Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From: Jeremy Benami, To: Many Recipients, Re: End of Summer BBQ (2 pages)	08/14/1996	Personal Misfile
002. email	From: Jeremy Benami, To: Many Recipients, Re: End of Summer BBQ II (2 pages)	08/14/1996	Personal Misfile
003. email	From: Jeffrey Levi, To: Jeremy Benami, Re: End of Summer BBQ (1 page)	08/14/1996	Personal Misfile
004. email	From: Carol Rasco, To: Many Recipients, Re: Thank You Note (2 pages)	08/19/1996	Personal Misfile
005. email	From: Dorothy Kraft, To: Many Recipients, Re: Summer BBQ II (2 pages)	08/19/1996	Personal Misfile

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

FOLDER TITLE:
[08/13/1996 - 08/20/1996]

2018-0759-F
jn428

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]
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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:13-AUG-1996 15:32:13.77

SUBJECT: RE: OMB review

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:13-AUG-1996 15:54:16.32

TEXT:
whenever it goes to HHS we should send it to OMB

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

CREATOR: Dorothy K. Craft (CRAFT_D) (OPD)

CREATION DATE/TIME:13-AUG-1996 09:48:35.27

SUBJECT: INTERN WW TOUR

TO: Bruce N. Reed (REED_B) (WHO)
READ:NOT READ

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:13-AUG-1996 10:46:38.65

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:13-AUG-1996 12:13:39.51

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:13-AUG-1996 09:59:36.83

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:13-AUG-1996 11:10:35.86

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:13-AUG-1996 09:52:33.60

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:13-AUG-1996 10:08:24.33

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:13-AUG-1996 10:41:22.40

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:13-AUG-1996 09:49:34.56

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:19-AUG-1996 08:45:51.28

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:15-AUG-1996 11:00:07.90

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:14-AUG-1996 08:41:57.83

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:13-AUG-1996 10:28:28.92

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:13-AUG-1996 09:49:57.47

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:13-AUG-1996 10:03:13.03

TO: Dennis Burke (BURKE_D) (OPD)
READ:13-AUG-1996 10:06:33.22

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:13-AUG-1996 09:55:31.62

TO: Diane Regas (REGAS_D) (OPD)
READ:13-AUG-1996 11:07:35.07

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:13-AUG-1996 12:56:59.81

TO: Sandra L. Bublick-Max (BUBLICKMAX_S) (OPD)
READ:13-AUG-1996 17:53:54.05

TO: Jeanine D. Smartt (SMARTT_J) (OPD)
READ:13-AUG-1996 12:23:03.45

TO: Michael Cohen (COHEN_M) (OPD)
READ:13-AUG-1996 11:01:27.99

TEXT:
This session's interns have not been on a West Wing Tour -- and most of them leave this Friday.
Please email me if you are willing to give a West Wing tour this Thursday/Friday (or even Wednesday or tonight if those work for you). I'm surveying now to see when they're available.
One staff person can only take 6 at a time, so I definitely need your help to ensure that they all get a tour.
Thanks soo much.

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

CREATOR: Jill Pizzuto (PIZZUTO_J) (OPD)

CREATION DATE/TIME:13-AUG-1996 22:56:39.63

SUBJECT: CHR Highlights

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:14-AUG-1996 10:19:16.67

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:14-AUG-1996 09:31:30.72

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:14-AUG-1996 09:30:57.14

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:14-AUG-1996 09:01:51.00

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:14-AUG-1996 08:09:08.00

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:14-AUG-1996 08:52:41.04

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:14-AUG-1996 09:20:18.02

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:14-AUG-1996 14:08:24.89

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:15-AUG-1996 11:00:41.23

TO: Carol H. Rasco (RASCO_C) (WHO)
READ:14-AUG-1996 08:40:46.26

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:14-AUG-1996 09:32:06.22

TO: Dorothy K. Craft (CRAFT_D) (OPD)
READ:14-AUG-1996 08:21:13.38

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:21-AUG-1996 10:51:03.82

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:14-AUG-1996 07:32:34.34

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:14-AUG-1996 11:38:46.40

TO: Deborah L. Fine (FINE_D) (OPD)
READ:14-AUG-1996 19:44:27.85

TO: Dennis Burke (BURKE_D) (OPD)
READ:14-AUG-1996 08:11:54.58

TO: Diane Regas (REGAS_D) (OPD)
READ:14-AUG-1996 09:17:11.95

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:13-AUG-1996 23:13:43.92

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:19-AUG-1996 08:58:35.80

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:14-AUG-1996 09:29:13.14

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

TO: Michael Cohen (COHEN_M) (OPD)
READ:14-AUG-1996 15:00:24.32

TO: Jeanine D. Smartt (SMARTT_J) (OPD)
READ:14-AUG-1996 09:42:32.25

TO: Sandra L. Bublick-Max (BUBLICKMAX_S) (OPD)
READ:15-AUG-1996 09:28:57.75

TEXT:
FYI -- PLEASE NOTE: STAFF MEETING TUESDAY, SEPTEMBER 3RD @ 10:30
(DAY AFTER LABOR DAY).

PRINTER FONT 12_POINT_ROMAN
TO: DPC STAFF
FR: JILL PIZZUTO
RE: CHR CALENDAR HIGHLIGHTS

August 11:
4:00p Depart DC
5:46p Arrive Atlanta
*Participating in Paralympic Congress
August 11

-16
August 16:
7:25p Depart Atlanta
9:07p Return DC
August 25:
TBA Departs for Chicago
Aug 25

-30
Chicago
Aug 30:
TBA Return to DC
September 3:
9:30a STAFF MEETING
*Tuesday after Labor Day

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	From: Jeremy Benami, To: Many Recipients, Re: End of Summer BBQ (2 pages)	08/14/1996	Personal Misfile

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

FOLDER TITLE:
[08/13/1996 - 08/20/1996]

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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:14-AUG-1996 07:41:03.98

SUBJECT: redraft, part I

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:14-AUG-1996 10:19:44.55

TEXT:
PRINTER FONT 12_POINT_COURIER
Jeremy-

-This is the revised prevention section. I have done nothing to the first part -- the new material follows the three goals in opportunities for progress. With a small screen and no printer, I have not been able to format this well -- I just need your sense of whether this is going the right way and if I should continue on research and services -- tomorrow night (or, more accurately, tonight.)
Thanks. jeff

PRINTER FONT 12_POINT_COURIER_OBLIQUE
A. PREVENTION

"We have to set a goal. . .We have to reduce the number of new infections each and every year until there are no more new infections."
President Clinton, December 5, 1995, to the White House Conference on HIV and AIDS.

1. Record of Accomplishment
PRINTER FONT 12_POINT_COURIER
Since the epidemic began, the Nation has made important progress in prevention of HIV infection. In the early years of the epidemic, it was estimated that more than 100,000 Americans were becoming infected with HIV each year. Today, that total is between 40,000 and 60,000 people each year.
Sentinel accomplishments in prevention of HIV include:
? Identification in 1981 by the Centers for Disease Control and Prevention (CDC) of the first cases of AIDS;
? Identification in 1981 by the Centers for Disease Control and Prevention (CDC) of the risk factors associated with HIV infection; and
? Due in part to successful implementation of CDC

-sponsored
prevention strategies, a slowing the growth of the epidemic.
Since President Clinton took office in 1993, efforts in HIV/AIDS prevention have been accelerated. Actions include:
? Increasing funding for AIDS prevention by 24 percent;

? Launching the community planning partnership, which empowers local communities to make decisions about the development of innovative prevention efforts;

? Launching the Prevention Marketing Initiative, focusing on the risk to young adults (18 to 25) with frank public service announcements advocating sexual abstinence and the correct and, for the first time in the epidemic, the consistent use of latex condoms; and,

? Reorganizing AIDS prevention efforts at the Centers for Disease Control and Prevention to foster greater coordination with efforts to reduce sexually transmitted diseases and tuberculosis.

The efforts of Federal Agencies (see Appendix A) have been instrumental in expanding our knowledge base about HIV prevention. The CDC, the agency with primary Federal HIV surveillance and prevention responsibilities, has been pivotal in identifying risk factors associated with HIV transmission, seroprevalence of HIV in society, and trends in HIV infection. Federal efforts have shown that HIV prevention programs can be effective. CDC's prevention projects, many in partnership with States, local governments, and community

-based organizations,
have demonstrated that prevention programs are most effective when designed and implemented at a local level. Biomedical, behavioral, and social science prevention research conducted and supported by the National Institutes of Health (NIH) has expanded and will continue to expand our understanding of the determinants of HIV

-related risk behavior.

The Nation has also combatted the duel epidemics of HIV and drug abuse. The National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) support efforts to prevent HIV infection among drug users. The Office of National Drug Control Policy has pursued efforts to counter the problem of substance abuse and its devastating consequences.

There have been advances in integrating primary prevention into health care service systems. The Health Resources and Services Administration (HRSA) and the Department of Veterans Affairs (VA) have encouraged broader access to prevention information through the integration of prevention interventions into primary health care services and through support of early intervention services. HRSA also has undertaken special initiatives designed to reduce perinatal transmission of HIV and has promoted primary prevention through the training of health professionals in the AIDS Education and Training Centers program.

PRINTER FONT 12_POINT_COURIER_OBLIQUE

2. Future Opportunities for Progress

PRINTER FONT 12_POINT_COURIER

Significant challenges remain if we are to reach the Nation's

prevention goal -- no new infections. Primary to this progress are efforts to:

? Improve our understanding about the major trends in transmission and seroprevalence of HIV transmission;

? Close gaps in scientific knowledge, which includes identifying additional effective prevention models and strategies; and

? Eliminate gaps in HIV prevention program areas.

a. Improving Understanding of Trends in the Epidemic

Understanding who is becoming infected and through what behaviors is critical to designing effective prevention interventions (as well as targeting services resources). Over the course of the epidemic, there have been shifts in the demographics of who is affected by HIV, as discussed in the (previous?) section. CDC's AIDS case and case death reporting system provides important data for assessing AIDS prevalence and mortality by gender, race/ethnicity, age, and mode of exposure. However, this approach does not capture sufficient "front

-end" information on the incidence and prevalence of HIV prior to an AIDS diagnosis and thus we lose critical warning signs about new trends in what population groups are affected by HIV and what risky behaviors are increasing.

To address this shortcoming, the CDC is now undertaking a process to improve its surveillance of HIV infection and related diseases: both to address our need to better monitor the course of the epidemic and to provide guidance to community planners regarding the targeting of prevention and service dollars. This can and will be undertaken without compromising the confidentiality of those involved.

b. Research

Effective interventions must be based on sound research findings and evaluations. Prevention and behavioral research did not receive the same priority of funding in the early years of the epidemic as did biomedical research. In the years ahead, the NIH and CDC are both committed to increasing support for basic behavioral research, intervention research, and social marketing research.

Basic behavioral research answers key questions about the determinants of HIV

-associated sexual and drug using behaviors.

We still lack key knowledge in this area, which is critical to

developing effective interventions.

Intervention research focuses on individual and community level interventions that result in modify sexual and drug using behaviors. While significant work has been accomplished in this area, as this portfolio expands, it will be critical to assess intervention in real world settings that are relevant to the growing number of populations that must be reached by prevention programs. This research should be designed by a broad range of

scientists, public health, and community experts to assure its relevance.

The use of social marketing techniques is a relatively new approach to HIV prevention. This promising area requires use of basic and intervention research, as well as careful design and evaluation of social marketing efforts.

c. Strengthening Community Programs

Community prevention planning -- one of the key innovations in CDC's prevention programming over the last several years -- is at a crucial stage of development. This public and private partnership has made possible the use of federal funds based on locally designed priorities. We recognize that community planning requires continuing significant leadership from CDC and its partners and a strong commitment of resources that will offer the community planning process the technical assistance it needs to flourish. Successful HIV prevention often depends on small, new community based organizations, many serving minority populations, who often require additional technical assistance in order to successfully compete for available resources. Technical assistance cannot just be around the planning process. It must also include making accessible to community leaders the surveillance, epidemiological and behavioral research discussed above.

d. Program Integration and Collaboration

HIV prevention programs cannot stand apart from other, related public health efforts. Through the coordination efforts of ONAP and HHS's Office of HIV/AIDS Policy, there is an ongoing commitment to increasing the integration of HIV prevention into other program areas that reach individuals at risk for HIV.

HIV transmission is directly related to substance abuse, both directly through needle sharing behavior and indirectly as sex is traded for drugs or drug use impairs judgment and increases risk taking behaviors. Breaking that linkage will require:

? Integration of HIV prevention activities and substance abuse

treatment and prevention programs. In August, 1996, at the request of President Clinton, the Public Health Service agencies jointly co

-sponsored a national meeting of State and local officials, researchers, and community experts from the fields of HIV and substance abuse to develop an action plan that more effectively integrates HIV and substance abuse prevention efforts. These agencies are committed to implementing this strategy in the year ahead (assuming we like it).

? Enrolling more substance abusers into drug treatment. Substance abuse treatment is a major form of HIV prevention. This Administration will continue to press for increased funding for substance abuse treatment. Further, through outreach and demonstration programs, SAMHSA and CDC will increase their efforts to bring more individuals into treatment and find more successful interventions to accomplish this end.

? Reducing the availability of illegal drugs. Through the leadership of ONDCP, the Federal government recognizes that

substance abuse must be addressed on two fronts: reducing demand for drugs through treatment and prevention programs, and reducing the availability of drugs through interdiction.
place holder for needles???
Another important goal is better integration of HIV prevention into primary care. HIV counseling and testing are an important bridge between prevention and primary care. With new and promising medical interventions available, CDC is committed to improving the return rate of those tested at publicly funded sites and the quality of referral to services for those who test positive. But the linkage must also go in the opposite direction: from primary care to prevention.
Primary care providers must learn to incorporate a person's sexual and drug using history when a medical history is taken, offering HIV

-related counseling and voluntary testing, providing prevention education to HIV positive individuals as part of the provider

-patient relationship. HRSA's AIDS Education and Training Centers (AETCs) have played a crucial role in giving providers the information and skills they need. The Administration is committed to restoring Congressionally

-imposed
cuts in the AETC program and giving it a renewed focus to support this goal.
Often primary care is a direct form of HIV prevention. The tremendous medical breakthrough that has been achieved in reducing the chance of perinatal transmission by two

-thirds
through the use of AZT requires a strong policy of assuring that all pregnant women are counseled and offered HIV testing and that

AZT treatment is available for all who desire it. All federally funded programs reaching pregnant women -- from Medicaid to Ryan White CARE Act grantees to community and migrant health centers -- are required to take part in this effort. We are committed to expanding outreach and assuring appropriate care so that the Congressionally set goal of reducing perinatal transmission by 50 percent by the year ???? is achieved.
Recent research has confirmed that treatment of sexually transmitted diseases (STDs) other than HIV can reduce the likelihood of HIV transmission. This makes more compelling the need for collaboration between HIV and STD prevention efforts.
Similarly, the relationship between tuberculosis and HIV is very strong. People living with HIV are at very high risk for developing active tuberculosis. Studies suggest that the risk of developing active TB is 7

-to

-10 percent per year for persons who
are infected with both TB and HIV, as opposed to 10 percent risk over a lifetime for persons not infected with HIV. Personal communication from CDC Division TB
Elimination.

In addition to the health implications for infected persons, there is an increased risk of transmission of TB to household members, health care workers, and other persons having regular contact with a person with active TB.

The newly organized National Center for HIV, STD, and TB Prevention at CDC demonstrates the importance of integrating the interdependent aspects of these epidemics. CDC has initiated -- and will aggressively pursue -- efforts to increase collaboration among these programs, including expanding the community planning experiment to cover STD programs.

e. Special Populations

There are certain populations where the HIV epidemic has had a disproportionate impact or where HIV infection rates are rising at a worrisome pace. These include youth (especially young gay men), women, and minorities (especially gay men of color), prisoners, and, as discussed above, substance abusers. While many federally funded HIV prevention activities already target these populations, as part of the President's increased funding request for CDC, $35 million in new funds will be provided for programs targeting youth, women, and substance abusers.

f. Evaluation

To ensure that prevention programs are actually working -- and so scarce resources are spent on the most effective interventions -- all federally funded prevention activities will routinely include evaluation components. The funding agencies will share widely the knowledge gained about what works and what does not to ensure promotion of best practices in the field. In addition, as part

of the federal government's compliance with the Government Performance and Results Act, CDC and SAMHSA will continue to work with its constituents to develop appropriate performance measures for HIV prevention programs.

RECORD TYPE: PRESIDENTIAL (PAGER)

CREATOR: Mail Link Monitor (MAILMGT) (SYS)

CREATION DATE/TIME:14-AUG-1996 07:37:57.19

SUBJECT: SKY PAGER CONFIRMATION - LEVI,JEFF (SKY)

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:14-AUG-1996 07:41:14.85

TEXT:

SKY PAGE FOR LEVI,JEFF (SKY), WAS TRANSMITTED 14-AUG-1996 07:34:38.53
TEXT TRANSMITTED WAS:
THIS IS A TEST
NOTE: This message signifies only that the page was sent. If the recipient was out of range or his/her pager was not operating, then the message may not have been received.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:14-AUG-1996 16:32:00.00

SUBJECT: Prevention Subcommittee Meeting

TO: 'SMTP:LEVI_J@a1.eop.gov' (LEVI_J@A1@CD) (WHO)
READ:14-AUG-1996 18:42:22.45

TEXT:

I've heard rumors of a Prevention Subcommittee meeting on Saturday, Sept. 7
-- have you heard anything about this? (Bob Fogel called and told me....)

Thanks.
========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:14-AUG-1996 16:32:00.00

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 <01I89TMGQKVK001SGF@PMDF.EOP.GOV> for
LEVI_J@a1.eop.gov; Wed, 14 Aug 1996 16:32:02 -0400 (EDT)
Received: from SSSHQ5 (206.65.240.10) by STORM.EOP.GOV (PMDF V5.0-7 #6879)
id <01I89TL8W9TY00007U@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Wed,
14 Aug 1996 16:31:03 -0700 (MST)
X-Mailer: Worldtalk (NetConnex V4.00a)/MIME
========== END ATTACHMENT 1 ==========

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

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:14-AUG-1996 18:44:14.01

SUBJECT: call

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:14-AUG-1996 18:45:02.96

TEXT:
Catherine Kim from 60 Minutes called wanting to talk to you about HIV (a suprise, not!). She heard you were an expert in the field, she's trying to wrap up her research. 212-975-7242.

I also sent you page re this.

