Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. notes	re: Personal (6 pages)	00/00/0000	b(6)
002. draft	Inspection of Qatar Embassy (38 pages)	02/00/1997	b(7)(E)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 4/97 [2]

2018-0764-F
jm2035

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]

GOVERNMENT AND PUBLIC RELATIONS

THE Sheridan GROUP

FAX TRANSMITTAL

DATE: 4/9/97

TO: Sanay

FAX #: 632-1096

FROM: Kristin

2 *PAGES INCLUDING COVER SHEET*

From SF Chronicle

Read carefully

-Kristin

SF CHRONICLE April 11, 1997 A 22
Editorial

The Newest AIDS Czar

WITH DISTURBING frequency the White House has named a series of top AIDS advisers, the third in three years being Patsy Thurman. Well-regarded in the AIDS world, Thurman was welcomed this week with words of encouragement from national groups looking for an effective leader in Washington.

In naming her, President Clinton pledged that she will have direct access to his office. She needs such support along with persuasive powers and political tact to make AIDS treatment a highly visible issue that can draw bipartisan support. Her first challenge will be selling Congress on the worth of needle exchange programs. Though several studies, including one by the federal Health and Human Services agency, indicate that swapping clean needles for dirty ones can stem the rate of AIDS infection, the notion of using taxpayer money to hand out syringes to drug users is too much for many in Congress.

A larger test of Thurman's skills will be her ability to make people face up to the AIDS epidemic. More money than ever is being spent on AIDS research and care, but it remains the leading cause of death in the 25 to 44 years of age category. The disease remains a political stepchild, ignored by many. It needs a powerful prophet, and that is Thurman's challenge.

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3637

Date Rcvd: 04-10-97

From: Porter Goss
Congress of the United States

Staff Action:

Reviewed By Eric:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

_____

Recommendations/Instructions:

_____

_____

_____

To Support Staff:_____

Date of Response:_____

n:\corresli

PORTER GOSS
14TH DISTRICT, FLORIDA

108 CANNON BUILDING
WASHINGTON, DC 20515-0913
(202) 225-2536

COMMITTEES:
RULES
CHAIRMAN, SUBCOMMITTEE
ON LEGISLATIVE AND BUDGET PROCESS

PERMANENT SELECT COMMITTEE
ON INTELLIGENCE
STANDARDS OF OFFICIAL CONDUCT

Congress of the United States
House of Representatives
Washington, DC 20515-0914

DISTRICT OFFICES:
2000 MAIN STREET
SUITE 303
FT. MYERS, FL 33901
(941) 332-4677

3301 TAMIAMI TRAIL EAST
BUILDING F, SUITE 212
NAPLES, FL 33962
(941) 774-8060

PUNTA GORDA
(941) 639-0051

April 8, 1997

Ms. Sandy Thurman
Director
Office of National AIDS Policy
750 -- 17th Street, NW
Washington, D.C. 20503

Dear Ms. Thurman:

Congratulations on your appointment by the President to serve as the nation's director of AIDS policy. Given your experience in this area, you are well aware of the incredible number of issues that will find their way to your desk.

For several years now, I have sought some answers and a little relief for people with hemophilia who contracted HIV through the use of contaminated blood products. Last month I re-introduced the Ricky Ray Hemophilia Relief Fund Act (H.R. 1023), which would establish a trust fund to provide compassionate assistance to victims of this tragedy. The bill is named for Ricky Ray, a Florida teen who, like thousands of others, contracted HIV through the use of contaminated blood products. Before his death from hemophilia-associated AIDS in 1992, Ricky and his family brought national attention to this issue and educated many, including myself, about the impact of this tragedy.

I know that the Clinton administration, and the AIDS community in general, has been supportive of this proposal. I hope that you will help ensure a continued commitment to address the tragedy of hemophilia-associated AIDS.

Once again, congratulations on your appointment and I look forward to the opportunity to work with you. Please feel free to contact me if I can be of assistance.

Kindest regards,

Porter Goss
Member of Congress

PG:jb

GAY MEN OF COLOR
ADVOCATES FOR

NATIONAL TASK FORCE ON AIDS PREVENTION

973 Market Street, Suite 600 • San Francsico • Califronia • 94103
415/356-8100 • fax 415/356-8103 • email ntfap@aol.com

FAX COVER SHEET

To: SANDY THURMAN, DIRECTOR
OFFICE OF NATIONAL AIDS POLICY

FAX Number: 202·632·1096 Date: 4/8/97

From: MARIO SOLIS-MARCH, CEO

Re: CONGRATULATION ON Appointment and meeting request.

Total Pages Transmitted Excluding Cover Sheet
1 Pages

If problems occur, please call:
415/356-8102

GAY MEN OF COLOR
ADVOCATES FOR

NATIONAL TASK FORCE ON AIDS PREVENTION

973 Market Street, Suite 600 • San Francisco • California • 94103
415/356-8100 • fax 415/356-8103 • e-mail: ntfap@aol.com

April 8, 1997

Ms. Sandy Thurman, Director
Office of National AIDS Policy
750 17th Street, NW, Suite 600
Washington, D.C. 20503

Dear Ms. Thurman:

I am writing to congratulate you on your appointment as Director of National AIDS Policy. We, at the National Task Force on AIDS Prevention, are encouraged by your commitment to improve the lives of all Americans who are living with HIV and AIDS . We wish you great success.

Secondly, I am writing to request a meeting with you. I intend to be in Washington, D.C. in the last week of April and I hope to meet with you at that time. I have instructed my assistant, Kenneth Harper, to contact your office this week in order to schedule an appointment. Please do not hesitate to contact me,anytime, at (415) 356-8123.

