be made within the past 12 weeks. NOTE: Current grade II or III CIN or invasive cancer is NOT eligible.

PATIENT INCLUSION CRITERIA

SPECIFICATION CRITERIA:
Patients must have:
1. HIV infection.
2. Grade I CIN.
3. Consent of parent or guardian if less than 18 years old.

AGE: 13 Years - 99 Years.
SEX: F.

REPRODUCTIVE SPECIFICATION:
Not pregnant. Negative pregnancy test within 7 days of study entry. Abstinence or agree to use both barrier and hormonal methods of birth control / contraception.

CONCURRENT MEDICATION:
Allowed:
1. Approved antiretrovirals.
2. Prophylaxis for opportunistic infections.
3. Contraceptives.

LABORATORY VALUES AT ENTRY

CD4 (T4 CELL) COUNT: Unspecified cells/mm3.
SGOT (AST): <= 5 x ULN. (ULN = upper limit of normal).
SGPT (ALT): <= 5 x ULN.
KARNOFSKY: >= 70.
OTHER LABORATORY VALUES: Triglycerides <= 750 mg/dl.

PATIENT EXCLUSION CRITERIA

SPECIFICATION CRITERIA:
Patients with the following prior conditions are excluded:
1. Malignancy requiring cytotoxic chemotherapy within the past 3 months.
2. Hysterectomy within the past 4 months.

AGE: 01 Days - 12 Years.
SEX: M.

REPRODUCTIVE SPECIFICATION:
Pregnant. Positive pregnancy test within 7 days of study entry. No abstinence or no agreement to use both barrier and hormonal methods of birth control / contraception.

PRIOR MEDICATION:
Excluded:
1. Prior treatment for grade II or III CIN.
2. Cytotoxic chemotherapy within the past 3 months.
3. Ablative therapy within the past 4 months.
4. Retinoid therapy within the past 3 months.
5. Topical medications within the past month.

CONCURRENT MEDICATION:
Excluded:
1. Tetracycline.
2. Vitamin A.

CO-EXISTING CONDITIONS OR DISEASES:
Patients with the following symptoms or conditions are excluded:
1. Dysplasia in endocervical curettage specimen.
2. Pap smear more severe by two or more grades than the colposcopically directed biopsy.
3. Unsatisfactory colposcopy.
4. Known allergic reaction to any retinoid.

GENERIC DRUG NAME

Drug 1: Isotretinoin. Keratolytic.

DRUG TRADE NAME

Drug 1: Accutane.

DRUG COMPANIES

Drug 1: Hoffmann - La Roche Incorporated
340 Kingsland Street
Nutley, NJ 07110-1199
Contact: Professional Services (800) 526-6367.

END POINT

Primary: Progression of dysplasia.
Secondary: Regression of dysplasia for at least 6 months, toxicity.

DISCONTINUE TREATMENT

Patients discontinue treatment for the following reasons:
1. Progression to grade II or III CIN or invasive cancer.
2. Unacceptable toxicity.
3. Pregnancy.
4. Study noncompliance or refusal of further treatment.
5. Further participation deemed detrimental to well-being.
6. Requirement for prohibited medication.

PARTICIPATING UNITS

0000002264:
Los Angeles County - USC Medical Center
1929 Zonal Avenue / Health Science Campus (CAB-HSC)
Los Angeles, CA 90033
Contact: Lynn Fukushima (213) 226-5068
OPEN 960621 ACTU: 5048.

0000001400:
Los Angeles County - USC Medical Center
2020 Zonal Avenue / Room 309
Los Angeles, CA 90033-1079
Contact: Luis Mendez (213) 343-8288
OPEN 960613 ACTU: 1201.

0000001367:
University of Miami School of Medicine
1800 Northwest 10th Avenue / P O Box 016960
Miami, FL 33136-1013
Contact: Lisa Rolfe (305) 243-3838
OPEN 960510 ACTU: 0901.

0000001463:
University of Hawaii / Leahi Hospital
3675 Kilauea Avenue / Young Building / 6th Floor
Honolulu, HI 96816
Contact: Debra M Ogata-Arakaki (808) 737-2751
OPEN 960515 ACTU: 5201.

0000001365:
Northwestern University Medical School
303 East Superior Street / Passavant Pavilion / Room 823
Chicago, IL 60611
Contact: Baiba L Berzins (312) 908-4655
Contact: (312) 908-9636

OPEN 960514 ACTU: 2701.

0000001366:
Rush Presbyterian - Saint Luke's Medical Center
600 South Paulina Street / Suite 143
Chicago, IL 60612
Contact: Lisa Pitler (312) 942-4810
OPEN 960501 ACTU: 2702.

0000001346:
Charity Hospital / Tulane University Medical School
1430 Tulane Avenue
New Orleans, LA 70112-2699
Contact: Russell Strada (504) 584-3605
Contact: (504) 584-1692
OPEN 960703 ACTU: 1702.

0000002193:
Charity Hospital / Tulane University Medical School
1430 Tulane Avenue / ACTU SL-37
New Orleans, LA 70112-2699
Contact: Jane Price (504) 585-7153
OPEN 960403 ACTU: 7201.

0000001335:
Washington University School of Medicine
4511 Forest Park / Suite 304
St Louis, MO 63108
Contact: Michael Klebert (314) 454-0538
Contact: (314) 454-0058
OPEN 960412 ACTU: 2101.

0000001317:
Beth Israel Medical Center / Mount Sinai Medical Center
First Avenue at 16th Street / Dazian Pavilion / 10th Floor
New York, NY 10003
Contact: Ann Marshak (212) 420-4432
OPEN 960418 ACTU: 1802.

0000002263:
Saint Clare's Hospital and Health Center
415 West 51st Street
New York, NY 10019
Contact: Phyllis Ristau (212) 459-8449
OPEN 960327 ACTU: 2204.

0000001312:
Memorial Sloan - Kettering Cancer Center
1275 York Avenue / PO Box 9
New York, NY 10021
Contact: Gloria Gilbert (212) 639-7169
OPEN 960612 ACTU: 2202.

0000001428:

SUNY / Health Sciences Center at Syracuse / Pediatrics
750 East Adams Street
Syracuse, NY 13210
Contact: Kathie Contello (315) 464-7592
Contact: (315) 464-6331
OPEN 960520 ACTU: 5039.

0000001310:
University of Rochester Medical Center
601 Elmwood Avenue / Box 689
Rochester, NY 14642
Contact: Carol Greisberger (716) 275-2740
OPEN 960529 ACTU: 1101.

0000001308:
Columbus Children's Hospital
700 Children's Drive
Columbus, OH 43205-2696
Contact: Jane Hunkler (614) 722-4460
OPEN 960405 ACTU: 2302.

0000001307:
Ohio State University Hospital
456 West 10th Avenue / Room 4725
Columbus, OH 43210-1228
Contact: Judy Neidig (614) 293-8112
Contact: (614) 293-5282
OPEN 960417 ACTU: 2301.

0000001289:
San Juan City Hospital / Centro Medico
Mail Station 128 / GPO Box 70344
San Juan, PR 00936-7344
Contact: Moraima Rivera (809) 764-3083
OPEN 960327 ACTU: 5031.

0000001272:
Children's Hospital and Medical Center of Seattle
4800 Sand Point Way NE
Seattle, WA 98105-0371
Contact: Kathleen Mohan (206) 526-2117
OPEN 960612 ACTU: 6801.

****

PROTOCOL NUMBER: NIAID CMV STUDY.

TITLE: Evaluation of Asymptomatic Cytomegalovirus (CMV) Viremia and Response to Oral Ganciclovir. (NOTE: Ganciclovir was discontinued in this study.)

DISEASE STATUS:
Patients have the following symptoms and conditions: 1. HIV antibody positive. 2. CD4 count < 100 cells/mm3. 3. CMV viremia but no active CMV disease.

PATIENT INCLUSION CRITERIA

SPECIFICATION CRITERIA:
Patients must have:
1. HIV infection.
2. CD4 count < 100 cells/mm3.
3. CMV viremia without active CMV disease.

AGE: 18 Years - 99 Years.
SEX: M. F.

REPRODUCTIVE SPECIFICATION:
Not pregnant. Abstinence or agree to use barrier methods of birth control / contraception during the study.

CONCURRENT MEDICATION:
Allowed: Medication for HIV or opportunistic infections provided dose is stable.

LABORATORY VALUES AT ENTRY

HEMOGLOBIN: > 8.5 g/dl.
PLATELET COUNT: > 25000 platelets/mm3.
CD4 (T4 CELL) COUNT: < 100 cells/mm3. (0).
SGPT (ALT): < 5 x ULN. (ULN = upper limit of normal).
CREATININE CLEARANCE: > 50 ml/min.
OTHER LABORATORY VALUES: Absolute neutrophils > 500 cells/mm3.

PATIENT EXCLUSION CRITERIA

AGE: 01 Days - 17 Years.

REPRODUCTIVE SPECIFICATION:
Pregnant. No abstinence or no agreement to use barrier methods of birth control / contraception during the study.