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

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:14-AUG-1996 18:38:41.02

SUBJECT: Revised Prevention Section

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:14-AUG-1996 18:40:06.45

TEXT:
Hello Jeff --
Hope all is going well. It was a quiet day here.
I took a stab at reworking the text of the prevention section based on some of things you shared with me re Jeremy. It's shorter, the sub

-titles are more action

-oriented, the prisoner
text is incorporated into a new section (Preventing Infections in People at Increased Risk). I'm sorry it doesn't include your edits -- I couldn't find your copy ... did you keep it?
I think we want to make the document as tight as possible without losing the substance. In our zest to make this short, we shouldn't forget that many of those who will be reading the document will know the issues intimately and will be looking for a sign that we understand them too. If our goal is to reach out to the community, I think they will want to see that we have given serious thought to these issues before handing it over to them (so to speak).
Let me know what you think.
Jane

PRINTER FONT 12_POINT_COURIER
N:\TEXT8.G96
DRAFT OF REWORKED PREVENTION SECTION:
? SHORTER
? PUNCHIER HEADINGS
? ADDED SECTION ON POPULATIONS AT INCREASED RISK, INCORPORATED 'PRISONERS' TEXT INTO THIS SECTION
==========

PRINTER FONT 12_POINT_COURIER_OBLIQUE
A. PREVENTION

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? Identification in 1981 by the Centers for Disease Control and Prevention (CDC) of the risk behaviors associated with HIV infection; and
? Due in part to successful implementation of CDC

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prevention strategies, a slowing in the growth of the epidemic.
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? Increased funding for AIDS prevention by 24 percent;
? Launched the community planning partnership, which empowers local communities to make decisions about the development of innovative prevention efforts;
? Launched the Prevention Marketing Initiative, focusing on the risk to young adults (18 to 25) with frank public service announcements advocating sexual abstinence and, for the first time in the epidemic, the correct and consistent use of latex condoms; and,
? Reorganized AIDS prevention efforts at the Centers for Disease Control and Prevention to foster greater coordination with efforts to reduce sexually transmitted diseases and tuberculosis.
The efforts of Federal Agencies (see Appendix A) have been instrumental in expanding our knowledge base about HIV prevention. The CDC, the agency with primary Federal HIV surveillance and prevention responsibilities, has been pivotal in identifying risk factors associated with HIV transmission, seroprevalence of HIV in society, and trends in HIV infection. Federal efforts have shown that HIV prevention programs can be effective. CDC's prevention projects, many in partnership with States, local governments, and community

-based organizations,
have demonstrated that prevention programs are most effective when designed and implemented at the community level. Biomedical, behavioral, and social science prevention research conducted and supported by the National Institutes of Health (NIH) has expanded and will continue to expand our understanding of the determinants of HIV

-related risk behavior.

The U.S. has also combatted the duel epidemics of HIV and drug abuse. The National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) support efforts to prevent HIV infection among drug users. The Office of National Drug Control Policy has pursued efforts to counter the problem of substance abuse and its devastating consequences.

There have been advances in integrating primary prevention into health care service systems. The Health Resources and Services Administration (HRSA) and the Department of Veterans Affairs (VA) have encouraged broader access to prevention information through the integration of prevention interventions into primary health care services and through support of early intervention services. HRSA also has undertaken special initiatives designed to reduce perinatal transmission of HIV and has promoted primary prevention through the training of health professionals in the AIDS Education and Training Centers program.

PRINTER FONT 12_POINT_COURIER_OBLIQUE

2. Future Opportunities for Progress

PRINTER FONT 12_POINT_COURIER

Significant challenges remain if we are to reach the Nation's prevention goal -- no new infections. To achieve this goal we must:

? Improve our understanding about the major trends in transmission and seroprevalence of HIV transmission;

? Close gaps in scientific knowledge by identifying additional effective prevention models and strategies; and

? Eliminate gaps in HIV prevention program areas.

A. Focusing Prevention Efforts: Improving Understanding of Trends in the Epidemic

Effective prevention interventions begin with sound information about who is at risk. CDC's AIDS case and case death reporting system provides important data for assessing AIDS prevalence and mortality by gender, race/ethnicity, age, and mode of exposure. However, current CDC surveillance systems do not capture sufficient "front

-end" information on the incidence and prevalence of HIV prior to an AIDS diagnosis. These data must be collected with appropriate confidentiality protections for the identity of those who are living with HIV.

CDC has initiated efforts to evaluate current data collection efforts and implement necessary changes. The Agency is exploring innovative approaches for collecting HIV incidence information. It has also incorporated data collection design efforts into its community planning process. These initiatives are part of the Agency's implementation of the recommendations set forth in the external review of CDC's HIV prevention strategies External Review of HIV Prevention Strategies by the CDC Advisory Committee on the Prevention of HIV Infection. U.S. Department of Health and Human Services, Public Health Service. June 1994. and will continue.

PRINTER FONT 12_POINT_COURIER
B. Designing Better Prevention Programs: Supporting Prevention Research
(Footnote c)
We must not assume to intuitively know which prevention interventions will work. Our efforts must instead be based on a sound research base. Factors that place individuals at risk for acquiring HIV infection are a complex mixture of behavioral, social, cognitive, and biological influences. Improving our understanding will require closing gaps in scientific knowledge in basic behavioral research, intervention research, and social marketing research.
Basic Behavioral Research. Information provided by basic behavioral research is the foundation for prevention programs. To capitalize on what is known and to improve HIV prevention programs that are targeted to reach diverse populations of Americans, more information on the determinants of HIV

-associated sexual and drug

-using

behaviors is needed. Such data enable scientists to establish theories of behavioral change, which then provide researchers with tools for identifying approaches that may be most effective for an individual or a community. AIDS and Behavior: An Integrated Approach. Judith D. Auerbach, Christian Wypijewska, and H. Keith H. Brodie, Editors. Institute of Medicine. National Academy Press. Washington, DC. 1994.
PRINTER FONT 12_POINT_COURIER
Intervention Research. To improve prevention interventions we must learn more about modifying HIV

-related behaviors,
such as those related to drug use and sex. We need more information on the role of both individuals and communities in HIV prevention, each of whom often adhere to norms that influence personal behavior. We must also intensify the dialogue among HIV

-prevention researchers in biomedical,
behavioral, and social science fields if we are to improve the development of effective prevention interventions. And, we must improve the data

-sharing and collaborative efforts
among Agencies responsible for implementing prevention programs.
Social Marketing Research. Agencies supporting social marketing activities need to build on current knowledge and strengthen efforts to understand barriers to the implementation and replication of promising prevention programs. As these models are developed, community

-based
organizations will require additional technical assistance and training in order to test those models in a "real

-world"
setting.
C. Transforming Research into Reality: Strengthening Prevention Programs
For prevention interventions to be effective they must reach people at risk and be responsive to their needs. For individuals to take control of their own lives in fighting the spread of this virus, they must first have the information and skills to protect themselves. And for program planners, it is important to carefully prioritize local efforts based on who infected is and who is becoming infected.
One of the most important innovations in HIV prevention is the creation of community planning. Through this public

-private
partnership it has been possible to establish joint goals for the prevention of HIV that are responsive to local needs. This process is early in its development and requires continuing significant leadership and technical assistance. Small, new, community

-based organizations -- especially those serving minority populations -- often require additional technical assistance in order to compete for available resources. CDC and

other Federal Agencies provide such assistance and will continue to do so.
It is crucial that prevention research results be disseminated and incorporated into prevention programs. Models of effective prevention interventions have been developed but often this valuable information is not reaching those people developing, implementing, and evaluating prevention programs. (See Section on Translation of Research Advances into Practice.)
Improving Substance Abuse Prevention and Treatment. Injection drug use is one of the major forces driving the epidemic.
One

-third of all new cases are directly or indirectly related to this mode of transmission. Limiting the impact of substance abuse on the epidemic will require efforts on several fronts.
First, we need to improve the integration of HIV prevention activities and substance abuse treatment and prevention programs. The epidemics of substance abuse and HIV in this country are overlapping and highly interrelated, however, many care and prevention service programs for HIV and substance abuse are not optimally integrated. It is vital to continue and strengthen efforts to integrate HIV prevention into current substance abuse programs and integrate substance abuse prevention into HIV prevention.

A key to controlling the spread of HIV among substance abusers is enrollment into drug treatment. Substance abuse treatment is a major form of HIV prevention. Moreover, substance abuse problems that contribute to the spread of HIV are not limited to injecting drug use; use of non

-injectable drugs such as alcohol and crack cocaine can adversely influence risk

-taking behavior. The efforts of the Office of National Drug Control Policy to motivate Americans to reject illegal drugs and substance abuse are an important element in controlling the epidemic. Work on these issues has begun and will continue. CDC has initiated State

-by

-State discussion including meetings with State Legislators and the National Conference of State Legislatures regarding HIV prevention issues. SAMHSA's new "Knowledge Development Application (KDA) Program" will address emerging issues in the fields of substance abuse and mental health, including a focus on HIV and AIDS. CDC, HRSA, NIDA, and SAMHSA are co

-sponsoring a national meeting of State and local officials from the fields of public health and drug abuse prevention to develop an action plan that more effectively integrates HIV and substance abuse prevention efforts. Improving Treatment for Sexually Transmitted Diseases and Tuberculosis. Research has shown that the presence of other

sexually transmitted diseases (STDs) can significantly increase the efficiency of HIV transmission, by as much as twenty

-fold. Studies have also shown that widespread treatment of STDs in certain communities has led to a 40 percent reduction in new HIV infections in these groups. Heiner Grosskurth, Frankc Mosha, James Todd, Exra Mwijarubi, Arnould Clokke, Kesheni Senkoro, Philippe Mayaud, John Changalucha, Angus Nicoll, Gina ka

-Gina, James Newell, Kokuugonza Mugeye, David Mabey, Richard Hayes. Impact of Improved Treatment of Sexually Transmitted Diseases on HIV Infection in Rural Tanzania: Randomized Controlled Trial. The Lancet, Vol. 346, August 26, 1995., Maria Wawer, Science. 9.08.95, vol. 269, No. 5229 These data suggest that treating STDs can be a very effective HIV prevention strategy and points to a need for all clinicians to be vigilant in efforts to prevent and treat STDs. NIH

-supported research to further understanding of the effect of
STD treatment on HIV transmission is underway and will continue.
PRINTER FONT 12_POINT_COURIER
It is important that Federal and State efforts to reduce the
incidence of sexually transmitted diseases (STDs) include an HIV
prevention element and that HIV prevention programs incorporate
STD prevention and treatment efforts. The traditional model of
targeting most STD prevention efforts towards individuals who
have already contracted an STD is not necessarily effective for
HIV prevention. Linkages between STD and HIV prevention efforts
need to be established and, where they do exist, enhanced.
People living with HIV are at very high risk for developing
active tuberculosis (TB) disease. Studies suggest that the risk
of developing active TB disease is 7 to 10 percent per year for
persons who are infected with both TB and HIV, whereas the risk is 10 percent per lifetime for persons not infected with
HIV. Personal communication from CDC Division TB
Elimination. In addition to the health implications for infected persons,
there is an increased risk of transmission of TB to household
members, health care workers, and other persons having regular
contact with a person with active TB.
PRINTER FONT 12_POINT_COURIER
The newly organized National Center for HIV, STD, and TB
Prevention at CDC demonstrates the importance of integrating the
interdependent aspects of the epidemic and illustrates the
determination to integrate and coordinate HIV, STD, and TB
prevention efforts.
Integrating Prevention Into Primary Care. To reach our prevention
goal, we must also improve the integration of prevention
activities and messages into primary health care services. HIV
counseling and voluntary testing often provide an important
bridge between HIV prevention and care for many at

-risk persons.
To assure that all persons seeking HIV testing can have access to

such services, CDC's counseling and testing guidelines must
acknowledge and address the needs of persons seeking such
services, and provide training for personnel at CDC

-funded sites.
Incorporating a person's sexual and drug use history when a
medical history is taken, offering HIV

-related counseling and
voluntary testing, and providing prevention education to
HIV

-positive individuals so they do not infect others is also
important. In addition, to reduce perinatal transmission, all
pregnant women should be offered HIV counseling and voluntary
testing as well as information about and access to AZT. Training
should be made available to improve primary care providers'
skill, comfort level, and sensitivity in these areas.
Achieving this level of integration requires active collaborative

efforts on the part of individual physicians, nurses, other clinicians, managed care plans, medical schools, and professional organizations in addition to State, local, and Federal governments. Presently HRSA's Ryan White Care Act (RWCA), primary care, and professional training programs emphasize the value of integrating prevention into primary care. These are important efforts that will continue.

Preventing Infections in People at Increased Risk. Recent epidemiologic data show that the HIV epidemic continues to spread most rapidly among people who engage in injection drug use and their sexual partners, women, young and minority men who have sex with men, heterosexuals and infants who are infected through perinatal transmission. Those in prison are also at especially high risk for both substance abuse and HIV infection due to the often high prevalence of behaviors that lead to both substance abuse and HIV infection in people entering prison.

It is vital that prevention programs reach those at great risk. Research has shown that people who are well informed about HIV and substance abuse issues modify their risk

-taking behaviors.

Federal effort have responded, and will continue to respond, to this need. NIH has set forth guidelines for the inclusion of women and members of minority groups in NIH

-sponsored research.

CDC has proposed a $34 million increase in prevention efforts to reach high risk populations such as women, youth, men who have sex with men, and substance abusers. At the community level, it is critical that these trends in the epidemic be considered when prioritizing prevention research and service programs.

Enhancing Program Effectiveness Through Evaluation. It is important to assess the effectiveness of the HIV prevention interventions. Prospectively

-set performance measures can be used as a basis for evaluation and program improvement and must become a routine part of all Federally

-funded programs. It is

only through sound evaluations that we will be able to determine whether our efforts have been effective in slowing the epidemic.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	From: Jeremy Benami, To: Many Recipients, Re: End of Summer BBQ II (2 pages)	08/14/1996	Personal Misfile

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

FOLDER TITLE:
[08/13/1996 - 08/20/1996]

2018-0759-F
jn428

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	From: Jeffrey Levi, To: Jeremy Benami, Re: End of Summer BBQ (1 page)	08/14/1996	Personal Misfile

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

FOLDER TITLE:
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jn428

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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: Toby Donenfeld@OVP@EOP@LNGTWY@EOPMRX

CREATION DATE/TIME:14-AUG-1996 18:49:00.00

SUBJECT: RE: vp invitation

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

TO: LEVI_J (LEVI_J@A1@CD@LNGTWY@EOP@LNGTWY@EOPMRX) (WHO)
READ:14-AUG-1996 21:58:33.19

TEXT:
Message Creation Date was at 14-AUG-1996 18:51:00

thank you.

LEVI_J @ A1
08/14/96 06:43 PM
To: Toby Donenfeld @ OVP@EOP
cc:
Subject: RE: vp invitation

they are controversial within the community, but they do good work
-- and so a very general letter would be fine.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-AUG-1996 18:43:06.17

SUBJECT: RE: Prevention Subcommittee Meeting

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

TEXT:
not that i know of, but i wasn't on a call today -- but we are not paying for more space.

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

CREATOR: Lyndell Hogan (HOGAN_L) (OPD)

CREATION DATE/TIME:14-AUG-1996 10:24:00.38

SUBJECT: Grandparent's Project

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:14-AUG-1996 12:47:38.79

CC: Patsy Fleming (FLEMING_P) (WHO)
READ:21-AUG-1996 10:55:17.61

CC: Jeremy D. Benami (BENAMI_J) (WHO)
READ:14-AUG-1996 10:36:17.07

TEXT:
Jeff,
Andy just found out today that Carol Williams will be gone all of next week and through September 3. She is the one who knows the most about this topic, so it doesn't seem like the best idea to meet next week without her. However, if you know of someone else at HHS who knows the guardianship/kinship issues, you should go ahead and set up a meeting for next week. Otherwise, we may have to wait. Following is a list of those we had originally invited. Of course, the four who really should be at the meeting are you, Jeremy, Carol Williams, and Rich Trebelhorn.
Jeremy Ben-Ami
Patsy Fleming
Jen Klein
Jane Sanville
Ann Rosewater, HHS
Carol Williams, HHS
Olivia Golden, HHS
Rich Trebelhorn, HUD
Molly Brostrom, DPC, Grandparent issues
Jenine Smartt, DPC, Family/Children issues
Sandy Bublick-Max, DPC, Health Care
Good luck!!

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:14-AUG-1996 10:00:00.00

SUBJECT: Re: Process committee call

TO: Jeffrey Levi (LEVI_J@A1@CD) (WHO)
READ:14-AUG-1996 12:47:08.95

TEXT:

Set for tomorrow at 10 am EDT, the number is (800) 402-2045, the host code is: 703057, participant code: 806045. Everyone has been notified.

|From: Jeffrey Levi
|To: KSF
|Subject: Process committee call
|Date: Tuesday, August 13, 1996 4:52PM
|
| Can you fax out to the process committee a message establishing a
| conference call for 10 a.m. Thursday ET...thanks.
|
|

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:14-AUG-1996 10:00:00.00

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01I89FXJ58KW001OZQ@PMDF.EOP.GOV> for LEVI_J@a1.eop.gov; Wed, 14 Aug 1996 10:00:05 -0400 (EDT)
Received: from SSSHQ5 (206.65.240.10) by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I89FW8VL8K00007K@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Wed, 14 Aug 1996 09:59:03 -0700 (MST)
X-Mailer: Worldtalk (NetConnex V4.00a)/MIME
========== END ATTACHMENT 1 ==========

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-AUG-1996 18:44:15.03

SUBJECT: RE: vp invitation

TO: Toby Donenfeld (Toby Donenfeld@OVP@EOP@LNGTWY@EOPMRX)
READ:NOT READ

TEXT:
they are controversial within the community, but they do good work
-- and so a very general letter would be fine.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-AUG-1996 23:48:21.04

SUBJECT: Research--revised version

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:15-AUG-1996 10:37:31.62

CC: Ursula Sanville (SANVILLE_U) (OPD)
READ:15-AUG-1996 10:49:06.87

TEXT:
PRINTER FONT 12_POINT_COURIER
Jeremy-

-another section...again, not formatted perfectly, and
with few factual gaps -- but I hope more in line with an active
approach-

-Jeff
PRINTER FONT 12_POINT_COURIER_OBLIQUE
B. RESEARCH
"Our common goal must ultimately be a cure, a cure for
all those who are living with HIV, and a vaccine to
protect us from the virus."
President Clinton, December 5, 1995, to
the White House Conference on HIV and AIDS
1. Record of Accomplishment
PRINTER FONT 12_POINT_COURIER
Since the epidemic began in 1981, the Nation has made significant
advances in HIV

-related research advances. Sentinel points of
that progress include:
? Identification of HIV as the etiologic agent for AIDS (April
1984);
? Development of a reliable test to determine exposure to HIV
(March 1985);
? Approval of zidovudine (AZT), the first treatment of HIV
primary infection (September 1986); and
? Development by the Food and Drug Administration of a system
of expedited review of treatments for life

-threatening
diseases, including HIV.
Since he took office in 1993, President Clinton has escalated our
AIDS research efforts by:
? Increasing AIDS research funding by 34 percent;
? Signing the NIH Revitalization Act of 1993, creating a
permanent Office of AIDS Research at NIH and vesting it with

new authority to plan and implement an annual AIDS research plan;
? Accelerating AIDS drug approval to record times. (Since 1993, the Food and Drug Administration has approved 12 new AIDS drugs and three new diagnostic tests.)
? Supporting research that led to finding that use of AZT during pregnancy, childbirth, and the first six weeks of life can reduce the transmission of HIV from mother to child by two

-thirds;

? Launching a four

-year, $100 million research effort to develop effective topical microbicides;
? Facilitating creation of the Forum for Collaborative HIV Research to identify opportunities for clinical effectiveness research to improve care for HIV

-positive individuals.

Contributions of AIDS Research

Beyond the impact that AIDS research has had on the epidemic, the Nation has realized additional benefits of supporting such research. Several Federal Agencies play a significant role in AIDS research (see Appendix B). The effort to understand HIV and AIDS has produced scientific advances that benefit research on many other diseases. For example, AIDS research has accelerated study of the human immune system, which helps us to better understand and treat many other diseases, such as cancer; autoimmune diseases, including systemic lupus erythematosus; type I diabetes mellitus; rheumatoid arthritis; and multiple sclerosis. AIDS research also contributes to the prevention of other infectious diseases and provides a new paradigm for treatment of viral diseases.

