FOIA Number: 2018-0764-F

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 21073

FolderID:

Folder Title:
8/26/1999 - 8/31/1999 Atlanta

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	1	2

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. statement	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	10/28/1999	b(6)
002. invoice	re: Satotravel [Personally Identifiable Information] (1 page)	03/22/1999	b(6)
003. statement	re: Travel order [Personally Identifiable Information] [partial] (1 page)	08/23/1999	b(6)
004. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	10/04/1999	b(6)
005. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	08/23/1999	b(6)
006. statement	re: Travel order [Personally Identifiable Information] [partial] (1 page)	08/25/1999	b(6)
007. invoice	re: Satotravel [Personally Identifiable Information] (1 page)	03/22/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:
8/26/1999 - 8/31/1999 Atlanta

2018-0764-F
jm2199

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]
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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]
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Sent Oct 28

TRAVEL VOUCHER

T.O. NUMBER:	OFFICE:	TYPE OF TRAVEL:	VOUCHER NO.: 1
9941873	HCK21	TEMPORARY DUTY	SCHEDULE NO.:

TRAVELER (PAYEE):	SSN:	PERIOD OF TRAVEL:
SANDY THURMAN [001]	(b)(6)	8/26/1999-8/31/1999

MAILING ADDRESS:	OFFICE TELEPHONE: (404)639-5200	AUTHORIZED:

PRESENT DUTY STATION:	RESIDENCE: WASHINGTON, DC

ADVANCE OUTSTANDING:
AMOUNT TO BE APPLIED:
AMOUNT DUE GOVERNMENT:

ITR NUMBER:	COST:	TRAVEL MODE:	ISSUED:	POINTS OF TRAVEL:
A2065067	522.00	SATO	8/26/1999	WASHINGTON, DC TO ATLANTA, GA AND RETURN

I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED BY ME. WHEN APPLICABLE, PER DIEM CLAIMED IS BASED ON THE AVERAGE COST OF LODGING INCURRED DURING THE PERIOD COVERED BY THIS VOUCHER.

TRAVELER SIGN HERE: Sandra Thurman DATE: 10/28/99 AMOUNT CLAIMED: 277.00

NET TO TRAVELER: 277.00

NOTE: FALSIFICATION OF AN ITEM IN AN EXPENSE ACCOUNT WORKS A FORFEITURE OF CLAIM (28 U.S.C. 2514) AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. 287 I.D. 1001).

ACCOUNTING CLASSIFICATION:

A2AM5 99212044 21.11 277.00

1st Page

Review, Sign, FAX this Page ASAP.

Thanks
Madeline

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED
TRAVEL ORDER 9941873 - SANDY THURMAN

ACTUAL EXPENSES: MILEAGE & OTHER

DATE	TIME	DESCRIPTION	MILEAGE	OTHER
08261999	04:00 PM	N/C FRM OFFICE TO A/P		
	06:00 PM	WASHINGTON, DC		
08261999	07:53 PM	ATLANTA, GA		
08261999		TAXI FRM A/P TO DUTY SITE		25.00
08281999		TAXI FRM RESID TO DUTY SITE		27.00
08281999		TAXI FRM DUTY SITE TO RESID		27.00
08301999		TAXI FRM RESID TO DUTY SITE		20.00
08301999		TAXI FRM DUTY SITE TO RESID		20.00
08311999		TAXI FRM HTL TO A/P		25.00
08311999	06:25 PM	ATLANTA, GA		
08311999	08:13 PM	WASHINGTON, DC		
08311999	09:00 PM	N/C		
		TOTAL MILEAGE & OTHER		144.00

ACTUAL EXPENSES: PER DIEM

	06:00 PM WASHINGTON, DC
08261999	07:53 PM ATLANTA, GA

DATE(S)	LODGING	DAYS	MIE	LDG	TOT	CLAIMED
08281999 08301999		2	104.50		104.50	104.50

	06:25 PM ATLANTA, GA
08311999	08:13 PM WASHINGTON, DC

DATE(S)	LODGING	DAYS	MIE	LDG	TOT	CLAIMED
08311999		1	28.50		28.50	28.50

TOTAL PER DIEM	133.00
TOTAL ACTUAL EXPENSES	277.00

TRAVEL ORDER 9941873 - SANDY THURMAN

POST-APPROVAL JUSTIFICATIONS

TRAVELER DID NOT CLAIM ANY LODGING FOR THE NIGHTS OF 8/26-30/1999.

T.O. 9941823

TRAVEL REIMBURSEMENT FORM

Please attach all of the following that apply:

(✓) Airline Ticket Stub
(✓) Receipts for all Taxi Fares
( ) All Parking Receipts (including airport and hotel parking)
( ) Hotel Receipts
( ) Receipts for any Airport Shuttle Buses

Time and Date of Departure from: ( ) Residence (✓) Office 8/26/99 (Date), 6:00 (Time) AM/PM

N/A Travel to Airport ( ) Privately Owned Vehicle _____ Miles ( ) Taxi $_____ ( ) Shuttle $_____ ( ) Other $_____

Transportation from Airport to: ( ) Hotel (✓) Duty Site

( ) Rental Vehicle $_____ (✓) Taxi $ 25 ( ) Shuttle $_____ ( ) Other $_____

ATM Advance: $_____ ATM Fee: $_____

Lodging Information (Please furnish receipts). N/A

Date_____ From_____ To_____ Daily Rate $_____ Total $_____

Indicate Additional Expenses: Taxi/Limo, Airport Parking, etc (Be sure to turn in receipts).

Date 8/28 From Home To CDC $ 27 —
Date 8/28 Return From _____ To _____ $ 27 —
Date 8/30 From Home To Helene Gayle's Office $ 20 —
DATE 8/30 Return From _____ To _____ $ 20 —

Return Travel Information (Please Furnish Ticket Stubs)

Travel to Airport ( ) Rental Car $_____ (✓) Taxi $ 25 ( ) Shuttle $_____ ( ) Other $_____

Date and Time of Arrival at Home: 8/31/99 (Date), 9:00 (Time) AM/PM

N/A Transportation Home ( ) Privately Owned Vehicle _____ Miles ( ) Taxi $_____ ( ) Shuttle $_____ ( ) Other $_____

Name Sandra Thurman Date 10/27/99

TAX this Page; then Mail

STAPLE HERE

Delta Air Lines

ETKT PASSENGER ITINERARY

DATE/PLACE OF ISSUE 26AUG99 ATL

THURMAN/SANDRA — NOT TRANSFERABLE

DAY/DATE	FLIGHT	STATUS	CARRIER/VENDOR	CITY	TIME	SEAT	CLASS	MEAL	REMARK
THU 26AUG99	485	OK	DELTA AIR LINES INC	LV WAS-R REAGAN NAT	0600P	23D	COACH	SNACK	
				AR ATLANTA	753P				
TUE 31AUG99	578	OK	DELTA AIR LINES INC	LV ATLANTA	0625P	13C	COACH	SNACK	
				AR WAS-R REAGAN NAT	813P				

CONTINUED . . .

DUPLICATE

0 0067665898752 4

DUPLICATE

STAPLE HERE

Delta Air Lines

ETKT PASSENGER ITINERARY

DATE/PLACE OF ISSUE 26AUG99 ATL

THURMAN/SANDRA — NOT TRANSFERABLE

DAY/DATE	FLIGHT	STATUS	CARRIER/VENDOR	CITY	TIME	SEAT	CLASS	MEAL	REMARK
THU 26AUG99	485	OK	DELTA AIR LINES INC	LV WAS-R REAGAN NAT	0600P		COACH	BEVERAGE	
				AR ATLANTA					
TUE 31AUG99	578	OK	DELTA AIR LINES INC	LV ATLANTA	0625P		COACH	SNACK	
				AR WAS-R REAGAN NAT	813P				

CONTINUED . . .

DUPLICATE

0 0067665898752 4

PAGE 01 OF 02

DUPLICATE

STAPLE HERE

Delta Air Lines

ETKT PASSENGER RECEIPT

THURMAN/SANDRA

NOT TRANSFERABLE

DATE/PLACE OF ISSUE 26AUG99 ATL

FARE CALCULATION WAS DL ATL237.04 DL WAS237.04VCADCA 474.08 END ZPDCA2ATL2 XFDCA3ATL3

ISS AGT ID AA/931

FORM OF PAYMENT SGRA2065067

USD 474.08
US 37.92
ZP 4.00
XF 6.00
US0522.00 DUPLICATE

0 0067665898752 4

RECORD LOCATOR VCODKR
IATA 11603760

PAGE 02 OF 02
DUPLICATE

STAPLE HERE

Delta Air Lines

BOARDING AUTHORITY
ELECTRONIC TICKET
2 006 7665898752 3
VCODKR

THURMAN/SANDRA

VCADCA

FLIGHT	DATE	CLASS	ORIGIN	DEPARTS	SEAT
DL254	31AUG	Y	ATLANTA	930P	26A
OPERATED BY		COACH	DESTINATION		EXIT
DELTA AIR LINES INC			WAS-R REAGAN NA		

BAGS
02

ATLBE3211/ME

BOARDING AUTHORITY
******** ET ********

THURMAN/SANDRA

FLIGHT	DATE	SEAT
DL254	31AUG	26A
ORIGIN		EXIT
ATLANTA		
DESTINATION		
WAS-R REAGAN NA		
OPERATED BY DELTA AIR LINES INC		

BAGS
02

STAPLE HERE

Delta Air Lines

ETKT PASSENGER RECEIPT

THURMAN/SANDRA

NOT TRANSFERABLE

DATE/PLACE OF ISSUE 26AUG99 ATL

FARE CALCULATION WAS DL ATL237.04 DL WAS237.04VCADCA 474.08 END ZPDCA2ATL2 XFDCA3ATL3

ISS AGT ID AA/931

FORM OF PAYMENT SGRA2065067

USD 474.08
US 37.92
ZP 4.00
XF 6.00
US0522.00 DUPLICATE

0 0067665898752 4

RECORD LOCATOR VCODKR
IATA 11603760

PAGE 02 OF 02
DUPLICATE

Taxi Cab Receipts

Date 8-28 Time: _____

Trip Origin: _____

Destination CDC - Grant Meeting

Fare: $ 27 Signature _____

Taxi Cab Receipts

Date 8/30 Time: _____

Trip Origin: CDC - Main Building

Destination _____

Fare: $ 20 Signature _____

Taxi Cab Receipts

Date 8/31 Time: _____

Trip Origin: _____

Destination → Airport

Fare: $ 25 Signature _____

Taxi Cab Receipts

Date 8-28 Time: _____

Trip Origin: CDC - Grant Meeting

Destination _____

Fare: $ 27 Signature _____

Taxi Cab Receipts

Date 9/30 Time: _____

Trip Origin: _____

Destination CDC - Dr Gayle's office

Fare: $ 20 Signature _____

Taxi Cab Receipts

Date 8/26/99 Time: _____

Trip Origin: Hartsfield Airport

Destination Home

e: $ 25 Signature _____

TRAVEL REIMBURSEMENT INSTRUCTIONS

Your travel to Atlanta, Georgia is being funded by the Centers for Disease Control and Prevention (CDC).

While your airline tickets have been prepaid, other related travel expenses including those for lodgings, meals, and ground transportation expenses (e.g., taxicabs) are not payable in advance, but will be reimbursed to you upon submission of a travel voucher.

The maximum Government daily per diem rate for Atlanta, Georgia is $128.00 per day--this includes up to $90.00 (plus applicable taxes) for lodgings and $38.00 per day for meals and incidental subsistence expenses. **Please note that your arrival and departure date of travel will be reimbursed at 75% of $38.00 per day for meals and incidental subsistence expenses**. The reimbursement is limited to expenses incurred for your official travel only, and will cover only official conference days. Amounts spent in excess of those stated above are not reimbursable.

After completion of your trip, your voucher claim must be submitted to the Centers for Disease Control and Prevention within 5 working days. Please furnish a listing of the expenses you incur as a result of your attendance at this conference/meeting including the following information.

1. Airline ticket coupon. (Coupon must be returned with receipts; please do not misplace).

2. Public transportation and taxis used to and from airport terminals. Receipts are required for all transportation fares.

3. Hotel receipt.

Note: Direct Deposit Required –The Federal law now requires that government agencies pay vendors by direct deposit. If you have not already signed up for Direct Deposit, please complete the attached form and fax or mail it to Jennifer Brannon.

Please return the receipts and other information as soon as possible to **Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, 1600 Clifton Road, MS-E40, Atlanta, Georgia 30333, ATTN: Marcelina Flores.**

Upon receipt of the above listed information, CDC will complete your voucher and process it for payment.

E-TICKET REQUIREMENTS

(1) YOU NEED TO SHOW A PICTURE ID FOR AN E-TICKET AT THE AIRPORT

(2) YOUR ITINERARY PAGE OF YOUR APPROVED TRAVEL ORDER SHOWS A REF:# VCODKR

(3) AFTER THE TRAVEL, SUBMIT

YOUR SATO ITINERARY PAGE ALONG WITH ALL ORIGINAL RECEIPTS:

HOTEL;

TAXIS TO/FRM AIRPORT OR MILEAGE TO/FRM AIRPORT ;

PASSENGER RECEIPT (TRAVELER **MUST** REQUEST PASSENGER RECEIPT FROM AIR CARRIER, OTHERWISE, THEY WILL NOT VOLUNTARILY GIVE YOU ONE)

(4) IT IS THE RESPONSIBILITY OF THE TRAVELER TO PROVIDE ALL NECESSARY ORIGINAL RECEIPTS AND YOUR ITINERARY TO TRAVEL CLERK NO LATER THAN 5 DAYS AFTER THE TRAVEL DATE.