Once again, congratulations, I hope that we work together effectively for the health of all Americans.

Sincerely Yours,

Mario Solis-Marich
Chief Executive Officer

April 8, 1997

Ms. Sandy Thurman
Director
Office of National AIDS Policy
Fax: 202-632-1096

Dear Ms. Thurman:

Congratulations on your appointment from President Clinton.

As a long-time political associate with Tom Henderson, Garry Mauro, Ann Richards and Martin Frost, I am so proud of the President and the leadership he has displayed in his commitment to halt the spread of AIDS.

I am looking forward to working with you and your office in this "epidemic of us all."

Sincerely,

Mike McKay
Public Policy Director

801 West Cannon • Fort Worth, Texas 76104 • (817) 335-1994 • Fax: (817) 335-3617
401 W. Sanford • Suite 1100 • Arlington, Texas 76011 • (817) 275-3311 • Fax: (817) 275-3456
813 Brown Trail, Suite S • Bedford, Texas 76022 • (817) 282-2280 • Fax: (817) 282-5665

AIDS OUTREACH CENTER

Robinson Secondary DECA Chapter
Facsimile Cover Sheet

To: Sandy Thurman, Director

From: Jay Walker

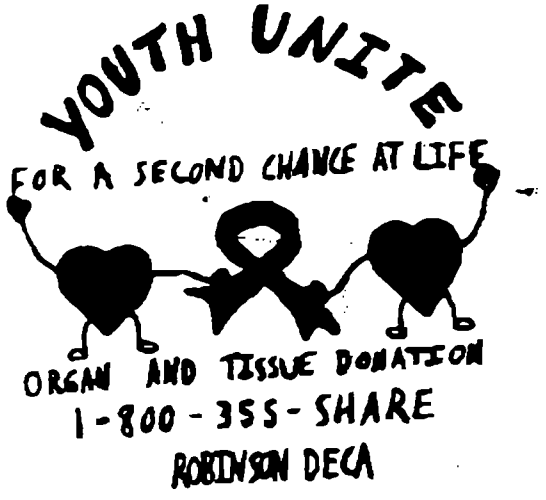
Subject: _____

Date/Fax #: _____

Total Pages: 5

RETURN FAX: 703.426.2197
OFFICE NUMBER: 703.426.2171

COMMENTS:



Doug Cossa, Chapter President Jay Walker, Association Advisor

DECA
An Association of Marketing Students

FAIRFAX COUNTY
PUBLIC SCHOOLS

James W. Robinson, Jr. Secondary School
5035 Sideburn Road
Fairfax, Virginia 22032

April 7, 1997

Ms. Sandy Thurman, Director
Office of National AIDS Policy
Washington, D.C.

Dear Ms. Thurman:

Congratulations on your appointment by President Clinton to become the Director of the Office of National AIDS Policy. For the past two years my students have been pro-actively campaigning for the *Ricky Ray Hemophilia Relief Bill H.R. 1023* before Congress. President Clinton has a picture of Ricky on his desk and he is aware of the plight of over 10,000 Americans who were infected with HIV through blood products regulated by the FDA. The Robinson Secondary students, members of DECA (a national association of marketing students with 200,000 members) have championed this cause by making the public aware of this situation.

They have witnessed first hand how this disease can take an entire family of brothers, wife's, and babies. Our campaign has taken us to Capitol Hill six times in the form of rallies, lobby visits, and press conferences. We would like to invite you to attend our Silent Memorial on the steps of the U.S. Capitol or the Candle Light Exhibition to be help at the White House on April 22. We have enclosed a flyer with the times and if you can attend we would ask you to say a few words.

We have been working with Congressman Goss, Senator DeWine, and an advisory committee of Hemophilia from across the United States to bring the Ricky Ray Bill to the floor of the Congress. Please give myself or Beejal Amin, student Director of our project a call at your earliest convenience.

Sincerely yours,

Jay C. Walker, DECA Advisor
Robinson Secondary School
703.426.2171

"A NATIONAL DISASTER. VOTE RICKY RAY"

FINALLY JUSTICE CAN BE FOR ALL! ROBINSON DECA .

Nearly eight thousand persons with hemophilia have been infected with HIV from infusions of tainted blood products. Yet for twelve years the Federal Government has not acted to address this disaster. We now know the system responsible for safe guarding our blood supply failed and as a result three generations of hemophilia suffers and their families have endured the nightmare of AIDS.

The proposed Ricky Ray Hemophilia Relief Fund Act was established to make partial restitution to people with hemophilia who were infected during the period of 1982-1987, with HIV through contaminated blood products. This inconceivable medical disaster demands the need for substantial change in the business of blood and its regulation.

We , the Marketing Education Students of Robinson Secondary School, believe that this great injustice must be publicly recognized in order to re-instate the values and beliefs of "Justice For All".

We, as Americans, take for granted the assured safety of products or services made available to the public by the Free Enterprise System. Trusted organizations play a role in this tragedy. The hemophilia holocaust represents the worst medical disaster in U.S history.

PROTECTING OUR BLOOD SUPPLY

Passing the Ricky Ray Act recognizes that the Federal Government has a responsibility for protecting the safety of our blood supply. The passage of this bill would help ensure that lessons will be learned from the hemophilia tragedy and never occur again.

FREE ENTERPRISE

In a modified capitalistic society certain products are under government control for consumer safety ; blood products are included. This is why we feel the hemophilia tragedy is a breech of Free Enterprise justice

HOW MUCH WILL THE BILL COST?