Advances made in the treatment and prevention of HIV

-related opportunistic infections have had an enormous impact on the care of patients with other immunodeficiency conditions who are susceptible to many of the same pathogens. This research effort has enhanced the care of cancer patients, patients who have received immunosuppressive therapy for transplants, or the treatment of diseases caused by elevated immune responses (i.e., allergies and lupus).

HIV research has assisted in identifying new infectious agents that may be responsible for malignancies, such as the recent discovery of the etiologic agent for Kaposi's sarcoma. These findings may help to identify other oncogenic agents. HIV research has led to a better understanding of the mechanisms by which infectious agents and inflammatory cells cross the blood/brain barrier, providing valuable clues for research on Alzheimer's disease, dementia, multiple sclerosis,

neuropsychological disorders, encephalitis, and meningitis. Moreover, prior to the AIDS epidemic, little investment was made in research to treat viral diseases. Studies to develop anti

-HIV
therapies have improved our understanding of additional viral diseases and led to development of treatments.
Efforts to develop drugs for the treatment of HIV have accelerated the development of methods of rational drug design using sophisticated techniques of structural biology and advanced computer imaging methods. These advances have implications for

drug design for virtually all disorders. Comparative clinical trials of poxvirus vectors and vaccine adjuvants in HIV vaccine candidates have supported safety information for cancer vaccines.
Research on HIV

-related wasting has provided important
information for research on nutritional disorders, metabolic abnormalities, and gastrointestinal dysfunctions.
Due in great part to Federally

-sponsored AIDS research, a number
of new and exciting research advances have brought optimism and opened new areas for investigation. One of the recent research advances has been the development of a new class of drugs, known as protease inhibitors. When used in combination with other types of anti

-retroviral drugs, there is the potential to
dramatically reduce the amount of HIV in the bloodstream and possibly improve a person's clinical status and reduce the risk of HIV transmission. A landmark advance in HIV prevention was the demonstration that AZT can dramatically reduce the risk of transmission of HIV infection from a pregnant woman to her child.
Advances in effective treatments for HIV

-related conditions can
prolong and improve the quality of life of persons living with HIV. Breakthroughs in our understanding of the genes and proteins of the human immunodeficiency virus have allowed the development of increasingly effective anti

-retroviral drugs.
In addition, the Food and Drug Administration through its expedited review and accelerated approval programs is now approving drugs more rapidly than ever before. Recent planning efforts on the part of various Federal Agencies, such as the annual NIH plan for HIV

-related research and the Federal
Biomedical and Behavioral Research Plan for HIV and AIDS have greatly improved the coordination of HIV research.

2. Future Opportunities for Progress
While tremendous progress has been made in biomedical research, we cannot and will not diminish our effort until we have found a cure and a preventive vaccine. To accomplish this, we must address four ongoing challenges:
-

-Provide leadership and coordination for the federal research effort.
-

-Develop biomedical interventions that prevention HIV infection, both a vaccine and a microbicide.
-

-Develop new and more effective therapies for HIV and related conditions.
-

-Assure adequate funding for this research effort.

a. Leadership and coordination of research.
Developing and implementing the Federal government's AIDS research agenda represents both scientific and logistical challenges that require leadership and coordination, first among the 24 institutes, centers, and divisions of the NIH, and second among the various Departments and Agencies throughout the government that support HIV research.
The strengthened authority and new leadership of the NIH Office of AIDS Research and the first Federal Biomedical and Behavioral Research Plan and Budget for HIV and AIDS form the basis for better coordination of our research effort and provide the assurance that key questions are being answered systematically and without duplication. Over the next year, the Administration is committed to reauthorizing the OAR's authority and assuring that its budget powers are maintained throughout the appropriations process.
As part of the ongoing commitment to assess all aspects of our research effort, the OAR convened a panel of outside experts to evaluate the NIH AIDS programs. The report of the .....insert formal name of Levine committee...included several key recommendations that will be implemented in the year ahead. These include:
Jane-

-we should ask NIH for the specifics-

-but my guess is
they are:
-

-increase the pool of funds available for
investigator

-initiated research, so we can expand on the
basic science base for drug and vaccine development.
-

-provide an improved coordination mechanism for all the
clinical trials groups funded by the various NIH institutes.
-

-give new and stronger leadership to the vaccine
development programs.
-

-increase the commitment to behavioral research (can this
go here...even though it's sort of prevention???)
b. Biomedical (is this the right term?) Prevention of HIV
infection.
Vaccine Development.
The scientific community remains confident that ultimately, an
effective vaccine against HIV infection can be developed. This

is our ultimate goal in the area of prevention and in FY 1997,
the NIH plans to increase its commitment to vaccine research by
$xx million.
The Federal government, through the NIH and the Department of
Defense, will continue to support two approaches to vaccine
development. The first approach is based on the belief that
gathering additional basic science information offers the best
hope in steering vaccine development and that many critical
questions must be answered before human trials should begin. The
second approach is guided by the belief that data gathered from
clinical efficacy trials in humans can lead to the development of
a successful candidate and that if a safe candidate is available,
it is not necessary to resolve all of the scientific questions
before proceeding with human trials. Both approaches will be
pursued on a parallel and interrelated path.
Microbicides
Many scientists believe that in the absence of a vaccine the
development of safe and effective mechanical or chemical barrier
methods that will block HIV transmission or prevent other
sexually transmitted infections could dramatically reduce the
sexual transmission of HIV. Worldwide over 80 percent of HIV
infections are acquired heterosexually and women are more easily
infected than men. Moreover, the risk of becoming infected or
infecting others is substantially increased by the presence of other STDs Alan B. Stone, and Penelope J. Hitchcock.
Vaginal
Microbicides for Preventing the Transmission of HIV.
AIDS 1994, 8 (suppl 1):S285

-S293.

Condoms, the barrier methods that are currently available, have
limitations. Most require consent, if not the active
participation of both partners and therefore cannot be
independently used at the discretion of one partner. An easily

available and inexpensive microbicide could provide a prevention option for millions of people worldwide.
To address this goal, the following steps will be taken:
-

-During FY 1997, the NIH and CDC will begin to implement the four

-year, $100 million initiative on microbicides announced by Secretary of Health and Human Services Donna Shalala at the Twelfth (?) International AIDS Conference.
-

-The Vice President will continue a high

-level dialogue designed
to encourage private sector involvement in the development of microbicides.
-

-Through US participation in UNAIDS, and in other forums, we will encourage international efforts to develop effective microbicides.

c. Developing New and More Effective Therapies.
Developing new and more effective therapies for HIV infection and its associated conditions is a critical priority if we hope to transform HIV disease into a chronic, manageable condition. While the FDA is approving new treatments in record numbers and at record speed, the long

-term clinical effectiveness of these
new therapies remains unknown. There is no doubt that new drugs must be developed.
To accomplish this end, the Federal government's support for drug development and clinical trials through the NIH will increase by $xx million in FY 1997. In addition, several other initiatives will be undertaken or maintained:
-

-Through its support of the Forum for Collaborative HIV Research, the Federal government will promote public

-private
collaboration in AIDS research. This newly formed group, begun at the behest of Vice President Gore, is designed to catalyze clinical effectiveness trials of anti

-HIV treatments through
collaborations between the government research establishment, pharmaceutical companies, and third party payers. The Federal government is committed to being an equal partner in this new effort as it begins its work later this year. (Jane-

-this could
use a slightly better description from the press release of 2
weeks ago)
-

-The government will continue to provide access to sophisticated equipment and personnel that can be shared among many researchers in both the private and public sectors. The Department of Energy (DOE) has made available the use of sophisticated imaging equipment that would be prohibitively expensive for individual researchers or companies to purchase. This shared resource has accelerated our understanding of molecular structures in a number of research fields, including HIV research. Information gained from this research can form the basis for targeted drug design and development.
-

-Our research effort will increase its focus on the needs of adolescents, who have not received the full benefit of all research discoveries. Evidence indicates that HIV may behave differently in infected adolescents. We need more information on impact of puberty on the course of HIV infection and behavioral trends that play a key factor in HIV treatment and prevention. Adolescents also must factor more significantly into the research process. NIH and the Food and Drug Administration (FDA) are examining options for lowering barriers to participation of adolescent in clinical trials and research protocols and will continue to encourage sponsors to enroll adolescents when

feasible and appropriate, in such trials. The efforts of the collaboratively

-funded Adolescent Medicine HIV/AIDS Research Network (Footnote D) are important in improving our understanding of HIV disease in adolescents and will continue.

d. Continued Support for Research.
Research is an investment in our future. It must receive consistent and adequate funding if we hope to bring the best and the brightest to meet the research challenges that will lead to a cure, better therapies, and a vaccine. At present, NIH receives many more outstanding research applications than it is able to fund; these unfunded proposals represent a lost opportunity for scientific progress. Other Departments and Agencies, such as DOD and VA, also support crucially important research that strengthens the overall U.S. research effort. Research has been key to prolonging and improving the quality of lives and the Nation must continue to make this investment. Recognizing the centrality of biomedical research overall and AIDS research generally, the President has requested an increase of $xxx million for the NIH overall, an increase of $xx million for NIH

-supported AIDS research, and an increase of $xx million for AIDS research government

-wide.

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

CREATOR: Dorothy K. Craft (CRAFT_D) (OPD)

CREATION DATE/TIME:14-AUG-1996 15:48:48.27

SUBJECT: 3 TAKERS

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:14-AUG-1996 21:58:46.18

TEXT:
Whenever you're done flying from city to city, pls let me know where/when you'd like our 3 interns to meet you for a West Wing tour on Tuesday, August 20.
A little before 8pm in the west lobby or in the support center?
If you can't take all three, that's fine two, i can knix one who has seen it before. thanks.
whatever is best for you is great with us.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-AUG-1996 07:32:15.21

SUBJECT: has PF submitted one?

TO: Carmena Parris (PARRIS_C) (OPD)
READ:14-AUG-1996 07:50:22.37

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:13-AUG-1996 17:37:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Elizabeth E. Drye

ATT SUBJECT: Leave slips for week of 8/26

ATT TO: Jeremy D. Benami (BENAMI_J)

ATT TO: Janet B. Abrams (ABRAMS_J)

ATT TO: Molly Brostrom (BROSTROM_M)

ATT TO: Sandra L. Bublick-Max (BUBLICKMAX_S)

ATT TO: Dennis Burke (BURKE_D)

ATT TO: Michael Cohen (COHEN_M)

ATT TO: Julie E. Demeo (DEMEO_J)

ATT TO: Patsy Fleming (FLEMING_P)

ATT TO: Diana M. Fortuna (FORTUNA_D)

ATT TO: Lyndell Hogan (HOGAN_L)

ATT TO: Christopher C. Jennings (JENNINGS_C)

ATT TO: Dorothy L. Karayannis (KARAYANNIS_D)

ATT TO: Jennifer L. Klein (KLEIN_J)

ATT TO: Jeffrey Levi (LEVI_J)

ATT TO: Cathy R. Mays (MAYS_C)

ATT TO: Rosalyn A. Miller (MILLER_RA)

ATT TO: Bruce N. Reed (REED_B)

ATT TO: Diane Regas (REGAS_D)

ATT TO: Denise Ricketson (RICKETSON_D)

ATT TO: Jeanine D. Smartt (SMARTT_J)

ATT TO: Stephen C. Warnath (WARNATH_S)

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

ATT TO: Jill Pizzuto (PIZZUTO_J)

TEXT:
If you will be out of the office during the week of the 26th, please prepare your leave slips and/or your convention leave approval forms for Carol signature and get to me by Friday so she can sign Monday the 19th. Thanks.
========== END ATTACHMENT 1 ==========

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-AUG-1996 12:49:41.56

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:21-AUG-1996 11:11:27.78

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:14-AUG-1996 13:00:41.30

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:27-AUG-1996 13:25:36.08

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:14-AUG-1996 10:34:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 8/14/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
August 14, 1996

****

"Circuit Court Backs Insurer on HIV Test Nondisclosure"
"Tax Report: Many Patients With Severe Illnesses Win Tax Relief"
"Genes That Protect Against AIDS"
"Across the USA: Michigan"
"When Savings Run Out, Some Shun Lifesaving"
"Epidemic of HIV Infection in Odessa Called 'Explosive'"
"Thailand Places HIV/AIDS Information in Internet"
"750 Cases of AIDS Reported in Lebanon Since 1989"

"Extensive Polymorphisms Observed in HIV-1 Clade B Protease Gene Using High-Density Oligonucleotide Arrays"
"Serostatus and Counseling"
****

"Circuit Court Backs Insurer on HIV Test Nondisclosure"
Washington Post (08/14/96) P. A3; Schwartz, John

A federal appeals court has ruled that a Mississippi life insurance company was not obligated to tell a policyholder that he had tested positive for HIV. Following the death of her husband, Jody Deramus sued Jackson National Life Insurance (JNL) in 1992 for not revealing why the company refused her husband additional coverage. The couple did not learn of Frank Deramus' infection until 18 months after the company's tests, and thus took no precautions to prevent HIV transmission during that time. To date, Jody Deramus has tested HIV-negative. The appeals court's decision upheld a ruling by U.S. District Court Judge Henry T. Wingate last year. JNL, meanwhile, has been notifying applicants' physicians of HIV-positive results since 1993, although it is not required to do so by law. Jody Deramus said she hopes to appeal the decision.

"Tax Report: Many Patients With Severe Illnesses Win Tax Relief"
Wall Street Journal (08/14/96) P. A1

The health insurance bill recently approved by Congress includes a significant tax break for people with chronic or terminal illnesses. The bill allows these people to exclude accelerated death benefits or payments they receive from selling their life insurance policies to qualified "viatical settlement providers" from their reported income. Currently, people who receive such payments must pay federal income tax on the money.

"Genes That Protect Against AIDS"
New York Times (08/14/96) P. A20

Genetic mutations are not necessarily bad, as evidenced by the recently discovered mutation that protects some people from HIV infection, notes a New York Times editorial. Researchers at the Aaron Diamond AIDS Research Center in New York City announced last week that they had found a genetic mutation in two homosexual men who remained uninfected despite repeated exposure to HIV. Because they had a defective gene, their cells also lacked a receptor needed for the virus to enter. The scientists say the finding could help explain why some people, who may only have one copy of the gene, are able to survive HIV infection longer than others. The new discovery could also be used for the development of better drugs or a vaccine, the editors conclude.

"Across the USA: Michigan"
USA Today (08/14/96) P. 12A

Michigan's Housing Opportunity for People With AIDS has granted the Lighthouse of Oakland County $37,800 to provide emergency housing aid.

"When Savings Run Out, Some Shun Lifesaving"

New York Times (08/14/96) P. C9; Gilbert, Susan

A new study suggests that seriously ill patients are more likely to forgo life-prolonging care if they are also suffering economic hardship. Kenneth E. Covinsky, of Case Western Reserve University, and colleagues report that the likelihood of such patients deciding to seek comfort care rather than continued treatment was 30 percent greater for those whose illnesses had created serious financial hardship. Doctors say the results suggest that patients are not denying themselves care because they think it is futile but because they do not want to bankrupt their survivors or cause them to make major life changes, like putting off education. The study also found that family members or friends generally said they would have made the same decision as the patient.

"Epidemic of HIV Infection in Odessa Called 'Explosive'"
Reuters (08/13/96)

The number of HIV infections in the Odessa region of the Ukraine had reached 3,715 by August 1, 39 more than had been reported in the entire country as of March 1. Since the beginning of 1996, 2,863 new HIV infections, 917 among women, have been diagnosed in the region. Of the infections, about 70 percent are drug-related and the majority of the others are attributed to sexual contact. Most of those infected are between the ages of 18 and 40.

"Thailand Places HIV/AIDS Information in Internet"
Xinhua News Agency (08/14/96)

Information about HIV prevention, treatment, diagnosis, and other issues is now offered on the World Wide Web by Thailand's Public Health Ministry. Data about the rights of people with AIDS is also included, and officials say a more in-depth version will be created for medical students and people interested in scientific developments related to AIDS. A version for children is also planned.

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Since 1989, 750 AIDS cases have been reported in Lebanon, and the average age of patients is under 31. A health specialist noted that 75 percent of the cases involved transmission through sexual contact, while 15 children had been infected by their mothers and a few cases were attributed to blood transfusions. She added that since 1993, there has been a decrease in the number of women infected by their husbands.

"Extensive Polymorphisms Observed in HIV-1 Clade B Protease Gene Using High-Density Oligonucleotide Arrays"
Nature Medicine (07/96) Vol. 2, No. 7; P. 753; Kozal, Michael J.; Shah, Nila; Shen, Naiping; et al.

HIV-1 is able to mutate and develop resistance to protease inhibitors, but little is known about such mutations. Thomas R. Gingeras, of Affymetrix in Santa Clara, Calif., and other researchers, used high-density oligonucleotide array sequencing

to determine the sequences of 167 viral isolates from 102 patients. They report that the DNA sequence of USA HIV-1 clade B proteases was extremely variable and that 47.5 percent of the 99 amino acid positions varied. This is the greatest level of amino acid diversity known out of all worldwide HIV-1 clades combined. Many of the amino acid changes that are known to play a role in drug resistance occurred as natural polymorphisms in isolates from patients who had never received protease inhibitors. The authors suggest that the current evaluation of protease inhibitors in clinical trials could be adversely affected by the presence of naturally occurring mutations. They say that patient care may be managed on an individual basis, relying on genotypic analysis of viral and bacterial isolates. Before decisions about therapy can be based on vial genotype, however, the authors say further study is needed to determine the structural basis of viral resistance.

"Serostatus and Counseling"
Focus (07/96) Vol. 11, No. 8; P. 1; Ball, Steven

Just as gay psychotherapists have used self-disclosure as a tool to help clients feel understood, the disclosure of serostatus by social service providers could be beneficial. By serving as role models, counselors can help uninfected gay men stay uninfected and help men with AIDS take care of themselves, while aiding both infected and affected men in maintaining a sense of hope and intimacy. Role modeling has been useful for many HIV-negative gay men, who often feel abandoned by communities and social services which focus on the needs of the HIV-positive community. As they serve as caregivers, outsiders, and mourners, HIV-negative gay men are often unable to express their fears of becoming infected, or to discuss their loneliness or burnout. Many even let other people assume they are infected. As a result, mental health and social service providers have begun developing services, including support groups, especially for uninfected men.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:14-AUG-1996 10:34:00.00

SUBJECT: CDC AIDS Daily Summary 8/14/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:14-AUG-1996 12:49:10.83

TEXT:

AIDS Daily Summary
August 14, 1996

****

****

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Washington Post (08/14/96) P. A3; Schwartz, John

A federal appeals court has ruled that a Mississippi life insurance company was not obligated to tell a policyholder that he had tested positive for HIV. Following the death of her husband, Jody Deramus sued Jackson National Life Insurance (JNL) in 1992 for not revealing why the company refused her husband additional coverage. The couple did not learn of Frank Deramus' infection until 18 months after the company's tests, and thus took no precautions to prevent HIV transmission during that time. To date, Jody Deramus has tested HIV-negative. The appeals court's decision upheld a ruling by U.S. District Court Judge Henry T. Wingate last year. JNL, meanwhile, has been notifying applicants' physicians of HIV-positive results since 1993,

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

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

CREATION DATE/TIME:14-AUG-1996 12:15:26.98

SUBJECT: POTUS Q's for Moscow Jounal

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:14-AUG-1996 12:38:34.36

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:14-AUG-1996 15:19:01.99

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:14-AUG-1996 12:16:25.78

TO: Dennis Burke (BURKE_D) (OPD)
READ:14-AUG-1996 12:27:29.66

TO: Diane Regas (REGAS_D) (OPD)
READ:14-AUG-1996 13:34:28.36

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:21-AUG-1996 10:57:50.71

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:15-AUG-1996 09:28:25.42

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:14-AUG-1996 14:18:26.01

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:14-AUG-1996 12:16:00.29

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:14-AUG-1996 12:48:48.73

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:19-AUG-1996 10:04:09.84

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:14-AUG-1996 12:31:57.64

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:14-AUG-1996 14:12:38.95

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:14-AUG-1996 13:44:52.32

TO: Jeanine D. Smartt (SMARTT_J) (OPD)
READ:14-AUG-1996 15:52:16.82

TO: Michael Cohen (COHEN_M) (OPD)
READ:14-AUG-1996 15:05:03.96

TO: Sandra L. Bublick-Max (BUBLICKMAX_S) (OPD)
READ:15-AUG-1996 09:30:04.03

TEXT:
If you worked on a POTUS Q&A for International Affairs, a Moscow-based journal, at the request of the NSC please call me ASAP.