MAIL TO ATTN:

CDC/DIV: HIV/AIDS/TTSSB.
MARCELINA FLORES/MS E-40
1600 CLIFTON RD
ATLANTA, GA 30333
TELE# (404)639-0936
FAX# (404)639-0944

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National AIDS Policy Office

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U·S AIRWAYS
PASSENGER TICKET AND BAGGAGE CHECK

PASSENGER RECEIPT

ISSUED BY US AIRWAYS NOT TRANSFERABLE
SUBJECT TO CONDITIONS OF CONTRACT

1195056S

1859481868

[redacted]

RLBOHY/US

NOT VALID FOR***RETAIN THIS RECEIPT***
TRANSPORTATION*THROUGHOUT YOUR JOURNEY*

FP SGRA1792425 /FCATL US PIT124.07 US X/PHL US ATL124.07YCA 248.14 END ZPATL2PIT2PH
L2 XFATL3PHL3

XF	6.00
USD	248.14
ZP	6.00
US	19.86
USD	280.00

06866925391

037 1859481868 6
*****DUPLICATE****

U·S AIRWAYS
BOARDING PASS

ATL
PITUS 511 Y 23MAR
PHLUS 108 Y 27MAR
ATLUS 653 Y 27MAR

NOT VALID FOR TRAVEL
037 1859481868 6

U·S AIRWAYS
PASSENGER TICKET AND BAGGAGE CHECK
*** ELECTRONIC TICKET ***

ISSUED BY US AIRWAYS NOT TRANSFERABLE
SUBJECT TO CONDITIONS OF CONTRACT

** NOT VALID FOR TRAVEL **
NBR 0371859481868
PASSENGER ITINERARY

[redacted]

RLBOHY

23MAR - TUESDAY
LV ATLANTA 909A FLT 511 COACH
AR PITTSBURGH
27MAR - SATURDAY
LV PITTSBURGH 345P FLT 108 COACH
AR PHILADELPHIA
LV PHILADELPHIA 544P FLT 653 COACH
AR ATLANTA

06866925402

NOT VALID FOR
TRANSPORTATION

U·S AIRWAYS
BOARDING PASS

PLEASE NOTE -- YOU
WILL BE REQUIRED TO
PRESENT A PHOTO ID
AT AIRPORT CHECKIN

TO US AIRWAYS

US AIRWAYS

US AIRWAYS

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HHS/PHS/CENTERS FOR DISEASE CONTROL
TRAVEL ORDER

TRAVEL ORDER #: 9941873 DATE INITIATED: 08/23/1999
NAME OF TRAVELER: SANDY THURMAN (b)(6)
ORGANIZATION: NCHST DHA (HCK21)
DUTY STATION:

[003]

---------- PURPOSE AND ITINERARY ----------

PURPOSE: MS. SANDY THURMAN, A NON-CDC EMPLOYEE, FROM THE WHITE HOUSE OFFICE ON NATIONAL AIDS POLICY, WASHINGTON, DC, WILL PARTICIPATE IN THE 1999 NATIONAL HIV PREVENTION CONFERENCE IN ATLANTA, GEORGIA.
CONFERENCE DATES: 8/29-9/1/1999;
DUTY DATES: 8/29-31/1999.
THIS IS AN E-TICKET **DELTA RECORD LOCATOR#: VC0DKR**SATO EMERGENCY #:1-800-827-7777.
CONTACT: MARCELINA FLORES/TTSSB/404-639-0936.
CONTINUED ON JUSTIFICATION PAGE

POINT OF ORIGIN: WASHINGTON, DC DEPARTURE DATE: 08/26/1999

DUTY POINTS	ARRIVAL DATES
**********	**********
ATLANTA, GA	08/26/1999
WASHINGTON, DC	08/31/1999

MODE OF TRAVEL: AIR

---------- AUTHORIZATIONS ----------

1. USE OF LOCAL TRANSPORTATION, INCLUDING TAXICABS, AUTHORIZED WHEN ADVANTAGEOUS TO THE GOVERNMENT AND JUSTIFIED ON THE VOUCHER.
2. TRAVEL AND PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND FTR.
3. HOTEL RECEIPTS REQUIRED.
4. THE FOLLOWING ARE AUTHORIZED:
   PERSONAL LEAVE IN CONJUNCTION WITH OFFICIAL TRAVEL

AUTHORITY IS HEREBY GRANTED TO PERFORM TRAVEL AND TO INCUR SUCH EXPENSES AS MAY BE NECESSARY UNDER THE CONDITIONS SET FORTH ABOVE. (FUNDS ARE AVAILABLE)

APPROVED BY: LISA B FAVORS, (PROXY FOR C J BOZZI)
SUPV FINANCIAL MANAGEMENT SPEC (HCK12) ON 08/25/99

CDC-1 1/89 (COMPUTERIZED MODIFICATION OF TRAVEL ORDER HHS-1)

TRAVELER: SANDY THURMAN TRAVEL ORDER: 9941873

ACCOUNTING DATA

	DHHS	REIMB	IN CASH/KIND
GTR TICKET(S)	522.00	0.00	0.00
PER DIEM	133.00	0.00	0.00
OTHER	75.00	0.00	0.00
REGISTRATION	0.00	0.00	0.00
TOTAL	730.00	0.00	0.00

ALLOW *****	CAN ********	OBJ ******		OBJ ******		OBJ ******	
A2AM5	99212044	21.11	522.00		0.00		0.00
A2AM5	99212044	21.11	208.00		0.00		0.00

RESERVATION INFORMATION

CONFERENCE: 1999 NATIONAL HIV PREVENTION CONFERENCE IN ATLANTA GEORGIA.

ACTUAL ITINERARY

TRAVEL ORDER 9941873 - SANDY THURMAN

TICKET PICK-UP DATE - 08/23/1999

DATE	TIME	DESTINATION	TRAVEL DETAILS
08261999	06:00 PM	WASHINGTON, DC	DL 485 NTE LV
08261999	07:53 PM	ATLANTA, GA	MIE: 38 LDG: 0
08311999	06:25 PM	ATLANTA, GA	DL 578
08311999	08:13 PM	WASHINGTON, DC	MIE: 38

JUSTIFICATIONS

TRAVEL ORDER 9941873 - SANDY THURMAN

PURPOSE CONTINUED FROM FIRST PAGE

TRAVELER WILL BE ON PERSONAL LEAVE 8/26-28/1999.

INCREASE/DECREASE PER DIEM (NTE)

TRAVELER WILL NOT INCURR ANY LODGING EXPENSES BECAUSE SHE HAS HER OWN HOME IN ATLANTA, GEORGIA.

Withdrawal/Redaction Marker
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jm2199

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]
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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]

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: OPD

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: TA005560

4. SCHEDULE NO.:

5. a. NAME (Last, first, middle initial): THURMAN, SANDRA L. [004]

b. SOCIAL SECURITY NO.: (b)(6)

6. PERIOD OF TRAVEL: a. FROM 08/26/99 b. TO 08/31/99

c. MAILING ADDRESS (Include ZIP Code):
OEOB, ROOM 145
MGT&ADMIN
WASHINGTON, DC 20502

d. OFFICE TELEPHONE NO.:

7. TRAVEL AUTHORIZATION: a. NUMBER(S): b. DATE(S): 10/04/99

e. PRESENT DUTY STATION: WASHINGTON, DC

f. RESIDENCE (City and State): Washington, DC

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding: 0.00

b. Amount to be applied: 0.00

c. Amount due Government (Attached [ ] Check [ ] Cash):

D. Balance outstanding:

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED: $

c PAYEE'S SIGNATURE:

11. PAID BY:

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
0.00			08/26/99	DCA-Ronald Reagan	ATL-Atlanta, GA

7665898752

(waiting for email of funds)

COMMENTS:
All expenses covered by the Centers for Disease Control and Prevention. Please see attached CDC voucher.

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Sandra L Thurman DATE

AMOUNT CLAIMED ▶ 0.00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION

Certifier's initials: $

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 0.00

d. NET TO TRAVELER ▶ $ 0.00

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. | b. D.O. SYMBOL | c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel — Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF TRIP# 1 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME
THURMAN

DATE 19 99 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/26		D-:Washington, DC											
08/26		Commercial Bus											
08/26		A-:ATLANTA,GA											
08/27		Subsistence											
08/28		Subsistence											
08/29		Subsistence											
08/30		Subsistence											
08/31		D-:ATLANTA,GA											
08/31		A:Washington, DC											
08/31		Subsistence											
										SUBTOTALS ▶	0 00	0 00	0 00
										TOTALS ▶	0 00	0 00	0 00

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 0.00

STANDARD FORM 1012 BACK (10-77)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	08/23/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:
8/26/1999 - 8/31/1999 Atlanta

2018-0764-F
jm2199

RESTRICTION CODES

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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.	2. DATE
TA005560	08/23/99

3. TYPE OF TRAVEL

WHITE HOUSE MANAGEMENT

- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Amendment *(Show items amended)*
- [ ] Funded by Non-Federal Sources

99 AUG 24 P4:37

4. TRAVELER *(First name, middle initial, last name)*

SANDRA L. THURMAN

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. AGENCY	8. DIVISION
DIRECTOR, AIDS POLICY	(b)(6) [005]	736 Jackson Plac	OPD

9. OFFICE PHONE	10. OFFICIAL DUTY STATION	11.
395-1441	WASHINGTON, DC	[X] Per Diem [ ] Actual Subsistence *(unusual circumstances)** *Rate(s):*

12. TRAVEL INFORMATION

PURPOSE: 8/27:mtgs w/CDC/Dr. Gayle 8/28:informal remarks to the Collaborative Group on AIDS 8/29:press briefing 8/30:presenting to Natl HIV Prev. Conf.

DATE(S): Travel Begin On 8/26/1999 Travel End On 8/31/1999

ITINERARY: *(Point of Origin/Place(s) of Official Visitation/Point of Return)*

From: WASHINGTON, DC	To: ATLANTA,GA 90/ 38
To:	To:
To:	To:
To:	To:
To:	To:
To:	Return to: WASHINGTON, DC

13. MODE OF TRAVEL

- [ ] Commercial Air
- [ ] Private Vehicle 0.000 Mileage Rate
- [ ] Rail
- [ ] Military Air
- [ ] Government Owned Vehicle
- [X] Other *(specify)* _____

14. SPECIAL EXPENSE AUTHORIZED

- [ ] Registration Fees *(meeting, training, etc.)*
- [ ] Commercial Rental Car
- [ ] Excess Baggage not to exceed _____
- [ ] Other *(Please identify)* _____

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	$ 0.00
Per Diem/M&IE	209.00
Transportation	0.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	$ 209.00
16. ADVANCE REQUESTED *(meals and miscellaneous expenses only)*	$ 0.00

17. * SPECIAL PROVISIONS/REMARKS *(Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)*

Airfare covered by Centers for Disease Control (Estimated costs $520). No lodging costs associated with travel. Traveler will stay with acquaintances.

18. ACCOUNTING DATA *(Appropriation, division, project, vendor number)*

1192200 J108E

19. REQUESTED BY

Deg. Director

20. [X] I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency progams and missions in the most economical means available.

Approval Official *(Signature and Title)*

Mark F. Lindsay

21. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)* 8/24/99

OA FORM 22
REVISED JUNE 1994

___ 1. Original (Return with voucher) ___ 2. FMD copy ___ 3. Advance of funds
___ 4. Teleticketing Office ___ 5. Funds Manager copy ___ 6. Travelers copy

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Health
Office of Public Health and Science
Washington D.C. 20201

June 22, 1999

Sandra Thurman
White House ONAP
736 Jackson Place, NW
Washington, DC 20503

Dear Ms. Thurman,

It is with great pleasure that we invite you to participate in the fifth meeting of the Collaborative Group on Women and HIV/AIDS, co-sponsored by the Public Health Service's Office on Women's Health and the Office of HIV/AIDS Policy. This meeting is scheduled for Saturday, August 28, 1999, from 9:00 am - 5:00 pm at the Hilton Atlanta & Towers, located on Courtland and Harris Streets, Northwest.

Our goal is to bring together leaders from community organizations and Federal agencies to continue developing those strategies, which focus on HIV/AIDS and women as a national health priority. The meeting is designed to provide and opportunity for the Work Groups to present initiatives and recommendations that have been developed during the many conference calls since the last meeting of the Collaborative Group in September, 1998.

The Collaborative Group on Women and HIV/AIDS consists of five (5) Work Groups: (1) Research, (2) Care/Treatment, (3) Primary Prevention/Education, (4) Secondary Prevention/Education, and (5) Young Women. During the meeting, the Work Group will have time to meet separately to prioritize and present their plans to address and impact a National Women and HIV/AIDS agenda.

Thank you in advance for your participation in this very important meeting. We look forward to your participation on August 28, 1999. Please feel free to contact Francess Page at (202) 690-7650 or Margaret Scarlett at (202) 690-5560 for additional information.

Sincerely,

/s/
Wanda K. Jones, Dr.P.H
Deputy Assistant Secretary for Health
(Women's Health)

/s/
Eric Goosby, M.D.
Director,
Office of HIV/AIDS Policy

Enclosures

Press Program

Beginning Sunday, August 29, conference organizers will sponsor five media briefings featuring the most significant research and findings from the conference, and addressing critical challenges facing the field of HIV prevention. All research is embargoed until the time of presentation. The press program will include:

Sunday, Aug. 29 4:00 PM, EDT	**State of the Epidemic,** with opening remarks by Jeffrey Koplan, MD, MPH, Director of the CDC, Helene Gayle, MD, MPH, Director of the CDC's National Center for HIV, STD and TB Prevention; David Satcher, MD, PhD, US Surgeon General; Neal Nathanson, MD, Director of the Office of AIDS Research; James Curran, MD, MPH, Dean of the Rollins School of Public Health at Emory University; Ron Valdiserri, CDC; and Sandra Thurman, White House Office of AIDS Policy Coordinator.
Mon., August 30 12:00 PM, EDT	**Latest HIV surveillance and AIDS mortality data.** Researchers will present latest data on trends in AIDS mortality and HIV incidence among high-risk populations. A special presentation will be given on how new technologies—including a modified HIV antibody test—are allowing scientists to measure the time of new HIV infections with unprecedented precision.
Mon., August 30 3:00 PM, EDT	**HIV/AIDS and African Americans.** Data will be presented on how African-American heterosexuals, gay men and women face higher rates of AIDS mortality and HIV infection. Research will reveal overlooked factors—such as bisexuality—that help fuel the epidemic in this community.
Tue., August 31 12:00 PM, EDT	**Underrecognized Factors in HIV/AIDS.** Unseen factors affecting the progression of the epidemic will be discussed, including studies on the effects of new AIDS treatments on HIV risk behaviors, the most comprehensive data to date on the HIV epidemic in America's prisons, data on new outbreaks of STDs among gay men, and the latest STD trends nationwide and their relationship to HIV transmission.
Tue., August 31 3:00 PM, EDT	**The Next Generation: Youth and HIV.** Gay and bisexual youth, particularly youth of color, face dangerously high HIV rates, and data on risk behaviors overall is mixed. New findings to be presented include: prevention programs that work for HIV- and HIV+ youth, the importance of HIV testing, and risk behavior data for young injection drug users.