Average yearly cost for patients with hemophilia $100,000, plus an estimated $10-$50,000 per patient suffering with HIV/AIDS. This bill would provide a one time $125,000 fund to each person who acquired HIV through the use of blood clotting products. Total costs for the Bill would amount to less than One Billion Dollars over a five year time period.

PRODUCT LIABILITY

When we, the people of the United States, purchase goods or services it is expected that the products are safe to use. If we purchase a product that does not do what it advertises or causes bodily harm, we have the right to demand justice and seek restitution. Traditionally blood products have been excluded from this kind of accountability. AMERICA.....It's time to respond to the hemophilia tragedy.

On Jan. 28th the Robinson DECA students will be lobbying on Capitol Hill and afterwards will conduct a Birthday party in memory of Ricky Ray in Rayburn 2226. For additional information, contact the Robinson DECA chapter at (703)-426-2171

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 105th CONGRESS, FIRST SESSION

Vol. 143 WASHINGTON, THURSDAY, FEBRUARY 13, 1997 No. 19

House of Representatives

REINTRODUCING THE RICKY RAY HEMOPHILIA RELIEF ACT

(Mr. GOSS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GOSS. Mr. Speaker, shortly I will reintroduce the Ricky Ray Hemophilia Relief Fund Act, which gained 249 cosponsors in the last Congress. This bill responds to the tragedy of hemophilia-associated AIDS. In the 1980's nearly half of the hemophilia community became infected with the AIDS virus through the use of tainted blood products. About half of those, approximately 7,200 people, many of whom were children, have already died.

As they did last Congress, students from Robinson Secondary School in Fairfax, VA, have visited Members' offices to lobby for this bill. These bright and articulate students belong to the Distributive Education Clubs of America, an association of high school students enrolled in marketing education courses and committed to the free enterprise system.

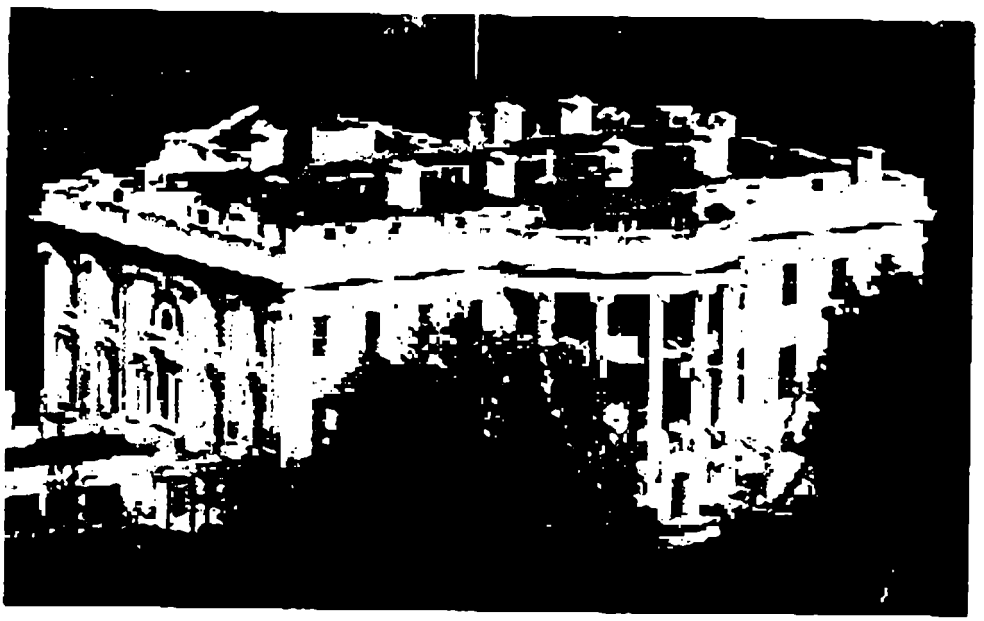
Their efforts on behalf of the Ricky Ray bill have been impressive. I hope my colleagues will lend them an ear, cosponsor this bill, and help bring compassionate assistance to hurting victims of the hemophilia community.

"A NATIONAL DISASTER"

SILENT MEMORIAL &

CANDLE EXHIBITION

To Support the Ricky Ray Hemophilia Relief Bill



Tuesday April 22, 1997

Silent Memorial

- **West Steps of the U.S. Capitol from 4:30 to 6:00**

Candle Light Exhibition

- **Lafayette Park & White House 7:15**

- A shuttle bus will provide transportation to the White House for the Candle Light Exhibition, to begin at dusk and last for approximately one hour.
- If you need further information please contact Jay Walker or Beejal Amin at (703) 426-2171

Robinson Secondary DECA Chapter
Facsimile Cover Sheet

To: Sandy Thurman, Director

From: Jay Walker

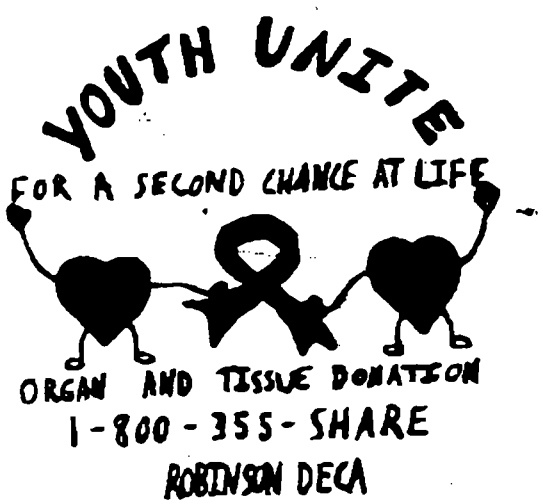
Subject: _____

Date/Fax #: _____

Total Pages: 4

RETURN FAX: 703.426.2197
OFFICE NUMBER: 703.426.2171

COMMENTS:



Doug Cossa, Chapter President Jay Walker, Association Advisor

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Robinson Secondary School
703.426.2171

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CANDLE EXHIBITION

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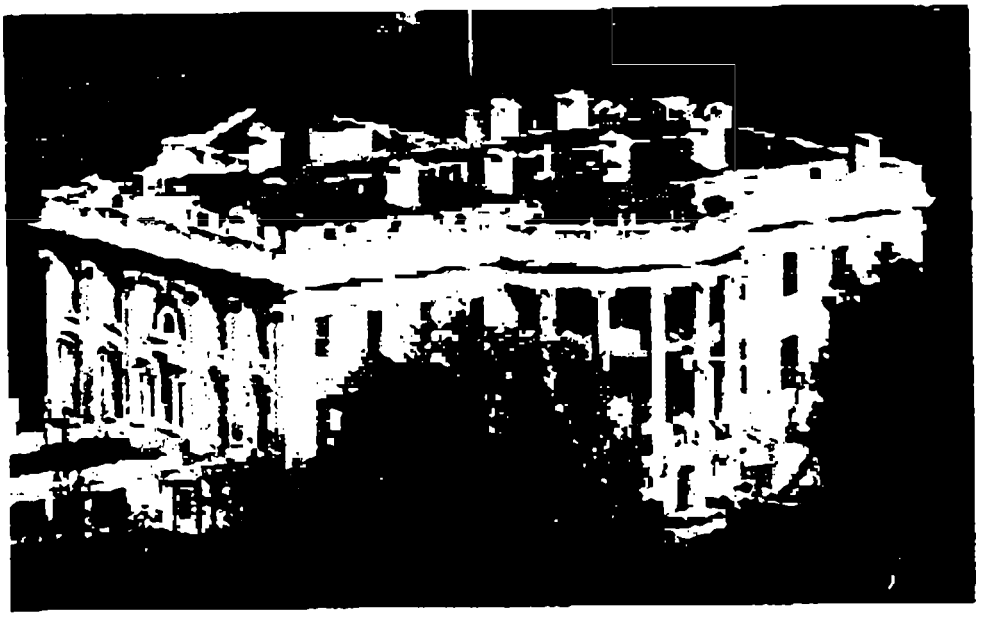

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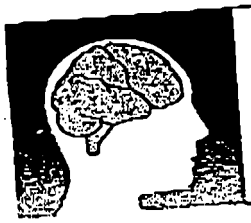

HNRC

HIV Neurobehavioral Research Center
2760 Fifth Avenue, Suite 200
San Diego, California 92103
Tel: (619) 543-5000 Fax: (619) 543-1235

DATE: 4/8/97

TO: Ms Sandy Thurman

FAX #: (202) 632-1096

FROM: Andrew M. Mathieson, Ph.D.

RE: my phone (619) 543-5016
FAX (619) 543-1235

NUMBER OF PAGES INCLUDING COVER SHEET: 2

IF THERE ARE ANY PROBLEMS, PLEASE CONTACT (619) 543-5050.

UCSD

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SANTA BARBARA • SANTA CRUZ

HIV Neurobehavioral Research Center

2760 5th Ave. Suite 200
San Diego, CA 92103
(619) 543-5000

April 9, 1997

To: Ms. Sandy Thurman
Director of National AIDS Policy

From: Andrew M. Mattison., Ph.D. A.M.M.
Associate Clinical Professor
Departments of Psychiatry and
Family & Preventive Medicine

Earlier today my dear friend of over 20 years, Steve Morin, urged me to write to invite you to be the closing plenary speaker of our 4th Western Regional Conference on **HIV, AIDS & Women** which will convene in San Diego September 25 - 28th, 1997. The purpose of the conference is twofold: 1) to assist medical professionals, service providers, HIV infected women, and other affected individuals in meeting the challenges of HIV/AIDS and 2) to offer HIV positive women an opportunity to develop and enhance their sense of self- empowerment, coping skills and other critical life management skills. Partial funding for the conference comes from the CDC.

The closing plenary session is on Sunday morning September 28th. The conference attendees (we are expecting approximately 500 persons) will be hearing about recent advances in diagnosis, and treatment of HIV infections in women, particularly the protease inhibitors, antiviral therapy in pregnant women and children. We would like the closing plenary to reflect the future as well as hearing of your public policy goals. Also, what you think various constituencies in San Diego (patients, providers, and community activists) can do to be more effective in interacting with the political process to help you achieve these goals.

Faculty at the University of California, San Diego, provide national leadership in AIDS scientific policy in such areas as molecular virology (Flossie Wong-Staal, Ph.D.), clinical therapeutics (Douglas Richman.M.D.), and pediatrics (Stephen Spector, M.D.). Several of us here at the HIV Neurobehavioral Research Center (HNRC) have served on several advisory panels such as the December 1995 White House Conference on HIV and AIDS (Igor Grant, M.D.) and on our local Congressman Brian Bilbray's AIDS Advisory Board (Igor Grant, M.D., J. Allen McCuthchan, M.D., Andrew Mattison, Ph.D.).

We do hope you will seriously consider this invitation. If so, I would be delighted in organizing a community forum, possibly on Friday, September 26th, in which we would invite San Diegans to a town hall format in which you might make some comments and respond to questions. This program might be followed by a brief reception.