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

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:14-AUG-1996 17:14:53.86

SUBJECT: Message for PF

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:14-AUG-1996 18:41:39.48

TEXT:
Jeff --
Ricia McMahon (ONSCP) asked that PF call her at 202-395-6706 or 202-395-6700.
I also sent this message on you skypager and PF's skypager.
Jane

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

CREATOR: Carmena Parris (PARRIS_C) (OPD)

CREATION DATE/TIME:14-AUG-1996 15:54:13.43

SUBJECT: RE: Ronald Johnson

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:14-AUG-1996 18:46:09.69

TEXT:
Alan called to let you and PF know that Ronald Johnson will be announced tomorrow (8/15). Do you or PF have any problems with that? If so please call Alan 202/456-2684.
I also sent this message by pager.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

CREATOR: Toby Donenfeld@OVP@EOP@LNGTWY@EOPMRX

CREATION DATE/TIME:14-AUG-1996 14:50:00.00

SUBJECT: vp invitation

TO: LEVI_J (LEVI_J@A1@CD) (WHO)
READ:14-AUG-1996 18:43:25.06

TEXT:
Message Creation Date was at 14-AUG-1996 14:48:00

Hello!

The VP was invited to speak at the AIDS Healthcare Foundation banquet in LA on November 2. As that time is not exactly convenient for the VP's schedule, I think we're going to decline. We were thinking of sending a letter instead.

Their letter says they are the largest community-based provider of HIV/AIDS medical care in the nation and the largest recipient of Ryan White CARE funding. I
wanted to check with you before we offer/send a letter and make sure we're not getting the VP into any political or weird situation.

Please let me know what you think when you get a chance.

Thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-AUG-1996 23:50:22.19

SUBJECT: Let me know

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:15-AUG-1996 10:49:29.94

TEXT:
what you think of these new cuts. I will do the rest tomorrow; however, I do not think they require much -- services is very straightforward in focusing on $ in the future rather than policy issues, and the others are quite short.
I still haven't gotten feedback from JBA, so I wouldn't do much work on these at your end until we are sure we're going in the right direction.
thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-AUG-1996 22:00:40.96

SUBJECT: prevention--my cut

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:15-AUG-1996 10:48:42.90

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:14-AUG-1996 07:35:00.00

ATT BODYPART TYPE:H

ATT CREATOR: Jeffrey Levi

ATT SUBJECT: redraft, part I

ATT TO: Jeremy D. Benami (BENAMI_J)

TEXT:
PRINTER FONT 12_POINT_COURIER
Jeremy-

-This is the revised prevention section. I have done nothing to the first part -- the new material follows the three goals in opportunities for progress. With a small screen and no printer, I have not been able to format this well -- I just need your sense of whether this is going the right way and if I should continue on research and services -- tomorrow night (or, more accurately, tonight.)
Thanks. jeff

PRINTER FONT 12_POINT_COURIER_OBLIQUE
A. PREVENTION

"We have to set a goal. . .We have to reduce the number of new infections each and every year until there are no more new infections."
President Clinton, December 5, 1995, to the White House Conference on HIV and AIDS.

1. Record of Accomplishment
PRINTER FONT 12_POINT_COURIER
Since the epidemic began, the Nation has made important progress in prevention of HIV infection. In the early years of the epidemic, it was estimated that more than 100,000 Americans were becoming infected with HIV each year. Today, that total is between 40,000 and 60,000 people each year.

Sentinel accomplishments in prevention of HIV include:
? Identification in 1981 by the Centers for Disease Control and Prevention (CDC) of the first cases of AIDS;
? Identification in 1981 by the Centers for Disease Control and Prevention (CDC) of the risk factors associated with HIV infection; and
? Due in part to successful implementation of CDC

-sponsored
prevention strategies, a slowing the growth of the epidemic.
Since President Clinton took office in 1993, efforts in HIV/AIDS prevention have been accelerated. Actions include:
? Increasing funding for AIDS prevention by 24 percent;
? Launching the community planning partnership, which empowers local communities to make decisions about the development of innovative prevention efforts;

? Launching the Prevention Marketing Initiative, focusing on the risk to young adults (18 to 25) with frank public service announcements advocating sexual abstinence and the correct and, for the first time in the epidemic, the consistent use of latex condoms; and,
? Reorganizing AIDS prevention efforts at the Centers for Disease Control and Prevention to foster greater coordination with efforts to reduce sexually transmitted diseases and tuberculosis.
The efforts of Federal Agencies (see Appendix A) have been instrumental in expanding our knowledge base about HIV prevention. The CDC, the agency with primary Federal HIV surveillance and prevention responsibilities, has been pivotal in identifying risk factors associated with HIV transmission, seroprevalence of HIV in society, and trends in HIV infection. Federal efforts have shown that HIV prevention programs can be effective. CDC's prevention projects, many in partnership with States, local governments, and community

-based organizations,
have demonstrated that prevention programs are most effective when designed and implemented at a local level. Biomedical, behavioral, and social science prevention research conducted and supported by the National Institutes of Health (NIH) has expanded and will continue to expand our understanding of the determinants of HIV

-related risk behavior.
The Nation has also combatted the duel epidemics of HIV and drug abuse. The National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) support efforts to prevent HIV infection among drug users. The Office of National Drug Control Policy has pursued efforts to counter the problem of substance abuse and its devastating consequences.
There have been advances in integrating primary prevention into health care service systems. The Health Resources and Services

Administration (HRSA) and the Department of Veterans Affairs (VA) have encouraged broader access to prevention information through the integration of prevention interventions into primary health care services and through support of early intervention services. HRSA also has undertaken special initiatives designed to reduce perinatal transmission of HIV and has promoted primary prevention through the training of health professionals in the AIDS Education and Training Centers program.
PRINTER FONT 12_POINT_COURIER_OBLIQUE
2. Future Opportunities for Progress
PRINTER FONT 12_POINT_COURIER
Significant challenges remain if we are to reach the Nation's

prevention goal -- no new infections. Primary to this progress are efforts to:
? Improve our understanding about the major trends in transmission and seroprevalence of HIV transmission;
? Close gaps in scientific knowledge, which includes identifying additional effective prevention models and strategies; and
? Eliminate gaps in HIV prevention program areas.

a. Improving Understanding of Trends in the Epidemic
Understanding who is becoming infected and through what behaviors is critical to designing effective prevention interventions (as well as targeting services resources). Over the course of the epidemic, there have been shifts in the demographics of who is affected by HIV, as discussed in the (previous?) section. CDC's AIDS case and case death reporting system provides important data for assessing AIDS prevalence and mortality by gender, race/ethnicity, age, and mode of exposure. However, this approach does not capture sufficient "front

-end" information on
the incidence and prevalence of HIV prior to an AIDS diagnosis and thus we lose critical warning signs about new trends in what population groups are affected by HIV and what risky behaviors are increasing.
To address this shortcoming, the CDC is now undertaking a process to improve its surveillance of HIV infection and related diseases: both to address our need to better monitor the course of the epidemic and to provide guidance to community planners regarding the targeting of prevention and service dollars. This can and will be undertaken without compromising the confidentiality of those involved.
b. Research
Effective interventions must be based on sound research findings and evaluations. Prevention and behavioral research did not receive the same priority of funding in the early years of the epidemic as did biomedical research. In the years ahead, the NIH and CDC are both committed to increasing support for basic behavioral research, intervention research, and social marketing research.
Basic behavioral research answers key questions about the

determinants of HIV

-associated sexual and drug using behaviors.
We still lack key knowledge in this area, which is critical to

developing effective interventions.
Intervention research focuses on individual and community level interventions that result in modify sexual and drug using behaviors. While significant work has been accomplished in this area, as this portfolio expands, it will be critical to assess intervention in real world settings that are relevant to the growing number of populations that must be reached by prevention programs. This research should be designed by a broad range of scientists, public health, and community experts to assure its relevance.
The use of social marketing techniques is a relatively new approach to HIV prevention. This promising area requires use of basic and intervention research, as well as careful design and evaluation of social marketing efforts.
c. Strengthening Community Programs
Community prevention planning -- one of the key innovations in CDC's prevention programming over the last several years -- is at a crucial stage of development. This public and private partnership has made possible the use of federal funds based on locally designed priorities. We recognize that community planning requires continuing significant leadership from CDC and its partners and a strong commitment of resources that will offer the community planning process the technical assistance it needs to flourish. Successful HIV prevention often depends on small, new community based organizations, many serving minority populations, who often require additional technical assistance in order to successfully compete for available resources. Technical assistance cannot just be around the planning process. It must also include making accessible to community leaders the surveillance, epidemiological and behavioral research discussed above.
d. Program Integration and Collaboration
HIV prevention programs cannot stand apart from other, related public health efforts. Through the coordination efforts of ONAP and HHS's Office of HIV/AIDS Policy, there is an ongoing commitment to increasing the integration of HIV prevention into other program areas that reach individuals at risk for HIV.
HIV transmission is directly related to substance abuse, both directly through needle sharing behavior and indirectly as sex is traded for drugs or drug use impairs judgment and increases risk taking behaviors. Breaking that linkage will require:
? Integration of HIV prevention activities and substance abuse

treatment and prevention programs. In August, 1996, at the request of President Clinton, the Public Health Service agencies jointly co

-sponsored a national meeting of State and local
officials, researchers, and community experts from the fields of

HIV and substance abuse to develop an action plan that more effectively integrates HIV and substance abuse prevention efforts. These agencies are committed to implementing this strategy in the year ahead (assuming we like it).
? Enrolling more substance abusers into drug treatment. Substance abuse treatment is a major form of HIV prevention. This Administration will continue to press for increased funding for substance abuse treatment. Further, through outreach and demonstration programs, SAMHSA and CDC will increase their efforts to bring more individuals into treatment and find more successful interventions to accomplish this end.
? Reducing the availability of illegal drugs. Through the leadership of ONDCP, the Federal government recognizes that substance abuse must be addressed on two fronts: reducing demand for drugs through treatment and prevention programs, and reducing the availability of drugs through interdiction.
place holder for needles???
Another important goal is better integration of HIV prevention into primary care. HIV counseling and testing are an important bridge between prevention and primary care. With new and promising medical interventions available, CDC is committed to improving the return rate of those tested at publicly funded sites and the quality of referral to services for those who test positive. But the linkage must also go in the opposite direction: from primary care to prevention.
Primary care providers must learn to incorporate a person's sexual and drug using history when a medical history is taken, offering HIV

-related counseling and voluntary testing, providing prevention education to HIV positive individuals as part of the provider

-patient relationship. HRSA's AIDS Education and Training Centers (AETCs) have played a crucial role in giving providers the information and skills they need. The Administration is committed to restoring Congressionally

-imposed
cuts in the AETC program and giving it a renewed focus to support this goal.
Often primary care is a direct form of HIV prevention. The tremendous medical breakthrough that has been achieved in reducing the chance of perinatal transmission by two

-thirds
through the use of AZT requires a strong policy of assuring that all pregnant women are counseled and offered HIV testing and that

AZT treatment is available for all who desire it. All federally funded programs reaching pregnant women -- from Medicaid to Ryan White CARE Act grantees to community and migrant health centers -- are required to take part in this effort. We are committed to expanding outreach and assuring appropriate care so that the

Congressionally set goal of reducing perinatal transmission by 50 percent by the year ???? is achieved.
Recent research has confirmed that treatment of sexually transmitted diseases (STDs) other than HIV can reduce the likelihood of HIV transmission. This makes more compelling the need for collaboration between HIV and STD prevention efforts.
Similarly, the relationship between tuberculosis and HIV is very strong. People living with HIV are at very high risk for developing active tuberculosis. Studies suggest that the risk of developing active TB is 7

-to

-10 percent per year for persons who are infected with both TB and HIV, as opposed to 10 percent risk over a lifetime for persons not infected with HIV. Personal communication from CDC Division TB Elimination.

In addition to the health implications for infected persons, there is an increased risk of transmission of TB to household members, health care workers, and other persons having regular contact with a person with active TB.
The newly organized National Center for HIV, STD, and TB Prevention at CDC demonstrates the importance of integrating the interdependent aspects of these epidemics. CDC has initiated -- and will aggressively pursue -- efforts to increase collaboration among these programs, including expanding the community planning experiment to cover STD programs.

e. Special Populations

There are certain populations where the HIV epidemic has had a disproportionate impact or where HIV infection rates are rising at a worrisome pace. These include youth (especially young gay men), women, and minorities (especially gay men of color), prisoners, and, as discussed above, substance abusers. While many federally funded HIV prevention activities already target these populations, as part of the President's increased funding request for CDC, $35 million in new funds will be provided for programs targeting youth, women, and substance abusers.

f. Evaluation

To ensure that prevention programs are actually working -- and so scarce resources are spent on the most effective interventions -- all federally funded prevention activities will routinely include evaluation components. The funding agencies will share widely the knowledge gained about what works and what does not to ensure promotion of best practices in the field. In addition, as part

of the federal government's compliance with the Government Performance and Results Act, CDC and SAMHSA will continue to work with its constituents to develop appropriate performance measures for HIV prevention programs.

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

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

CREATOR: Carmena Parris (PARRIS_C) (OPD)

CREATION DATE/TIME:14-AUG-1996 07:51:14.38

SUBJECT: RE: has PF submitted one?

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:14-AUG-1996 12:46:09.17

TEXT:
JL:
Not that I am aware of

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:14-AUG-1996 12:48:34.54

SUBJECT: RE: Grandparent's Project

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:14-AUG-1996 13:47:17.42

CC: Patsy Fleming (FLEMING_P) (WHO)
READ:21-AUG-1996 10:58:12.44

CC: Jeremy D. Benami (BENAMI_J) (WHO)
READ:14-AUG-1996 15:19:17.79

TEXT:
i guess the fates are against us and we'll have to wait for the moment. thanks.

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

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:15-AUG-1996 11:01:47.18

SUBJECT: RE: Let me know

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-AUG-1996 13:05:28.36

TEXT:
Great -- I got both sections. I'll look at them today and get back to you.
Change of subject. Alexandra Levine called following up to the process subcommittee.

- For the 1st subcommittee meeting from 11:00 -12:30 (I didn't get which day, I've called here back) she needs a room big enough for both prevention and research subcommittees. Alexander Robinson wanted his subcommittee to hear the presentations by Judy Auerbach, Mindy Fullilove (tentative), Don DesJarlais, and Margaret Chesney.
- She wanted to know if/how we can pay for expenses for the presenters.

She can be reached at: Home 818-790-6301
Work 213-764-3913
Hope it's going better today!

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-AUG-1996 14:54:47.69

SUBJECT: previous e-mail

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:15-AUG-1996 15:31:47.33

TEXT:
i have sent you a copy of a fax to Scott, in case it does not work -- he can just call the office and have you print out a hard copy to fax to him -- sorry, but this seems the most reliable back up at the moment. thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-AUG-1996 13:11:56.48

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:21-AUG-1996 11:07:49.49

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:20-AUG-1996 17:16:10.38

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:16-AUG-1996 14:16:23.47

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:15-AUG-1996 11:22:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 8/15/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
August 15, 1996

****

"Payments to Hemophiliacs With AIDS Are Cleared"
"New Treatments Put AIDS Programs in a Dilemma"
"Plan to Move Medicaid Recipients Into Managed Care Gains"
"Across the USA: Kentucky"
"Tax Change Could Make Life Easier for Chronically Ill"
"UPI Science News: [Oral Sex Not Safe Sex, Researchers Warn]"
"India--AIDS: Women Are Captive Partners"
"HIV Trends Reported for China"
"Changes in Sexual Behavior and a Decline in HIV Infection Among Young Men in Thailand"
"Blind in Rangoon"

****

"Payments to Hemophiliacs With AIDS Are Cleared"
Wall Street Journal (08/15/96) P. B5

American hemophiliacs who were infected with HIV through tainted blood products between 1978 and 1985 would receive $100,000

each under a settlement with four pharmaceutical companies. Federal District Judge John F. Grady tentatively approved the settlement between the patients and Bayer, Baxter International, Rhone-Poulenc Rorer's Armour Pharmaceutical, and Alpha Therapeutic, a unit of Japan's Green Cross Corp. Family members and survivors are eligible to participate in the settlement, which was originally planned as a $640 million fund. The companies have now agreed, however, that if more than the expected number of people sign up for the settlement, the fund could increase. Between 6,000 and 10,000 U.S. hemophiliacs are estimated to have been infected with HIV through the contaminated blood products.

"New Treatments Put AIDS Programs in a Dilemma"
Washington Post (08/15/96) P. A1; Goldstein, Amy

AIDS patients in Washington, D.C., are being told they can no longer apply to receive drugs from the city's AIDS Drug Assistance Program (ADAP) due to the high demand for promising new treatments. The problem is similar in states across the country, as funding for the federal program is being depleted. ADAP provided AIDS drugs for 65,000 uninsured and poorly insured patients last year, about one out of ten people with HIV. The number of drugs provided under the program has doubled since last year and more HIV-infected patients and their doctors are electing to start treatment sooner, often with a combination of drugs. As a result, the programs are starting to restrict enrollment, the drugs they offer, or both.

"Plan to Move Medicaid Recipients Into Managed Care Gains"
New York Times (08/15/96) P. B1; Rosenthal, Elisabeth

A plan by New York State to move most of its 3.5 million Medicaid recipients into managed care plans could be implemented by the end of the year, officials said Wednesday. The move was advanced by an announcement from the federal government of the terms under which it would approve the plan. Under the new plan, all Medicaid recipients who are not in nursing homes would receive their care through health maintenance organizations. The conditions set down by the Health Care Financing Administration would require the state to slow down the move to managed care and to create special plans for patients with serious illnesses like AIDS.

"Across the USA: Kentucky"
USA Today (08/15/96) P. 15A

In Kentucky, a program to be launched in September will provide promising but costly new AIDS drugs to approximately 30 indigent AIDS patients. The drug combinations cost up to $15,000 per year for each patient.