Atlanta, Georgia August 29 - September 1

National HIV Prevention Conference 1999

For Event
August 29 – Sept. 1, 1999

CONTACT: (212) 584-5016
Media Information Line

FIRST-EVER NATIONAL CONFERENCE TO ASSESS STATE OF U.S. HIV PREVENTION

-- Atlanta Meeting, August 29–September 1, 1999, is First to Bring Together Leading Professionals to Assess Advances in Efforts to Track and Control HIV --

Atlanta, GA—More than 2,000 leading scientists, researchers and policy analysts will gather at the Hyatt Regency hotel in Atlanta for the National HIV Prevention Conference, the first meeting of its kind exclusively devoted to scientific efforts to monitor and prevent HIV in the US.

The conference is convened by the Centers for Disease Control and Prevention (CDC) and seventeen other sponsoring organizations, including Office of AIDS Research/NIH, National Minority AIDS Council and the National Association of People with AIDS. Conference attendees will discuss new data on trends in HIV infection and AIDS mortality, as well as hundreds of presentations and posters on the latest and best efforts to contain the epidemic through behavioral and biomedical interventions.

A special focus of the conference will be the impact of HIV on African-American communities, which remain disproportionately affected by the epidemic. Data presented will include HIV incidence among African Americans at highest risk, including young gay men, as well as the latest statistics on AIDS mortality among African Americans.

Other data released in Atlanta will include the latest national figures on AIDS mortality, new data on rates of HIV infection among high-risk populations, the first comprehensive report on HIV in U.S. prisons, as well as analyses of the challenges of HIV prevention in the era of new AIDS treatments. Special presentations will be also made on the applications of a new HIV test that allows for unprecedented measurement of the time of new HIV infections.

Featured speakers at the meeting will include David Satcher, MD, PhD, US Surgeon General and former head of the CDC; Jeffrey Koplan, MD, MPH, Director of the CDC; Helene Gayle, MD, MPH, Director of the CDC's National Center for HIV, STD and TB Prevention; White House Coordinator of AIDS Policy Sandra Thurman; Cornelius Baker, Executive Director of NAPWA; Tom Coates, MD, of the Center for AIDS Prevention Studies; and Don Des Jarlais, PhD, Beth Israel Medical Center.

-- more --

Conference Co-sponsors: AID Atlanta • Academy for Educational Development • American Social Health Association (ASHA) • Association of Public Health Laboratories • Centers for Disease Control and Prevention (CDC) • CDC Foundation • Council of State and Territorial Epidemiologists (CSTE) • Health Care Financing Administration • Health Resources and Services Administration (HRSA) • Indian Health Service (IHS) • National Alliance of State and Territorial AIDS Directors (NASTAD) • National Association of People with AIDS (NAPWA) • National Council of STD Directors (NCSD) • National Minority AIDS Council (NMAC) • Office of AIDS Research (OAR)/National Institutes of Health (NIH) • Office on Women's Health/Department of Health and Human Services • Rollins School of Public Health/Emory University • Substance Abuse and Mental Health Services Administration (SAMHSA)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

MAY 3 1999

TO: Ms. Sandra L. Thurman
Director, Office of National AIDS Policy

FROM: Director
Centers for Disease Control and Prevention

SUBJECT: Invitation to Moderate the Closing Plenary Session at the 1999 National HIV Prevention Conference--ACTION

ISSUE

During August 29-September 1, 1999, the Centers for Disease Control and Prevention (CDC) is holding the 1999 National HIV Prevention Conference at the Hyatt Regency Atlanta Hotel in Atlanta, Georgia. The Conference will bring together public and private organizations whose [illegible] are crucial to succ[illegible] HIV and AIDS in the United [illegible] Davis you to moderate the closing plenary session that will be focused on the topics of Women and HIV/AIDS Prevention and Substance Abuse on Wednesday, September 1, 1:00 p.m.-2:30 p.m. Other invitees include Drs. Hortensia Amaro and Lawrence Brown. CDC would be pleased to assist you with your talking points.

DISCUSSION

Approximately 3,000 public health professionals, clinicians, community organization representatives, and individual advocates involved in HIV prevention are expected to attend the conference. Through plenary sessions, workshops, discussions, and poster presentation, the participants will have opportunities to:

- Share information about effective multidisciplinary HIV prevention approaches.
- Share research findings and effective prevention approaches among governmental, community, and academic partners in HIV prevention.
- Strengthen collaborations between program practitioners and researchers in areas of behavioral interventions, vaccine development, monitoring the epidemic, developing rapid and reliable tests for HIV diagnosis, and improving access to early treatment for HIV.

CDC HIV/AIDS PREVENTION

CENTERS FOR DISEASE CONTROL AND PREVENTION

Centers for Disease Control and Prevention
Division of HIV/AIDS
1600 Clifton Road, N.E.
Building 26, Executive Park
Atlanta, Georgia 30333
MAILSTOP E40

FACSIMILE TRANSMISSION

TO: Cheryl Beverly for Dr. Curtis Harris	FROM: Marcelina Flores
Address:	Address:
Telephone No.: 2024562959	Telephone No.: (404) 639-0826
Facsimile No.: 2024562439	Facsimile No.: (404) 639-0944

Date: 8/25/99 Number of Pages: 9
(Excluding cover sheet)

Subject: 1999-HIV Conference

Comments: Approved travel order & Reimbursable forms to complete after the travel.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. statement	re: Travel order [Personally Identifiable Information] [partial] (1 page)	08/25/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:
8/26/1999 - 8/31/1999 Atlanta

2018-0764-F
jm2199

RESTRICTION CODES

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C. Closed in accordance with restrictions contained in donor's deed of gift.
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RR. Document will be reviewed upon request.

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

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HHS/PHS/CENTERS FOR DISEASE CONTROL
TRAVEL ORDER

TRAVEL ORDER #: 9941873 DATE INITIATED: 08/23/1999
NAME OF TRAVELER: SANDY THURMAN (b)(6)
ORGANIZATION: NCHST DHA (HCK21)
DUTY STATION:

[006]

---------- PURPOSE AND ITINERARY ----------

PURPOSE: MS. SANDY THURMAN, A NON-CDC EMPLOYEE, FROM THE WHITE HOUSE OFFICE ON NATIONAL AIDS POLICY, WASHINGTON, DC, WILL PARTICIPATE IN THE 1999 NATIONAL HIV PREVENTION CONFERENCE IN ATLANTA, GEORGIA.
CONFERENCE DATES: 8/29-9/1/1999;
DUTY DATES: 8/29-31/1999.
THIS IS AN E-TICKET **DELTA RECORD LOCATOR#: VC0DKR**SATO EMERGENCY #:1-800-827-7777.
CONTACT: MARCELINA FLORES/TTSSB/404-639-0936.
CONTINUED ON JUSTIFICATION PAGE

POINT OF ORIGIN: WASHINGTON, DC DEPARTURE DATE: 08/26/1999

DUTY POINTS	ARRIVAL DATES
**********	**********
ATLANTA, GA	08/26/1999
WASHINGTON, DC	08/31/1999

MODE OF TRAVEL: AIR

---------- AUTHORIZATIONS ----------

1. USE OF LOCAL TRANSPORTATION, INCLUDING TAXICABS, AUTHORIZED WHEN ADVANTAGEOUS TO THE GOVERNMENT AND JUSTIFIED ON THE VOUCHER.
2. TRAVEL AND PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND FTR.
3. HOTEL RECEIPTS REQUIRED.
4. THE FOLLOWING ARE AUTHORIZED:
   PERSONAL LEAVE IN CONJUNCTION WITH OFFICIAL TRAVEL

AUTHORITY IS HEREBY GRANTED TO PERFORM TRAVEL AND TO INCUR SUCH EXPENSES AS MAY BE NECESSARY UNDER THE CONDITIONS SET FORTH ABOVE. (FUNDS ARE AVAILABLE)

APPROVED BY: LISA B FAVORS, (PROXY FOR C J BOZZI)
SUPV FINANCIAL MANAGEMENT SPEC (HCK12) ON 08/25/99

CDC-1 1/89 (COMPUTERIZED MODIFICATION OF TRAVEL ORDER HHS-1)

TRAVELER: SANDY THURMAN TRAVEL ORDER: 9941873 PAGE 2

---------- ACCOUNTING DATA ----------

	DHHS	REIMB	IN CASH/KIND
GTR TICKET(S)	522.00	0.00	0.00
PER DIEM	133.00	0.00	0.00
OTHER	75.00	0.00	0.00
REGISTRATION	0.00	0.00	0.00
TOTAL	730.00	0.00	0.00

ALLOW	CAN	OBJ		OBJ	OBJ	
*****	********	******		******	******	
A2AM5	99212044	21.11	522.00	0.00		0.00
A2AM5	99212044	21.11	208.00	0.00		0.00

RESERVATION INFORMATION

CONFERENCE: 1999 NATIONAL HIV PREVENTION CONFERENCE IN ATLANTA GEORGIA.

ACTUAL ITINERARY

TRAVEL ORDER 9941873 - SANDY THURMAN

TICKET PICK-UP DATE - 08/23/1999

DATE	TIME	DESTINATION	TRAVEL DETAILS
08261999	06:00 PM	WASHINGTON, DC	DL 485 NTE LV
08261999	07:53 PM	ATLANTA, GA	MIE: 38 LDG: 0
08311999	06:25 PM	ATLANTA, GA	DL 578
08311999	08:13 PM	WASHINGTON, DC	MIE: 38

JUSTIFICATIONS

TRAVEL ORDER 9941873 - SANDY THURMAN

PURPOSE CONTINUED FROM FIRST PAGE

TRAVELER WILL BE ON PERSONAL LEAVE 8/26-28/1999.

INCREASE/DECREASE PER DIEM (NTE)

TRAVELER WILL NOT INCURR ANY LODGING EXPENSES
BECAUSE SHE HAS HER OWN HOME IN ATLANTA, GEORGIA.

TRAVEL REIMBURSEMENT INSTRUCTIONS

Your travel to Atlanta, Georgia is being funded by the Centers for Disease Control and Prevention (CDC).

While your airline tickets have been prepaid, other related travel expenses including those for lodgings, meals, and ground transportation expenses (e.g., taxicabs) are not payable in advance, but will be reimbursed to you upon submission of a travel voucher.

The maximum Government daily per diem rate for Atlanta, Georgia is $128.00 per day– this includes up to $90.00 (plus applicable taxes) for lodgings and $38.00 per day for meals and incidental subsistence expenses. **Please note that your arrival and departure date of travel will be reimbursed at 75% of $38.00 per day for meals and incidental subsistence expenses**. The reimbursement is limited to expenses incurred for your official travel only, and will cover only official conference days. Amounts spent in excess of those stated above are not reimbursable.

After completion of your trip, your voucher claim must be submitted to the Centers for Disease Control and Prevention within 5 working days. Please furnish a listing of the expenses you incur as a result of your attendance at this conference/meeting including the following information.

1. Airline ticket coupon. (Coupon must be returned with receipts; please do not misplace).

2. Public transportation and taxis used to and from airport terminals. Receipts are required for all transportation fares.

3. Hotel receipt.

Note: Direct Deposit Required –The Federal law now requires that government agencies pay vendors by direct deposit. If you have not already signed up for Direct Deposit, please complete the attached form and fax or mail it to Jennifer Brannon.

Please return the receipts and other information as soon as possible to **Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, 1600 Clifton Road, MS-E40, Atlanta, Georgia 30333, ATTN: Marcelina Flores.**

Upon receipt of the above listed information, CDC will complete your voucher and process it for payment.

TRAVEL REIMBURSEMENT FORM

Please attach all of the following that apply:

( ) Airline Ticket Stub
( ) Hotel Receipts
( ) Receipts for all Taxi Fares
( ) Receipts for any Airport Shuttle Buses
( ) All Parking Receipts (including airport and hotel parking)

Time and Date of Departure from: ( ) Residence ( ) Office_____/_____AM/PM
Date Time

Travel to Airport ( ) Privately Owned Vehicle _____Miles ( ) Taxi $_____
( ) Shuttle $_____ ( ) Other $_____

Transportation from Airport to: ( ) Hotel ( ) Duty Site

( ) Rental Vehicle $_____ ( ) Taxi $_____ ( ) Shuttle $_____ ( ) Other $_____

ATM Advance: $_____ ATM Fee: $_____

Lodging Information (Please furnish receipts).

Date_____From_____To_____Daily Rate $_____ Total $_____

Indicate Additional Expenses: Taxi/Limo, Airport Parking, etc (Be sure to turn in receipts).

Date_____From_____To_____$_____

Date_____From_____To_____$_____

Date_____From_____To_____$_____

Return Travel Information (Please Furnish Ticket Stubs)

Travel to Airport ( ) Rental Car $_____ ( ) Taxi $_____ ( ) Shuttle $_____ ( ) Other $_____

Date and Time of Arrival at Home: _____/_____AM/PM
Date Time

Transportation Home ( ) Privately Owned Vehicle _____Miles ( ) Taxi $_____
( ) Shuttle $_____ ( ) Other $_____

Name_____ Date_____

E-TICKET REQUIREMENTS

(1) YOU NEED TO SHOW A PICTURE ID FOR AN E-TICKET AT THE AIRPORT

(2) YOUR ITINERARY PAGE OF YOUR APPROVED TRAVEL ORDER SHOWS A REF:#VCODKR

(3) AFTER THE TRAVEL, SUBMIT

YOUR SATO ITINERARY PAGE ALONG WITH ALL ORIGINAL RECEIPTS:

HOTEL;

TAXIS TO/FRM AIRPORT OR MILEAGE TO/FRM AIRPORT ;

PASSENGER RECEIPT (TRAVELER MUST REQUEST PASSENGER RECEIPT FROM AIR CARRIER, OTHERWISE, THEY WILL NOT VOLUNTARILY GIVE YOU ONE)

(4) IT IS THE RESPONSIBILITY OF THE TRAVELER TO PROVIDE ALL NECESSARY ORIGINAL RECEIPTS AND YOUR ITINERARY TO TRAVEL CLERK NO LATER THAN 5 DAYS AFTER THE TRAVEL DATE.