I do realize that you might have restrictions on receiving funding. However, we are able to offer RT airfare (economy), hotel accommodations, and a $1,000.00 honorarium.

On behalf of all of us at the HNRC, I want to wish you very well on your new endeavor as our country's new Director of National AIDS policy.

Jesse R. Peel, M.D.
1661 Merton Road NE
Atlanta, GA 30306
(404) 892-3162
FAX (404) 897-5436

FACSIMILE COVER SHEET

DATE: 9 April 1997

TO: **Sandy Thurman**

FAX **(202) 632-1096**

Dear Sandy,

My most sincere congratulations on your new appointment. It is reassuring to know that there is a friend minding the store. I know that you will be quite busy in the new job but I wanted you to know that I remain ready to be of assistance to you in any way you feel would be helpful. I do not have plans at the moment for a trip to Washington, but you being there would be a good excuse to come up for a visit,

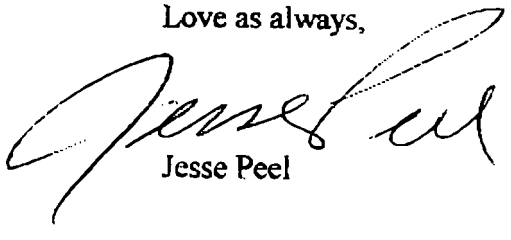
After you get settled in you new digs, perhaps we could discuss a visit. Do you get back to Atlanta with any regularity? If so, perhaps we could do lunch or dinner.

I would love to hear from you. I am now on line and my E-mail address is:

jrpcampmerton@mindspring.com

Be in touch as you can.

Love as always,



Jesse Peel

AIDS Treatment Initiatives

828 West Peachtree Street NW • Suite 210
Atlanta, Georgia 30308

FAX COVER SHEET

TO:	Sandra Thurman Director of National AIDS Policy	202-632-1090 (V) 202-632-1096 (F)
FROM:	Jamey T. Rousey Director, AIDS Treatment Initiatives	404-874-4845 (W) 404-874-9320 (F)
DATE:	April 9, 1997	
RE:	FDA, AIDS Policy & SPV-30	
# OF PGS:	12	

MESSAGE:

Dear Sandy,

Congratulations! I wish you well in your new appointment.

I hate to swamp you with business while you're still just getting your feet wet, but there is a pressing policy issue with which I thought you might be able to assist. Following are several documents to brief you on the facts of this issue. I have included:

1). Warning letter from FDA regarding SPV30.
2). Action letter from DAAIR.
3). Community letter to Donna Shalala.
4). Note from the Health Connection (US distributors of SPV30).
5). Background information on SPV30.

As you can see by this correspondence, we feel this issue is obviously not just about SPV-30. Activists and buyers clubs around the country have mobilized to address all these issues with the FDA. This matter is time sensitive. A meeting is scheduled between the Health Connection and the FDA for April 18 .

Sandy, please review this information, call me with your take on all this, and let me know how your office can assist us in our efforts.

Thanks in advance for your quick response and help on this issue. Unless I've heard from you before then, I will call you on Tuedsay, the15th, to discuss this with you.

Sincerely,

Jamey T. Rousey
Director

email: atlaids@mindspring.com
Federal Tax Identification Number 58-1951171
(404) 874-4845 • (404) 874-9320 FAX • (888) 874-4845 Toll-Free
Web Page: http://www.mindspring.com/~atlaids/ATIHomePage.html

U.S. FOOD AND DRUG ADMINISTRATION

NEW YORK DISTRICT
850 THIRD AVENUE, BROOKLYN, NEW YORK 11232

Telephone: [718] 965-5300 [Ext 5301]

WARNING LETTER

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Benjamin Cohen, President
The Health Connection, Ltd.
105 Ralph Avenue
Copiague, New York 11726

March 5, 1997

Ref: 42-NYK-97

Dear Mr. Cohen:

This letter is written in reference to your firm's marketing and distribution of SPV-30 Capsules, an herbal extract of the boxwood evergreen tree, which is offered as an antiretroviral for the treatment of HIV/AIDS infections.

SPV-30 is a drug [Section 201(g) of the Federal Food, Drug, and Cosmetic Act (the Act)] based on claims for specific disease conditions made in its labeling including published articles, study reports, news releases, and advertising bulletins about SPV-30 that you provide to your customers. It is a "new drug" [§ 201(p)] since SPV-30 is not generally recognized as safe and effective and, therefore, may not be marketed without an approved New Drug Application (NDA) [§505].

The drug is misbranded [§502(a)] because its labeling is false and misleading since it suggests that SPV-30 is safe and effective for its intended use even though this is not the case. The drug is also misbranded [§ 502(f)(1)] because its labeling fails to bear adequate directions for use.

This letter is not intended to be an all-inclusive review of all labeling and products your firm may market and distribute. It is your responsibility to ensure that all of your products are in compliance with the requirements of the Act and its implementing regulations.

For your information, in 1994, the Dietary Supplements Health and Education Act (DSHEA) was enacted. This Act, among its provisions, defined dietary supplements and dietary ingredients; established a new framework for assuring safety; outlined guidelines for literature displayed where supplements are sold; and provided for the use of certain types of claims and nutritional support statements. These claims and statements, however, may not be made about the use of a product to diagnose, prevent, mitigate, treat, or cure a specific disease. Products making disease claims are considered drugs, not dietary supplements.

You should take prompt action to correct these violations. Failure to promptly correct these violations may result in enforcement action being initiated by the Food and Drug Administration without further notice. The Act provides for the seizure of illegal products and for injunction against the manufacturer and/or distributor of illegal products.