"Tax Change Could Make Life Easier for Chronically Ill"
Wall Street Journal (08/15/96) P. C1; Asinof, Lynn

Pending legislation could make it easier for people with chronic or terminal illnesses to use payments from the sale of their life insurance policies to meet their health care needs. The policy change would exempt from federal income tax both the

acceleration of death benefits and the money received from the sale of those benefits. To be eligible, patients must have a chronic illness or be expected to live less than two years. The practice of selling one's life insurance, now used mostly by AIDS patients, may become more popular. The new policy is also expected to make the viatical settlement industry more accepted.

"UPI Science News: [Oral Sex Not Safe Sex, Researchers Warn]"
United Press International (08/14/96); Smith, Michael

Even people who practice relatively safe sex are contracting HIV, researchers reported Wednesday in the Annals of Internal Medicine. Timothy Schacker of the University of Washington, and colleagues found that in a study of 46 people, almost half said they had sexual contact with only one partner in the month before their infection was detected. Oral sex, widely thought to be less risky than other sexual contact, was the most common form of sex among the participants. For four patients, the researchers were able to determine that oral sex was the route of transmission. Researchers reported in June that rhesus monkeys could be orally infected with a virus similar to HIV and cautioned that oral sex is not necessarily safe sex.

"India--AIDS: Women Are Captive Partners"
IPS Wire (08/14/96)

In India, where HIV is spreading rapidly, an increasing number of women are infected by their husbands and passing the virus on to their children. A 1995 government study at J.J. Hospital found that 3.5 percent of pregnant women under the age of 20 were HIV positive, while 2.5 percent over age 20 were also infected. At Mumbai's Wadia Maternity Hospital, 3,800 female homemakers have been tested for HIV in the last three years, and 1 percent have tested positive. Infants are also tested and followed for 15 months. AZT is available to mothers who can afford the drug. According to the study, women in India are especially vulnerable to infection because they do not have the social standing to insist on protection.

"HIV Trends Reported for China"
Reuters (08/14/96)

HIV is spreading from the rural areas of the Yunnan Province to urban cities, researchers report. Elena S. H. Yu of San Diego State University and colleagues found that, from 1985 to 1994, intravenous drug use was the main route of HIV transmission in China. The opium link between the Yunnan and neighboring Myanmar, Laos, and Vietnam--as well as the high level of drug use and unprotected sex--was blamed. The researchers say the virus is expected to spread through heterosexual transmission in other areas of China.

"Changes in Sexual Behavior and a Decline in HIV Infection Among Young Men in Thailand"
New England Journal of Medicine (08/01/96) Vol. 335, No. 5; P. 297; Nelson, Kenrad E.; Celentano, David D.; Eiumtrakol, Sakol; et al.

To combat the spread of HIV in Thailand, where the virus has spread rapidly since it was first reported in 1988, the Ministry of Public Health implemented a program to promote condom use among sex workers in 1990 and 1991. Dr. Kenrad E. Nelson, of Johns Hopkins University, and colleagues, studied the effect of this and other programs to curb the spread of the virus, testing and interviewing five groups of 21-year-old men who were conscripted into the army by a lottery in 1991, 1993, and 1995. The researchers report that the prevalence of HIV infection was 10.4 percent in the 1991 group and 12.5 percent in the 1993 group. In 1995, the rate decreased to 6.7 percent. For those men who did not have sexual relations with a sex worker before 1992, the rate of infection was only 0.7 percent. Throughout the study, the proportion of men who reported having sexual relations with a sex worker decreased from 81.4 percent to 63.8 percent, while the rate of condom use during commercial sexual contact increased from 61 percent to 92.5 percent. The authors call the success of the condom campaign unprecedented and compare it to the change in behavior among homosexuals in the United States in the early 1980s.

"Blind in Rangoon"
Far Eastern Economic Review (08/01/96) Vol. 159, No. 31; P. 21;
Noung, Bertil; Noung, Hseng

In northern Burma, where the estimated number of HIV infections is between 350,000 and 400,000, many of the infected individuals are drug addicts and prostitutes returning from Thailand. The disease is widespread in Burma's prisons, where heroin is available but disposable syringes are not, and homosexuality is common. Furthermore, the military establishment in Rangoon has failed to implement measures to curb the epidemic and has not allowed foreign non-governmental organizations to help. An estimated 60 percent to 70 percent of all intravenous drug users in Burma are infected with HIV, according to the United Nations International Drug Control Program. Heroin production in the country is increasing, and while most of the drug is exported, it is also sold locally throughout the country. The Southeast Asian Information Network blames the authorities for the spread of the disease, saying the government is either unable to control the heroin market or is involved in making the drug available. The sex industry has also fueled the epidemic, and local officials estimate that 80 percent of women entering the sex trade will eventually become infected with HIV.

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

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

CREATION DATE/TIME:15-AUG-1996 16:52:30.27

SUBJECT: prevention section

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-AUG-1996 17:36:30.52

TEXT:
Here's my next crack at prevention edit. I am almost satisfied with this section. What it still needs, though, is some concrete sense of the 1997 and beyond agenda in some of these areas - you'll see my questions inserted. For instance, if it's a priority to support social marketing research, we need to say what it is we will then in fact do - what are we funding, what actions are we taking, etc.
In Dutch 12 point, this section is now five pages. We're getting there length

-wise. I'm moving on to the research section now.
Keep em coming!!
let me know what you think of the needle para!!!

PRINTER FONT 12_POINT_ROMAN
A. PREVENTION
PRINTER FONT 12_POINT_ROMAN_ITALIC
"We have to set a goal. . .We have to reduce the number of new infections each and every year until there are no more new infections."
PRINTER FONT 12_POINT_ROMAN
President Clinton, December 5, 1995, to the White House Conference on HIV and AIDS.

1. Record of Accomplishment
Since the epidemic began, there has been important progress in preventing HIV infection. Early in the epidemic, more than 100,000 Americans were estimated as becoming infected with HIV each year; today, that total is between 40,000 and 60,000 annually.
Sentinel accomplishments in prevention of HIV include:
- o Identification in 1981 by the Centers for Disease Control and Prevention (CDC) of the first cases of AIDS;
- o Identification in 1981 by the Centers for Disease Control and Prevention (CDC) of the risk factors associated with HIV infection; and
- o Due in part to successful implementation of CDC

-sponsored
prevention strategies, a slowing the growth of the epidemic.

Since President Clinton took office in 1993, efforts in HIV/AIDS prevention have been accelerated. Actions include:

- o Increasing funding for AIDS prevention by 24 percent;
- o Launching the community planning partnership -- empowering local communities to make decisions about and develop innovative prevention efforts;
- o Launching the Prevention Marketing Initiative, focusing on young adults (18 to 25) with frank public service announcements advocating sexual abstinence and the correct and, for the first time in the epidemic, consistent use of latex condoms; and,
- o Reorganizing AIDS prevention efforts at the Centers for Disease Control and Prevention to foster greater coordination with efforts to reduce sexually transmitted diseases and tuberculosis.

Federal agencies (see Appendix A) have been instrumental in

expanding our knowledge base about HIV prevention. The CDC, the agency with primary Federal HIV surveillance and prevention responsibilities, has been pivotal in identifying risk factors associated with HIV transmission, seroprevalence of HIV in society, and trends in HIV infection.

Federal efforts have shown that HIV prevention programs can be effective. CDC's prevention projects, many in partnership with states, local governments, and community

-based organizations,
have demonstrated that prevention programs are most effective when designed and implemented at a local level. Biomedical, behavioral, and social science prevention research conducted and supported by the National Institutes of Health (NIH) has expanded and will continue to expand our understanding of the determinants of HIV

-related risk behavior.

The nation has also combatted the duel epidemics of HIV and drug abuse. The national Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) support efforts to prevent HIV infection among drug users. The Office of national Drug Control Policy has pursued efforts to counter the problem of substance abuse and its devastating consequences.

There have been advances in integrating primary prevention into health care service systems. The Health Resources and Services Administration (HRSA) and the Department of Veterans Affairs (VA) have encouraged broader access to prevention information through the integration of prevention interventions into primary health care services and through support of early intervention services. HRSA also has undertaken special initiatives designed to reduce perinatal transmission of HIV and has promoted primary prevention through the training of health professionals in the AIDS Education and Training Centers program.

2. Future Opportunities for Progress

To reach the President's national prevention goal of no new

infections, we face some significant challenges. Our efforts are therefore focused in four areas:

- o Improving understanding of trends in transmission
- o Improving scientific knowledge about effective prevention models and strategies
- o Strengthening community based programs
- o Integrating HIV and other prevention efforts

a. Improving Understanding of Trends in the Epidemic
Understanding who is becoming infected and through what behaviors is critical to designing effective prevention interventions (as well as targeting service resources). As discussed in Section II (?), the demographics of the epidemic have shifted, and effective prevention depends on rapidly understanding these shifts and responding to them.
CDC's AIDS case and case death reporting system provides important data for assessing AIDS prevalence and mortality by gender, race/ethnicity, age, and mode of exposure. However, this approach does not capture sufficient "front

-end" information on
the incidence and prevalence of HIV prior to an AIDS diagnosis. We, therefore, miss critical warning signs about new trends in affected populations and increasing risky behaviors.
To address this shortcoming, the CDC will work to improve its surveillance of HIV infection and related diseases, both to better monitor the course of the epidemic and to provide guidance to community planners for targeting prevention and service dollars. This can and will be undertaken without compromising the confidentiality of those involved.
b. Research on Effective Prevention Strategies
Effective interventions must be based on sound research findings and evaluations. Funding for prevention and behavioral research did not receive the same priority in the early years of the epidemic as biomedical research. NIH and CDC are both committed to increasing future support for basic research on behavior, interventions, and social marketing.
PRINTER FONT 12_POINT_ROMAN_ITALIC
Behavioral Research Basic behavioral research answers key questions about the determinants of HIV

-associated sexual and
drug using behaviors. We still lack key knowledge in this area, which is critical to developing effective interventions.
Intervention Research Intervention research focuses on individual and community level interventions that result in modified sexual and drug using behaviors. There have been significant accomplishments in this area, but, as this portfolio expands, it will be critical to assess intervention in real world settings that are relevant to the growing number of populations that must be reached by prevention programs. This research should be designed by a broad range of scientists, public health, and community experts to assure its relevance.
Social Marketing Research The use of social marketing techniques

is a relatively new approach to HIV prevention. This promising

area requires use of basic and intervention research, as well as careful design and evaluation of social marketing efforts.
PRINTER FONT 12_POINT_ROMAN
[QUESTION: Do we have a program, a budget, an initiative that actually point to action in any of the three research areas?]
c. Strengthening Community

-based Programs
Community prevention planning is one of the key innovations in CDC's prevention programming over the last several years. This public/private partnership puts federal funds to work based on locally designed priorities. The intitiative is at a crucial stage of development, and ensuring its success is the third key element of this strategy's prevention agenda. [How long in existence? Is it expanding? What's the plan for 1997?] Community planning requires ongoing leadership from CDC and its partners as well as the resources to provide the technical assistance the community planning process needs to flourish. Successful HIV prevention often depends on small, new community based organizations, many serving minority populations. These organizations need assistance not just on how to plan and compete successfully for available resources, but also access to the surveillance, epidemiological and behavioral research discussed above.
[Question: What action -- how much money is being put into TA? Is there a new TA initiative?]
d. Program Integration and Collaboration
The fourth and final element of the prevention agenda is improving the integration of HIV prevention into other program areas that reach individuals at risk for HIV. HIV prevention programs cannot stand apart from other, related public health efforts.
PRINTER FONT 12_POINT_ROMAN_ITALIC
Substance Abuse HIV transmission is directly related to substance abuse, both directly through needle sharing behavior and indirectly as sex is traded for drugs or drug use impairs judgment and increases risk taking behaviors. Breaking that linkage will require:
PRINTER FONT 12_POINT_ROMAN
- o Integration of HIV prevention into substance abuse treatment and prevention programs. In August, 1996, at the request of President Clinton, the Public Health Service agencies jointly co

-sponsored a national meeting of state and local officials, researchers, and community experts from the fields of HIV and substance abuse to develop an action plan to more effectively integrate HIV and substance abuse prevention efforts. These agencies are committed to

implementing this strategy in the year ahead.
- o Enrolling more substance abusers into drug treatment.

Substance abuse treatment is a major form of HIV prevention. This Administration will continue to press for increased funding for substance abuse treatment. Further, through outreach and demonstration programs, SAMHSA and CDC will work to enroll more people in treatment and to find more successful interventions to accomplish this end.

o Reducing the availability of illegal drugs. The Office of National Drug Control Policy (ONDCP) is leading the fight on two fronts: reducing demand for drugs through treatment and prevention programs, and reducing the availability of drugs through interdiction.

o Needle exchange. Providing federal support for needle exchange programs remains one of the top priorities of AIDS Service Organizations and activists. Others oppose federal support for needle exchange, fearing it may encourage or legitimize illegal drug use. There is ongoing research and discussion surrounding the issue, and no national political consensus in favor of changing federal policy. Congress has set the parameters for federal funding, and that policy will not be changed without further national dialogue and consensus building.

PRINTER FONT 12_POINT_ROMAN_ITALIC

Primary Care HIV prevention also needs to be better integrated into primary care. New and promising medical interventions make it critical to invest in HIV counseling and testing -- creating a critical bridge between prevention and primary care. CDC is committed to improving the return rate of those tested at publicly funded sites and the quality of referral to services for those who test positive. But the linkage must also go in the opposite direction: from primary care to prevention.

PRINTER FONT 12_POINT_ROMAN

Primary care providers must learn to incorporate a person's sexual and drug using history when a medical history is taken, offering HIV

-related counseling and voluntary testing, and providing prevention education to HIV positive individuals as part of the provider- patient relationship. HRSA's AIDS Education and Training Centers (AETCs) have played a crucial role in giving providers the information and skills they need. The Administration is committed to restoring Congressionally

-imposed cuts in the AETC program and giving it a renewed focus to support this goal.

Often primary care is a direct form of HIV prevention. The tremendous medical breakthrough that allows the chance of perinatal transmission to be reduced by two

-thirds through the use of AZT requires a commitment to assuring that all pregnant

women are counseled and offered HIV testing -- and that AZT treatment is available for all who desire it. All federally

funded programs reaching pregnant women -- from Medicaid to Ryan White CARE Act grantees to community and migrant health centers -- are required to take part in this effort. We are committed to expanding outreach and assuring appropriate care so that the Congressionally set goal of reducing perinatal transmission by 50 percent by the year ???? is achieved.

PRINTER FONT 12_POINT_ROMAN_ITALIC

Other STDs and TB Recent research has confirmed that treatment of sexually transmitted diseases (STDs) other than HIV can reduce the likelihood of HIV transmission -- making the need for collaboration between HIV and STD prevention efforts more compelling. Similarly, people living with HIV are at very high risk for developing active tuberculosis. Studies suggest that the risk of developing active TB is 7 to 10 percent per year for persons who are infected with both TB and HIV, as opposed to a 10 percent lifetime risk for persons not infected with HIV.

[Question: what is this? a footnote? Personal communication from CDC Division TB Elimination.] [Question: these are statements of fact: links are there, collaboration important -- what are we doing?]

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-AUG-1996 14:53:53.28

SUBJECT: Poz responses

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

TO: FAX (9-1-310-657-3904,Scott Hitt) (TLXA1MAIL_\F:9-1-310-657-3904\C:Scott Hitt\\ )
READ:NOT READ

CC: Ursula Sanville (SANVILLE_U) (OPD)
READ:15-AUG-1996 15:08:05.42

TEXT:
PRINTER FONT 12_POINT_COURIER
Scott--
I am sending this to all the fax numbers and your e

-mail...so you
can work with this. I assume you'll write your own intro to
this. Here are the corrections of fact:
1. Health care delivery:
o Clinton proposed a $54 billion cut in growth, not $59 billion.
o The summary of the welfare bill throughout has some
inaccuracies. These include:
States may not cut off Medicaid for current legal immigrants
(the document says they may).
essential community providers, etc. will only be able to
provide care to newly arrived legal immigrants with
non

-Medicaid dollars.
it is wrong to state that former AFDC recipients lose
automatic eligibility for Medicaid. The Medicaid
entitlement was specifically protected and continued for
this group of people.
the language on disabilities and Medicaid eligibility is not
accurate; it should be double checked (Scott: sorry I don't
have all the information with me on this trip)
o The vetoed Medicare provision would have placed an annual cap
on funding for Medicare -- this key provision at issue should be
mentioned.
2. CARE Act testing provisions are slightly misstated. The
provision calls also for mandatory testing only IF....and if the
HHS Secretary determines that mandatory testing is the standard
of care (a highly unlikely occurrence).
3. CDC guidelines (which have been published and widely
disseminated) advocate voluntary testing of all pregnant women
and voluntary offering of treatment for HIV positive pregnant

women.
9. Federal prisons do have a standard of HIV care; it was recently expanded to include coverage of protease inhibitors and viral load testing.
11. FDA has approved acupuncture needles. See Progress Report.
12. HRSA has taken steps to improve delivery of Ryan White CARE Act services in the District, including setting up an alternative

payment system so vendors will not go unpaid as they have in recent years. Local DC activists have praised this action.
13. The President recently signed the Clean Water Act that moves in this direction. The guidelines for individuals were issued by CDC and EPA jointly. NAPWA was heavily involved in the Clean Water Act effort.
14. The President is seeking a $25 million budget amendment for HOPWA. It's not at all clear that the Senate is moving to cut this program.
20. The final 1996 appropriations bill for NIH does not retain the consolidated AIDS budget as repeatedly requested by the Administration, but it does require that the Institutes spend their funds according to the plan developed by OAR and it gives the director of OAR additional transfer authority.
21. CPCRA and ACTG recompetitions resulted in some sites being defunded -- but others were opened in different communities. While the Levine report recommends consolidation of leadership in the clinical trials effort, it does not mean that community based trials capacity will be eliminated.
26. A number of natural history studies are under way through NIH funding.
32. and 33. See Progress Report -- policies have been developed in this area.
35. The Federal Workplace AIDS Education Initiative, which provided AIDS training for all federal employees, included the INS.
38. If this is a description of the Administration's statements, the word "falsely" should not be used to characterize it.
39. CDC funded the studies that showed the value of changing state laws regarding purchase of syringes; it was published by the CDC in MMWR and received wide press attention.
40. Planning groups have the authority to non

-concur in a State's
funding application to the CDC, which triggers a close scrutiny by the CDC. Technical assistance is available to all planning groups that request it.

42. CDC requires states to justify their spending patterns based on the epidemiology of HIV in their communities.

46. President Clinton has spoken out frequently. Equally importantly, the Justice Department and the EEOC haveaggressively enforced the ADA. The President and the First Lady have agreed to co

-chair the quilt display. He demonstrated strong leadership on this issue in seeking repeal of the Dornan Amendment.