MAIL TO ATTN:

CDC/DIV: HIV/AIDS/TTSSB.
MARCELINA FLORES/MS E-40
1600 CLIFTON RD
ATLANTA, GA 30333
TELE# (404)639-0936
FAX# (404)639-0944

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. invoice	re: Satotravel [Personally Identifiable Information] (1 page)	03/22/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:
8/26/1999 - 8/31/1999 Atlanta

2018-0764-F
jm2199

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]

U·S AIRWAYS
PASSENGER TICKET AND BAGGAGE CHECK

PASSENGER RECEIPT

ISSUED BY US AIRWAYS NOT TRANSFERABLE
SUBJECT TO CONDITIONS OF CONTRACT

11998565 1 1 C8372.8E

[redacted] 1859481868 ATL US 22MAR99

[redacted] RLBOWY/US

NOT VALID FOR***RETAIN THIS RECEIPT***
TRANSPORTATION*THROUGHOUT YOUR JOURNEY*

ENDORSEMENTS/RESTRICTIONS

FP SGRA1752425 /FTATL US PIT124.07 US X/PHL US ATL124.07YCA 248.14 END ZPATL2PIT2PH
L2 XFATL3PHL3

XF	6.00	EQUIVALENT FARE PAID
USO	248.14	
ZP	6.00	
US	19.86	06866925391
USO	280.00	

FARE / TAX / TOTAL

STOCK CONTROL NUMBER

CPN DOCUMENT NUMBER CK

037 1859481868 6

*****DUPLICATE*****

U·S AIRWAYS
BOARDING PASS

ATL

PITUS 511 Y 22MAR

NAME OF PASSENGER

PHLUS 108 Y 27MAR

ATLUS 653 Y 27MAR

FROM

[redacted]

TO

[redacted]

CARRIER

[redacted]

CODE FLIGHT CLASS DATE TIME

[redacted]

DOCUMENT SERIAL NUMBER

[redacted]

NOT VALID FOR TRAVEL

037 1859481868 6

U·S AIRWAYS
PASSENGER TICKET AND BAGGAGE CHECK
*** ELECTRONIC TICKET ***

ISSUED BY US AIRWAYS NOT TRANSFERABLE
SUBJECT TO CONDITIONS OF CONTRACT

** NOT VALID FOR TRAVEL **
NBR 0371859481868

PASSENGER ITINERARY

FLIGHT COUPON OR PLACE OF ISSUE ISO CODE DATE OF ISSUE

PASSENGER NAME [redacted]

PNR CODE CARRIER FARE BASIS/TICKET DESIGNATOR

RLBOWY

CARRIER CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER

23MAR - TUESDAY
LV ATLANTA 909A FLT 511 COACH
AR PITTSBURGH
27MAR - SATURDAY
LV PITTSBURGH 345P FLT 108 COACH
AR PHILADELPHIA
LV PHILADELPHIA 544P FLT 653 COACH
AR ATLANTA

ENDORSEMENTS/RESTRICTIONS

FARE EQUIVALENT FARE PAID

TAX

TAX

TOTAL

STOCK CONTROL NUMBER ISSUING CARRIER

06866925402

CPN DOCUMENT NUMBER CK

NOT VALID FOR
TRANSPORTATION

U·S AIRWAYS
BOARDING PASS

NAME OF PASSENGER

PLEASE NOTE - YOU
WILL BE REQUIRED TO
PRESENT A PHOTO ID
AT AIRPORT CHECKIN

FROM

TO
US AIRWAYS

CARRIER

CODE FLIGHT CLASS DATE TIME
US AIRWAYS

GATE BOARDING TIME SEAT SMOKING

US AIRWAYS

DIVIDEND MILES NUMBER

Date 9/30 Time: _____

Trip Origin: CDC - Main Building

Destination _____

Fare: $ 20 Signature _____

Taxi Cab Receipts

Date 8-28 Time: _____

Trip Origin: _____

Destination CDC - Grant Meeting

Fare: $ 27 Signature _____

Taxi Cab Receipts

Date 8-28 Time: _____

Trip Origin: CDC - Grant Meeting

Destination _____

Fare: $ 27 Signature _____

Taxi Cab Receipts

Date 9/30 Time: _____

Trip Origin: _____

Destination CDC - Dr. Gayle's office

Fare: $ 20 Signature _____

Taxi Cab Receipts

Date 8/31 Time: _____

Trip Origin: _____

Destination Airport

Fare: $ 25 Signature _____

Taxi Cab Receipts

Date 8/31 Time: _____

Trip Origin: Hartsfield Airport

Destination _____

Fare: $ 25 Signature _____

STAPLE HERE

Delta Air Lines

BOARDING AUTHORITY
ELECTRONIC TICKET
2 006 7665898752 3
VCODKR

THURMAN/SANDRA

VCADCA

FLIGHT	DATE	CLASS	ORIGIN	DEPARTS	SEAT
DL254	31AUG	Y	ATLANTA	930P	26A EXIT

OPERATED BY
DELTA AIR LINES INC

COACH

DESTINATION
WAS-R REAGAN NA

BAGS
02

ATLBE3211/ME

BOARDING AUTHORITY
******** ET ********

THURMAN/SANDRA

FLIGHT	DATE	SEAT
DL254	31AUG	26A EXIT

ORIGIN
ATLANTA

DESTINATION
WAS-R REAGAN NA

BAGS
02

DUPLICATE

PAGE 01 OF 02

0 00676589875 2 4

CONTINUED . . .

DUPLICATE

STAPLE HERE

Delta Air Lines

THURMAN/SANDRA

DAY/DATE	FLIGHT	STATUS	CARRIER/RECORD	CITY	TIME	SEAT	CLASS	MEAL	REMARK
THU25AUG99	485	OK	DELTA AIR LINES INC	LV WAS-R REAGAN NAT	0600P		COACH	BEVERAGE	
				AR ATLANTA					
TUE31AUG99	578	OK	DELTA AIR LINES INC	LV ATLANTA	0625P		COACH	SNACK	
				AR WAS-R REAGAN NAT	813P				

ETKT PASSENGER ITINERARY

DATE/PLACE OF ISSUE 25AUG99 ATL

KAT TRAMSFER.....E

STAPLE HERE

Delta Air Lines

ETKT PASSENGER ITINERARY

DATE/PLACE OF ISSUE 26AUG99 ATL

THURMAN/SANDRA NOT TRANSFERABLE

DAY/DATE	FLIGHT	STATUS	CARRIER/RESERVATION	CITY	TIME	SEAT	CLASS	MEAL	REMARK
[illegible]	485	OK	DELTA AIR LINES INC	LV WAS-R REAGAN NAT	0600P	23D	COACH	SNACK	
				AR ATL[illegible]	[illegible]				
TUE31AUG99	578	OK	DELTA AIR LINES INC	LV ATLANTA	0625P	13C	COACH	SNACK	
				AR WAS-R REAGAN NAT	813P				

CONTINUED . . .

DUPLICATE

0 0067665898752 4

PAGE 01 OF 02

DUPLICATE

STAPLE HERE

Delta Air Lines

ETKT PASSENGER RECEIPT

DATE/PLACE OF ISSUE 26AUG99 ATL

THURMAN/SANDRA NOT TRANSFERABLE

FARE CALCULATION WAS DL ATL237.04 DL WAS237.04VCADCA 474.08 END ZPDCAZATL2 XFDCA3ATL3

ISS AGT ID AA/931

USD 474.08

US 37.92

ZP 4.00

XF 6.00

USD522.00

FORM OF PAYMENT SGRA2065067

RECORD LOCATOR VCDDKR

IATA 11603760

DUPLICATE

0 0067665898752 4

PAGE 02 OF 02

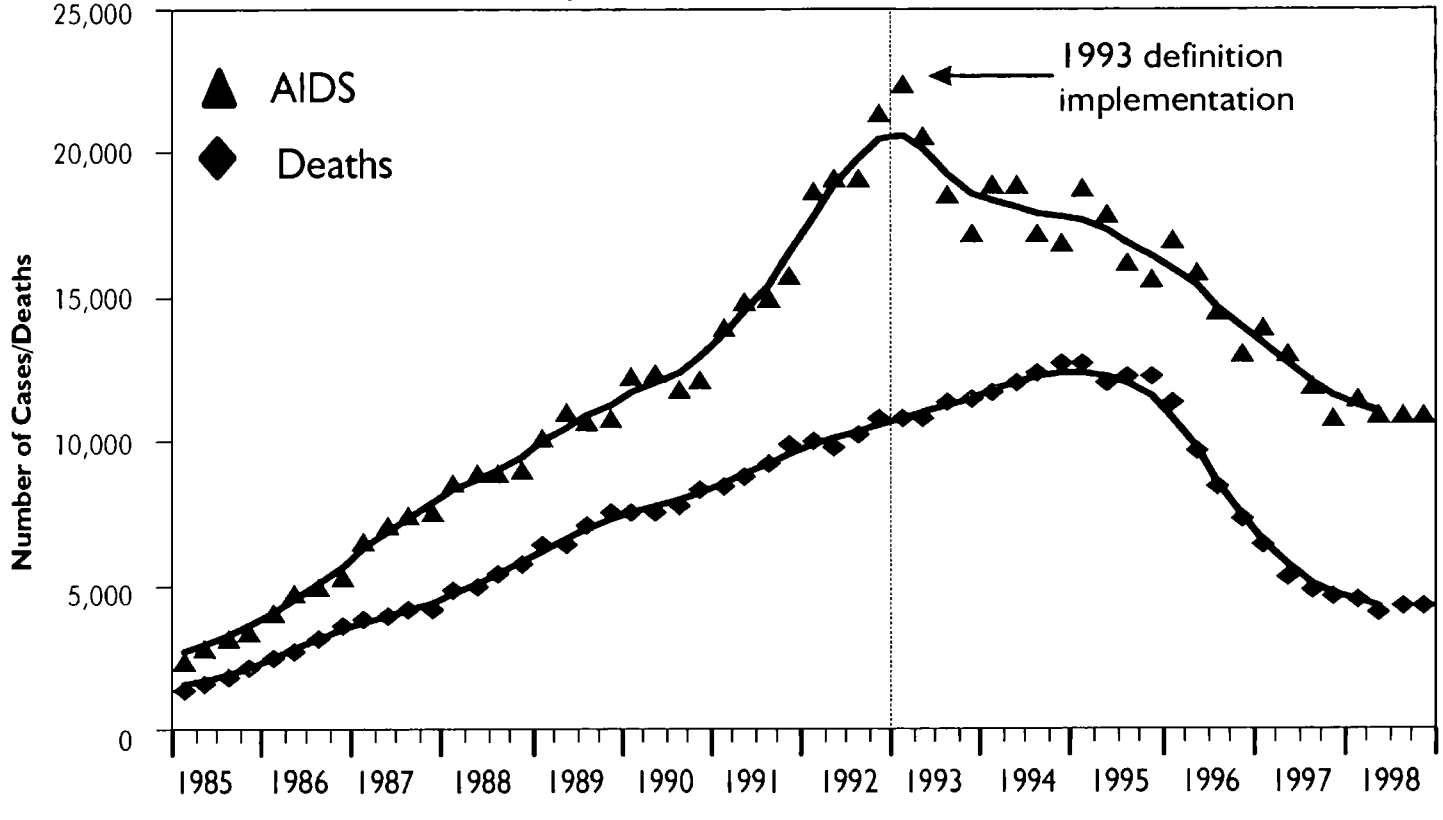
DUPLICATE

A GLANCE at the U.S. HIV and AIDS EPIDEMIC

- Declines in Disease and Death Slowing Nationally
- AIDS Case and Death Rates Remain Highest Among African-Americans
- AIDS Incidence in Young People High in South, Northeast, and West
- Estimates of Where New Infections are Occurring:
  - By Gender
  - Among Men, By Race and Risk
  - Among Women, By Race and Risk
  - By Gender and Race

1999 National HIV Prevention Conference

Estimated Incidence of AIDS and Deaths of Adults with AIDS*, 1985 - 1998, United States



*Adjusted for reporting delays

1999 National HIV Prevention Conference

Rate of AIDS Cases and Deaths

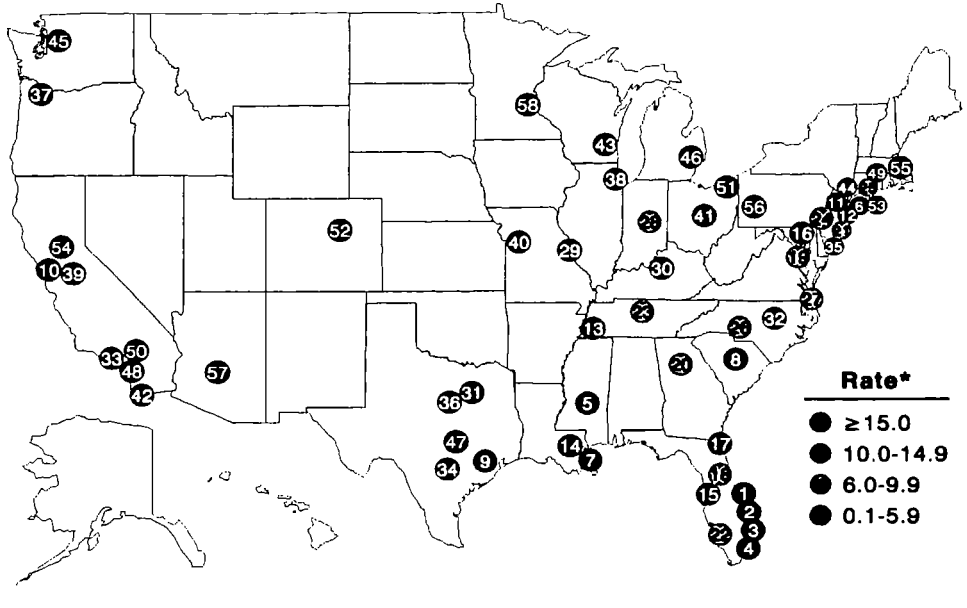
per 100,000 Population

with Comparative Ratios by Race

	AIDS	Ratio	Deaths	Ratio
White	8.42	1.0	3.32	1.0
Black	81.94	9.7	32.46	9.8
Hispanic	34.68	4.2	12.24	3.7
Asian/PI	4.14	0.5	1.32	0.4
Amer Ind.	9.37	1.1	4.19	1.3

1999 National HIV Prevention Conference

AIDS Incidence Rates Among Persons Aged 18-25 Years by MSA, 1995-96



MSA	Rate*
1 – Ft. Pierce, FL	61.2
2 – W. Palm Beach, FL	36.6
3 – Ft. Lauderdale, FL	30.4
4 – Miami, FL	26.1
5 – Jackson, MS	21.3
6 – New York, NY	20.9
7 – New Orleans, LA	19.8
8 – Columbia, SC	18.9
9 – Houston, TX	18.2
10 – San Francisco, CA	18.1
11 – Newark, NJ	17.9
12 – Jersey City, NJ	17.2
13 – Memphis, TN	16.2
14 – Baton Rouge, LA	15.7
15 – Tampa/St. Pete., FL	15.4
16 – Baltimore, MD	15.3
17 – Jacksonville, FL	15.1
18 – Orlando, FL	14.7
19 – Washington, DC	13.8
20 – Atlanta, GA	12.2