Please notify this office in writing within 15 working days of receipt of this letter as to the specific actions you have taken to correct the stated violations, including an explanation of each step being taken to identify and make corrections to assure that similar violations will not recur. If corrective actions cannot be completed within 15 working days, state the reason for the delay and the time within which the corrections will be implemented.

Your reply should be sent to Bruce A. Goldwitz, Compliance Officer, Food and Drug Administration, 850 Third Avenue, Brooklyn, New York 11232.

Sincerely,

Diana Amador

Diana Amador
Acting District Director

cc: President
Arkopharma, Inc.
19611 Ventura Boulevard
Tarzana, CA 91356

Visit our Website at http://www.immunet.org/daair
- **E-MAIL** info@daair.org
- **PHONE Toll--free outside N.Y.** (888)951-LIFE(5433)
- **PHONE Inside N.Y.** (212)725-6994
- **FAX** (212)689-6471

DIRECT AIDS ALTERNATIVE INFORMATION RESOURCES *31 East 30th Street Suite 2A New York, NY 10016*

March 21, 1997

RE: URGENT FDA ACTION

Dear DAAIR member, activists and friends,

We are enclosing in this mailing a number of documents and we are urging you to send them, by whatever means available to you (fax, mail and email) to the appropriate individuals. In addition, you can make copies before you send them and distribute them to friends, family and anyone you think will find this issue critical.

The U.S. Food and Drug Administration has shut down the distribution of SPV-30, a preparation from the boxwood evergreen with some moderate efficacy in slowing progression to AIDS. Clearly, if you are someone using this herb and are finding it beneficial, this action will outrage and frighten you. We are working very hard to assure an uninterrupted access to SPV-30.

The FDA took this action because it claims that SPV-30 is not safe or effective and instructions on how to use the herb are not labeled on the box (clearly untrue). They also took the action because of the distribution of data from the U.S. open label and preliminary results from the controlled studies in France (which are being overseen by Dr. Luc Montagnier and partly sponsored by the prestigious Pasteur Institute). We feel the FDA is either ignorant of the facts or merely reinforcing a pattern of assault upon alternative approaches.

However, this action represents a bigger threat to access to products that may have medicinal activity such as slowing progression, lowering liver enzymes or triglyceride levels, improving weight or minimize diarrhea by enhancing intestinal function. This action by the FDA is just an opening shot and ***ALSO has serious ramifications for access to and distribution of balanced, complete information about these products.***

Recent studies have shown a depletion in glutathione, a natural antioxidant produced in the body, to be a marker of faster progression. The amino acid N-acetyl-cysteine (NAC) helps improve glutathione. Will NAC become a drug? Similarly, studies have shown people with HIV suffer losses of nutrients shortly after infection. One study showed an important depletion of vitamin B12. Will this vitamin become a drug? Will people be denied these possibilities because of an inability to appropriately study them? How can poor people obtain access to these products if they can't afford them? If doctors don't know about them or, if they do, cannot prescribe them? If a combination of herbs can slow progression or significantly reduce virus load--shouldn't people have a right to that knowledge?

Part of the problem is the way the laws are set up. Not surprisingly, these laws favor the pharmaceutical industry and its control of profits from *patented* products. The FDA's bias is documented *The FDA Dietary Supplement Task Force made recommendations to take "what steps are necessary to ensure that the existence of dietary supplements on the market does not act as a disincentive to drug development." A 1994 article in POZ noted that "FDA Deputy Commissioner for Policy, David Adams, warned that if freedom-of-choice advocates had their way, 'there could be created a class of products to compete with approved drugs that are subject to less regulation [which] could undercut exclusivity rights enjoyed by the holders of approved drug applications.'"*(Lederer B. The FDA's Dirty Little War, POZ, Aug-Sep, 1994;:56-59,x). ***These astonishing statements by FDA officials are an indictment of a system more interested in business and profit than human lives!***

The good news is that new laws have been put forward in Congress. Some of these issues have been clarified in the Dietary Supplements Health Education Act which is now law. The Access to Medical Treatment Act has been reintroduced. Another law proposes to elevate the Office of Alternative Medicine to the status of Institute with a $198 million budget. But this still leaves a large gray area in the law. In the attached letters, you will read about a list of demands we are making that begin to address this area. (The promoters of these bills are Sen. Tom Daschle (D-SD) and Peter DeFazio (D-Ore); see end of letter for contact information.)

Too often, the arguments are framed between the stiflingly protective FDA versus the money-grubbing supplements industry. A third voice is ignored. That voice is those of us who actually USE supplements--herbs and nutrients--to improve and sustain health. We want an FDA that will help to guarantee the potency and purity of products. Who will go after true fraud. But we also want an FDA that is not beholden solely to the interests of the pharmaceutical industry.

THE LAWS MUST CHANGE! We MUST have a new mechanism that facilitates the rigorous study of alternative and complementary treatments. That mechanism should not have to undergo the greater than $200 million costs of drug approval. And in those cases where positive results are found, there must be a mechanism in place that allows distribution of that information without violating labeling laws. Finally, physicians should be able to prescribe such interventions so that people who need them may be assured access and coverage under insurance programs, Medicaid, ADAP or other reimbursement programs.

We are joined in this fight by David Stokes, SPV-30 US Study Coordinator, the International Foundation for Alternative Research in AIDS, the San Francisco Healing Alternatives Foundation, the Boston Buyer's Club, the PWA Health Group, Being Alive Buyer's Club, Embrace Life, AIDS Treatment Initiative, PWA Coalition of Denver and many other organizations. If your organization wishes to officially declare your support for this initiative, please contact DAAIR.