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

CREATOR: Dorothy K. Craft (CRAFT_D) (OPD)

CREATION DATE/TIME:15-AUG-1996 11:10:40.17

SUBJECT: soda

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:15-AUG-1996 11:58:00.67

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:15-AUG-1996 11:10:55.69

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:15-AUG-1996 11:11:14.38

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:15-AUG-1996 11:53:06.66

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:15-AUG-1996 11:38:09.28

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:15-AUG-1996 11:31:48.34

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:15-AUG-1996 11:11:03.27

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:19-AUG-1996 09:15:03.48

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:15-AUG-1996 11:10:49.10

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:15-AUG-1996 13:50:02.62

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-AUG-1996 13:06:43.47

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:19-AUG-1996 11:03:12.96

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:15-AUG-1996 11:36:58.22

TO: Dennis Burke (BURKE_D) (OPD)
READ:15-AUG-1996 11:15:01.56

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:15-AUG-1996 11:11:15.28

TO: Diane Regas (REGAS_D) (OPD)
READ:15-AUG-1996 11:15:28.95

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:15-AUG-1996 11:13:26.31

TO: Sandra L. Bublick-Max (BUBLICKMAX_S) (OPD)
READ:15-AUG-1996 12:01:42.20

TO: Jeanine D. Smartt (SMARTT_J) (OPD)
READ:15-AUG-1996 11:17:59.44

TO: Michael Cohen (COHEN_M) (OPD)
READ:15-AUG-1996 13:35:38.02

TEXT:
There isn't any.
Because POTUS is on vacation.
Please don't harass the interns.
Thanks.

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:15-AUG-1996 11:22:00.00

SUBJECT: CDC AIDS Daily Summary 8/15/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:15-AUG-1996 13:10:13.16

TEXT:

AIDS Daily Summary
August 15, 1996

****

"Payments to Hemophiliacs With AIDS Are Cleared"
"New Treatments Put AIDS Programs in a Dilemma"
"Plan to Move Medicaid Recipients Into Managed Care Gains"
"Across the USA: Kentucky"
"Tax Change Could Make Life Easier for Chronically Ill"
"UPI Science News: [Oral Sex Not Safe Sex, Researchers Warn]"
"India--AIDS: Women Are Captive Partners"
"HIV Trends Reported for China"
"Changes in Sexual Behavior and a Decline in HIV Infection Among Young Men in Thailand"
"Blind in Rangoon"

****

"Payments to Hemophiliacs With AIDS Are Cleared"
Wall Street Journal (08/15/96) P. B5

American hemophiliacs who were infected with HIV through tainted blood products between 1978 and 1985 would receive $100,000 each under a settlement with four pharmaceutical companies. Federal District Judge John F. Grady tentatively approved the settlement between the patients and Bayer, Baxter International, Rhone-Poulenc Rorer's Armour Pharmaceutical, and Alpha Therapeutic, a unit of Japan's Green Cross Corp. Family members and survivors are eligible to participate in the settlement, which was originally planned as a $640 million fund. The companies have now agreed, however, that if more than the expected number of people sign up for the settlement, the fund could increase. Between 6,000 and 10,000 U.S. hemophiliacs are estimated to have been infected with HIV through the contaminated blood products.

"New Treatments Put AIDS Programs in a Dilemma"
Washington Post (08/15/96) P. A1; Goldstein, Amy

AIDS patients in Washington, D.C., are being told they can no longer apply to receive drugs from the city's AIDS Drug Assistance Program (ADAP) due to the high demand for promising new treatments. The problem is similar in states across the country, as funding for the federal program is being depleted.

ADAP provided AIDS drugs for 65,000 uninsured and poorly insured patients last year, about one out of ten people with HIV. The number of drugs provided under the program has doubled since last year and more HIV-infected patients and their doctors are electing to start treatment sooner, often with a combination of drugs. As a result, the programs are starting to restrict enrollment, the drugs they offer, or both.

"Plan to Move Medicaid Recipients Into Managed Care Gains"
New York Times (08/15/96) P. B1; Rosenthal, Elisabeth

A plan by New York State to move most of its 3.5 million Medicaid recipients into managed care plans could be implemented by the end of the year, officials said Wednesday. The move was advanced by an announcement from the federal government of the terms under which it would approve the plan. Under the new plan, all Medicaid recipients who are not in nursing homes would receive their care through health maintenance organizations. The conditions set down by the Health Care Financing Administration would require the state to slow down the move to managed care and to create special plans for patients with serious illnesses like AIDS.

"Across the USA: Kentucky"
USA Today (08/15/96) P. 15A

In Kentucky, a program to be launched in September will provide promising but costly new AIDS drugs to approximately 30 indigent AIDS patients. The drug combinations cost up to $15,000 per year for each patient.

"Tax Change Could Make Life Easier for Chronically Ill"
Wall Street Journal (08/15/96) P. C1; Asinof, Lynn

Pending legislation could make it easier for people with chronic or terminal illnesses to use payments from the sale of their life insurance policies to meet their health care needs. The policy change would exempt from federal income tax both the acceleration of death benefits and the money received from the sale of those benefits. To be eligible, patients must have a chronic illness or be expected to live less than two years. The practice of selling one's life insurance, now used mostly by AIDS patients, may become more popular. The new policy is also expected to make the viatical settlement industry more accepted.

"UPI Science News: [Oral Sex Not Safe Sex, Researchers Warn]"
United Press International (08/14/96); Smith, Michael

Even people who practice relatively safe sex are contracting HIV, researchers reported Wednesday in the Annals of Internal Medicine. Timothy Schacker of the University of Washington, and colleagues found that in a study of 46 people, almost half said they had sexual contact with only one partner in the month before their infection was detected. Oral sex, widely thought to be less risky than other sexual contact, was the most common form of sex among the participants. For four patients, the researchers were able to determine that oral sex was the route of transmission. Researchers reported in June that rhesus monkeys

could be orally infected with a virus similar to HIV and cautioned that oral sex is not necessarily safe sex.

"India--AIDS: Women Are Captive Partners"
IPS Wire (08/14/96)

In India, where HIV is spreading rapidly, an increasing number of women are infected by their husbands and passing the virus on to their children. A 1995 government study at J.J. Hospital found that 3.5 percent of pregnant women under the age of 20 were HIV positive, while 2.5 percent over age 20 were also infected. At Mumbai's Wadia Maternity Hospital, 3,800 female homemakers have been tested for HIV in the last three years, and 1 percent have tested positive. Infants are also tested and followed for 15 months. AZT is available to mothers who can afford the drug. According to the study, women in India are especially vulnerable to infection because they do not have the social standing to insist on protection.

"HIV Trends Reported for China"
Reuters (08/14/96)

HIV is spreading from the rural areas of the Yunnan Province to urban cities, researchers report. Elena S. H. Yu of San Diego State University and colleagues found that, from 1985 to 1994, intravenous drug use was the main route of HIV transmission in China. The opium link between the Yunnan and neighboring Myanmar, Laos, and Vietnam--as well as the high level of drug use and unprotected sex--was blamed. The researchers say the virus is expected to spread through heterosexual transmission in other areas of China.

"Changes in Sexual Behavior and a Decline in HIV Infection Among Young Men in Thailand"
New England Journal of Medicine (08/01/96) Vol. 335, No. 5; P. 297; Nelson, Kenrad E.; Celentano, David D.; Eiumtrakol, Sakol; et al.

To combat the spread of HIV in Thailand, where the virus has spread rapidly since it was first reported in 1988, the Ministry of Public Health implemented a program to promote condom use among sex workers in 1990 and 1991. Dr. Kenrad E. Nelson, of Johns Hopkins University, and colleagues, studied the effect of this and other programs to curb the spread of the virus, testing and interviewing five groups of 21-year-old men who were conscripted into the army by a lottery in 1991, 1993, and 1995. The researchers report that the prevalence of HIV infection was 10.4 percent in the 1991 group and 12.5 percent in the 1993 group. In 1995, the rate decreased to 6.7 percent. For those men who did not have sexual relations with a sex worker before 1992, the rate of infection was only 0.7 percent. Throughout the study, the proportion of men who reported having sexual relations with a sex worker decreased from 81.4 percent to 63.8 percent, while the rate of condom use during commercial sexual contact increased from 61 percent to 92.5 percent. The authors call the success of the condom campaign unprecedented and compare it to the change in behavior among homosexuals in the United States in

the early 1980s.

"Blind in Rangoon"
Far Eastern Economic Review (08/01/96) Vol. 159, No. 31; P. 21;
Noung, Bertil; Noung, Hseng

In northern Burma, where the estimated number of HIV infections is between 350,000 and 400,000, many of the infected individuals are drug addicts and prostitutes returning from Thailand. The disease is widespread in Burma's prisons, where heroin is available but disposable syringes are not, and homosexuality is common. Furthermore, the military establishment in Rangoon has failed to implement measures to curb the epidemic and has not allowed foreign non-governmental organizations to help. An estimated 60 percent to 70 percent of all intravenous drug users in Burma are infected with HIV, according to the United Nations International Drug Control Program. Heroin production in the country is increasing, and while most of the drug is exported, it is also sold locally throughout the country. The Southeast Asian Information Network blames the authorities for the spread of the disease, saying the government is either unable to control the heroin market or is involved in making the drug available. The sex industry has also fueled the epidemic, and local officials estimate that 80 percent of women entering the sex trade will eventually become infected with HIV.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-AUG-1996 21:13:42.56

SUBJECT: prevention section rewrite by JBA

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:19-AUG-1996 09:29:52.68

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:15-AUG-1996 16:49:00.00

ATT BODYPART TYPE:H

ATT CREATOR: Jeremy D. Benami

ATT SUBJECT: prevention section

ATT TO: Jeffrey Levi (LEVI_J)

TEXT:
Here's my next crack at prevention edit. I am almost satisfied with this section. What it still needs, though, is some concrete sense of the 1997 and beyond agenda in some of these areas - you'll see my questions inserted. For instance, if it's a priority to support social marketing research, we need to say what it is we will then in fact do - what are we funding, what actions are we taking, etc.
In Dutch 12 point, this section is now five pages. We're getting there length

-wise. I'm moving on to the research section now.
Keep em coming!!
let me know what you think of the needle para!!!

PRINTER FONT 12_POINT_ROMAN
A. PREVENTION
PRINTER FONT 12_POINT_ROMAN_ITALIC
"We have to set a goal. . .We have to reduce the number of new infections each and every year until there are no more new infections."
PRINTER FONT 12_POINT_ROMAN
President Clinton, December 5, 1995, to the White House Conference on HIV and AIDS.

1. Record of Accomplishment
Since the epidemic began, there has been important progress in preventing HIV infection. Early in the epidemic, more than

100,000 Americans were estimated as becoming infected with HIV each year; today, that total is between 40,000 and 60,000 annually.
Sentinel accomplishments in prevention of HIV include:
- o Identification in 1981 by the Centers for Disease Control and Prevention (CDC) of the first cases of AIDS;
- o Identification in 1981 by the Centers for Disease Control and Prevention (CDC) of the risk factors associated with HIV infection; and
- o Due in part to successful implementation of CDC

-sponsored
prevention strategies, a slowing the growth of the epidemic.
Since President Clinton took office in 1993, efforts in HIV/AIDS prevention have been accelerated. Actions include:
- o Increasing funding for AIDS prevention by 24 percent;
- o Launching the community planning partnership -- empowering local communities to make decisions about and develop innovative prevention efforts;
- o Launching the Prevention Marketing Initiative, focusing on young adults (18 to 25) with frank public service announcements advocating sexual abstinence and the correct and, for the first time in the epidemic, consistent use of latex condoms; and,
- o Reorganizing AIDS prevention efforts at the Centers for Disease Control and Prevention to foster greater coordination with efforts to reduce sexually transmitted diseases and tuberculosis.

Federal agencies (see Appendix A) have been instrumental in

expanding our knowledge base about HIV prevention. The CDC, the agency with primary Federal HIV surveillance and prevention responsibilities, has been pivotal in identifying risk factors associated with HIV transmission, seroprevalence of HIV in society, and trends in HIV infection.
Federal efforts have shown that HIV prevention programs can be effective. CDC's prevention projects, many in partnership with states, local governments, and community

-based organizations,
have demonstrated that prevention programs are most effective when designed and implemented at a local level. Biomedical, behavioral, and social science prevention research conducted and supported by the National Institutes of Health (NIH) has expanded and will continue to expand our understanding of the determinants of HIV

-related risk behavior.
The nation has also combatted the duel epidemics of HIV and drug abuse. The national Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) support efforts to prevent HIV infection among drug users. The Office of national Drug Control Policy has pursued efforts to counter the problem of substance abuse and its

devastating consequences.
There have been advances in integrating primary prevention into health care service systems. The Health Resources and Services Administration (HRSA) and the Department of Veterans Affairs (VA) have encouraged broader access to prevention information through the integration of prevention interventions into primary health care services and through support of early intervention services. HRSA also has undertaken special initiatives designed to reduce perinatal transmission of HIV and has promoted primary prevention through the training of health professionals in the AIDS Education and Training Centers program.
2. Future Opportunities for Progress
To reach the President's national prevention goal of no new infections, we face some significant challenges. Our efforts are therefore focused in four areas:

- o Improving understanding of trends in transmission
- o Improving scientific knowledge about effective prevention models and strategies
- o Strengthening community based programs
- o Integrating HIV and other prevention efforts

a. Improving Understanding of Trends in the Epidemic
Understanding who is becoming infected and through what behaviors is critical to designing effective prevention interventions (as well as targeting service resources). As discussed in Section II (?), the demographics of the epidemic have shifted, and effective prevention depends on rapidly understanding these shifts and responding to them.
CDC's AIDS case and case death reporting system provides important data for assessing AIDS prevalence and mortality by gender, race/ethnicity, age, and mode of exposure. However, this approach does not capture sufficient "front

-end" information on
the incidence and prevalence of HIV prior to an AIDS diagnosis. We, therefore, miss critical warning signs about new trends in affected populations and increasing risky behaviors.
To address this shortcoming, the CDC will work to improve its surveillance of HIV infection and related diseases, both to better monitor the course of the epidemic and to provide guidance to community planners for targeting prevention and service dollars. This can and will be undertaken without compromising the confidentiality of those involved.
b. Research on Effective Prevention Strategies
Effective interventions must be based on sound research findings and evaluations. Funding for prevention and behavioral research did not receive the same priority in the early years of the epidemic as biomedical research. NIH and CDC are both committed to increasing future support for basic research on behavior, interventions, and social marketing.
PRINTER FONT 12_POINT_ROMAN_ITALIC
Behavioral Research Basic behavioral research answers key questions about the determinants of HIV

-associated sexual and
drug using behaviors. We still lack key knowledge in this area, which is critical to developing effective interventions.
Intervention Research Intervention research focuses on individual and community level interventions that result in modified sexual and drug using behaviors. There have been significant accomplishments in this area, but, as this portfolio expands, it will be critical to assess intervention in real world settings that are relevant to the growing number of populations that must be reached by prevention programs. This research should be designed by a broad range of scientists, public health, and community experts to assure its relevance.
Social Marketing Research The use of social marketing techniques is a relatively new approach to HIV prevention. This promising

area requires use of basic and intervention research, as well as careful design and evaluation of social marketing efforts.
PRINTER FONT 12_POINT_ROMAN
[QUESTION: Do we have a program, a budget, an initiative that actually point to action in any of the three research areas?]
c. Strengthening Community

-based Programs
Community prevention planning is one of the key innovations in CDC's prevention programming over the last several years. This public/private partnership puts federal funds to work based on locally designed priorities. The intitiative is at a crucial stage of development, and ensuring its success is the third key element of this strategy's prevention agenda. [How long in existence? Is it expanding? What's the plan for 1997?]
Community planning requires ongoing leadership from CDC and its partners as well as the resources to provide the technical assistance the community planning process needs to flourish.
Successful HIV prevention often depends on small, new community based organizations, many serving minority populations. These organizations need assistance not just on how to plan and compete successfully for available resources, but also access to the surveillance, epidemiological and behavioral research discussed above.
[Question: What action -- how much money is being put into TA? Is there a new TA initiative?]
d. Program Integration and Collaboration
The fourth and final element of the prevention agenda is improving the integration of HIV prevention into other program areas that reach individuals at risk for HIV. HIV prevention programs cannot stand apart from other, related public health efforts.
PRINTER FONT 12_POINT_ROMAN_ITALIC
Substance Abuse HIV transmission is directly related to substance abuse, both directly through needle sharing behavior and indirectly as sex is traded for drugs or drug use impairs judgment and increases risk taking behaviors. Breaking that linkage will require:
PRINTER FONT 12_POINT_ROMAN

o Integration of HIV prevention into substance abuse treatment and prevention programs. In August, 1996, at the request of President Clinton, the Public Health Service agencies jointly co

-sponsored a national meeting of state and local officials, researchers, and community experts from the fields of HIV and substance abuse to develop an action plan to more effectively integrate HIV and substance abuse prevention efforts. These agencies are committed to

implementing this strategy in the year ahead.

o Enrolling more substance abusers into drug treatment. Substance abuse treatment is a major form of HIV prevention. This Administration will continue to press for increased funding for substance abuse treatment. Further, through outreach and demonstration programs, SAMHSA and CDC will work to enroll more people in treatment and to find more successful interventions to accomplish this end.

o Reducing the availability of illegal drugs. The Office of National Drug Control Policy (ONDCP) is leading the fight on two fronts: reducing demand for drugs through treatment and prevention programs, and reducing the availability of drugs through interdiction.

o Needle exchange. Providing federal support for needle exchange programs remains one of the top priorities of AIDS Service Organizations and activists. Others oppose federal support for needle exchange, fearing it may encourage or legitimize illegal drug use. There is ongoing research and discussion surrounding the issue, and no national political consensus in favor of changing federal policy. Congress has set the parameters for federal funding, and that policy will not be changed without further national dialogue and consensus building.

PRINTER FONT 12_POINT_ROMAN_ITALIC

Primary Care HIV prevention also needs to be better integrated into primary care. New and promising medical interventions make it critical to invest in HIV counseling and testing -- creating a critical bridge between prevention and primary care. CDC is committed to improving the return rate of those tested at publicly funded sites and the quality of referral to services for those who test positive. But the linkage must also go in the opposite direction: from primary care to prevention.

PRINTER FONT 12_POINT_ROMAN

Primary care providers must learn to incorporate a person's sexual and drug using history when a medical history is taken, offering HIV

-related counseling and voluntary testing, and providing prevention education to HIV positive individuals as part of the provider- patient relationship. HRSA's AIDS Education and Training Centers (AETCs) have played a crucial role in giving providers the information and skills they need. The Administration is committed to restoring Congressionally

-imposed
cuts in the AETC program and giving it a renewed focus to support this goal.
Often primary care is a direct form of HIV prevention. The tremendous medical breakthrough that allows the chance of perinatal transmission to be reduced by two

-thirds through the
use of AZT requires a commitment to assuring that all pregnant

women are counseled and offered HIV testing -- and that AZT treatment is available for all who desire it. All federally funded programs reaching pregnant women -- from Medicaid to Ryan White CARE Act grantees to community and migrant health centers -- are required to take part in this effort. We are committed to expanding outreach and assuring appropriate care so that the Congressionally set goal of reducing perinatal transmission by 50 percent by the year ???? is achieved.
PRINTER FONT 12_POINT_ROMAN_ITALIC
Other STDs and TB Recent research has confirmed that treatment of sexually transmitted diseases (STDs) other than HIV can reduce the likelihood of HIV transmission -- making the need for collaboration between HIV and STD prevention efforts more compelling. Similarly, people living with HIV are at very high risk for developing active tuberculosis. Studies suggest that the risk of developing active TB is 7 to 10 percent per year for persons who are infected with both TB and HIV, as opposed to a 10 percent lifetime risk for persons not infected with HIV.
[Question: what is this? a footnote? Personal communication from CDC Division TB Elimination.] [Question: these are statements of fact: links are there, collaboration important -- what are we doing?]
========== END ATTACHMENT 1 ==========

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-AUG-1996 21:16:30.37

SUBJECT: RE: research rewrite

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:16-AUG-1996 09:10:25.96

CC: Ursula Sanville (SANVILLE_U) (OPD)
READ:19-AUG-1996 09:33:03.27

TEXT:
we can put something in about protease, by that theory

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

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

CREATION DATE/TIME:15-AUG-1996 16:35:28.17

SUBJECT: weekly, weekly, weekly

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

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:15-AUG-1996 16:40:04.54

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:15-AUG-1996 17:44:04.55

TO: Dennis Burke (BURKE_D) (OPD)
READ:15-AUG-1996 17:05:24.61

TO: Diane Regas (REGAS_D) (OPD)
READ:15-AUG-1996 17:02:34.98

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:21-AUG-1996 11:02:20.22

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:15-AUG-1996 16:36:07.37

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:15-AUG-1996 19:35:41.25

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:15-AUG-1996 17:17:18.37

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-AUG-1996 17:40:18.55

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:19-AUG-1996 11:23:26.88

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:15-AUG-1996 16:36:47.92

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:15-AUG-1996 17:26:12.54

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:15-AUG-1996 17:10:12.58

TO: Jeanine D. Smartt (SMARTT_J) (OPD)
READ:15-AUG-1996 17:10:14.61

TO: Michael Cohen (COHEN_M) (OPD)
READ:16-AUG-1996 11:10:18.72

TO: Sandra L. Bublick-Max (BUBLICKMAX_S) (OPD)
READ:15-AUG-1996 21:09:59.87

TEXT:
Please send in your weeklies with this weeks and next weeks stuff -- yes STUFF.
Please note dates not just days of weeks of events to avoid confusion. Thanks.