MSA	Rate*
21 – Monmth./Ocean, NJ	11.9
22 – Ft. Myers, FL	11.8
23 – Nashville, TN	11.5
24 – Philadelphia, PA	11.2
25 – New Haven, CT	11.0
26 – Charlotte, NC	10.7
27 – Norfolk, VA	10.3
28 – Indianapolis, IN	10.2
29 – St. Louis, MO	9.9
30 – Louisville, KY	9.6
31 – Dallas, TX	9.3
32 – Raleigh/Durham, NC	8.6
33 – Los Angeles, CA	8.6
34 – San Antonio, TX	8.0
35 – Atlantic City, NJ	8.0
36 – Ft. Worth, TX	7.8
37 – Portland, OR	7.8
38 – Chicago, IL	7.7
39 – Oakland, CA	7.5
40 – Kansas City, MO	7.3

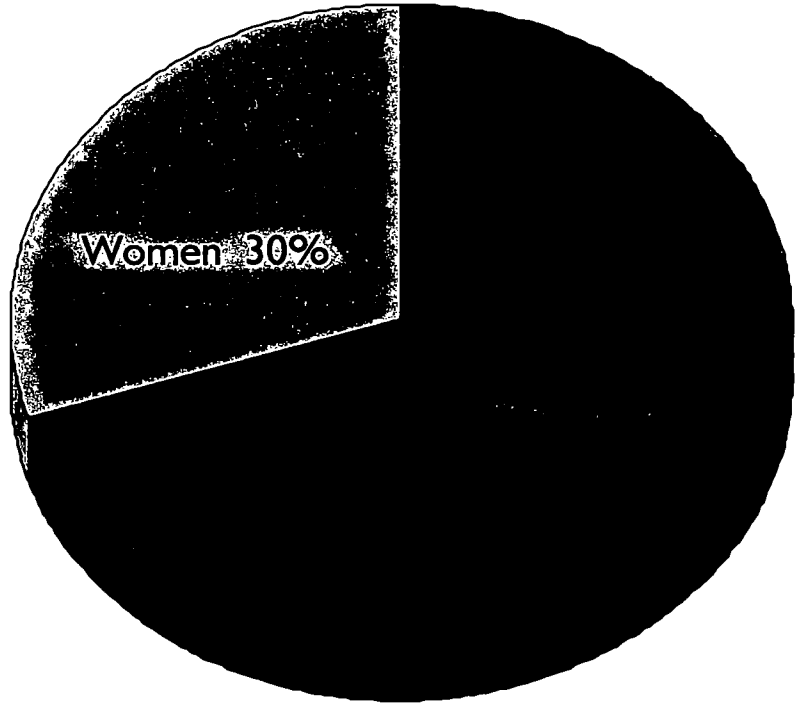
MSA	Rate*
41 – Columbus, OH	7.3
42 – San Diego, CA	6.9
43 – Milwaukee, WI	6.6
44 – Bergen/Passaic, NJ	6.3
45 – Seattle, WA	5.8
46 – Detroit, MI	5.8
47 – Austin, TX	5.8
48 – Orange County, CA	5.1
49 – Hartford, CT	4.6
50 – River./S. Bern., CA	4.6
51 – Cleveland, OH	4.4
52 – Denver, CO	4.0
53 – Nassau/Suffolk, NY	4.0
54 – Sacramento, CA	3.8
55 – Boston, MA	3.2
56 – Pittsburgh, PA	2.8
57 – Phoenix, AZ	2.6
58 – Minn./St. Paul, MN	0.8

*AIDS cases per 100,000 persons aged 18-25 years.

For the 58 MSAs included in our analysis, the median AIDS incidence rate in 1995/96 was 9.8 cases per 100,000 persons aged 18-25 years (range= 0.8-61.2). Geographically, MSAs with the highest rates were clustered in the Southern Region, and MSAs with the lowest rates in the Western Region. Some of the highest rates were in MSAs with populations <1 million persons, such as Fort Pierce, FL (61.2), Jackson, MS (21.3), and Columbia, SC (18.9). Rates in these smaller MSAs were substantially higher than in nearly all MSAs with populations ≥1 million, including Washington, DC (13.8), Los Angeles, CA (8.6), and Chicago, IL (7.7).*

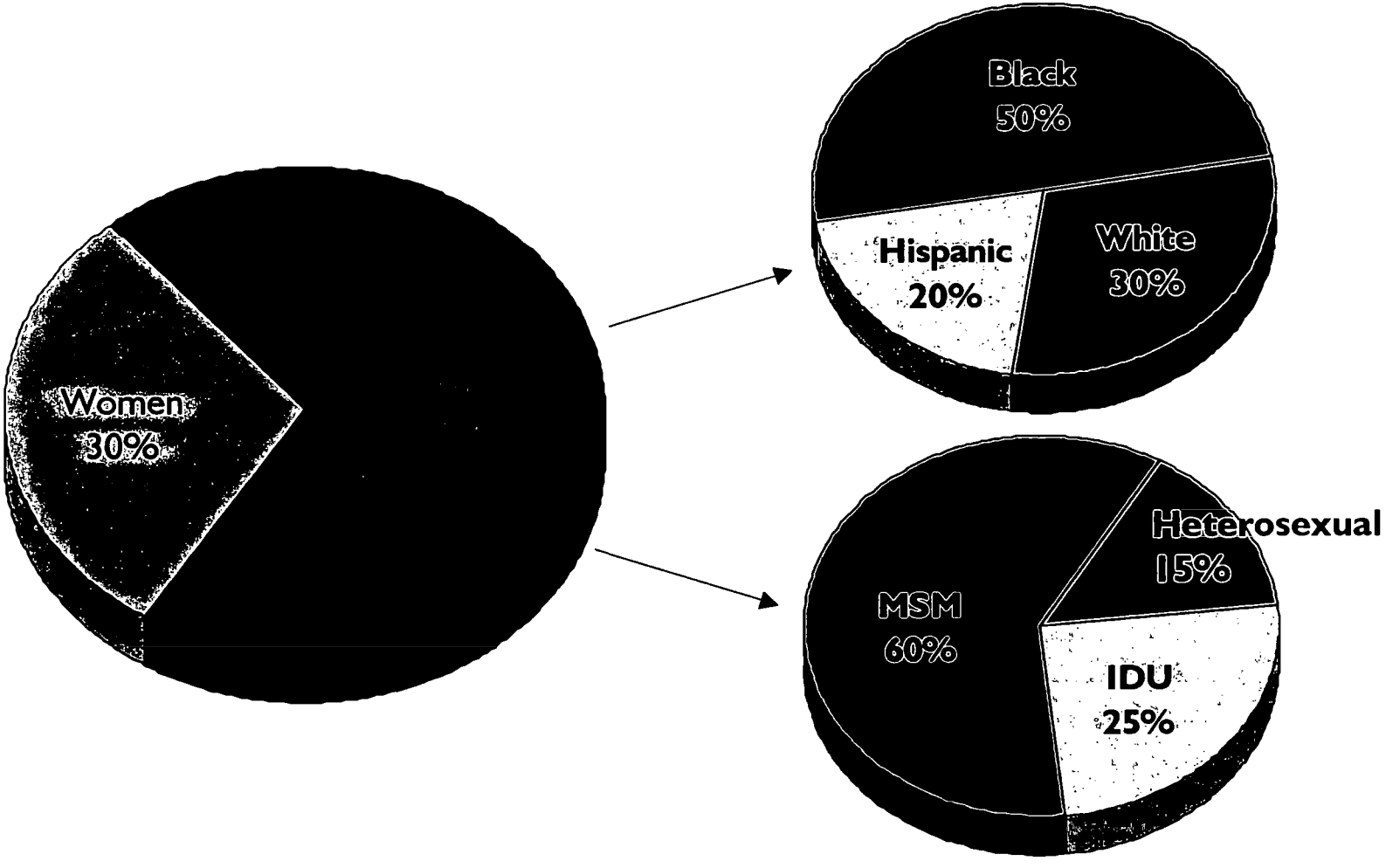
*Southern Region= AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV; Western Region= AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

Estimates of New Infections Occurring by Gender



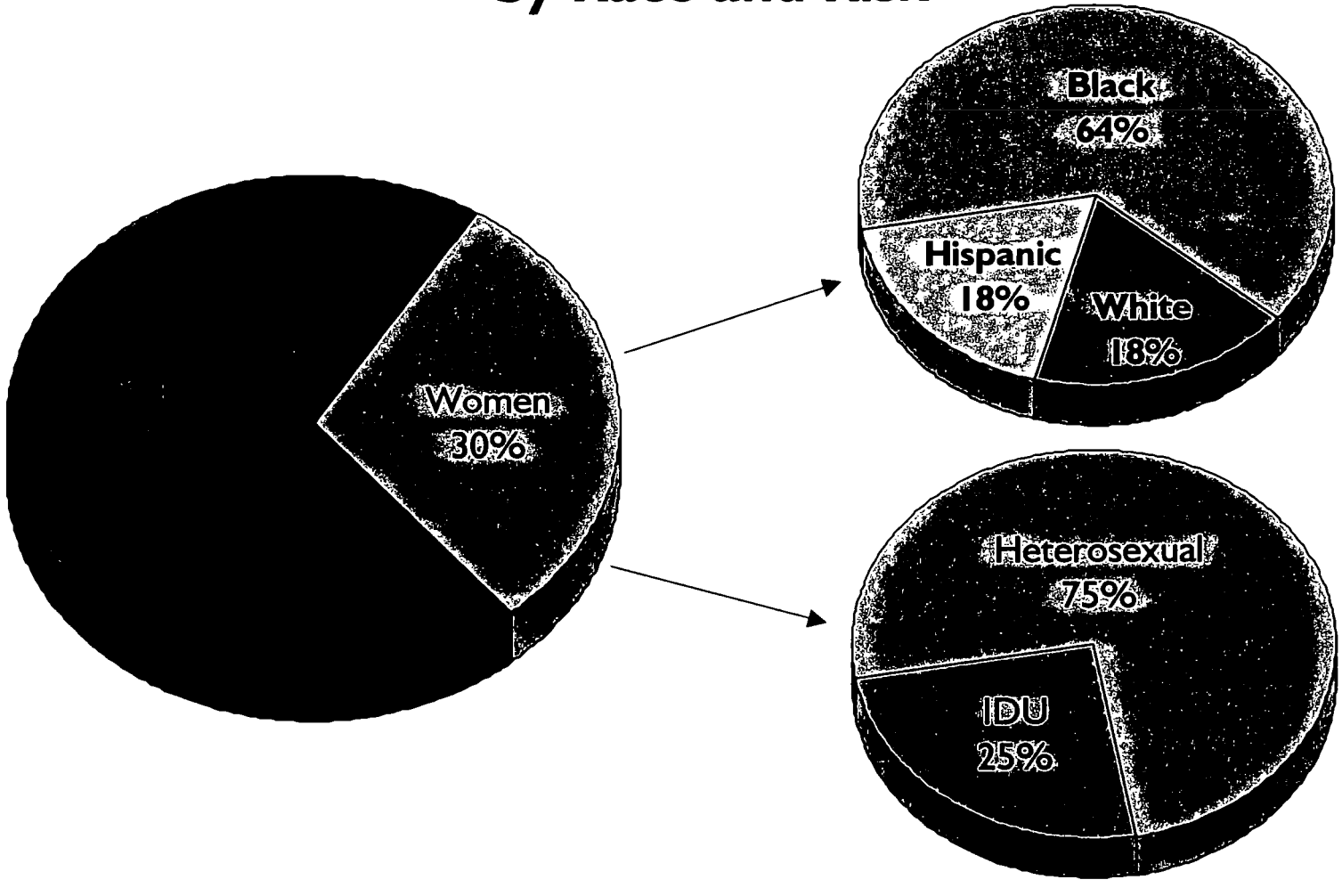
1999 National HIV Prevention Conference

Estimates of New Infections Occurring Among Men by Race and Risk



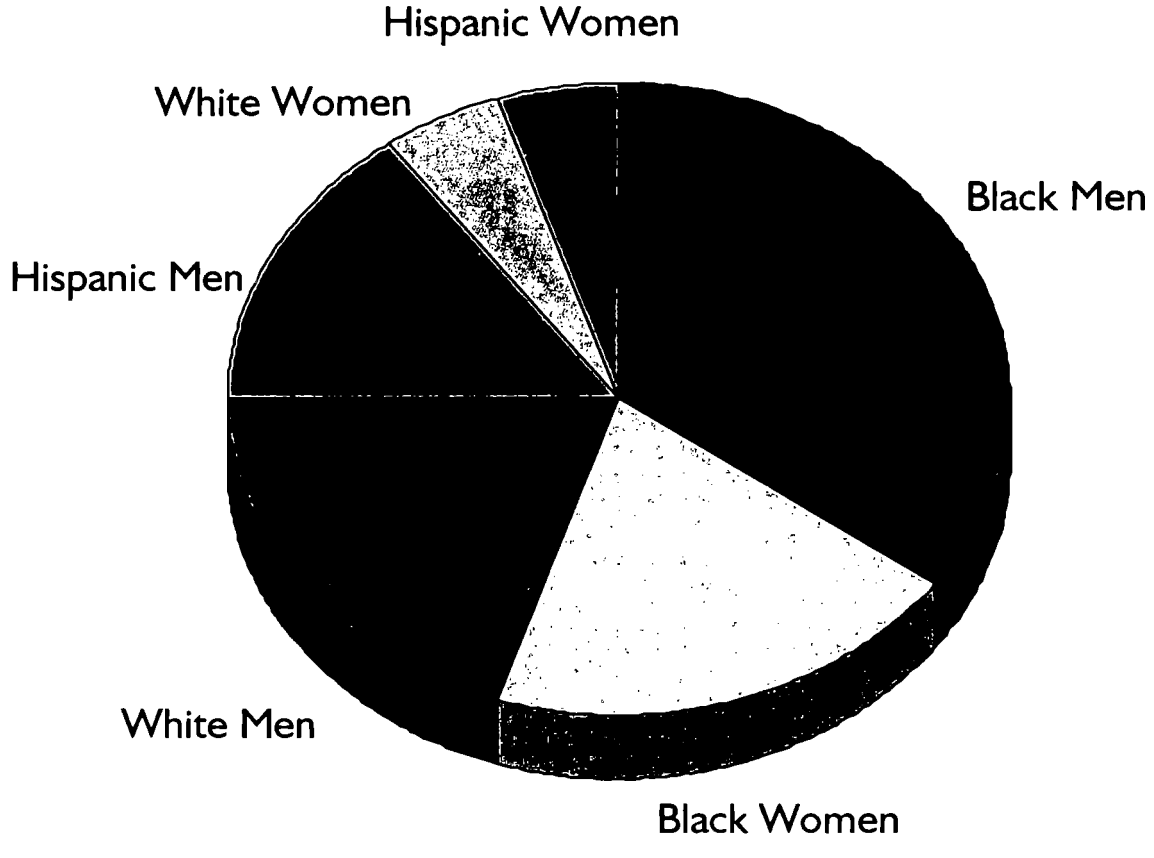
1999 National HIV Prevention Conference

Estimates of New Infections Occurring Among Women by Race and Risk



1999 National HIV Prevention Conference

Estimates of New Infections Occurring by Gender and Race



1999 National HIV Prevention Conference

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

FOR RELEASE:
August 30, 1999
8:30 a.m.