PRIOR MEDICATION:
Excluded within the past 3 months:
1. Ganciclovir.
2. Foscarnet.
3. Cidofovir (HPMPC).
4. Other investigational CMV drugs.

CO-EXISTING CONDITIONS OR DISEASES:
Patients with the following symptoms and conditions are excluded:
1. Hypersensitivity to ganciclovir.
2. Gastrointestinal problems that would interfere with absorption of

ganciclovir.

AVAILABILITY:
Unavailable for frequent clinic visits.

GENERIC DRUG NAME

Drug 1: Ganciclovir. Antiviral.

DRUG COMPANIES

Drug 1: Roche Global Development - Palo Alto
3401 Hill View Avenue
Palo Alto, CA 94303
Contact: Roche - Syntex Information (800) 444-4200.

PARTICIPATING UNITS

0000003153:
National Institute of Allergy & Infectious Diseases
9000 Rockville Pike / Clinical Center / Room 11C304
Bethesda, MD 20892
Contact: Unspecified (800) 243-7644
OPEN / USA Accrual 960424.

****

PROTOCOL NUMBER: NIAID DATRI 013.

TITLE: A Phase I Study of Methotrexate for HIV Infection.

PHASE: Phase I.

DISEASE STATUS:
Patients have the following symptoms and conditions: 1. Early HIV infection. 2. CD4 count >= 300 cells/mm3 within the past 30 days. 3. No AIDS-defining condition.

PATIENT INCLUSION CRITERIA

SPECIFICATION CRITERIA:
Patients must have:
1. HIV seropositivity.
2. CD4 count >= 300 cells/mm3.
3. No AIDS-defining condition.

AGE: 18 Years - 99 Years.

SEX: M. F.

REPRODUCTIVE SPECIFICATION:
Not pregnant. Not breast-feeding. Abstinence or agree to use barrier methods of birth control / contraception during the study.

CONCURRENT MEDICATION:
Allowed:
1. Antiemetics and antidiarrheals.
2. Acetaminophen.
3. Oral hypoglycemic agents.
4. Stable dose of antiretroviral (must be stable for at least 1 month prior to study entry).

LABORATORY VALUES AT ENTRY

HEMOGLOBIN: >= 10.0 g/dl. (women); >= 11.0 (men).
PLATELET COUNT: >= 150000 platelets/mm3.
CD4 (T4 CELL) COUNT: >= 300 cells/mm3. (300 - 400 - 500 - 600 - 700 - 800 - plus).
BILIRUBIN: <= 1.5 x ULN mg/dl. (ULN = upper limit of normal).
SGOT (AST): <= 2.5 x ULN.
SGPT (ALT): <= 2.5 x ULN.
CREATININE: <= 1.5 mg/dl.
KARNOFSKY: >= 80.
OTHER LABORATORY VALUES: Absolute neutrophils > 1500 cells/mm3. Alkaline phosphatase <= 2.5 x ULN.

PATIENT EXCLUSION CRITERIA

SPECIFICATION CRITERIA:
Patients with the following prior conditions are excluded:
1. Prior malignancies.
2. Prior mucocutaneous herpes infection requiring antiviral therapy.
3. Anergic on DTH skin test within the past month (patients who are positive on DTH skin test but unable to receive the HIV-1 skin test because of allergies to insects, bee stings, etc., remain eligible for study enrollment).
4. Inflammatory bowel disease, peptic ulcer disease, obesity combined with insulin-requiring diabetes, liver disease, or chronic renal disease within the past 6 months.
5. Positive for HBsAg or hepatitis C antibody within the past 2 weeks.
6. Chest radiograph within the past 60 days that shows cavity disease, infiltrates, or scars from prior disease that would preclude diagnosis of a new infectious process or drug-induced pneumonitis.

AGE: 01 Days - 17 Years.

REPRODUCTIVE SPECIFICATION:
Pregnant. Breast-feeding. No abstinence or no agreement to use barrier methods of birth control / contraception during the study.

RISK BEHAVIOR:
Alcohol abuse.

PRIOR TREATMENT:
Excluded: Prior radiotherapy for malignancy.

PRIOR MEDICATION:
Excluded: Prior chemotherapy for malignancy.

CONCURRENT MEDICATION:
Excluded:
1. Immunosuppressive or immunomodulatory drugs.
2. Chronic nonsteroidal anti-inflammatory agents.
3. Newly initiated antiretrovirals.
4. Bone marrow suppressive drugs (e.g., TMP/SMX).

CO-EXISTING CONDITIONS OR DISEASES:
Patients with the following symptom or condition are excluded:
Current positive PPD.

GENERIC DRUG NAME

Drug 1: Methotrexate. Anti-inflammatory.

DRUG COMPANIES

Drug 1: Roxane Laboratories Incorporated
1809 Wilson Road / PO Box 16532
Columbus, OH 43216
Contact: Clinical and Medical Info (800) 327-4865
Contact: Patient Assistance (800) 274-8651
Contact: Information (800) 868-0120.

END POINT

Drug safety, immunologic markers.

DISCONTINUE TREATMENT

Patients discontinue treatment for the following reasons:
1. Decrease in CD4 count by 50 percent compared to baseline.

2. Unable to tolerate medication for 2 consecutive weeks.
3. Missed more than two doses of methotrexate during the study, or other protocol violation.
4. Occurrence of adverse events.
5. Clinical deterioration or disease progression.
6. Development of AIDS-defining condition.
7. Further participation deemed detrimental to health.
8. Pregnancy.
9. Need for systemic cytotoxic therapy for a newly diagnosed malignancy.

PARTICIPATING UNITS

0000002722:
Cedars Sinai Medical Center
8700 Beverly Boulevard / Becker 220
Los Angeles, CA 90048
Contact: Jacqui Pitt (310) 855-3755
OPEN 960124.

0000003359:
University of Kansas School of Medicine
1010 North Kansas Street
Wichita, KS 67214
Contact: Dalrona Harrison (316) 261-2655
OPEN 960306.

0000003535:
Harper Hospital / Wayne State Univ School of Medicine
4201 St Antoine / Section 6F
Detroit, MI 48201
Contact: Dr Rodger MacArthur (313) 745-4483
OPEN 960417.

0000003498:
Community Research Initiative on AIDS
275 7th Avenue / 20th Floor
New York, NY 10001

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:15-JUL-1996 19:32:00.00

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 <01I74367TB00003P09@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Mon, 15 Jul 1996 19:32:00 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I7436239XW00007U@STORM.EOP.GOV> for levi_j@a1.eop.gov; Mon, 15 Jul 1996 19:31:53 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id TAA00157; Mon,

15 Jul 1996 19:31:54 -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:15-JUL-1996 15:32:19.78

SUBJECT: September meeting

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

TEXT:
First, thanks for arranging re Alexandra and the Keystone meeting.
I've put a call into her to give her details and background.
I've had some thoughts for structure of the September meeting --
for you to take or leave. They are worth what you are paying for
them.
Sunday:
It's going to be hard to get people from the rest of the world to
come in on a Sunday...but this is a good opportunity to do some of
the process stuff that always gets left to the last minute and
leaves people frustrated. It will also give more focus to what is
done the rest of the meeting.
I would suggest:
(1) Fleming update
(2) Discussion with ONAP staff of the National Strategy
(3) Discussion within the Council of how it can build on the
strategy and use it as a focus for its work. (The strategy will
be useful in two critical ways: it will outline some general goals
-- everyone, I think will agree with -- in all the key areas that
need some serious implementation discussions. And it will offer a
comprehensive summary of what people are doing with current
resources -- goals, objectives, and dollars attached to them.)
(My vision for this would be that the Council could work in
collaboration with the community and with government officials to
flesh out the strategy into a real workplan for the government --
but do it together -- having lengthier substantive discussions
with jointly arrived at conclusions -- rather than a series of
recommendations to which other simply respond. In other words, a
more interactive process as the role of the council develops.)
(4) Council workplan for the rest of the year:
(a) charge to the subcommittees to develop fuller implementation
plan for the National Strategy
(b) beginning to think about post November 8th recommendations re
policy and structure
Monday:
A mixture of subcommittee and full Council meetings on subject
areas:
Full Council briefing --
Update on Vancouver (led by Alexandra Levine?)
Briefing on Prisons (we can work that out from here with the
subcommittee)
International (Bob is supposed to be leading on this, but I am

sure LaHoma here could work something up)
Subcommittees --
Prevention
    meeting with ONDCP staff
    report from Substance Abuse/HIV Prevention meeting
Research
    report on Keystone
    discussion of Levine panel reports
Services
    Drug pricing (I am working on getting some people together for this)
Tuesday:
report back
short-term recommendations
ratification of workplan
Also -- we are going to request that agencies have representation at all of the meeting on Monday and tuesday -- people with authority to comment on proposed recommendations -- so we don't have any confusion or misunderstanding as we did on the research committee's recommendations last time.
Let me know what you think.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:15-JUL-1996 11:01:00.00

SUBJECT: CDC AIDS Daily Summary 07/15/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:15-JUL-1996 13:55:16.25

TEXT:

AIDS Daily Summary
July 15, 1996

****

"In the AIDS Fight, Bells of Hope From Vancouver"
"View From Vancouver: Cautiously Celebrating New AIDS Treatment"
"Heimlich Tries Using Malaria as Low-Cost HIV Treatment"
"In Fighting HIV, the Privileged Are a World Apart"
"AIDS Conference Serves Up Dizzying Menu of Information, But No Set Course of Action"
"AIDS Babies: Hope and Resistance"
"Top Researcher Lauds Cel-Sci's AIDS Vaccine"
"BioChem Shares Rebound on AIDS Studies"
"HIV and the Mind"
"Success of Combination Therapy Drives the Push for Earlier Treatment"
"PROGRESS REPORT: Implementation of Advisory Council"

****

"In the AIDS Fight, Bells of Hope From Vancouver"
New York Times (07/15/96) P. A7; Dunlap, David W.