We urge you to join us in this fight. Our lives and health depend upon it.

Sincerely,

Fred Bingham
Director

George M. Carter
Director, Treatment Information Development

PLEASE SEND THE ENCLOSED LETTER TO THE FDA TO THE PERSON LISTED. IN ADDITION, MAKE COPIES FOR FAXING AND/OR TO GIVE TO FRIENDS. SEND THE LETTER ALSO TO THE FOLLOWING PEOPLE AT FDA:

PRESIDENT BILL CLINTON and VICE PRESIDENT AL GORE (president@whitehouse.gov, vicepresident@whitehouse.gov); The White House, 1600 Pennsylvania Ave., Washington, DC 2020TEL:

DIANA AMADOR, ACTING DISTRICT DIR., TEL: 718-965-5300 EXT. 5301, FAX: 718-965-5117
RANDY WYCKOFF, Assoc. Commissioner, Office of Operations: TEL: 301-827-3320; FAX: 301-443-3100
MICHAEL FRIEDMAN, Lead Director: TEL: 301-443-2410; FAX: 301-443-3100
RICHARD KLEIN: TEL: 301-827-4460; FAX: 301-443-4555
DONALD POHL: TEL: 301-827-4460; FAX: 301-443-4555
DAVID KESSLER: TEL: 301-443-2410; FAX: 301-443-3100
THERESA TOIGO: 301-827-4460; FAX: 301-443-4555 (Office of AIDS and Special Health)

PLEASE ALSO FEEL FREE TO SEND THE LETTER TO YOUR SENATOR/CONGRESSPERSON. You can call the Capital Switchboard at 1800-962-3524 to find out who that is and their contact information. In addition, please send it to Rep. Peter DeFazio (D-Ore)--2134 Rayburn House Office Bldg, DC 20515; 202-225-6416; FAX-225-0373 (pdefazio@hr.house.gov)
Sen. Tom Daschle (D-SD)-- FAX: 202-224-2047; (tom_daschle@daschle.senate.gov)
(PS: WE VIEW THE ABOVE AS "FRIENDS." DeFAZIO opposed the anti-gay-marriage bill; Daschle and he have introduced the Access to Medical Treatment Act and the proposed elevation of OAM to Institute of Integral Medicine.)

Date: _____

Dr. Donna Shalala
Secretary
Health and Human Services
200 Independence Ave., SW
Washington, DC 20201
TEL: 202-690-7000
FAX: 202-690-7203

Dear Dr. Shalala:

Recently, we were informed that the Food and Drug Administration (FDA) has taken action against a primary distributor of SPV-30, an herbal preparation of boxwood (*Buxus sempervirens*) to various buyer's clubs and organizations in the HIV/AIDS community. The FDA took this action because it claims that SPV-30 is not safe or effective and instructions on how to use the herb are not labeled on the box (clearly untrue). They also took the action because of the distribution of data from the U.S. open label and preliminary results from the controlled studies in France (which are being overseen by Dr. Luc Montagnier and partly sponsored by the prestigious Pasteur Institute). We feel the FDA is either ignorant of the facts or merely reinforcing a pattern of assault upon alternative approaches.

We as consumers, advocates, buyer's clubs and AIDS organizations find this threat to free access to SPV-30 an extremely urgent matter. In light of the clinical data suggesting some benefit from this product and in view of the lack of toxicities seen in either the American open label study or studies conducted in France, we find the FDA's attempt to restrict the access to this herb in the U.S. until it is clinically proven as a drug completely unacceptable.

Considering a dietary supplement a "drug" strikes to the very core of the issue. This represents a threat to our health and lives that can no longer be tolerated. The real problem rests with the perceived threat non-patentable products represent to the pharmaceutical industry. The government should NOT be merely an advocate for their interests but should instead have a genuine interest in assessing what may promote or sustain health. To do otherwise is a capitulation of your duty to the citizens of the United States and represents a grave and direct threat to our health and lives. Therefore,

WE DEMAND THE LAWS BE CHANGED!

Demand 1: **The FDA must establish a voluntary Potency and Purity Certification process.** Consumers of non-patentable materials have the right to know that what they are taking has what it says it has in the bottle--and does not contain potentially harmful contaminants. To this end, an FDA Certification that must be periodically updated and paid for by manufacturers willing to undertake this process will facilitate consumer confidence through appropriate assays conducted by the FDA. Costs must not be onerous and companies with documented limited resources should have the option to have the fees waived.

Demand 2: **A new system must be established that fosters research of nonpatentable substances for specific medical conditions.** The cost of conducting trials based on Investigational New Drug criteria is prohibitive for non-patentable substances. A process that allows a product such as SPV-30 to

retain accessibility when such funding becomes available that allows it to be studied. This process might fall under the auspices of a new category such as an Investigational Dietary Supplement (IDS) thus allowing continued access to the supplement. Such a process would not necessarily invoke the need for extensive in vitro, animal model or toxicity testing. Rather it would permit determination of efficacy for a specific indication. For example, a scientifically rigorous study of the effect of a combination of herbs on HIV load. Should some positive efficacy results arise from studies of specific aspects (e.g., slowed progression, reduced virus load, improved immunological function), the substance must continue to be accessible through normal retail channels.

Demand 3: **Access to balanced, complete information should not be restricted by burdensome labeling laws.** Distribution of information relating to study results of a balanced nature that articulates benefits, limitations, risks and costs should not be deemed an infringement of labeling laws.