Contact: NCHSTP Office of Communications
(404) 639-8895

On-site: HIV Prevention Conference
Media Center
(404) 588-4750 (8/29-9/1/99)

NEW DATA SHOW CONTINUED DECLINE IN AIDS DEATHS

Atlanta, GA - National mortality data released today at the National HIV Prevention Conference by the Centers for Disease Control and Prevention (CDC) show that AIDS deaths dropped 20% between 1997 and 1998. The new data revealed that 17,047 people died of AIDS in 1998, down from 21,222 in 1997.

"Any reduction in the number of Americans dying from AIDS is good news," said Jeffrey P. Koplan, M.D., M.P.H., director of the Centers for Disease Control and Prevention (CDC). "We should pause and fully recognize the tremendous public health accomplishment that has been achieved by reducing AIDS related mortality from 50,000 deaths a year in 1995 to an annual rate of just under 20,000. Yet we must also recognize that we are a long way from winning this battle."

In particular, Koplan noted that the new data show that while the actual number of deaths have declined, the mortality rate may be starting to stabilize. The rate of decline in overall AIDS deaths between 1997 and 1998 (20%) was significantly less than the rate of decline experienced between 1996 and 1997 (42%). While close monitoring will be required to fully determine the reasons for the trend, researchers believe a combination of factors are likely contributing to the slowing decline in deaths, including having already reached most individuals who already know they are infected with HIV and are susceptible to treatment, treatment failure caused by factors such as viral drug resistance, and difficulty with adherence to treatment.

-more-

While the slowing and ultimate stabilization of AIDS deaths are not unexpected, Koplan stressed that further reductions in disease and death will require further biomedical research to develop even more effective therapies as well as heightened efforts to increase HIV testing and provide prevention and early treatment. CDC is expanding its prevention programs to increase efforts to encourage HIV testing, as well as sustained prevention and treatment services for the increasing number of people living with HIV infection.

While prevention has helped slow the epidemic in the U.S. from a period of rapid growth in the 1980s (over 150,000 infections a year), CDC estimates new HIV infections are now roughly stable at about 40,000 per year. As AIDS cases and deaths have declined and HIV infected individuals are living longer, HIV and AIDS prevalence in the U.S. have continued to increase. This increase makes the need for HIV prevention and care greater than ever before, especially in communities of color.

AIDS death rates in 1998 remained nearly 10 times higher among African Americans than whites. African Americans represent only 13% of the U.S. population, but accounted for 49% of AIDS deaths. Moreover, African Americans are experiencing less dramatic declines in AIDS deaths than whites. Among African Americans, deaths fell 17% in 1998, compared to 35% in the previous year. (Compared with a decline of 22% in 1998 and 51% in 1997 among whites.)

"Ultimately how we succeed in affecting the course of the HIV epidemic in communities of color will be a measure of our collective ability to better target HIV prevention, research, and treatment," said Dr. Koplan.

CDC's partnerships with African American communities were greatly strengthened this year when African American community leaders joined with the Department of Health and Human Services and the Congressional Black Caucus to substantially increase the funding and support that is available to HIV prevention programs in communities of

color. HHS also initiated Crisis Response Teams to provide special technical assistance from federal teams of experts to help combat the spread of HIV/AIDS among racial and ethnic minority populations. CDC is also actively working with Latino communities and others hard hit by the epidemic to build and sustain effective prevention programs.

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HIV Prevention Now More Than Ever

FOR RELEASE:
August 29, 1999

Contact: NCHSTP Office of Communications
(404) 639-8895

On-site: Conference Media Center
(404) 588-4750

TOP HIV SPECIALISTS MEET IN ATLANTA FOR FIRST NATIONAL CONFERENCE DEVOTED TO HIV PREVENTION SCIENCE

- Leading Professionals to Assess Advances in Efforts to Track and Control HIV -

- Impact of HIV on the African-American Community to be Featured -

Atlanta, GA - More than 2,000 leading scientists, researchers and policy analysts gathered today in Atlanta for the National HIV Prevention Conference, the first national meeting exclusively devoted to scientific efforts to monitor and prevent HIV in the U.S. The meeting, convened by the Centers for Disease Control and Prevention (CDC) and seventeen other sponsoring organizations, including the Office of AIDS Research/National Institutes of Health, National Minority AIDS Council, and the National Association of People with AIDS, is being held from August 29–September 1 at the Hyatt Regency Hotel.

"We are entering a new era in HIV prevention, one in which both needs and opportunities are greater than ever before," said Jeffrey P. Koplan, M.D., M.P.H., Director of CDC. "Prevention efforts must aggressively target a wider range of communities at risk, as well as an increasing population of HIV-infected individuals. At the same time, we face these

-more-

Conference Co-sponsors: AID Atlanta ● Academy for Educational Development ● American Social Health Association (ASHA) ● Association of Public Health Laboratories ● Centers for Disease Control and Prevention (CDC) ● CDC Foundation ● Council of State and Territorial Epidemiologists (CSTE) ● Health Care Financing Administration ● Health Resources and Services Administration (HRSA) ● Indian Health Service (IHS) ● National Alliance of State and Territorial AIDS Directors (NASTAD) ● National Association of People with AIDS (NAPWA) ● National Council of STD Directors (NCSD) ● National Minority AIDS Council (NMAC) ● Office on AIDS Research (OAR)/National Institutes of Health (NIH) ● Office on Women's Health/Department of Health and Human Services ● Rollins School of Public Health/Emory University ● Substance Abuse and Mental Health Services Administration (SAMHSA)

challenges with improved behavioral and medical strategies that offer more hope than ever of further reducing the spread of HIV."

The impact of HIV on African-American communities will be a special focus of the conference. Data presented will include HIV incidence among African Americans at highest risk, including young gay men, as well as the latest statistics on AIDS mortality among African Americans.

"As HIV and AIDS increasingly expand to African-American communities, the response to the epidemic will demand a genuine, long-lasting partnership between CDC and these communities," said Helene Gayle, M.D., M.P.H., Director of CDC's National Center for HIV, STD, and TB Prevention.

More than 700 abstracts will be presented at the conference, covering the latest and best efforts to contain the epidemic through behavioral and biomedical interventions. The conference will also include five media briefings featuring the most significant research and findings, including the following:

- **State of the Epidemic:** National leaders in AIDS treatment and prevention will address the current challenges and opportunities in HIV prevention. They include David Satcher, M.D., Ph.D., U.S. Surgeon General and former head of the CDC; Jeffrey Koplan, M.D., M.P.H., Director of CDC; Helene Gayle, M.D., M.P.H., Director of CDC's National Center for HIV, STD, and TB Prevention; and James W. Curran, M.D., M.P.H., Rollins School of Public Health, Emory University, will address the current challenges and opportunities in HIV prevention.

- **Latest HIV Surveillance and AIDS Mortality Data:** Researchers will present the latest national and regional data on trends in AIDS mortality and HIV incidence among high-risk populations.

- **HIV/AIDS and African Americans:** Data will be presented on how African Americans, including heterosexual men and women, gay and bisexual men and injection drug users, face far higher rates of AIDS mortality and HIV infection than other racial/ethnic groups. Factors contributing to this disproportionate impact, as well as innovative and effective prevention programs for African Americans, will be discussed.

- **Underrecognized Factors in HIV/AIDS:** Underrecognized factors contributing to the spread of HIV will be discussed, including the continuing impact of the epidemic among gay and bisexual men, the effects of new AIDS treatments on HIV risk behaviors, the influence of STDs on the sexual spread of HIV, and the first comprehensive report on HIV in U.S. prisons.

- **The Next Generation -- Youth and HIV:** Gay and bisexual youth, particularly youth of color, face dangerously high HIV rates. While significant progress has been made in increasing condom use and decreasing risk behavior among youth overall, far too many adolescents remain at risk. New findings to be presented include: new data on HIV infection among young gay men, prevention programs that work for HIV-positive and HIV-negative youth, the importance of HIV testing, and factors influencing risk and test-seeking behaviors among different groups of young people.

"We believe the National HIV Prevention Conference provides a unique opportunity to reinforce the importance of prevention as central to the U.S. response to the epidemic and re-energize the efforts of public health officials, policy-makers, advocacy groups, community leaders and other constituencies to fight the spread of HIV," said Ronald O. Valdiserri, M.D., M.P.H., Conference Co-Chair and Deputy Director of CDC's National Center for HIV, STD, and TB Prevention.

The National HIV Prevention Conference is convened by the Centers for Disease Control and Prevention and seventeen other sponsoring organizations, including the Office of AIDS

Research/National Institutes of Health, National Minority AIDS Council, and the National Association of People with AIDS.

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National HIV Prevention Conference
1999
Atlanta, Georgia August 29 - September 1

HIV Prevention Now More Than Ever

FOR RELEASE:
August 30, 1999
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Contact: NCHSTP Office of Communications
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- PRESS BRIEFING MONDAY, AUG. 30, 12:00 NOON -

NEW DATA SHOW DECLINE IN AIDS DEATHS SLOWING DOWN

- Overall Rates of HIV Infection Appear Stable; Most Dramatic Impact Among African Americans, Gay Men, Youth -

- New HIV Test Provides Unprecedented Look at Level of New Infections in High-Risk Groups -

Atlanta, GA - Less than two years after headlines hailing dramatic drops in AIDS deaths, the mortality rate from AIDS is still declining—but far more slowly, according to national data to be released by the Centers for Disease Control and Prevention (CDC) and data from New York City, New York, and Seattle, Washington, presented at the National HIV Prevention Conference today. CDC data on AIDS cases and deaths through December, 1998 will be released during the plenary session, Monday, August 30, at 8:30 a.m.

[See attached table and forthcoming CDC press release for data to be discussed. Helene Gayle, Opening Plenary, Monday, August 30, 8:30 a.m.]

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Conference Co-sponsors: AID Atlanta ● Academy for Educational Development ● American Social Health Association (ASHA) ● Association of Public Health Laboratories ● Centers for Disease Control and Prevention (CDC) ● CDC Foundation ● Council of State and Territorial Epidemiologists (CSTE) ● Health Care Financing Administration ● Health Resources and Services Administration (HRSA) ● Indian Health Service (IHS) ● National Alliance of State and Territorial AIDS Directors (NASTAD) ● National Association of People with AIDS (NAPWA) ● National Council of STD Directors (NCSD) ● National Minority AIDS Council (NMAC) ● Office on AIDS Research (OAR)/National Institutes of Health (NIH) ● Office on Women's Health/Department of Health and Human Services ● Rollins School of Public Health/Emory University ● Substance Abuse and Mental Health Services Administration (SAMHSA)

Regional data presented at the conference confirmed the national trend, with data released from New York and Seattle:

- **New York:** Mortality data presented by Mary Ann Chiasson, Ph.D., of the New York City Department of Health, showed that the drop in AIDS deaths is starting to level off, from 63% between 1995 and 1997 to 25% from 1997 to 1998. According to the study, New York experienced nearly identical numbers of deaths in the first and last halves of 1998, indicating that the AIDS mortality has plateaued. Overall, between 1995 and 1998, mortality rates–the percentage of people diagnosed with AIDS who died–dropped sharply among all groups, with white men experiencing the largest decline (83%) and African-American women a significant, but smaller decline (75%). ***[Abstract #550, "Differential Decline in AIDS Mortality by Gender and Race/ Ethnicity in New York City," Monday, August 30, 10:30 a.m.]***

- **Seattle:** A study conducted by the Seattle-King County Department of Public Health found that AIDS deaths, after falling a dramatic 66% from 1996 to 1997, fell only 27% between 1997 to 1998. Susan Barkan, Ph.D., who led the study, presented trends in AIDS mortality over the past decade, as well as possible factors contributing to recent declines. ***[Abstract #660, "Declines in AIDS-Related Mortality and Factors Associated with Recent AIDS Deaths in Seattle-King County, Washington," Monday, August 30, 10:30 a.m.]***

While close monitoring will be required to fully determine the reasons for the trend, researchers believe a combination of factors are likely contributing to the slowing decline, including having already reached most individuals who already know they are infected with HIV and are susceptible to treatment, treatment failure caused by viral drug resistance, and difficulty with adherence to treatment regimens.

National HIV Infections Estimated at 40,000 Per Year

While prevention has helped slow the epidemic in the U.S. from a period of rapid growth in the late 1980s (over 150,000 infections a year), CDC estimates new HIV infections are now roughly stable at about 40,000 per year.

The estimated 40,000 HIV infection each year are only a rough estimate. There is currently no national system that tracks new HIV infections the same way that AIDS cases are tracked. AIDS cases are no longer useful to predict the number of new HIV infections and the magnitude of the HIV epidemic. Therefore, estimates must be made based on specific studies and data from states that track HIV, as well as AIDS cases.

Data from 25 states that have had integrated HIV and AIDS reporting systems for at least four years, combined with a variety of other prevalence and incidence surveys (see below), suggest that the majority of these new infections are occurring among African Americans, especially young gay men and heterosexual women.

New HIV Test Provides First Data on New Infections Among High-Risk Groups

Researchers at the conference unveiled the results of studies using new CDC-developed testing technology that provides an unprecedented look at new infections in high-risk populations. The testing strategy, the Serologic Testing Algorithm for Recent HIV Seroconversions (STARHS), allows researchers for the first time to distinguish new HIV infections from long-standing infections using a blood specimen.