Reports from the international AIDS conference held in Vancouver last week buoyed the hopes of AIDS patients around the country and represented a cultural shift in the AIDS epidemic. Studies released demonstrated that HIV can be suppressed in patients, suggesting that AIDS will be treated someday as a long-term disease. While many people with HIV plan to live short lives--and may give up careers and relationships and cash in insurance policies as a result--this is changing as more and more patients survive longer. However, the cost of the drugs is a concern, leading to criticism of the pharmaceutical industry.

"View From Vancouver: Cautiously Celebrating New AIDS Treatment"
Wall Street Journal (07/15/96) P. B1; Chase, Marilyn

While studies presented last week at the 11th International Conference on AIDS led to discussion of a cure for AIDS, some scientists say the tone is overly optimistic. With three new protease inhibitors, patients are regaining health, but peer-reviewed studies have not been completed yet. Furthermore, although there is hope that the drugs will allow patients to survive longer by keeping HIV under control, additional research is needed to determine which drugs are most effective. Drawbacks to the new therapies include side effects, potential drug resistance, and the high cost of the drugs.

"Heimlich Tries Using Malaria as Low-Cost HIV Treatment"
Washington Times (07/15/96) P. A12; Woods, Michael

Dr. Henry Heimlich, the doctor credited with the Heimlich maneuver, has reported progress toward a cheap HIV therapy. In developing countries, where 90 percent of people infected with HIV live, an inexpensive treatment is critical. Heimlich's therapy is based on an old treatment for neurosyphilis, a brain infection that once killed thousands of people. The treatment involves infecting a patient with an easily curable form of malaria and then curing the disease. The malaria stimulates the immune system, and continues to fight off HIV after being cured. The therapy has been tested in eight patients, and a larger clinical trial is planned.

"In Fighting HIV, the Privileged Are a World Apart"
USA Today (07/15/96) P. 4D; Painter, Kim

The 11th International Conference on AIDS was marked by optimism that new drug combinations could suppress HIV but tainted with pessimism that 90 percent of HIV-infected people would not have access to the drugs. People in developing countries cannot afford the costly drugs, and prevention efforts are making only a small impact on the epidemic. Poverty and indifference are primary barriers to treating HIV, said Martin Schechter, co-chair of the conference. Treatment recommendations were offered at the meeting but will likely change soon as more information is released.

"AIDS Conference Serves Up Dizzying Menu of Information, But No Set Course of Action"
Washington Post (07/13/96) P. A3; Brown, David

The 11th International Conference on AIDS gave doctors new information, recommendations, and warnings about treating patients with HIV, but how these new findings will be implemented is unpredictable. The information will likely start a trend toward aggressive therapy. No one combination is known to be the best, however, and new drugs will give doctors still more options before testing can determine their use. Currently, with the nine anti-HIV medicines now available in the United States, doctors have more than 500 possible treatment options to choose from.

"AIDS Babies: Hope and Resistance"
Washington Post (07/13/96) P. A18

An editorial in the Washington Post claims that, based on new research on mother-to-child transmission of HIV, mandatory testing of pregnant women is even more important than was previously thought. The argument that women's privacy should be protected is now less persuasive, the editors say, as new research shows that, if a woman is identified as HIV-positive, precautions during delivery can help protect her child from becoming infected. While testing newborns is helpful, however, Congress has delayed a decision on mandatory newborn testing until the year 2000. The authors criticize this decision and point out that the American Medical Association has endorsed mandatory HIV tests for all pregnant women.

"Top Researcher Lauds Cel-Sci's AIDS Vaccine"
Washington Post (07/13/96) P. F1; Segal, David

Cel-Sci, a small Alexandria, Va.-based biotechnology company, was vaulted into the spotlight last week when a leading AIDS researcher reported that its experimental AIDS vaccine protected laboratory mice from HIV infection. Analysts predict that Cel-Sci will be an important player in the race for an AIDS vaccine, a race with especially high earning potential. James Kahn, director of independent studies of AIDS at San Francisco's General Hospital, reported at the International Conference on AIDS Thursday that 78 percent of the mice infected with HIV were protected by the vaccine. In the last six months, Cel-Sci's stock price has increased 217 percent.

"BioChem Shares Rebound on AIDS Studies"
Toronto Globe and Mail (07/12/96) P. B10; Stinson, Marian

BioChem Pharma shares turned around Thursday in response to studies about the effectiveness of new AIDS treatments. A combination therapy that includes BioChem's 3TC was able to control the level of HIV in patients. The stock closed at $41.50 per share on the Montreal Stock Exchange Thursday, up $1.55 from early in the day. On Wednesday, it dropped $6.25 due to concern that new drugs would compete with 3TC, sold by Glaxo-Wellcome. The stock was up $1.37 to $30.62 in New York.

"HIV and the Mind"
Journal of the International Association of Physicians in AIDS Care (06/96) Vol. 2, No. 6, P. 18; Mascolini, Mark

The seventh Neuroscience of HIV Infection conclave held in Paris this spring was marked by a lack of new research on HIV-associated neurologic diseases. Researchers heard the results of one trial of a new drug for AIDS dementia, anecdotal reports on a drug for intractable neuropathic pain, and a trial of a compound that may ease both wasting and myopathy. One reason for the dearth of new projects may be that many scientists expected the disease to be treated adequately with antiretrovirals. Defining and recognizing HIV-induced neurocognitive disorders are primary problems in managing the disease. One study identified a condition called minor

cognitive-motor disorder and found that its frequency increases as HIV disease progresses. Also discussed were advances in diagnosing sensory neuropathy using skin and brain biopsies, and polymerase chain reaction assessment, though basic questions about how HIV enters the brain, how it triggers cytokines, and how they contribute to neurologic disease will require further research. Treatment strategies for HIV-related neurologic disorders include attacking the virus, lessening inflammation, and protecting the neurons.

"Success of Combination Therapy Drives the Push for Earlier Treatment"
AIDS Alert (06/96) Vol. 11, No. 6, P. 61

A small clinical trial testing a combination of ritonavir, or Norvir, and nucleoside analogs in newly infected HIV patients, has shown that the therapy can lower the viral load to undetectable levels for up to two years. The trial, led by Dr. Martin Markowitz of the Aaron Diamond AIDS Research Center, may result in a standard of starting treatment as early as diagnosis. Studies are underway comparing newly infected patients treated with two combinations--ritonavir, zidovudine (AZT), and lamivudine (3TC) versus indinavir (Crixivan), AZT, and 3TC. The push to treat patients early increased in 1995 when Aaron Diamond researchers also discovered that HIV begins replicating rapidly from the onset of infection. Moreover, as use of protease inhibitors gains steam, viral load testing will become an important tool for monitoring antiretroviral treatment and patient management. Studies have suggested, but not proven, that survival can be predicted by viral load. How viral load measurements will be used remains to be determined, but most researchers agree that they are useful when the burden is very high or very low.

"PROGRESS REPORT: Implementation of Advisory Council" Recommendations, Presidential Advisory Council on HIV/AIDS (7/8/96)

The Presidential Advisory Council on HIV/AIDS released a PROGRESS REPORT: Implementation of Advisory Council Recommendations on July 8, 1996, in order to highlight the continuing interchange between President Clinton and his Advisory Council on HIV/AIDS. The report includes the Council's recommendations to the Administration, the Administration's responses, and the Council's evaluation of these responses. The Council's purpose has been to advise the President on what his Administration can and should do to stop the spread of the epidemic, to find a cure and vaccine for HIV, to provide the best possible treatment and care to those who are infected, and to end HIV-related discrimination and intolerance. The Council has developed recommendations in five subject areas: Presidential leadership, research, prevention, services, and discrimination. The report contains their first two sets of recommendations (issued in July and December of 1995), the Administration's action in response to each recommendation, their evaluation of this response, and their proposed follow up. It also includes

their third set of recommendations, made in April 1996. To order a copy of the report, call the CDC National AIDS Clearinghouse at 1-800-458-5231 or view it online on the CDC NAC web site at http://www.cdcnac.org.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:15-JUL-1996 11:01:00.00

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 <01I73LBM1AJK003FQA@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Mon, 15 Jul 1996 11:00:57 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I73LBJPFNA00007U@STORM.EOP.GOV> for levi_j@a1.eop.gov; Mon, 15 Jul 1996 11:00:53 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id LAA28114; Mon, 15 Jul 1996 11:00:53 -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:15-JUL-1996 15:51:34.08

SUBJECT: OMB version of strategy

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-JUL-1996 16:27:42.32

TEXT:
Spoke to Gordon, they have all the pages of the text. Do you need/want the missing pages in your copy?