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

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

CREATION DATE/TIME:15-AUG-1996 21:07:11.50

SUBJECT: Good morning!

TO: Carol H. Rasco (RASCO_C) (WHO)
READ:15-AUG-1996 08:15:23.79

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:15-AUG-1996 10:37:42.27

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:15-AUG-1996 08:19:46.69

TO: Cathy R. Mays (MAYS_C) (OPD)
READ:15-AUG-1996 09:09:07.26

TO: Bruce N. Reed (REED_B) (WHO)
READ:15-AUG-1996 08:53:07.98

TO: Michael T. Schmidt (SCHMIDT_MT)
READ:NOT READ

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ:15-AUG-1996 09:28:12.28

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:15-AUG-1996 10:53:11.94

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:21-AUG-1996 11:01:56.60

TO: Janet B. Abrams (ABRAMS_J) (VPO)
READ:15-AUG-1996 08:45:53.16

TO: Julie E. Demeo (DEMEO_J) (OPD)
READ:19-AUG-1996 09:01:10.19

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:15-AUG-1996 09:31:46.74

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:15-AUG-1996 10:59:02.13

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-AUG-1996 10:40:50.26

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:15-AUG-1996 09:12:31.41

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

TO: Deborah L. Fine (FINE_D) (OPD)
READ:15-AUG-1996 08:46:03.42

TO: Dennis Burke (BURKE_D) (OPD)
READ:15-AUG-1996 10:14:52.36

TO: Denise Ricketson (RICKETSON_D) (OPD)
READ:15-AUG-1996 08:16:04.87

TO: Pamela Cicetti (CICETTI_P) (WHO)
READ:15-AUG-1996 09:06:40.94

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:15-AUG-1996 09:15:23.07

TO: Diane Regas (REGAS_D) (OPD)
READ:15-AUG-1996 09:43:46.03

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:19-AUG-1996 10:44:54.50

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

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:15-AUG-1996 08:48:17.98

TO: Michael Cohen (COHEN_M) (OPD)
READ:15-AUG-1996 09:13:58.59

TO: Jeanine D. Smartt (SMARTT_J) (OPD)
READ:15-AUG-1996 09:07:13.96

TO: Sandra L. Bublick-Max (BUBLICKMAX_S) (OPD)
READ:15-AUG-1996 09:45:34.30

TEXT:
Hope you are having a good week....I miss talking to everyone or
at least hearing the DPC staff noises through the phone on the
9:30 a.m. call. This is an incredible gathering here in Atlanta
of many people with disabilities and other advocates. The
Paralympics Organizing Comm. announced last night at the Film
Festival I attended that they are sold out for the opening
ceremony tonight...a great tribute to the cause!
See you Monday!

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-AUG-1996 21:14:12.32

SUBJECT: research JBA version

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:19-AUG-1996 09:30:49.17

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:15-AUG-1996 17:19:00.00

ATT BODYPART TYPE:H

ATT CREATOR: Jeremy D. Benami

ATT SUBJECT: research rewrite

ATT TO: Jeffrey Levi (LEVI_J)

TEXT:

opportunities for progress section lists four challenges - then addresses two of them?? Am I missing the last two sections??

PRINTER FONT 12_POINT_ROMAN
B. RESEARCH
PRINTER FONT 12_POINT_ROMAN_ITALIC
"Our common goal must ultimately be a cure, a cure for all those who are living with HIV, and a vaccine to protect us from the virus."
PRINTER FONT 12_POINT_ROMAN
President Clinton, December 5, 1995, to the White House Conference on HIV and AIDS
1. Record of Accomplishment
Since 1981, the nation has made significant advances in HIV

-related research including:
- o Identification of HIV as the etiologic agent for AIDS,
- o Development of a reliable test to determine exposure to HIV,
- o Approval of zidovudine (AZT), the first treatment of HIV primary infection,
- o Development by the Food and Drug Administration of a system of expedited review of treatments for life

-threatening
diseases, including HIV.

[Don't protease inhibitors, other drugs belong here??]
Since he took office in 1993, President Clinton has escalated our AIDS research efforts by:

- Increasing AIDS research funding by 34 percent,
- Signing the NIH Revitalization Act of 1993, creating a permanent Office of AIDS Research at NIH and vesting it with new authority to plan and implement an annual AIDS research plan,
- Accelerating AIDS drug approval to record times -- since 1993, the Food and Drug Administration has approved 12 new AIDS drugs and three new diagnostic tests,
- Supporting research that led to finding that use of AZT during pregnancy, childbirth, and the first six weeks of life can reduce the transmission of HIV from mother to child by two

-thirds,

- Launching a four

-year, $100 million research effort to develop effective topical microbicides;

- Facilitating creation of the Forum for Collaborative HIV

Research to identify opportunities for clinical effectiveness research to improve care for HIV

-positive individuals.

Contributions of AIDS Research
[Structural question: some of the accomplishments written about below appear in the bullets above, some do not; what's the difference between the bullets and this section. They should probably be combined as far as I can tell. What do you think?]
AIDS research has had significant benefits beyond the epidemic, in work on many other diseases. AIDS research has, for example, accelerated study of the human immune system, helping to better understand and treat diseases such as cancer; autoimmune diseases, including systemic lupus erythematosus; type I diabetes mellitus; rheumatoid arthritis; and multiple sclerosis. AIDS research also contributes to the prevention of other infectious diseases and provides a new paradigm for treatment of viral diseases.
Advances made in the treatment and prevention of HIV

-related opportunistic infections have had an enormous impact on the care of patients with other immunodeficiency conditions who are susceptible to many of the same pathogens. This research effort has enhanced the care of cancer patients, patients who have received immunosuppressive therapy for transplants, and the treatment of diseases caused by elevated immune responses (i.e., allergies and lupus).

HIV research has assisted in identifying new infectious agents that may be responsible for malignancies, such as the recent discovery of the etiologic agent for Kaposi's sarcoma. These findings may help to identify other oncogenic agents. HIV research has led to a better understanding of the mechanisms by which infectious agents and inflammatory cells cross the blood/brain barrier, providing valuable clues for research on Alzheimer's disease, dementia, multiple sclerosis, neuropsychological disorders, encephalitis, and meningitis. Moreover, prior to the AIDS epidemic, little investment was made in research to treat viral diseases. Studies to develop anti

-HIV
therapies have improved our understanding of additional viral diseases and led to development of treatments.
Efforts to develop drugs for the treatment of HIV have accelerated the development of methods of rational drug design using sophisticated techniques of structural biology and advanced computer imaging methods. These advances have implications for drug design for virtually all disorders. Comparative clinical trials of poxvirus vectors and vaccine adjuvants in HIV vaccine candidates have supported safety information for cancer vaccines.
Research on HIV

-related wasting has provided important
information for research on nutritional disorders, metabolic

abnormalities, and gastrointestinal dysfunctions.
Due in great part to federally

-sponsored AIDS research, a number
of new and exciting research advances have brought optimism and opened new areas for investigation. One recent advance has been the development of a new class of drugs known as protease inhibitors. When used in combination with other types of anti

-retroviral drugs, there is the potential to dramatically
reduce the amount of HIV in the bloodstream, possibly improve a person's clinical status and reduce the risk of HIV transmission.
Another landmark advance in HIV prevention was the demonstration that AZT can dramatically reduce the risk of transmission of HIV infection from a pregnant woman to her child. Advances in effective treatments for HIV

-related conditions can prolong and
improve the quality of life of persons living with HIV.
Breakthroughs in our understanding of the genes and proteins of the human immunodeficiency virus have allowed the development of increasingly effective anti

-retroviral drugs.
In addition, the Food and Drug Administration through its expedited review and accelerated approval programs is now

approving drugs more rapidly than ever before. Recent planning efforts on the part of various federal Agencies, such as the annual NIH plan for HIV

-related research and the Federal
Biomedical and Behavioral Research Plan for HIV and AIDS have greatly improved the coordination of HIV research.

2. Future Opportunities for Progress
While tremendous progress has been made in biomedical research, we cannot and will not diminish our effort until we have found a cure and a preventive vaccine. To accomplish this national goal, we must address four ongoing challenges:

- o Provide leadership and coordination for the federal research effort
- o Develop biomedical interventions that prevention HIV infection, both a vaccine and a microbicide
- o Develop new and more effective therapies for HIV and related conditions
- o Assure adequate funding for this research effort.

a. Leadership and coordination of research.

Developing and implementing the federal government's AIDS research agenda presents both scientific and logistical challenges that require leadership and coordination, first among the 24 institutes, centers, and divisions of the NIH, and second among the various Departments and Agencies throughout the government that support HIV research.
The strengthened authority and new leadership of the NIH Office of AIDS Research and the first Federal Biomedical and Behavioral Research Plan and Budget for HIV and AIDS form the basis for better coordination of our research effort and provide the assurance that key questions are being answered systematically and without duplication. Over the next year, the Administration is committed to reauthorizing the OAR's authority and assuring that its budget powers are maintained throughout the appropriations process.
As part of the ongoing commitment to assess all aspects of our research effort, the OAR convened a panel of outside experts to evaluate the NIH AIDS programs. The report of the .....insert formal name of Levine committee...included several key recommendations that will be implemented in the year ahead. These include:
[Jane-

-we should ask NIH for the specifics-

-but my guess is they
are:]
-

-increase the pool of funds available for investigator

-initiated
research, so we can expand on the basic science base for drug and vaccine development.
-

-provide an improved coordination mechanism for all the clinical trials groups funded by the various NIH institutes.
-

-give new and stronger leadership to the vaccine development programs.
-

-increase the commitment to behavioral research (can this go here...even though it's sort of prevention???)
[Question: are we committed to implementing the recommendations? What's our position on them?]
b. Biomedical (is this the right term?) Prevention of HIV infection
PRINTER FONT 12_POINT_ROMAN_ITALIC
Vaccine Development The scientific community remains confident that, ultimately, an effective vaccine against HIV infection can be developed. This is our ultimate goal in the area of

prevention and in FY 1997, the NIH plans to increase its commitment to vaccine research by $xx million.
PRINTER FONT 12_POINT_ROMAN
The federal government, through the NIH and the Department of Defense, will continue to support two approaches to vaccine development. The first approach is based on the belief that gathering additional basic science information offers the best hope in steering vaccine development and that many critical questions must be answered before human trials should begin. The second approach is guided by the belief that data gathered from clinical efficacy trials in humans can lead to the development of a successful candidate and that if a safe candidate is available, it is not necessary to resolve all of the scientific questions before proceeding with human trials. Both approaches will be pursued on a parallel and interrelated path.
PRINTER FONT 12_POINT_ROMAN_ITALIC
Microbicides Many scientists believe that in the absence of a vaccine the development of safe and effective mechanical or chemical barrier methods that will block HIV transmission or prevent other sexually transmitted infections could dramatically reduce the sexual transmission of HIV. Worldwide over 80 percent of HIV infections are acquired heterosexually and women are more easily infected than men. Moreover, the risk of becoming infected or infecting others is substantially increased by the presence of other STDs Alan B. Stone, and Penelope J. Hitchcock. Vaginal Microbicides for Preventing the Transmission of HIV. AIDS 1994, 8 (suppl 1):S285

-S293.

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

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-AUG-1996 17:46:17.52

SUBJECT: RE: research rewrite

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:15-AUG-1996 20:01:29.34

TEXT:
thanks for the editing...I will look at this more carefully tonight and also try to get you the rest of the document.
Yes, somehow you lost two parts of the research opportunities. I will retransmit later.
I will look at the contributions vs. accomplishments in research. The distinction is that we want to have in the contributions section something that responds to the argument that we spend too much money on AIDS research, which obviously has a different purpose than the accomplishments section.
The dirty little secret is that we can't claim research on protease inhibitors as one of our accomplishments -- they were done almost exclusively with private research money.

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

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

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

Collection: 2007-0143-F

Bucket: WHO

Creation Date: 1996-08-15

Subject: rest of strategy

Creator: Jeffrey Levi LEVI_J WHO

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-AUG-1996 13:06:28.69

SUBJECT: RE: Let me know

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:15-AUG-1996 14:19:43.86

TEXT:
we cannot pay for expenses -- can you let her know -- unless OAR
is willing to help out

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

CREATOR: Lahoma Romocki (ROMOCKI_L) (OPD)

CREATION DATE/TIME:15-AUG-1996 11:41:12.41

SUBJECT: Tel/con Bob Fogel

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-AUG-1996 13:07:02.60

TEXT:

Jeff,
After the conference call yesterday, Bob called me to ask for specifics about who was being invited for the international panel. I told him. He wants two other people-- Lori Heiss (a microbicides and violence prevention advocate) and Stuart Burden (Mac Arthur Foundation and Dec 6th WH conference attendee). When I brought up the issue of too many speakers, he said that we should ask for more time if the two hours are not enough to accommodate all the speakers. Finally, he gave details of what he wants in the invitation letters and he wants to review the drafts of all letters inviting the speakers before they go out.
I told him that I would convey his wishes to Patsy. Please pass this message on to her and advise soonest.

LHSR

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-AUG-1996 21:15:26.52

SUBJECT: fyi

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:19-AUG-1996 09:32:22.10

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:15-AUG-1996 20:00:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Jeremy D. Benami

ATT SUBJECT: RE: research rewrite

ATT TO: Jeffrey Levi (LEVI_J)

TEXT:
re protease - isn't this a national plan, can't we be listing
national accomplishments - phrasing isn't these are "federal"
accomplishments - it's we the country's accomplishments.
contributions section starts out just hitting the crossover
benefits, but by the end it's listing pure AIDS accomplishments.
I think the crossover section should be limited to that as a
subheading of the accomplishments section.
have fun!!!!
hope this is helpful, I like this iterative editing. At the end
of the process we should have a good piece, I think.
========== END ATTACHMENT 1 ==========

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

CREATOR: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:15-AUG-1996 15:33:13.57

SUBJECT: RE: previous e-mail

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-AUG-1996 17:40:03.56

TEXT:
No problem.

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

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

CREATION DATE/TIME:15-AUG-1996 20:02:37.75

SUBJECT: RE: research rewrite

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-AUG-1996 21:00:18.15

TEXT:
re protease - isn't this a national plan, can't we be listing national accomplishments - phrasing isn't these are "federal" accomplishments - it's we the country's accomplishments. contributions section starts out just hitting the crossover benefits, but by the end it's listing pure AIDS accomplishments. I think the crossover section should be limited to that as a subheading of the accomplishments section.
have fun!!!!
hope this is helpful, I like this iterative editing. At the end of the process we should have a good piece, I think.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-AUG-1996 21:14:51.52

SUBJECT: fyi

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:19-AUG-1996 09:31:32.53

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:15-AUG-1996 17:43:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Jeffrey Levi

ATT SUBJECT: RE: research rewrite

ATT TO: Jeremy D. Benami (BENAMI_J)

TEXT:
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much money on AIDS research, which obviously has a different
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The dirty little secret is that we can't claim research on
protease inhibitors as one of our accomplishments -- they were
done almost exclusively with private research money.
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RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:15-AUG-1996 13:09:37.94

SUBJECT: RE: Tel/con Bob Fogel

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:15-AUG-1996 13:26:49.20

TEXT:
The agency people should get a cover memo from Patsy advising them of the invite; the entire group can certainly get a letter from Scott or Bob on Advisory Council letterhead (we have it in the computer) with their RSVP to you. So, it's fine to draft something for Bob and get it to him -- you don't need to wait for me. Let him fight for more time if he wants to -- but I doubt he'll get it. Are these other people good?

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

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

CREATION DATE/TIME:15-AUG-1996 17:32:18.46

SUBJECT: research rewrite

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:15-AUG-1996 17:40:42.63

TEXT:

opportunities for progress section lists four challenges - then addresses two of them?? Am I missing the last two sections??

PRINTER FONT 12_POINT_ROMAN
B. RESEARCH
PRINTER FONT 12_POINT_ROMAN_ITALIC
"Our common goal must ultimately be a cure, a cure for all those who are living with HIV, and a vaccine to protect us from the virus."
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-related research including:
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[Don't protease inhibitors, other drugs belong here??]
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-year, $100 million research effort to develop effective topical microbicides;
- Facilitating creation of the Forum for Collaborative HIV

Research to identify opportunities for clinical effectiveness research to improve care for HIV

-positive individuals.

Contributions of AIDS Research

[Structural question: some of the accomplishments written about below appear in the bullets above, some do not; what's the difference between the bullets and this section. They should probably be combined as far as I can tell. What do you think?]

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Advances made in the treatment and prevention of HIV

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Another landmark advance in HIV prevention was the demonstration that AZT can dramatically reduce the risk of transmission of HIV infection from a pregnant woman to her child. Advances in effective treatments for HIV

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a. Leadership and coordination of research.