STARHS refers to a testing process using two HIV antibody tests: a standard test capable of detecting HIV antibodies within a month of infection, and a modified version that can only sense antibodies present 129 days after the first test. The results of the two tests seen side-by-side indicate if infection occurred within the past 4-6 months. The results can help prevention experts understand the dynamics of the epidemic's spread and predict

future shifts in the epidemic (see attached fact sheet, "The STARHS Test to Determine HIV Incidence").

According to researchers, the new technology has provided unprecedented information on trends in rates of new infections (HIV incidence) rather than just overall rates of HIV in the population (HIV prevalence).

"This new testing technique provides us with a snapshot of the epidemic's leading edge," said Robert Janssen, M.D., Deputy Director of CDC's Division of HIV/AIDS Prevention-Surveillance and Epidemiology. "We can now better identify new epidemics while they are still just emerging, and intervene before infection spreads more broadly."

Results from applying the technology in high-risk settings, including STD clinics in six cities and public venues frequented by gay men in six cities, confirm what many had feared was true – HIV incidence continues at high levels. The highest rates of infection were found among gay and bisexual men and people coinfected with other STDs.

Studies employing the new test include:

- In a six-city study of HIV incidence among over 96,000 clients of STD clinics between 1991 and 1997, CDC researchers Hillard Weinstock, M.D. and colleagues found that approximately 8% of gay and bisexual men were infected per year – a level 17 times higher than that found among heterosexuals (.48% per year) seen in the same clinics. The study, which applied the STARHS test to blood samples from STD clinics in Baltimore, Miami, New Orleans, Houston, Denver, and Los Angeles, found high HIV incidence among gay and bisexual men of all races, with higher levels of new infection among African Americans (11% per year), when compared to Hispanics (7.7%) and whites (6.5%). ***["HIV Seroincidence Among High-Risk Heterosexuals and Men Who have Sex with Men in the U.S. Using a Dual EIA Testing Strategy," Monday, August 30, 3:30 p.m.]***

- A seven-city survey of 15- to 22-year-old men who have sex with men sampled at public venues, conducted by Linda Valleroy and colleagues at the Centers for Disease Control and Prevention, showed alarming levels of HIV infection among young gay men. The Young Men's Survey found that an average of 7% of young men in the study were infected with HIV (HIV prevalence), with 3% becoming newly infected each year (HIV incidence). Both HIV prevalence and incidence were highest among young African-American men (14% prevalence, 4% incidence), young men of mixed race (13% prevalence, 5% incidence), and young Hispanic men (7% prevalence, 3% incidence). HIV incidence increased with age, rising from 2% among adolescent men becoming infected annually, to 4% among young men in their twenties. Valleroy also reported data on risk behaviors, indicating that 41% of young gay men in the study had engaged in unprotected anal intercourse in the past six months. The study was conducted among a sample of 3,492 young gay men in Baltimore, Dallas, Los Angeles, Miami, New York City, San Francisco, and Seattle. ***["HIV Incidence Among Young Men Who have Sex with Men in Seven U.S. Metropolitan Areas," Monday, August 30, 3:30 p.m.]***

  "These findings underscore the critical need to reach gay men with early and sustained HIV prevention efforts. We cannot accept this level of infection in each generation of young men," said Valleroy.

- In a study of HIV incidence among 34,866 people seen in San Francisco STD Clinics between 1989 and 1998, Sandra Schwarcz, M.D., from the San Francisco Department of Public Health, found roughly stable incidence, with approximately 1.6% of patients infected each year. HIV incidence was highest among men who have sex with men (MSM) (6.6% per year), and MSM who also injected drugs (8.2% per year). By race, HIV incidence was highest among whites (2.5%), compared to .9% among African Americans, and 1.1% among Hispanics. The incidence of HIV was five times higher among patients who had a diagnoses of gonorrhea at the time of HIV testing, than among patients without gonorrhea (6.0% per year vs. 1.2% per year). In 1998, HIV incidence in people with gonorrhea was 15.8%, the highest documented in any group.

["Trends in HIV Incidence Among STD Clients in the San Francisco Health Department - 1989-98," Monday, August 30, 3:30 p.m.]

"STD detection and treatment must play a critical role in HIV prevention efforts in San Francisco," said Schwarcz.

- Anonymous Testing Sites: A collaborative study was conducted by the San Francisco Department of Public Health, the AIDS Health Project at the University of California at San Francisco (UCSF), and the Blood Centers of the Pacific at UCSF and CDC. The project, led by William McFarland, M.D., Ph.D., used the STARHS strategy to identify a recent increase in new HIV infections among gay men seeking anonymous testing in San Francisco. The incidence rate more than doubled from a low of 1% in the second half of 1997 to a high of 2.8% in the first half of 1999. ***["HIV Incidence Among Clients at Anonymous Sites in San Francisco," Monday, August 30, 3:30 p.m.]***

"After years of progress in preventing HIV, transmission may be increasing in the San Francisco Bay Area," said Dr. McFarland. "These findings are particularly worrisome in light of recent increases in gonorrhea and high-risk sexual behavior from other studies in the city."

"The data presented today on new HIV infections is a source of great concern," said CDC's Dr. Gayle. "It shows how quickly the epidemic can re-emerge when people become complacent about the need for HIV prevention."

Largest-Ever Review of HIV Among NYC Drug Users Reveals Sharply Declining Prevalence

While new HIV infections appear to be stable among many groups, HIV prevalence – the total number of people infected with HIV – appears to be decreasing among injection drug users in New York.

A review of data from the New York State Department of Health AIDS Institute's Substance Abuse Initiative, which integrates HIV services with drug treatment, examined 87,000 tests administered on drug treatment patients. Results show HIV prevalence among injection drug users testing for the first time declining sharply, from 33.6% in 1990 to just 4.3% in 1998. This dramatic drop can be attributed in part to successful prevention efforts targeted specifically at New York drug users. ***[Abstract #325, "Implementing HIV Prevention Programs in Substance Abuse Treatment Facilities as Part of a Comprehensive HIV Service Model – Eight Year Retrospective," Tuesday, August 31, 1:30 p.m.]***

"HIV prevention is more important today than ever before. In addition to maintaining progress among communities where infections have declined, we must reach an expanded population at risk – principally African-American gay men and young women – and provide an increasing population of HIV-infected individuals with assistance establishing and maintaining safer behaviors," said Gayle.

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The Latest Trends in AIDS Incidence and Deaths, 1995-1998

	1995	1996	1997	1998	% Decline (1995-1996)	% Decline (1996-1997)	% Decline (1997-1998)
AIDS INCIDENCE							
Total	68,734	60,394	49,667	44,289	12%	18%	11%
White	26,617	21,188	15,823	13,836	20%	25%	13%
African American	27,832	26,464	23,165	21,051	5%	12%	9%
Hispanic	13,404	11,896	9,994	8,810	11%	16%	12%
AIDS DEATHS							
Total	49,351	36,792	21,222	17,047	25%	42%	20%
White	21,441	14,160	6,997	5,436	34%	51%	22%
African American	18,496	15,491	10,060	8,316	16%	35%	17%
Hispanic	8,835	6,724	3,934	3,114	24%	42%	21%

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HIV Prevention Now More Than Ever

The STARHS Strategy To Test HIV Incidence

A Powerful New Tool

For much of the last twenty years, AIDS cases and deaths have been epidemiologists' primary tool for assessing where we stand in the epidemic and what communities are in need of HIV prevention programs. Because HIV progressed to AIDS at predictable intervals prior to 1996, AIDS cases were considered to be an accurate indicator of HIV infection, and a signal of the populations most at risk.

But now, as new drugs have resulted in substantial declines in AIDS cases and mortality, the emphasis has shifted to tracking HIV incidence – that is, the number of new infections each year.

Only limited data is available on HIV infection, however. There is not yet a national HIV reporting system, and there have not been – until now – reliable diagnostic tools to tell us *when* someone became infected. While standard HIV tests can tell if someone *is* infected, they cannot tell if that infection occurred some time in the last month, or in the last decade.

Today, however, a new testing strategy, called the Serologic Testing Algorithm for determining Recent HIV Seroconversion (STARHS), developed by scientists at the Centers for Disease Control and Prevention along with other colleagues, is allowing researchers to distinguish new infections from longstanding infections – specifically, whether infection occurred in the last four-to-six months.

This critical information gives public health officials and program planners an unprecedented look at the epidemic's leading edge. With this testing strategy, we can begin to know which populations are becoming HIV-infected today, and how to help stop the further spread of HIV before it's too late.

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How It Works

The STARHS strategy actually uses two separate HIV antibody tests. One test can detect the presence of HIV (or more accurately, the antibodies the body produces to fight HIV) just 6-8 weeks after infection. The other, less sensitive test can not detect the presence of HIV until 129 days (about 4 months) after the first antibody test.

By comparing the results from these two tests, researchers can identify recent HIV infections. For example:

- If an individual tests positive for both tests, then that person was most likely infected more than 4-6 months prior to testing.

- If an individual tests positive with the more sensitive test, but negative with the less sensitive test, then that person was most likely infected within the past 4-6 months.

Uses of STARHS

- ***Estimating Incidence***
  STARHS can be used to determine HIV incidence (the rate of new HIV infections) in specific populations, using a single blood test from each individual. These data can indicate populations at highest risk for becoming infected and help target prevention programs.

- ***Recalling Risky Behavior***
  Recently infected individuals may be better able to remember what behavior led to infection, allowing prevention researchers to more accurately evaluate risk behaviors and other factors influencing HIV transmission.

- ***Stopping Further Infections***
  When used in conjunction with partner notification programs, STARHS can help target prevention efforts to networks of recently infected people, helping to stop the epidemic where it is currently spreading.

- ***Conducting Clinical Trials***
  STARHS may be used to direct recruitment for studies on the treatment of HIV in its early stages.

- ***Testing Vaccines***
  By identifying geographic areas with many new infections, STARHS can help determine the most appropriate locations for clinical trials for an HIV vaccine.

STARHS is one of many new strategies offering hope that, as we enter the next era in the HIV epidemic, we can further reduce the toll of new infections, illness, and death due to HIV.

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- PRESS BRIEFING MONDAY, AUG. 30, 3:00 PM EDT -

HIV CONTINUES TO EXACT TOLL ON AFRICAN AMERICANS

- New Epidemiological Data Show Growing Racial Gap in AIDS Epidemic -

- In Response to Changes in the Epidemic, CDC Continues to Expand Funding for African-American Programs --

Atlanta, GA - AIDS death rates in 1998 remained nearly 10 times higher among African Americans than among whites. Similarly, the rate of AIDS incidence rates is almost 10 times higher among African Americans than whites. National AIDS incidence and mortality data for 1998 were released earlier today by the Centers for Disease Control and Prevention (CDC) in the opening plenary session at the National HIV Prevention Conference. ***[See attached table and forthcoming CDC press release for data to be discussed. Helene Gayle, Opening Plenary, Monday, August 30, 8:30 a.m.]***

Race and ethnicity in the United States are not risk factors for HIV infection, but correlate with other more fundamental determinants of health status such as poverty, access to quality health care, health care-seeking behavior, illicit drug use, and living in

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communities with high prevalence of STDs. Acknowledging the disparity in HIV and STD rates by race or ethnicity is one of the first steps in empowering affected communities to organize and focus on this problem.

"In communities across the nation, young African Americans are being infected at alarming rates," said Cornelius Baker, moderator of the press briefing and the Executive Director of the National Association of People with AIDS, one of the conference co-sponsors. "The research presented here today clearly demonstrates the terrible impact of AIDS on our community and the need for continued aggressive HIV prevention efforts."

Several studies released at the conference provide important new evidence of the epidemic's rapid spread among African Americans:

- **AIDS Mortality**: New national mortality data from the CDC will be released at the conference and demonstrate that African Americans continue to represent a disproportionate share of AIDS deaths. Moreover, while deaths have declined among all races, declines in African Americans have been less dramatic than among other races. ***[Data to be released by Helene Gayle, Opening Plenary, Monday, August 30, 8:30 a.m.]***

- **New York City**: A New York City Department of Health study led by Mary Ann Chiasson, Dr.P.H., showed that African-American women comprise 53% of female AIDS cases in the city. In 1998, African-American women diagnosed with AIDS were almost 3 times more likely to die than Hispanic women. The study also showed that African-American gay and bisexual men were almost twice as likely to die of AIDS as white and Hispanic gay and bisexual men. According to Dr. Chiasson, further research is urgently needed to identify the factors associated with these disparities. ***[Abstract #550, "Differential Decline in AIDS Mortality by Gender and Race/Ethnicity in New York City," Monday, August 30, 10:30 a.m.]***

- **Gay Men**: A separate study conducted by David Webb of the Sacramento Department of Health Services, examined 2,638 gay males ages 13-19 accessing HIV testing at state-funded sites in California. Study results indicated that young gay African-American men were at 5.8 times greater risk for HIV infection than other young gay men. ***[Abstract #473, "Risk Factors for HIV Infection Among Adolescent Males Who have Sex with Males in California," Monday, August 30, 10:30 a.m.]***

Other HIV prevalence and incidence data from multi-city studies released earlier today also demonstrate a disproportionate impact on African Americans.

The Young Men's Survey, conducted by Linda Valleroy and colleagues, examined young gay men in seven cities and found African-American youth to be infected at a rate nearly 5 times higher than whites in the study. HIV prevalence among the over 3,000 young men sampled was 14.1% among African-Americans, compared to 3% among whites. ***["HIV Incidence Among Young Men Who have Sex with Men in Seven U.S. Metropolitan Areas," Monday, August 30, 3:30 p.m.]***

Among gay men in a six-city study among clients of STD clinics, Hillard Weinstock and colleagues found higher levels of new infection among African Americans (11% per year), when compared to Hispanics (7.5%) and whites (6.5%). ***["HIV Seroincidence Among High Risk Heterosexuals and Men Who have Sex with Men in the U.S. Using a Dual EIA Testing Strategy," Monday, August 30, 3:30 p.m.]***

- **Bisexuality**: Two new studies suggest that bisexual risk behaviors among African-American men may be fueling the spread of HIV infection to African-American women in some parts of the country.

A survey of 7,065 men in gay venues in New York City, conducted by Tracy Mayne, Ph.D., and colleagues from the New York City Department of Health and Gay Men's Health Crisis, found 20% of African-American men reporting bisexuality, compared

to 12% of Hispanics and 4% of white men. ***[Abstract #707, "HIV Risk Behavior in Gay and Bisexual Men in New York City," Monday, August 30, 3:00 p.m.]***

A study from the Michigan Department of Community Health, led by JoLynn Pratt, interviewed 1,001 HIV-positive African-American men in southeast Michigan and found that 36% of the African-American men who had sex with men also had sex with women.