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-JUL-1996 13:55:50.72

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:24-JUL-1996 16:29:19.37

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:NOT READ

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:15-JUL-1996 15:17:22.83

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:15-JUL-1996 11:00:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 07/15/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
July 15, 1996

****

"In the AIDS Fight, Bells of Hope From Vancouver"
"View From Vancouver: Cautiously Celebrating New AIDS Treatment"
"Heimlich Tries Using Malaria as Low-Cost HIV Treatment"
"In Fighting HIV, the Privileged Are a World Apart"
"AIDS Conference Serves Up Dizzying Menu of Information, But No Set Course of Action"
"AIDS Babies: Hope and Resistance"
"Top Researcher Lauds Cel-Sci's AIDS Vaccine"

"BioChem Shares Rebound on AIDS Studies"
"HIV and the Mind"
"Success of Combination Therapy Drives the Push for Earlier Treatment"
"PROGRESS REPORT: Implementation of Advisory Council"
****

"In the AIDS Fight, Bells of Hope From Vancouver"
New York Times (07/15/96) P. A7; Dunlap, David W.

Reports from the international AIDS conference held in Vancouver last week buoyed the hopes of AIDS patients around the country and represented a cultural shift in the AIDS epidemic. Studies released demonstrated that HIV can be suppressed in patients, suggesting that AIDS will be treated someday as a long-term disease. While many people with HIV plan to live short lives--and may give up careers and relationships and cash in insurance policies as a result--this is changing as more and more patients survive longer. However, the cost of the drugs is a concern, leading to criticism of the pharmaceutical industry.

"View From Vancouver: Cautiously Celebrating New AIDS Treatment"
Wall Street Journal (07/15/96) P. B1; Chase, Marilyn

While studies presented last week at the 11th International Conference on AIDS led to discussion of a cure for AIDS, some scientists say the tone is overly optimistic. With three new protease inhibitors, patients are regaining health, but peer-reviewed studies have not been completed yet. Furthermore, although there is hope that the drugs will allow patients to survive longer by keeping HIV under control, additional research is needed to determine which drugs are most effective. Drawbacks to the new therapies include side effects, potential drug resistance, and the high cost of the drugs.

"Heimlich Tries Using Malaria as Low-Cost HIV Treatment"
Washington Times (07/15/96) P. A12; Woods, Michael

Dr. Henry Heimlich, the doctor credited with the Heimlich maneuver, has reported progress toward a cheap HIV therapy. In developing countries, where 90 percent of people infected with HIV live, an inexpensive treatment is critical. Heimlich's therapy is based on an old treatment for neurosyphilis, a brain infection that once killed thousands of people. The treatment involves infecting a patient with an easily curable form of malaria and then curing the disease. The malaria stimulates the immune system, and continues to fight off HIV after being cured. The therapy has been tested in eight patients, and a larger clinical trial is planned.

"In Fighting HIV, the Privileged Are a World Apart"
USA Today (07/15/96) P. 4D; Painter, Kim

The 11th International Conference on AIDS was marked by optimism that new drug combinations could suppress HIV but tainted with pessimism that 90 percent of HIV-infected people would not have access to the drugs. People in developing countries cannot afford the costly drugs, and prevention efforts

are making only a small impact on the epidemic. Poverty and indifference are primary barriers to treating HIV, said Martin Schechter, co-chair of the conference. Treatment recommendations were offered at the meeting but will likely change soon as more information is released.

"AIDS Conference Serves Up Dizzying Menu of Information, But No Set Course of Action"
Washington Post (07/13/96) P. A3; Brown, David

The 11th International Conference on AIDS gave doctors new information, recommendations, and warnings about treating patients with HIV, but how these new findings will be implemented is unpredictable. The information will likely start a trend toward aggressive therapy. No one combination is known to be the best, however, and new drugs will give doctors still more options before testing can determine their use. Currently, with the nine anti-HIV medicines now available in the United States, doctors have more than 500 possible treatment options to choose from.

"AIDS Babies: Hope and Resistance"
Washington Post (07/13/96) P. A18

An editorial in the Washington Post claims that, based on new research on mother-to-child transmission of HIV, mandatory testing of pregnant women is even more important than was previously thought. The argument that women's privacy should be protected is now less persuasive, the editors say, as new research shows that, if a woman is identified as HIV-positive, precautions during delivery can help protect her child from becoming infected. While testing newborns is helpful, however, Congress has delayed a decision on mandatory newborn testing until the year 2000. The authors criticize this decision and point out that the American Medical Association has endorsed mandatory HIV tests for all pregnant women.

"Top Researcher Lauds Cel-Sci's AIDS Vaccine"
Washington Post (07/13/96) P. F1; Segal, David

Cel-Sci, a small Alexandria, Va.-based biotechnology company, was vaulted into the spotlight last week when a leading AIDS researcher reported that its experimental AIDS vaccine protected laboratory mice from HIV infection. Analysts predict that Cel-Sci will be an important player in the race for an AIDS vaccine, a race with especially high earning potential. James Kahn, director of independent studies of AIDS at San Francisco's General Hospital, reported at the International Conference on AIDS Thursday that 78 percent of the mice infected with HIV were protected by the vaccine. In the last six months, Cel-Sci's stock price has increased 217 percent.

"BioChem Shares Rebound on AIDS Studies"
Toronto Globe and Mail (07/12/96) P. B10; Stinson, Marian

BioChem Pharma shares turned around Thursday in response to studies about the effectiveness of new AIDS treatments. A combination therapy that includes BioChem's 3TC was able to control the level of HIV in patients. The stock closed at $41.50

per share on the Montreal Stock Exchange Thursday, up $1.55 from early in the day. On Wednesday, it dropped $6.25 due to concern that new drugs would compete with 3TC, sold by Glaxo-Wellcome. The stock was up $1.37 to $30.62 in New York.

"HIV and the Mind"
Journal of the International Association of Physicians in AIDS Care (06/96) Vol. 2, No. 6, P. 18; Mascolini, Mark

The seventh Neuroscience of HIV Infection conclave held in Paris this spring was marked by a lack of new research on HIV-associated neurologic diseases. Researchers heard the results of one trial of a new drug for AIDS dementia, anecdotal reports on a drug for intractable neuropathic pain, and a trial of a compound that may ease both wasting and myopathy. One reason for the dearth of new projects may be that many scientists expected the disease to be treated adequately with antiretrovirals. Defining and recognizing HIV-induced neurocognitive disorders are primary problems in managing the disease. One study identified a condition called minor cognitive-motor disorder and found that its frequency increases as HIV disease progresses. Also discussed were advances in diagnosing sensory neuropathy using skin and brain biopsies, and polymerase chain reaction assessment, though basic questions about how HIV enters the brain, how it triggers cytokines, and how they contribute to neurologic disease will require further research. Treatment strategies for HIV-related neurologic disorders include attacking the virus, lessening inflammation, and protecting the neurons.

"Success of Combination Therapy Drives the Push for Earlier Treatment"
AIDS Alert (06/96) Vol. 11, No. 6, P. 61

A small clinical trial testing a combination of ritonavir, or Norvir, and nucleoside analogs in newly infected HIV patients, has shown that the therapy can lower the viral load to undetectable levels for up to two years. The trial, led by Dr. Martin Markowitz of the Aaron Diamond AIDS Research Center, may result in a standard of starting treatment as early as diagnosis. Studies are underway comparing newly infected patients treated with two combinations--ritonavir, zidovudine (AZT), and lamivudine (3TC) versus indinavir (Crixivan), AZT, and 3TC. The push to treat patients early increased in 1995 when Aaron Diamond researchers also discovered that HIV begins replicating rapidly from the onset of infection. Moreover, as use of protease inhibitors gains steam, viral load testing will become an important tool for monitoring antiretroviral treatment and patient management. Studies have suggested, but not proven, that survival can be predicted by viral load. How viral load measurements will be used remains to be determined, but most researchers agree that they are useful when the burden is very high or very low.

"PROGRESS REPORT: Implementation of Advisory Council" Recommendations, Presidential Advisory Council on HIV/AIDS

(7/8/96)

The Presidential Advisory Council on HIV/AIDS released a PROGRESS REPORT: Implementation of Advisory Council Recommendations on July 8, 1996, in order to highlight the continuing interchange between President Clinton and his Advisory Council on HIV/AIDS. The report includes the Council's recommendations to the Administration, the Administration's responses, and the Council's evaluation of these responses. The Council's purpose has been to advise the President on what his Administration can and should do to stop the spread of the epidemic, to find a cure and vaccine for HIV, to provide the best possible treatment and care to those who are infected, and to end HIV-related discrimination and intolerance. The Council has developed recommendations in five subject areas: Presidential leadership, research, prevention, services, and discrimination. The report contains their first two sets of recommendations (issued in July and December of 1995), the Administration's action in response to each recommendation, their evaluation of this response, and their proposed follow up. It also includes their third set of recommendations, made in April 1996. To order a copy of the report, call the CDC National AIDS Clearinghouse at 1-800-458-5231 or view it online on the CDC NAC web site at http://www.cdcnac.org.