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[Jane-

-we should ask NIH for the specifics-

-but my guess is they
are:]
-

-increase the pool of funds available for investigator

-initiated
research, so we can expand on the basic science base for drug and vaccine development.
-

-provide an improved coordination mechanism for all the clinical trials groups funded by the various NIH institutes.
-

-give new and stronger leadership to the vaccine development programs.
-

-increase the commitment to behavioral research (can this go here...even though it's sort of prevention???)
[Question: are we committed to implementing the recommendations? What's our position on them?]
b. Biomedical (is this the right term?) Prevention of HIV infection
PRINTER FONT 12_POINT_ROMAN_ITALIC
Vaccine Development The scientific community remains confident that, ultimately, an effective vaccine against HIV infection can be developed. This is our ultimate goal in the area of

prevention and in FY 1997, the NIH plans to increase its commitment to vaccine research by $xx million.
PRINTER FONT 12_POINT_ROMAN
The federal government, through the NIH and the Department of Defense, will continue to support two approaches to vaccine development. The first approach is based on the belief that gathering additional basic science information offers the best hope in steering vaccine development and that many critical questions must be answered before human trials should begin. The second approach is guided by the belief that data gathered from clinical efficacy trials in humans can lead to the development of a successful candidate and that if a safe candidate is available, it is not necessary to resolve all of the scientific questions before proceeding with human trials. Both approaches will be pursued on a parallel and interrelated path.
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-S293.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:16-AUG-1996 10:36:09.11

SUBJECT: missing prevention paragraphs

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:16-AUG-1996 13:09:12.31

TEXT:

PRINTER FONT 12_POINT_COURIER
Missing prevention secction at end
e. Special Populations
There are certain populations where the HIV epidemic has had a disproportionate impact or where HIV infection rates are rising at a worrisome pace. These include youth (especially young gay men), women, and minorities (especially gay men of color), prisoners, and, as discussed above, substance abusers. While many federally funded HIV prevention activities already target these populations, as part of the President's increased funding request for CDC, $35 million in new funds will be provided for programs targeting youth, women, and substance abusers.
f. Evaluation
To ensure that prevention programs are actually working -- and so scarce resources are spent on the most effective interventions -- all federally funded prevention activities will routinely include evaluation components. The funding agencies will share widely the knowledge gained about what works and what does not to ensure promotion of best practices in the field. In addition, as part of the federal government's compliance with the Government Performance and Results Act, CDC and SAMHSA will continue to work with its constituents to develop appropriate performance measures for HIV prevention programs.

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

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

CREATION DATE/TIME:16-AUG-1996 10:09:19.26

SUBJECT: I'm finishing the weekly by Noon.

TO: Elizabeth E. Drye (DRYE_E) (OPD)
READ:16-AUG-1996 11:08:33.70

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:16-AUG-1996 13:07:56.71

TO: Molly Brostrom (BROSTROM_M) (WHO)
READ:16-AUG-1996 12:30:54.60

TO: Dennis Burke (BURKE_D) (OPD)
READ:16-AUG-1996 10:09:26.66

TO: Diane Regas (REGAS_D) (OPD)
READ:16-AUG-1996 10:09:41.84

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:21-AUG-1996 11:02:35.62

TO: Diana M. Fortuna (FORTUNA_D) (OPD)
READ:16-AUG-1996 10:17:15.74

TO: Christopher C. Jennings (JENNINGS_C) (WHO)
READ:16-AUG-1996 16:11:50.66

TO: Jennifer L. Klein (KLEIN_J) (OPD)
READ:16-AUG-1996 10:10:08.05

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:17-AUG-1996 15:01:31.84

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:19-AUG-1996 11:25:39.77

TO: Stephen C. Warnath (WARNATH_S) (OPD)
READ: 3-SEP-1996 11:53:38.22

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ:16-AUG-1996 11:02:40.34

TO: Lyndell Hogan (HOGAN_L) (OPD)
READ:16-AUG-1996 12:15:26.07

TO: Jeanine D. Smartt (SMARTT_J) (OPD)
READ:16-AUG-1996 10:15:52.26

TO: Michael Cohen (COHEN_M) (OPD)
READ:16-AUG-1996 11:12:47.88

TO: Sandra L. Bublick-Max (BUBLICKMAX_S) (OPD)
READ:16-AUG-1996 15:17:42.48

TEXT:

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

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

CREATION DATE/TIME:16-AUG-1996 09:19:16.09

SUBJECT: RE: rest of strategy

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:16-AUG-1996 10:20:09.45

TEXT:
I don't think I got specials pops and eval in the first place - so that's why they are not there. Can you send those pieces too? I'll work on the remainer of the doc this a.m. and send to you asap.
We should have it done by Monday.
By the way on the intro - I would use the intro Section I to state clearly that the national strategy is driven by "x" goals (4,5,?): (1) No new infections (2) Find a Cure and a Vaccine (3) [Approp service goal], etc. - then the intro frames the document. The President's letter can then say how committed he is to the four goals of the strategy and to meeting the challenges laid out in meeting those goals. Then Section II is the "State of the Epidemic" - then III thru VII are the action sections.
On the credit for protease question - How much more would there be to add to the various accomplishments sections if it were regarded more broadly as "national" achievements rather than federal governments? Is protease an exception or one of many examples??
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See ya

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:16-AUG-1996 10:22:49.86

SUBJECT: RE: rest of strategy

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:16-AUG-1996 13:08:12.60

TEXT:
yes, we can do something with protease as national accomplishments.
i'll think about needles over the weekend -- there may be a way of doing this (tho will ONDCP clear the document?)
yes, we should have this done by Monday so it can go to HHS -- we should talk on monday about how to push it through there quickly.
i'm out of computer contact for the rest of the day.

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

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

CREATION DATE/TIME:16-AUG-1996 14:20:04.73

SUBJECT: Please call me when you get a chance

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:17-AUG-1996 15:01:45.16

TEXT:

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

CREATOR: Lahoma Romocki (ROMOCKI_L) (OPD)

CREATION DATE/TIME:16-AUG-1996 16:41:33.90

SUBJECT: ASAP

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:17-AUG-1996 15:02:39.69

TEXT:
ABC News wants information on ADAP for deadline tonight. Contact Steven Mitchell 222-7345.

Leaving work at 5:15. See you Monday.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:16-AUG-1996 10:24:20.85

SUBJECT: fyi

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:19-AUG-1996 09:34:21.88

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:16-AUG-1996 10:21:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Jeffrey Levi

ATT SUBJECT: RE: rest of strategy

ATT TO: Jeremy D. Benami (BENAMI_J)

TEXT:
yes, we can do something with protease as national
accomplishments.
i'll think about needles over the weekend -- there may be a way of
doing this (tho will ONDCP clear the document?)
yes, we should have this done by Monday so it can go to HHS -- we
should talk on monday about how to push it through there quickly.
i'm out of computer contact for the rest of the day.
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RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:16-AUG-1996 10:23:24.66

SUBJECT: fyi

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:19-AUG-1996 09:33:28.41

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:16-AUG-1996 09:11:00.00

ATT BODYPART TYPE:B

ATT CREATOR: Jeremy D. Benami

ATT SUBJECT: RE: rest of strategy

ATT TO: Jeffrey Levi (LEVI_J)

TEXT:
I don't think I got specials pops and eval in the first place -
so that's why they are not there. Can you send those pieces too?
I'll work on the remainer of the doc this a.m. and send to you
asap.
We should have it done by Monday.
By the way on the intro - I would use the intro Section I to state
clearly that the national strategy is driven by "x" goals
(4,5,?): (1) No new infections (2) Find a Cure and a Vaccine (3)
[Approp service goal], etc. - then the intro frames the document.
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Thoughts?
See ya
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:16-AUG-1996 10:44:00.00

SUBJECT: CDC AIDS Daily Summary 08/16/96

TO: levi_j (levi_j@A1@CD) (WHO)
READ:19-AUG-1996 08:46:34.54

TEXT:

AIDS Daily Summary
August 16, 1996

****

"AIDS-Related Drug Test Is Halted and Stock Dives" "Mayor Drops Plan to Allow Use of Marijuana as Medicine" "Judge OKs Pact to Pay Hemophiliac AIDS Victims" "Vaccination Gap Puts Thousands at Risk, CDC Says"
"One Third of Inner-City Women at Risk for HIV; Syphilis Linked to Acquiring HIV"
"Canada Approves Use of New Anti-HIV Drug"
"Saratov Leads Other Russian Regions in AIDS Carriers"
"Kenya to Start Pilot Project on Male Involvement"
"Delta: A Randomized Double-Blind Controlled Trial Comparing Combinations of Zidovudine Plus Didanosine or Zalcitabine With Zidovudine Alone in HIV-Infected Individuals"
"Reports Bolster Viral Cause of KS"
****

"AIDS-Related Drug Test Is Halted and Stock Dives"
Wall Street Journal (08/16/96) P. B4

The National Eye Institute's announcement Wednesday that a drug made by Protein Design Labs was dropped from its trial for lack of results caused the company's stock to fall 33 percent on Thursday. Protein Design's stock fell $7.625 to $15.50. Protovir was being tested to treat a potentially blinding eye condition common in AIDS patients.

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San Francisco Mayor Willie Brown has decided against

declaring a citywide state of emergency to allow marijuana use for medicinal purposes, saying the move could jeopardize the city's needle exchange program. Brown had supported the emergency plan last week but said he changed his mind after talking to members of the police commission and health department officials. Following the closing of the city's Cannabis Buyers' Club last week by state narcotic agents, city officials are trying to reach an agreement with the state Attorney General's Office to allow another organization to distribute the drug to people with AIDS, cancer, and other illnesses. The city's needle exchange program has been operating illegally for the past three years, under the protection that it was needed as a health emergency. Brown expressed concerns that it would be attacked if marijuana use was allowed under the same conditions.

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Two new studies published in the American Journal of Public Health suggest that more HIV prevention programs are needed for women living in inner cities. According to one study, about one-third of women in this population are at high risk for HIV because of the risk behavior of their sexual partners. Kathleen J. Sikkema, of the Medical College of Wisconsin, and colleagues, also reported that the majority of women had good overall knowledge of HIV risk but poor knowledge related to proper condom

and lubricant use. A related study found that diagnosis of syphilis among women who use drugs reflects high-risk sexual activity and is associated with HIV infection.

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Xinhua News Agency (08/15/96)

Norvir, an anti-HIV drug made by Abbott Laboratories, has been approved by the Canadian government. The protease inhibitor, also known as ritonavir, was cleared for use in combination with other anti-HIV drugs, but not on its own. According to Abbott Laboratories, tests have shown that Norvir can reduce the risk of disease progression or death by nearly half in patients with advanced HIV infection.

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Lancet (08/03/96) Vol. 348, No. 9023, P. 283; Aber, V.; Aboulker, J.P.; Babiker, A.G.; et al.

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had no added benefit.

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Science (08/02/96) Vol. 273, No. 5275, P. 573; Cohen, Jon

Although new research lends further credence to the theory that Kaposi's sarcoma-associated herpesvirus (KSHV) causes Kaposi's sarcoma, some AIDS researchers are still skeptical. Two new studies found that antibodies to KSHV proteins are common only among those who have KS and those who later develop the disease. The findings do not explain why KS in AIDS patients seldom appears in patients other than in gay men, while other human herpesviruses appear throughout the population. Dr. Robert Gallo, director of the University of Maryland's Institute of Human Virology, believes that HIV leads to KS, however. He says the new data do not prove a causal link between KSHV and KS, and points to studies that suggest the virus may be widespread in populations that do not develop the disease.

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:16-AUG-1996 10:45:00.00

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 <0118CA2ZNOKW000BCK@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Fri, 16 Aug 1996 10:44:17 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0118CA1OL3KU00007U@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri, 16 Aug 1996 10:43:15 -0700 (MST)
Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id KAA20112; Fri, 16 Aug 1996 10:44:16 -0400
Errors-to: shelly_olim_at_aspenpo@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:19-AUG-1996 14:26:27.75

SUBJECT: strategy

TO: Jeremy D. Benami (BENAMI_J) (WHO)
READ:19-AUG-1996 16:32:29.58

TEXT:
(1) I left off a paragraph and made some more changes to the missing part of the research section -- so it is now on the i drive called research.jl -- starting with microbicides. (I had left off some action items)
(2) All our changes have been made to the beginning and the prevention section and the first part of the research section. It is now on the i drive called: strat.ful.
I will keep adding to that document as we complete sections.
Of note:
I added an evaluation paragraph to the prevention research section.
I changed the needles section. See if this works better putting it in a context.
I added drug development to the accomplishments list in research.
Eliminated three paragraphs in contributions of research.
Let me know.

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

CREATOR: Dorothy K. Craft (CRAFT_D) (OPD)

CREATION DATE/TIME:19-AUG-1996 13:27:29.99

SUBJECT: tour

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:19-AUG-1996 14:22:45.04

TEXT:
yes, still looking at 3 interns for the tues. tour. Please let me know if you can't handle 3. I can knix one of them, if that's helpful. Thanks so much -- you're the best.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:19-AUG-1996 14:22:42.18

SUBJECT: RE: tour

TO: Dorothy K. Craft (CRAFT_D) (OPD)
READ:19-AUG-1996 17:10:46.76

TEXT:
we're fine with three -- i'll meet them in the West lobby just before 8.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:19-AUG-1996 08:47:22.84

SUBJECT: daily news

TO: Patsy Fleming (FLEMING_P) (WHO)
READ:21-AUG-1996 11:07:09.36

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:20-AUG-1996 16:57:21.98

TO: Lahoma Romocki (ROMOCKI_L) (OPD)
READ:19-AUG-1996 09:52:20.15

TEXT:

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:16-AUG-1996 10:44:00.00

ATT BODYPART TYPE:E

ATT CREATOR: aidsnews

ATT SUBJECT: CDC AIDS Daily Summary 08/16/96

ATT TO: levi_j (levi_j@A1@CD)

TEXT:

AIDS Daily Summary
August 16, 1996

****

"AIDS-Related Drug Test Is Halted and Stock Dives" "Mayor Drops Plan to Allow Use of Marijuana as Medicine" "Judge OKs Pact to Pay Hemophiliac AIDS Victims" "Vaccination Gap Puts Thousands at Risk, CDC Says"
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========== END ATTACHMENT 1 ==========

========== ATTACHMENT 2 ==========
ATT CREATION TIME/DATE:16-AUG-1996 10:45:00.00

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 <0118CA2ZNOKW000BCK@PMDF.EOP.GOV> for levi_j@a1.eop.gov; Fri, 16 Aug 1996 10:44:17 -0400 (EDT)
Received: from aspen3.aspensys.com (aspensys3.aspensys.com)
by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <0118CA1OL3KU00007U@STORM.EOP.GOV> for levi_j@a1.eop.gov; Fri, 16 Aug 1996 10:43:15 -0700 (MST)

Received: by aspen3.aspensys.com (SMI-8.6/SMI-SVR4) id KAA20112; Fri,
16 Aug 1996 10:44:16 -0400
Errors-to: shelly_olim_at_aspenpo@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: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:19-AUG-1996 15:02:30.10

SUBJECT: PAC questions

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:19-AUG-1996 15:38:11.35

TEXT:
Debbie Runions called and wanting to welcome Judith Billings. Ok to give out Billings' number?

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:19-AUG-1996 16:04:34.66

SUBJECT: Catching up

TO: Remote Addressee (75051.3374@compuserve.com@INET@EOPMRX)
READ:NOT READ

TEXT:
I feel bad for not having sent you a message sooner--we have not forgotten you...I was in Tampa three days last week at this HIV and Substance Abuse meeting (too much process for me....and oh my, do the substance abuse people make the HIV prevention folks look modern and up to speed -- consumer involvement is not one of their favorite buzzwords!)
Our meeting with the agencies didn't happen -- emergencies caused cancellation last week; this week is out since the critical person from HHS is away (and Jen assures me she is critical -- no one is making this up) -- so we are back to after the convention.
I miss you -- if only to have someone I can think out loud to -- that was an invaluable service for me, a luxury in this job!
Hope the campaign is going well -- glad you're feeling good about being home.
jl

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. email	From: Carol Rasco, To: Many Recipients, Re: Thank You Note (2 pages)	08/19/1996	Personal Misfile

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

FOLDER TITLE:
[08/13/1996 - 08/20/1996]

2018-0759-F
jn428

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	From: Dorothy Kraft, To: Many Recipients, Re: Summer BBQ II (2 pages)	08/19/1996	Personal Misfile

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

FOLDER TITLE:
[08/13/1996 - 08/20/1996]

2018-0759-F
jn428

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: Ursula Sanville (SANVILLE_U) (OPD)

CREATION DATE/TIME:19-AUG-1996 11:01:38.83

SUBJECT: equipment

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:19-AUG-1996 12:06:29.90

TEXT:
How about getting a laptop (or two) that folks could sign out ...?

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:19-AUG-1996 15:38:09.47

SUBJECT: RE: PAC questions

TO: Ursula Sanville (SANVILLE_U) (OPD)
READ:19-AUG-1996 16:26:49.17

TEXT:
yes, thebusiness number

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

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

CREATION DATE/TIME:19-AUG-1996 12:50:57.35

SUBJECT: prevention

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:19-AUG-1996 14:21:20.61

TEXT:
saved the whole prevention section as prevent.jl combining the two paras and the original section. see question about fifth challenge?
i have a 1:00 and a 2:00
I will work on the rest after 3:00

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

CREATOR: Sarah S. Freeman (FREEMAN_S) (WHO)

CREATION DATE/TIME:19-AUG-1996 16:01:00.25

SUBJECT: thanks

TO: Jeffrey Levi (LEVI_J) (WHO)
READ:19-AUG-1996 16:01:13.29

TEXT:
Thanks for providing the drafts for those two letters you sent down to me. I've been pretty overwhelmed since starting this new job, and you really helped me a lot.
Sarah

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:19-AUG-1996 16:52:20.23

SUBJECT: Remind me...

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

TEXT:
Yes, we have originals of the reports we can get to you -- I'll have Daniel let you know when they are ready. Also -- when is your deadline for stuff to be included in the books -- we've got some stuff we are collecting -- and do you prefer to get them all at once or in bunches?
thanks.

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

CREATOR: Jeffrey Levi (LEVI_J) (WHO)

CREATION DATE/TIME:20-AUG-1996 19:00:03.99

SUBJECT: RE: WW Tour tonight

TO: Jill Pizzuto (PIZZUTO_J) (OPD)
READ:20-AUG-1996 19:06:00.08

TEXT:
sounds good

RECORD TYPE: PRESIDENTIAL (EXTERNAL MAIL)

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

CREATION DATE/TIME:20-AUG-1996 10:14:00.00

SUBJECT: Re: Remind me...

TO: Jeffrey Levi (LEVI_J@A1@CD) (WHO)
READ:20-AUG-1996 10:24:40.88

TEXT:

Bunches are fine, just have someone give me a quick call and I will let the courier know to stop by your office. He goes downtown every afternoon anyway.

I was hoping to receive everything by Thurs., Aug. 29 and fedx out on Tuesday, Sept. 3 since Monday is a holiday. Is this OK with you?

Ben Schatz called me and said he thought there was a Prevention subcommittee meeting on Saturday (9/7) as well. I told him I had heard nothing about it and none of the arrangements were made through us. I also checked the itineraries of some of the other Prevention subcommittee members and they don't seem to be arriving particularly early on Saturday. Most are coming in during the evening.

|From: Jeffrey Levi
|To: KSF
|Subject: Remind me...
|Date: Monday, August 19, 1996 4:56PM
|
| Yes, we have originals of the reports we can get to you -- I'll
| have Daniel let you know when they are ready. Also -- when is
| your deadline for stuff to be included in the books -- we've got
| some stuff we are collecting -- and do you prefer to get them all
| at once or in bunches?
|
| thanks.
|
|

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE:20-AUG-1996 10:15:00.00

ATT BODYPART TYPE:D

TEXT:
RFC-822-headers:
Received: from storm.eop.gov (storm.eop.gov)
by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01I8HU7VSY000038ZV@PMDF.EOP.GOV> for LEVI_J@a1.eop.gov; Tue, 20 Aug 1996 10:14:51 -0400 (EDT)
Received: from SSSHQ5 (206.65.240.10) by STORM.EOP.GOV (PMDF V5.0-7 #6879) id <01I8HU6H4OSE00007U@STORM.EOP.GOV> for LEVI_J@a1.eop.gov; Tue,

20 Aug 1996 10:13:43 -0700 (MST)
X-Mailer: Worldtalk (NetConnex V4.00a)/MIME
========== END ATTACHMENT 1 ==========