According to Pratt, the data from these studies indicate that African-American women are acquiring HIV not simply from injection drug users, as is commonly perceived, but also from bisexually active men. ***[Abstract #364, "Using Behavioral Data to Target Prevention Activities in the Black Community," Monday, August 30, 10:30 a.m.]***

- **Drug Users**: A nine-year retrospective review of 87,000 tests administered among people in treatment for all types of drug use, led by Jeffrey Rothman of the New York State Department of Health AIDS Institute, found that African-American injection drug users had an HIV prevalence rate of 19% in 1998, nearly four times that of whites (5%). While the seroprevalence among African-American substance users tested as part of this project has declined by more than 60% since 1990, it has remained consistently higher than that of whites. ***[Abstract #325, "Implementing HIV Prevention Programs in Substance Abuse Treatment Facilities as Part of a Comprehensive HIV Service Model – Eight Year Retrospective," Tuesday, August 31, 1:30 p.m.]***

The Director of the CDC's National Center for HIV, STD, and TB Prevention, Helene Gayle, M.D., M.P.H., said studies presented today underscore the need for renewed support for prevention and treatment efforts in African-American communities. According to Gayle, HIV prevention efforts must take into account cultural issues, as well as social and economic factors – such as poverty, underemployment, and poor access

to the health care system – that impact many U.S. minority communities. Effectively addressing these issues, she says, will require strong partnerships.

"We remain committed to expanding our efforts to combat the epidemic," said Dr. Gayle. "But the complex factors contributing to the disproportionate impact of HIV among African Americans cannot be effectively addressed by the government alone."

"We will need every facet of the African-American community to join us, get involved, and openly address the real challenges we face, in order to stop the spread of the disease that is devastating our community."

CDC Continues to Expand HIV Prevention Programs in African-American Communities

In response to HIV's rapid spread among African Americans, CDC today released an analysis of its programs directed toward African-American communities over the past decade. Since the late 1980s, CDC has worked in partnership with national, local, and regional minority organizations to build its prevention efforts, specifically targeting African Americans, from a level of nearly $11 million in 1988 to over $120 million in 1999.

African-American leaders and the Congressional Black Caucus recently played a key role in obtaining an additional $156 million for prevention programs in the African-American community in 1998, $39 million of which will be administered by the CDC. The CDC will announce the first recipients of these funds this fall.

"By continuing to expand our partnership with African-American communities, we can control the HIV epidemic in the areas it's hitting hardest," said Dr. Gayle. She highlighted several CDC-funded African-American prevention programs:

- To better serve African-American men who have sex with men, Gay Men's Health Crisis organized "Soul Food," a program designed by African-American gay men to help their peers remain HIV negative. This community mobilization effort has enrolled more than 400 African-American gay and bisexual men in New York City, and volunteers have collected more than 1,100 sexual health surveys from African-American gay and bisexual men across the city. These efforts have led to a better understanding of the needs of this population, including more specifically targeted outreach programs that value cultural affiliations, improved community capacity for HIV prevention, an increase in harm reduction counseling, and more holistic programs which support the many needs of an individual.

- "Sisters Together and Reaching (STAR)" is a faith-based organization providing numerous support services that address how to prevent getting HIV, as well as how to live as healthy a life as possible with HIV. One of these services is "Project NIA," a street-based outreach delivered by a mobile van in high-incidence communities throughout Baltimore. Since the beginning of "Project NIA," nearly 2,000 African-American women and men have received at least one service, including peer counseling, referrals for needle exchanges, and HIV/STD testing and counseling.

- "Teen WISE (Women Informed Seeking Empowerment)" reaches young African-American women in settings such as schools, child-care facilities, clinics and stores. The Detroit program uses a variety of activities to increase knowledge about HIV transmission and prevention and to improve safer sex practices and skills among these teens. One important component of "Teen WISE" is the use of peer educators for conducting prevention activities. Educators act as role models for other teens, and benefit themselves from the feelings of empowerment that come from helping others in their community. Other "Teen WISE" activities include street outreach, health education workshops, risk-reduction counseling and support group development.

- "Shelter Women's AIDS Project" serves African-American women who live in or frequent eight transitional and homeless shelters in Chicago. The program is designed to assist women in developing and managing a plan to stay HIV negative.

Group education workshops include information on HIV and other sexually transmitted diseases and methods for reducing one's risk of infection, as well as discussions about relationships and substance abuse. Additional service is provided by prevention case managers who work one-on-one with women to help identify factors that impact their decisions to avoid high-risk behaviors. Women served by "Shelter Women's AIDS Project" also are provided referrals for HIV, STD, and TB testing, mental health services, substance abuse treatment, medical care and other social and health services.

- "Sisters and Brothers Prevention Project (SBPP)" targets African-American youth at high risk for HIV infection. Based in Bridgeport, Connecticut, SBPP conducts street outreach – bringing information and materials about HIV prevention, condom use and other risk-reduction behaviors to hard-to-reach youth, including youth who are involved in the sex industry, youth who abuse drugs and alcohol, pregnant youth, homosexual and lesbian youth, runaways and homeless youth. The program also provides referral services for substance abuse treatment and HIV, STD, and TB testing. SBPP is also conducting a pilot program for street-based HIV counseling and testing.

In addition to continuing to expand efforts to reach African Americans, CDC is actively working with Latino communities and others hard hit by the epidemic to build and sustain effective prevention programs.

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- PRESS BRIEFING TUESDAY, AUG. 31, 12:00 NOON -

UNDERRECOGNIZED FACTORS IN HIV/AIDS

- First Comprehensive Data on Prisons Reveals Dramatic HIV/AIDS & STD Rates -

- Continued Impact of the Epidemic on Gay Men -

- Other STDs Fueling Spread of HIV -

Atlanta, GA - The first comprehensive effort to estimate the national prevalence of HIV/AIDS and other infectious diseases in correctional facilities found that there were approximately 8,900 inmates with AIDS in 1997, representing a prevalence five times that found in the total U.S. population. The research was discussed at a press briefing held at the National HIV Prevention Conference in Atlanta.

The study, conducted by Theodore Hammett, Ph.D., of Abt Associates for the National Commission on Correctional Health Care and relying partially on data collected by

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the Bureau of Justice Statistics, also suggests that approximately 17% of all people with AIDS in 1996, and 13%-19% of all people with HIV infection, had been released from a correctional facility during that year. A total of 7.75 million people were released from jails and prisons in 1996.

The study also found high levels of sexually transmitted diseases (STDs) among inmates, and estimated that more than 300,000 inmates were infected with hepatitis C in 1997, representing prevalence more than nine times that found in the total population. Estimates suggest that almost one-third of all people with hepatitis C infection in the U.S. in 1996 had passed through a correctional facility that year.

"These findings document the concentration of infectious diseases among people passing through correctional facilities," said Dr. Hammett. "Prisons offer a unique but frequently missed opportunity to make a difference in HIV prevention both within and beyond prison walls."

According to Hammett, prisons provide the means to reach individuals at extremely high risk with prevention and treatment services that can make a difference when they return to communities. However, only 10% of state and federal prison systems and only 5% of city and county jail systems offer comprehensive HIV prevention programs for inmates, according to earlier research conducted by Hammett for the Centers for Disease Control and Prevention (CDC). ***[Abstract #571, "HIV/AIDS and Other Infectious Diseases Among Correctional Inmates: A Public Health Problem and Opportunity," Tuesday, August 31, 3:30 p.m.]***

A separate surveillance project, conducted by the CDC, also found high rates of STDs in people entering corrections facilities. Kristen Mertz and colleagues compiled data on STD prevalence among people entering jails and juvenile detention facilities between 1996 and 1999, which indicated high rates of syphilis, gonorrhea, and chlamydia, especially among women. The percentage of women entering jails testing positive for syphilis ranged from 3% to 22% in 8 cities. The percentage of women testing positive for chlamydia was highest

in juvenile detention facilities, ranging from 9% to 16% in 5 participating sites. Recognizing that these STDs greatly increase the risk of HIV infection and transmission, it is critical to provide testing and treatment for STDs in correctional facilities. ***["Monitoring the Prevalence of STDs in Persons Entering Corrections Facilities," Monday, August 30, 3:30 p.m.]***

Status of Epidemic Among Gay Men

Two studies released today suggest that effective new AIDS treatments may be complicating the task of HIV prevention. The findings support the theory that new AIDS treatments have led people to become complacent about HIV prevention, at least in urban gay centers. While rates of HIV remain extremely high among gay men, powerful new AIDS drugs may be contributing to a false sense of security.

A study headed by Sheila Murphy, Ph.D., of the University of Southern California, surveyed 416 gay men in West Hollywood, CA, who had heard of protease inhibitors. The study found that the more optimistic men were about the new treatments, the less likely they were to use condoms during anal sex, abstain from anal sex, or to limit their number of sex partners. HIV-positive men who were optimistic about the ability of new AIDS treatments to prevent the transmission of HIV and improve quality of life only used condoms 66% of the time, compared to 80% of the time for HIV-positive respondents who were not optimistic about new treatments. Among HIV-negative respondents, the optimists used condoms 74% of the time, versus 85% of the time for those who were less optimistic.

Those who were optimistic were also less likely to be monogamous: 35% of the optimistic HIV-positive men were monogamous compared to 43% of the less optimistic. Among the HIV-negative respondents, 50% of the optimistic men were monogamous, compared to 59% of those who were less optimistic. In addition, only 37% of the HIV-positive men who were optimistic about the new treatments made a conscious attempt to limit their number of partners, compared to 57% of the HIV-positive men who were not optimistic.

[Abstract #724, "Antiretroviral Drugs and Sexual Behavior in Gay and Bisexual Men: Findings from the Hollywood Study," Monday, August 30, 1:30 p.m.]

"Good news about AIDS treatment means more challenges in HIV prevention," said moderator Tom Coates, Ph.D., a researcher at the Center for AIDS Prevention Studies at the University of California San Francisco, and the moderator of the briefing. "Many gay men no longer see HIV as a serious disease and don't recognize the dramatic rates at which infection continues to spread in these communities."

CDC scientists also expressed concern that the epidemic among gay men, while once at the forefront of public discourse around HIV prevention, seems to have faded from widespread recognition.

"While progress has certainly been made overall, we continue to see alarming levels of infection, especially among gay men of color," said Ronald O. Valdiserri, M.D., M.P.H., Deputy Director of CDC's National Center for HIV, STD, and TB Prevention. "The consequences of complacency for this generation of gay men could be dire."

CDC researcher Rich Wolitski, presented a review of the state of the HIV epidemic among gay men, as well as factors contributing to the continued spread of infection. By the end of 1998 the number of cumulative HIV/AIDS cases reported in the U.S. among men who have sex with men had reached 450,000. MSM are estimated to account for the largest proportion of new infections each year in the U.S., and the epidemic among gay men is pervasive throughout the nation. With the exception of mixed patterns along the East coast, MSM predominate in all other areas of the country.

According to Wolitski, data from several cities show increases in both risk behaviors and rates of sexually transmitted diseases. The fear is that the recent increases in STDs among gay men are a signal of increases in HIV infection to follow.

STD-HIV Link Fuels Spread of HIV

Not only do STDs serve as a marker of increased sexual risk, but biologically their presence greatly increases the chances both of acquiring HIV, and of spreading HIV if infected. Studies presented at the conference today provide continued evidence that sexually transmitted diseases, including syphilis, gonorrhea, chlamydia, and herpes, are fueling the sexual spread of the HIV epidemic.

Myron Cohen, M.D., of the University of North Carolina–Chapel Hill, reviewed the biological links between sexually transmitted diseases and HIV. His research has found that inflammations in the male and female genital tract, caused by gonorrhea, chlamydia, and trichomonas, contain a higher concentration of HIV than non-infected areas, which likely increases the risk of HIV transmission.

"Rising rates of STDs should serve as a wake-up call to communities at risk for HIV. STDs and HIV are transmitted through similar behaviors, so changes in STD rates are particularly troubling," said Cohen. ***[Abstract #733, "Biological Approaches to Prevent the Sexual Transmission of HIV," Tuesday, August 31, 10:30 a.m.]***

Syphilis, Gonorrhea on the Rise Among Gay Men

Data presented today show that even though gonorrhea and syphilis are at an all-time low nationally, they are on the rise in some communities of gay and bisexual men. Data released by CDC researcher, Dr. Kim Fox, found that the proportion of gonorrhea cases reported among men who have sex with men (MSM) has increased over the last decade. The CDC's Gonococcal Isolate Surveillance Project (GISP) which tracks gonorrhea in STD clinics in 26 cities, found that the proportion of all gonorrhea cases that were among MSM tripled over the last decade, rising from 4% of all cases in 1988 to 12% of cases in 1998. Previous CDC research suggests that these proportionate increases are indicative of increases in overall cases of gonorrhea among MSM as well. ***["National Trends in Gonorrhea Among Men Who have Sex with Men," Tuesday, August 31, 3:30 p.m.]***

In a separate study, Dr. Hunter Handsfield of Public Health–Seattle and King County reported increases in both syphilis and gonorrhea among MSM in King County, WA, which includes Seattle. By 1996, infectious syphilis had been entirely eliminated from King County. But public health surveillance found a sharp resurgence of syphilis over the last two years, especially among MSM. Reported cases rose from zero in 1996 to 19 in 1997, 42 in 1998, and 46 in the first half of 1999. MSM accounted for only 4 cases in 1997, but accounted for 75 (85% of cases) in 1998 and 1999. Estimated annual incidence of syphilis among MSM was 200 per 100,000 in 1999, compared to annual incidence rates in women and heterosexual men of less than 1 per 100,000.

Handsfield reported similar increases in rates of gonorrhea among MSM, with rates increasing from 175 per 100,000 in 1997 to 433 per 100,000 in 1998. Of MSM diagnosed with syphilis in 1998 and 1999, 75% were HIV positive, as were 18% of those with gonorrhea, highlighting the close link between STDs and sexual transmission of HIV. ***[Abstract #727, "Resurgence of Syphilis and Gonorrhea in Men Who have Sex with Men, Seattle-King County," Tuesday, August 31, 3:30 p.m.]***

The National HIV Prevention Conference is convened by the Centers for Disease Control and Prevention and seventeen other sponsoring organizations, including the Office of AIDS Research/National Institutes of Health, National Minority AIDS Council, and the National Association of People with AIDS.

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