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

========== ATTACHMENT 2 ==========
ATT CREATION TIME/DATE:15-JUL-1996 11:01:00.00

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 <01I73LBM1AJK003FQA@PMDF.EOP.GOV> for
levi_j@a1.eop.gov; Mon, 15 Jul 1996 11:00:57 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I73LBJPFNA00007U@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Mon, 15 Jul 1996 11:00:53 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id LAA28114; Mon,
15 Jul 1996 11:00:53 -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:15-JUL-1996 09:14:39.80

SUBJECT: An idea...

TO: Richard J. Turman (TURMAN_R) (OMB)
READ:15-JUL-1996 10:08:29.42

TO: William G. White (WHITE_W) (OMB)
READ:15-JUL-1996 09:14:46.92

TEXT:
A compromise on my concerns about underlying care for people: A condition of the new ADAP money should be that states certify that all enrolled in ADAP have access to the underlying services needed to assure appropriate use of these drugs?

(I realize the pitfall here -- depending on HRSA to enforce, but at least we will have articulated a principle.)

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: Kinseyvi@aol.com@INET@EOPMRX

CREATION DATE/TIME:15-JUL-1996 14:41:00.00

SUBJECT: Re: Letter to Helene Gayle

TO: LEVI_J (LEVI_J@A1@CD) (WHO)
READ:15-JUL-1996 14:46:40.38

CC: Lamda23 (Lamda23@aol.com@INET@EOPMRX)
READ:NOT READ

TEXT:
Jeff,

Thanks for your note. As far as I know (Naphtali, keeper of the data, is on vacation) ALL of the cases we reported occurred after the CDC guidelines were issued, because we did not formally track cases until that time. At most, a few of those cases took place before then. I'm copying this to Naph, so that he can confirm/deny.

Ben
========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:15-JUL-1996 14:41:00.00

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01I73T0VWH00003G9R@PMDF.EOP.GOV> for LEVI_J@a1.eop.gov; Mon, 15 Jul 1996 14:41:22 -0400 (EDT)
Received: from emout13.mail.aol.com (emout13.mx.aol.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I73T0TG25200007U@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Mon, 15 Jul 1996 14:41:18 -0700 (MST)
Received: by emout13.mail.aol.com (8.6.12/8.6.12)
id OAA20726 for LEVI_J@a1.eop.gov; Mon, 15 Jul 1996 14:41:06 -0400
========== END ATTACHMENT 1 ==========

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-JUL-1996 08:45:40.84

SUBJECT: RE: Meeting

TO: Ashley L. Raines (RAINES_A) (OA)
READ:15-JUL-1996 09:50:28.32

CC: Nelson W. Cunningham (CUNNINGHAM_N) (OA)
READ:15-JUL-1996 08:51:20.91

TEXT:
11:30 today is fine.

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

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

CREATION DATE/TIME:15-JUL-1996 17:45:34.85

SUBJECT: RE: Meeting change

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-JUL-1996 17:51:29.41

TEXT:
No I'm happy to come to you. 4 pm Wednesday okay?

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:16-JUL-1996 11:31:00.00

SUBJECT: CDC AIDS Daily Summary 07/16/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:16-JUL-1996 11:34:52.64

TEXT:

AIDS Daily Summary
July 16, 1996

****

"Needle Exchanges Inject Controversy in AIDS Prevention"
"Discussing Possible AIDS Cure Raises Hope, Anger and Question: What Exactly Is Meant by "Cure"?"
"New Rules Press HMOs to Disclose Data"
"Across the USA: Illinois"
"In AIDS Fight, Hope Has High Price"
"California to Vote on Legalizing Pot as Medicine"
"Support Groups for H.I.V.-Negative Gay Men"
"At the AIDS Epicenter, New Urgency for Vaccine"
"N.C. Seeks FDA Waiver to Let it Keep New HIV Home Test Kits From Market"
"Assisted-Suicide Charge"

****

"Needle Exchanges Inject Controversy in AIDS Prevention"
Washington Post (07/16/96) P. A1; Span, Paula

There are 86 known needle-exchange programs in the United States, including publicly funded programs and those that operate underground. Washington, D.C., which has had a high incidence of AIDS, but no effective, legal needle-exchange program, is now preparing to award a contract for a program that should be operating by August or September. Under a congressional ban, federal funds cannot be used for needle exchanges. The war on drugs is blamed for the opposition. Moreover, according to Denise Paone, a researcher at Beth Israel Medical Center in New York, politicians who would support the programs "are afraid that their

constituents will think they're soft on drugs, soft on crime." Research has shown that needle exchanges can effectively reduce needle sharing and HIV transmission among drug users, yet without federal funding, local programs cannot meet the needs of the community.

"Discussing Possible AIDS Cure Raises Hope, Anger and Question: What Exactly Is Meant by 'Cure'?"
New York Times (07/16/96) P. C3; Altman, Lawrence K.

While some AIDS researchers say a cure for AIDS may exist in a combination of drugs able to suppress the virus, others warn that talk of a cure is likely to create a false sense of security. In addition, as researchers increasingly use the words eradication and elimination in reference to patients who have undetectable levels of HIV, no one knows if the virus can be permanently cleared from the body. David D. Ho and Martin Markowitz, both of the Aaron Diamond AIDS Research Center in New York, plan to stop treatment in a small number of patients to determine if HIV can come back. Helene Gayle of the Centers for Disease Control and Prevention said the agency does not have a definition for an AIDS "cure." Many people in the AIDS community see talk of a cure as a distraction, and those involved in HIV prevention have expressed concern that publicity about the success of treatment would threaten funding for their programs.

"New Rules Press HMOs to Disclose Data"
Wall Street Journal (07/16/96) P. A3; Anders, George

New standards being released today by the National Committee for Quality Assurance call for health maintenance organizations (HMOs) to disclose more information about their care of patients. The new guidelines include more detailed, standardized patient surveys to facilitate comparison between plans. Under the new guidelines, for example, HMOs will have to reveal how well they provide HIV-positive patients with preventive care for potentially fatal pneumonia. This would be the first attempt to monitor the quality of HMO care for patients with HIV or AIDS. The standards also call for HMOs to disclose whether patients hospitalized with a heart attack receive a class of drugs known as beta-blockers.

"Across the USA: Illinois"
USA Today (07/16/96) P. 5A

Illinois' AIDS Drug Reimbursement Program has reduced the number of medications it provides free to low-income patients from 112 to 28, the result of skyrocketing drug prices.

"In AIDS Fight, Hope Has High Price"
Miami Herald (07/15/96) P. 1A; Smith, Stephen

At the 11th International Conference on AIDS, Nkosazana Zuma, South Africa's minister of health, urged participants to support a global effort to fight AIDS in developing countries, where 90 percent of people infected with HIV live. The pharmaceutical industry has responded to the AIDS epidemic with powerful drugs; however, these treatments are not available to

poor, developing countries. An AIDS vaccine, while being pushed by the federal government, still is not a research priority for drug companies.

"California to Vote on Legalizing Pot as Medicine" USA Today (07/16/96) P. 10A; Goodavage, Maria

Californians will vote in November on whether it should be legal to smoke marijuana for medical purposes, including reducing nausea during chemotherapy, increasing appetite to prevent wasting in AIDS patients, and easing the pressure of glaucoma. Under the proposed law, patients would be allowed to grow and possess marijuana if a physician has recommended it; doctors who recommended the substance would be legally protected. Supporters of the initiative have obtained more than 800,000 signatures to get the measure on the ballot, and polls indicate that many Californians agree with the bill. But opponents claim that marijuana's medical benefits have not been proven scientifically, and they dispute the bill's loose wording, in part because it does not require a doctor's prescription, only a recommendation, and it does not state how much of the drug can be possessed.

"Support Groups for H.I.V.-Negative Gay Men" New York Times (07/14/96) P. 25; Fisher, Ian

A dozen groups for HIV-negative gay men have been created in New York's West Village and Brooklyn over the past two years, giving these men a forum to talk about their guilt and their constant fear of infection, as well as giving them a sense of community. The groups are part of a movement among people who are HIV-negative and want to remain that way. The groups especially attract young gay men, in their late 20s or early 30s, who do not necessarily have many friends who have died of AIDS or who are even HIV-positive. The meetings also provide a connection to the larger gay community that does not otherwise exist for young gay men.

"At the AIDS Epicenter, New Urgency for Vaccine" Philadelphia Inquirer (07/14/96) P. E1; Collins, Huntly

The majority of the world's HIV-positive patients are living in developing countries--where anti-HIV drugs are too expensive and an AIDS vaccine is the best hope of curbing the epidemic. The U.S. government will increase funding for vaccine research to $116 million next year, though this will account for less than 10 percent of the government's AIDS research budget. Large pharmaceutical companies have been criticized for not undertaking more vaccine development, but Dani P. Bolognesi of Duke University says that "science has not given industry the keys to how to make vaccines." While vaccine research in the United States was stymied in 1994 when the federal government decided to postpone large-scale clinical trials of two experimental AIDS vaccines, Thai officials are planning to launch their own trial by 1998.

"N.C. Seeks FDA Waiver to Let it Keep New HIV Home Test Kits From Market"

American Medical News (07/01/96) Vol. 39, No. 25, P. 15

Some North Carolina health officials are trying to keep the newly approved home HIV test kits off pharmacy shelves, fearing the tests could undermine state efforts to control the spread of HIV. In its appeal, North Carolina is using a rarely used regulation that permits states to ask the Food and Drug Administration to waive its authority over state rules on medical devices for "compelling local conditions." North Carolina has also been involved since 1991 in a court battle with the AIDS activist group ACT-UP Triangle over the state's attempt to replace anonymous HIV testing with confidential testing. State health officials say confidential HIV testing would allow them to identify and contact more people who could have been infected by someone with HIV.

"Assisted-Suicide Charge"
Maclean's (07/01/96) Vol. 109, No. 27, P. 23

A Toronto doctor recently became the first Canadian physician to be charged with aiding an AIDS patient's suicide. Maurice Genereux, who specializes in treating AIDS patients, allegedly aided in the April 11 death of Aaron McGinn, who had tested positive for HIV in 1990 but had not developed full-blown AIDS. Genereux was released on $1,000 bail and allowed to continue his medical practice but not to prescribe drugs. Friends of McGinn said he was psychologically troubled but still in relatively good physical health.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:16-JUL-1996 11:32:00.00

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 <011750P561Y8004020@PMDF.EOP.GOV> for
 levi_j@a1.eop.gov; Tue, 16 Jul 1996 11:31:45 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
 by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <011750P1KDQQ00007U@STORM.EOP.GOV> for
 levi_j@a1.eop.gov; Tue, 16 Jul 1996 11:31:40 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id LAA26539; Tue,
 16 Jul 1996 11:31:43 -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: KSF@s-3.com@INET@EOPMRX

CREATION DATE/TIME:16-JUL-1996 12:30:00.00

SUBJECT: Re: Conference call

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

TO: Jeffrey Levi (LEVI_J@A1@CD) (WHO)
READ:16-JUL-1996 12:48:28.34

CC: hornor (hornor@hsc.usc.edu@INET@EOPMRX)
READ:NOT READ

CC: Ursula Sanville (SANVILLE_U@A1@CD) (OPD)
READ:17-JUL-1996 20:13:11.44

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

TEXT:

All set....phone number is: (800) 403-1032, host access: 805553, for
everyone else, the access code is: 512853.

|From: Jeffrey Levi
|To: KSF
|Cc: ScottHitt; hornor; Ursula Sanville
|Subject: Conference call
|Date: Tuesday, July 09, 1996 11:47AM
|
| Kimberly -- When you are safely back from Vancouver...can you set
| up a conference call for the Research Committee -- for 10 a.m.
| eastern time on July 25th, and notify the appropriate folks.
| thanks.
|
|
========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:16-JUL-1996 12:31:00.00

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01I752QSBD74002M8M@PMDF.EOP.GOV>; Tue,
16 Jul 1996 12:30:36 -0400 (EDT)
Received: from SSSHQ5 (206.65.240.10) by STORM.EOP.GOV (PMDF V5.0-7 #6879)
id <01I75229TVFU00007U@STORM.EOP.GOV>; Tue, 16 Jul 1996 12:10:37 -0700 (MST)
X-Mailer: Worldtalk (NetConnex V4.00a)/MIME

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. email	From: Kinseyvi@aol.com, To: Jeffrey Levi, Re: Batsheba (1 page)	07/16/1996	Personal Misfile

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

FOLDER TITLE:
[07/10/1996 - 07/16/1996]

2018-0759-F
jn422

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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

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

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

CREATION DATE/TIME:16-JUL-1996 16:12:37.42

SUBJECT: RE: ADAP

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:16-JUL-1996 16:21:03.60

TEXT:
sounds about right to me--now i just need help getting the offsets from hhs. prayers would be appreciated.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:16-JUL-1996 14:38:40.86

SUBJECT: RE: Won't have Seth to kick around...

TO: Seth E. Masket (MASKET_S) (WHO)
READ:16-JUL-1996 14:41:07.38

TEXT:
We will miss you....where are you going? I assume congratulations of some kind are in order -- if only for getting out of here while still in a state of sanity.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:16-JUL-1996 16:05:10.82

SUBJECT: Metro TeenAIDS

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:16-JUL-1996 17:19:19.12

TEXT:
we have worked closely with them -- they consulted on the adolescent report; they brought a number of teens to the release of the report; Patsy has spoken at their events -- I am sure, though Patsy would be glad to meet with them again, if you think this is needed -- who should we contact?
Please tell me that the material in the envelope about nutritional supplements was not for us...

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:16-JUL-1996 17:23:00.00

SUBJECT: New Educational Materials 07/16/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:16-JUL-1996 17:30:58.84

TEXT:

CDC National AIDS Clearinghouse
Educational Materials Database

NEW MATERIALS
July 16, 1996

The Clearinghouse's Educational Materials Databases contain bibliographic information about more than 14,000 brochures, videos, booklets, and other materials with education/prevention messages.

NAC ONLINE users can search these databases by selecting "Clearinghouse Databases" from the NAC ONLINE main menu. When asked to enter a database name, specify "UNPB" (which stands for unpublished materials) to search all materials, regardless of availability; "CNPB" (which stands for current materials) to search only materials currently available from the distributor; or "ANPB" (which stands for archival materials) to search only materials which are no longer available.

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 stopbit, 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.

Over the weekend, 11 newly catalogued materials were loaded to the UNPB Educational Materials Database. This brings the total number of materials on the Database to 17,514.

Document 1
AN AD0020031.
TI Zalcitabine (ddC, Hivid).
FM 22 - Fact Sheet. Print Material.
AC 400 - Persons With AIDS.
445 - HIV Positive Persons.
AV Beth Israel Hospital
National AIDS Treatment Information Project
330 Brookline Ave.
Libby 317

Boston, MA 02215.
(617) 667-5520.
33246.

AB This fact sheet presents information on zalcitabine (ddC), a drug that slows the reproduction of HIV. Zalcitabine blocks the action of an enzyme known as reverse transcriptase. This drug does not appear to be effective when given alone, but in combination with other antiviral medications, it may temporarily slow disease progression. The fact sheet describes drug administration, side effects, and cost.

MJ Antiviral drugs. Pharmacology. Treatment.

Document 2

AN AD0020036.

TI Tuberculosis (TB).

FM 22 - Fact Sheet. Print Material.

AC 400 - Persons With AIDS.
445 - HIV Positive Persons.

AV Beth Israel Hospital
National AIDS Treatment Information Project
330 Brookline Ave.
Libby 317
Boston, MA 02215.
(617) 667-5520.
88237.

AB This fact sheet focuses on tuberculosis (TB), and its prevalence among people with HIV and AIDS. HIV-infected people who are also infected with the TB bacterium are more likely to become ill compared to people without HIV. TB is spread from person to person through coughing, shouting, sneezes, or speech. The fact sheet describes those who are at greatest risk of TB infection, disease stages, symptoms, and diagnosis. The treatment of active TB, which includes a combination of antibiotics, is discussed.

MJ Tuberculosis (TB). Treatment. Respiratory diseases or disorders. Disease transmission. Opportunistic infections.

Document 3

AN AD0020037.

TI Nausea and Vomiting.

FM 22 - Fact Sheet. Print Material.

AC 400 - Persons With AIDS.
445 - HIV Positive Persons.

AV Beth Israel Hospital
National AIDS Treatment Information Project
330 Brookline Ave.
Libby 317
Boston, MA 02215.
(617) 667-5520.
62886.

AB This fact sheet discusses nausea and vomiting, common side effects of medications prescribed to people with HIV disease. In addition to being unpleasant and disruptive,

nausea and vomiting can sometimes result in dehydration, chemical imbalances, medication absorption, and serious bleeding. The fact sheet contains suggestions for coping with and reacting to vomiting, and addresses the treatment of chronic or severe nausea and vomiting. A table outlines the antinausea agents commonly prescribed and their potential side effects.

MJ Gastrointestinal diseases or disorders. Medical treatment. Symptom management.

Document 4

AN AD0020038.

TI Weight Loss and Wasting Syndrome.

FM 22 - Fact Sheet. Print Material.

AC 400 - Persons With AIDS.
445 - HIV Positive Persons.

AV Beth Israel Hospital
National AIDS Treatment Information Project
330 Brookline Ave.
Libby 317
Boston, MA 02215.
(617) 667-5520.
94857.

AB This fact sheet addresses weight loss and wasting syndrome, both common manifestations of HIV disease. A patient who loses more than one-tenth of his/her body weight in 90 days, is considered to have wasting syndrome. The fact sheet explains why weight loss occurs in conjunction with HIV and the factors that might be contributing to weight loss. The treatments include specific drugs, such as megestrol acetate, dronabinol, testosterone, growth hormone, and thalidomide. Hyperalimentation, or intravenous feeding, should be considered on a short-term basis during periods of acute illness.

MJ Wasting syndrome. Nutrition. Patient education. Treatment.

Document 5

AN AD0020039.

TI What is the Role of HIV Testing at Home?

FM 22 - Fact Sheet. Print Material.

AC 117 - Researchers.
210 - Advocates.
335 - Persons Practicing High Risk Behavior.
395 - Worried Well Persons.

AV CDC National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003.
(800) 458-5231.
CDC NAC Inventory no. D195 (English only); Free for single copy only.

University of California San Francisco
Center for AIDS Prevention Studies

74 New Montgomery St., Ste. 600
San Francisco, CA 94105.
(415) 597-9100.

AB This fact sheet, printed in English and Spanish, considers the function of in-home HIV testing. Over-the-counter sale of home access HIV tests violate some state laws, but the Food and Drug Administration is considering applications for licensure of test kits. The home kits would make testing accessible to those who live in rural areas and in inner cities where testing clinics are scarce. The fact sheet addresses the reliability and privacy of these results of home testing kits. The concerns and limitations of the test kits, which include cost and barriers to follow-up medical care, are also reviewed.

MJ Antibody tests. Patient privacy. Antibody testing costs. Treatment barriers. Socioeconomic factors.

Document 6

AN AD0020040.

TI What Are Sex Workers' HIV Prevention Needs?

FM 22 - Fact Sheet. Print Material.

AC 117 - Researchers.
210 - Advocates.
370 - Prostitutes, Sex Workers.

AV CDC National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003.
(800) 458-5231.
CDC NAC Inventory no. D306.

AB This fact sheet focuses on the risk factors faced by sex workers and the steps that this group of individuals should take to prevent HIV infection. Injection drug use is the main risk factor for HIV infection for female prostitutes in the United States. An association has also been found between HIV infection and heavy crack use and unprotected oral sex. In rural Nevada, where prostitution is legal, health care, HIV testing, and condom distribution are incorporated into the licensing procedures. In urban areas, street outreach efforts are bringing information and services to the sex workers. The fact sheet states that to prevent HIV among prostitutes, it is necessary to address the context in which sex work is transacted, as well as specific practices of the prostitutes.

MJ Sex workers. Sex for drugs. Injection drug users. HIV prevention. Outreach. Oral intercourse. Substance abuse. Risk factors.

Document 7

AN AD0020041.
TI Are Informal Caregivers Important in AIDS Care?
FM 22 - Fact Sheet. Print Material.
AC 117 - Researchers.
210 - Advocates.
670 - Organizations.
800 - Caregivers.
AV CDC National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003.
(800) 458-5231.
CDC NAC Inventory no. D094; Free for single copy only.
AB This fact sheet considers the importance of the role played by informal caregivers of people living with AIDS (PLWAs). Caregivers provide a wide range of support and services, such as shopping, basic assistance, medical assessment, and companionship. The fact sheet summarizes the physical and emotional burdens placed upon the caregiver. Many caregivers of AIDS patients are also their sexual partners, putting them at increased risk for HIV infection. Two community-based projects, each developed to provide respite and assistance to informal caregivers, are briefly described.
MJ Caregivers. Community health planning. Patient care. Physician education. Roles. Stress factors.

Document 8
AN AD0020042.
TI What Are Latinos' HIV Prevention Needs?
FM 22 - Fact Sheet. Print Material.
AC 117 - Researchers.
140 - Social Workers.
210 - Advocates.
336 - Hispanics.
116 - Planners.
200 - Community Service Professionals.
AV CDC National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003.
(800) 458-5231.
CDC NAC Inventory no. D899; Free for single copy only.
AB This fact sheet gives the specific HIV prevention needs of the Latino community. Latinos in the United States are disproportionately affected by HIV, accounting for 17 percent of total AIDS cases. HIV risk among Latinos varies depending on level of acculturation, lifestyle, where they were born, and where they live in the United States. Cultural factors, such as machismo and homophobia, may also make safer sexual relations more difficult. Barriers to HIV prevention also include traditional interpretations of cultural values and gender roles. According to the fact sheet, greater understanding of and respect for Latino cultures will lead to better, culturally sensitive HIV prevention efforts. Community-based prevention programs

specifically addressing the needs of Latinos in New York, San Francisco, and Boston are described.

MJ Cultural factors. Homophobia. Hispanics. Community health planning. Gender roles. Geographic factors. Family relations. Ethnic groups. Intervention strategies.

Document 9

AN AD0020043.

TI Creating Partnerships That Work: A Developmental Manual for Ryan White Title II HIV Care Consortia

FM 28 - Manual. Print Material.

AC 210 - Advocates.
304 - Administrators.
670 - Organizations.
673 - Community Organizations.
638 - State Government Agencies.
636 - Local Government Agencies.
116 - Planners.

AV US Department of Health and Human Services
Public Health Service
Health Resources and Services Administration
Bureau of Health Resources Development
Division of HIV Services
Parklawn Bldg., Rm. 9A-05
5600 Fishers Lane
Rockville, MD 20857.
(301) 443-9086.

John Snow, Incorporated
Research and Training Institute
1738 Wynkoop St., Ste. 201
Denver, CO 80202.
(303) 293-2405.

AB This manual provides information to facilitate the development and operation of HIV care consortia. The focus is on consortia funded through Title II of the Ryan White CARE Act of 1990. The manual draws on the experiences of consortia founded prior to or immediately following passage of the CARE act, and offers guidelines that broadly applicable. The manual addresses the appropriate approach to the mandate and functions of a care consortium, how to structure and operate a consortium, and how to improve organizational processes and dynamics. It focuses on structural and operational issues. The manual is organized around common issues including: initial decision making, responsibilities of consortia, organizational structure, bylaws, membership, policies and procedures, conflict management, committees, and leadership.

MJ Organizations. Administration. Community organizations. Government roles. Models. Policy development. Program development. Community health planning.

Document 10
AN AD0020044.
TI What Intervention Studies Say About Effectiveness, A Look at the
Evaluation Literature.
FM 42 - Report. Print Material.
AC 117 - Researchers.
200 - Community Service Professionals.
210 - Advocates.
673 - Community Organizations.
AV Academy for Educational Development
1255 23rd Street, NW
Washington, DC 20037.
(202) 884-8700.

AB This report presents the results of evaluations of HIV/AIDS prevention intervention strategies. The purpose of this document is to provide community planners with a core group of evaluated studies of intervention effectiveness, interpreted and applied to the task of priority setting in HIV prevention community planning. The first section of the report highlights the importance of understanding behavioral science theory and intervention effectiveness research for HIV prevention community planning. This section also describes how the document was developed in response to the needs of community planning groups. The second section presents standard summary descriptions of a selected set of evaluation studies and describes the study selection process and criteria. Section III presents brief descriptions of selected review articles and books, along with content highlights and a bibliography.
MJ Community health planning. Evaluation methods. Intervention strategies. Program evaluation.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:16-JUL-1996 17:24:00.00

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01175CYYAFKG0003EH@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Tue, 16 Jul 1996 17:23:15 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01175CYSE8OM00007U@STORM.EOP.GOV> for levi_j@a1.eop.gov; Tue, 16 Jul 1996 17:23:09 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id RAA13672; Tue, 16 Jul 1996 17:23:11 -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: Jeremy D. Benami (BENAMI_J) (WHO)

CREATION DATE/TIME:16-JUL-1996 12:48:16.05

SUBJECT: RE: National strategy

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:16-JUL-1996 12:48:42.81

TEXT:
have not heard anything. will check.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:16-JUL-1996 14:46:53.65

SUBJECT: RE: Won't have Seth to kick around...

TO: Seth E. Masket (MASKET_S) (WHO)
READ:16-JUL-1996 14:47:39.39

TEXT:
sounds good; glad it gets you to California -- I will be on leave next week -- so let's try to talk this week before you go.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:16-JUL-1996 11:47:00.00

SUBJECT: AutoResponse

TO: Jeffrey Levi (LEVI_J@A1@CD) (WHO)
READ:16-JUL-1996 12:12:41.83

TEXT:
I will be away from my desk until July 21 and may not have
access to e-mail the entire time away. I can be reached in
Vancouver, BC at 604-688-1234 until July 12.

Donald Abrams, M.D.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:16-JUL-1996 11:49:00.00

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 <01I7518T3SG0003ZO6@PMDF.EOP.GOV> for
LEVI_J@a1.eop.gov; Tue, 16 Jul 1996 11:47:36 -0400 (EDT)
Received: from sfaids.ucsf.edu by STORM.EOP.GOV (PMDF V5.0-7 #6879)
id <01I7518OR23A00007U@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Tue,
16 Jul 1996 11:47:31 -0700 (MST)
Received: from by sfaids.ucsf.edu (NTMail 3.01.03) id ka050892; Tue,
16 Jul 1996 08:53:12 -0700
========== END ATTACHMENT 1 ==========

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

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

CREATION DATE/TIME:16-JUL-1996 17:19:13.18

SUBJECT: RE: Metro TeenAIDS

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:16-JUL-1996 17:21:37.19

TEXT:
no need to meet with them if they have been so involved. they are represented pro bono by Greer and they just wanted to be sure that we are in touch with them.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:16-JUL-1996 11:35:27.50

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:24-JUL-1996 16:27:52.96

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:NOT READ

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:NOT READ

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:16-JUL-1996 11:31:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 07/16/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
July 16, 1996

****

"Needle Exchanges Inject Controversy in AIDS Prevention"
"Discussing Possible AIDS Cure Raises Hope, Anger and Question: What Exactly Is Meant by "Cure"?"
"New Rules Press HMOs to Disclose Data"
"Across the USA: Illinois"
"In AIDS Fight, Hope Has High Price"
"California to Vote on Legalizing Pot as Medicine"

"Support Groups for H.I.V.-Negative Gay Men"
"At the AIDS Epicenter, New Urgency for Vaccine"
"N.C. Seeks FDA Waiver to Let it Keep New HIV Home Test Kits From Market"
"Assisted-Suicide Charge"
****

"Needle Exchanges Inject Controversy in AIDS Prevention"
Washington Post (07/16/96) P. A1; Span, Paula

There are 86 known needle-exchange programs in the United States, including publicly funded programs and those that operate underground. Washington, D.C., which has had a high incidence of AIDS, but no effective, legal needle-exchange program, is now preparing to award a contract for a program that should be operating by August or September. Under a congressional ban, federal funds cannot be used for needle exchanges. The war on drugs is blamed for the opposition. Moreover, according to Denise Paone, a researcher at Beth Israel Medical Center in New York, politicians who would support the programs "are afraid that their constituents will think they're soft on drugs, soft on crime." Research has shown that needle exchanges can effectively reduce needle sharing and HIV transmission among drug users, yet without federal funding, local programs cannot meet the needs of the community.

"Discussing Possible AIDS Cure Raises Hope, Anger and Question: What Exactly Is Meant by 'Cure'?"
New York Times (07/16/96) P. C3; Altman, Lawrence K.

While some AIDS researchers say a cure for AIDS may exist in a combination of drugs able to suppress the virus, others warn that talk of a cure is likely to create a false sense of security. In addition, as researchers increasingly use the words eradication and elimination in reference to patients who have undetectable levels of HIV, no one knows if the virus can be permanently cleared from the body. David D. Ho and Martin Markowitz, both of the Aaron Diamond AIDS Research Center in New York, plan to stop treatment in a small number of patients to determine if HIV can come back. Helene Gayle of the Centers for Disease Control and Prevention said the agency does not have a definition for an AIDS "cure." Many people in the AIDS community see talk of a cure as a distraction, and those involved in HIV prevention have expressed concern that publicity about the success of treatment would threaten funding for their programs.

"New Rules Press HMOs to Disclose Data"
Wall Street Journal (07/16/96) P. A3; Anders, George

New standards being released today by the National Committee for Quality Assurance call for health maintenance organizations (HMOs) to disclose more information about their care of patients. The new guidelines include more detailed, standardized patient surveys to facilitate comparison between plans. Under the new guidelines, for example, HMOs will have to reveal how well they provide HIV-positive patients with preventive care for potentially fatal pneumonia. This would be the first attempt to

monitor the quality of HMO care for patients with HIV or AIDS. The standards also call for HMOs to disclose whether patients hospitalized with a heart attack receive a class of drugs known as beta-blockers.

"Across the USA: Illinois"
USA Today (07/16/96) P. 5A

Illinois' AIDS Drug Reimbursement Program has reduced the number of medications it provides free to low-income patients from 112 to 28, the result of skyrocketing drug prices.

"In AIDS Fight, Hope Has High Price"
Miami Herald (07/15/96) P. 1A; Smith, Stephen

At the 11th International Conference on AIDS, Nkosazana Zuma, South Africa's minister of health, urged participants to support a global effort to fight AIDS in developing countries, where 90 percent of people infected with HIV live. The pharmaceutical industry has responded to the AIDS epidemic with powerful drugs; however, these treatments are not available to poor, developing countries. An AIDS vaccine, while being pushed by the federal government, still is not a research priority for drug companies.

"California to Vote on Legalizing Pot as Medicine" USA Today (07/16/96) P. 10A; Goodavage, Maria

Californians will vote in November on whether it should be legal to smoke marijuana for medical purposes, including reducing nausea during chemotherapy, increasing appetite to prevent wasting in AIDS patients, and easing the pressure of glaucoma. Under the proposed law, patients would be allowed to grow and possess marijuana if a physician has recommended it; doctors who recommended the substance would be legally protected. Supporters of the initiative have obtained more than 800,000 signatures to get the measure on the ballot, and polls indicate that many Californians agree with the bill. But opponents claim that marijuana's medical benefits have not been proven scientifically, and they dispute the bill's loose wording, in part because it does not require a doctor's prescription, only a recommendation, and it does not state how much of the drug can be possessed.

"Support Groups for H.I.V.-Negative Gay Men"
New York Times (07/14/96) P. 25; Fisher, Ian

A dozen groups for HIV-negative gay men have been created in New York's West Village and Brooklyn over the past two years, giving these men a forum to talk about their guilt and their constant fear of infection, as well as giving them a sense of community. The groups are part of a movement among people who are HIV-negative and want to remain that way. The groups especially attract young gay men, in their late 20s or early 30s, who do not necessarily have many friends who have died of AIDS or who are even HIV-positive. The meetings also provide a connection to the larger gay community that does not otherwise exist for young gay men.

"At the AIDS Epicenter, New Urgency for Vaccine"
Philadelphia Inquirer (07/14/96) P. E1; Collins, Huntly

The majority of the world's HIV-positive patients are living in developing countries--where anti-HIV drugs are too expensive and an AIDS vaccine is the best hope of curbing the epidemic. The U.S. government will increase funding for vaccine research to $116 million next year, though this will account for less than 10 percent of the government's AIDS research budget. Large pharmaceutical companies have been criticized for not undertaking more vaccine development, but Dani P. Bolognesi of Duke University says that "science has not given industry the keys to how to make vaccines." While vaccine research in the United States was stymied in 1994 when the federal government decided to postpone large-scale clinical trials of two experimental AIDS vaccines, Thai officials are planning to launch their own trial by 1998.

"N.C. Seeks FDA Waiver to Let it Keep New HIV Home Test Kits From Market"
American Medical News (07/01/96) Vol. 39, No. 25, P. 15

Some North Carolina health officials are trying to keep the newly approved home HIV test kits off pharmacy shelves, fearing the tests could undermine state efforts to control the spread of HIV. In its appeal, North Carolina is using a rarely used regulation that permits states to ask the Food and Drug Administration to waive its authority over state rules on medical devices for "compelling local conditions." North Carolina has also been involved since 1991 in a court battle with the AIDS activist group ACT-UP Triangle over the state's attempt to replace anonymous HIV testing with confidential testing. State health officials say confidential HIV testing would allow them to identify and contact more people who could have been infected by someone with HIV.

"Assisted-Suicide Charge"
Maclean's (07/01/96) Vol. 109, No. 27, P. 23

A Toronto doctor recently became the first Canadian physician to be charged with aiding an AIDS patient's suicide. Maurice Genereux, who specializes in treating AIDS patients, allegedly aided in the April 11 death of Aaron McGinn, who had tested positive for HIV in 1990 but had not developed full-blown AIDS. Genereux was released on $1,000 bail and allowed to continue his medical practice but not to prescribe drugs. Friends of McGinn said he was psychologically troubled but still in relatively good physical health.

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

========== ATTACHMENT 2 ==========
ATT CREATION TIME/DATE:16-JUL-1996 11:32:00.00

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 <01I750P561Y8004020@PMDF.EOP.GOV> for
levi_j@a1.eop.gov; Tue, 16 Jul 1996 11:31:45 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I750P1KDQQ00007U@STORM.EOP.GOV> for
levi_j@a1.eop.gov; Tue, 16 Jul 1996 11:31:40 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id LAA26539; Tue,
16 Jul 1996 11:31:43 -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:16-JUL-1996 11:47:20.11

SUBJECT: has there been a novick siting?

TO: Remote Addressee (dabrams@sfaids.ucsf.edu@INET@EOPMRX)
READ:NOT READ

TEXT:

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:16-JUL-1996 15:11:58.60

SUBJECT: ADAP

TO: Nancy-Ann E. Min (MIN_N) (OMB)
READ:16-JUL-1996 16:07:36.79

TEXT:
while the wheels at HHS turn slowly...we have been working with Jeremy about assuring some visibility to the announcement of the additional ADAP $ -- either the President personally making a statement, or a written statement from the President with Patsy and Shalala doing something the briefing room. Any other ideas? We've also started a draft statement -- that would include the rest of the Ryan White request that is pending and the HOPWA budget amendment-- as related services need to make effective use of these drugs.
(Thanks again for all you did/are doing to make this happen.)