Demand 4: **Should positive results be determined, physicians must be granted the right to prescribe the intervention for the indication for which positive results were determined.** While anyone could still obtain the herb or supplement over the counter, in addition, one could take a prescription to appropriate distributors and receive the product. This will facilitate coverage under private insurance, Adapts or Medicaid. And more and more insurance companies are interested in this because these approaches are cheaper. Physicians should be able to prescribe such therapies or regimens as they and their patients see fit.

The current bureaucracy has to date completely stymied the ability to rationally assess the impact of non-patentable substances such as micronutrient regimens or herbal combinations for which there is substantial evidence that such approaches may slow progression. In light of such benefits, denying access and information is a criminal violation of the right of Americans to sustaining health.

Demand 5: **Prioritization of studies, the studies themselves and the dissemination of results must include peers associated with the modality in question as well as community activist input.**

We further demand a meeting with FDA, congressional and NIH officials to discuss these issues in mid-April. This threat is extremely critical to consumers who are deriving benefit from SPV-30. Until the legalities to permit access to naturally available substances are ironed out, we will fight these threats to our freedom of choice.

Sincerely,

_____

_____

_____

_____

THE HEALTH CONNECTION, LIMITED

POST OFFICE BOX 643 • JERICHO, NEW YORK 11753
800•783•5050

April 1, 1997

Dear Friends:

Several years ago a group of compassionate individuals bound by a common goal formed a company called The Health Connection with the vision of researching alternative therapies for the treatment of chronic diseases. From our inception we chose to work closely with other advocates of complementary treatments overlooked by researchers primarily because of the lack of profitability associated with non-patentable products.

Most recently our efforts have been focused on SPV-30, an extract of the evergreen species boxwood. Our determination and commitment enabled us to study this botanical extract in the face of rampant skepticism and peer malignment. Our experience has been one of personal costs both financially and emotionally, however we have been rewarded beyond our expectations with the knowledge that hundreds of people have benefited from our work and for that we will always be grateful.

We are faced with the greatest challenge in our battle against chronic illness, the blind and callous greed of corporate entities administered under the guise of consumer protection by the F.D.A. The spirit of freedom upon which America was founded has been violated by those employed to guard and protect its integrity.

We view this obstacle as an opportunity to bring national recognition to alternative therapies and informal studies. Let this action serve the thousands of individuals unaware that they have choices in their treatment regimens, especially for those who are unable to take or have failed the mono-theraputic and toxic drug protocols offered by pharmaceutical companies.

The action taken by the F.D.A. against SPV-30 is far too aggressive to be about SPV-30 or The Health Connection. In light of the highly ethical and selective handling of SPV-30, this action is unwarranted. SPV-30 in and of itself poses no threat financially or theraputically to any pharmaceutical entity. It is apparent that the underlying concerns focus on the dissemination of information and specifically, as evidenced in their letter, the data from the informal U.S. study created by Boston activist David Stokes. Never before had anyone attempted to create a national study to determine the efficacy and usefulness of a non-patentable, non-toxic, naturally occuring and non-profitable plant extract. Three poster positions were granted to SPV-30 at the XI World AIDS Conference further evidencing the value of community driven studies.

This is the real issue at hand and the only threat to the drug companies. Imagine an individual able to study the effectiveness of a product without spending the extensive time or money required for clinical trials.

The safety issue raised by the F.D.A. was addressed by the Phase I double blind placebo toxicity study conducted in France in 1992 under the scientific guidance of Dr. Luc Montagnier. The question of safety is just another attempt to disguise the real issue. Very few natural products have had the level of toxicity and safety testing conducted on them as SPV-30 has.

CONTINUED...

IMPORTANT

According to the F.D.A., any evidence demonstrating the value of an alternative therapy in a treatment regimen will mandate that this therapy be re-classified as a drug, access will be denied, and any continued interest in the product will necessitate the filing of a New Drug Application...a prohibitively costly and time consuming prospect.

Under the Dietary, Supplement, Health and Education Act of 1994, the only violation as it pertains to SPV-30 was committed by the F.D.A.

This letter expresses the opinion ofThe Health Connection, its executives and its employees and serves as a request to you for support in our battle against the F.D.A. not for the sole purpose of securing a future role for SPV-30 but rather to insure freedom of choice and access to dietary supplements as guaranteed by law. We need letters from you, your friends, members of your community voicing your oppinions of this action, which we will present as evidence at our hearing in Washington, D.C. sometime in the next two weeks. Please send all letters, faxes and/or e-mails to:

The Health Connection, Ltd.
P.O. Box 643
Jericho, New York 11753

Fax (516) 842-0057

e-mail HCLTD@aol.com

Thanking you in advance for your support, I remain as always

Gratefully yours,

Ben Cohen

Ben Cohen
President
BC/eds
Encls.

March 15, 1997

BACKGROUND INFORMATION ON SPV-30

A few days ago, the Food and Drug Administration instructed The Health Connection, Ltd., the U.S. distributor of SPV-30, to suspend all sales and distribution of SPV-30. The FDA claims that SPV-30, an all natural preparation of the boxwood evergreen, is a drug and may not be marketed without an approved New Drug Application (NDA). Under the advice of counsel, The Health Connection, Ltd., is complying with this order. Limited quantities of SPV-30 remain available through not-for-profit buyers' clubs and organizations.

HISTORY OF SPV-30

SPV-30 was introduced into the United States in late 1994 by David Stokes, a 34 year old HIV positive gay male on disability from his professional career in consulting. Stokes was searching for alternative, nontoxic, immune-enhancing therapies when Dr. Beth Mestman, a friend and chiropractor from New York, told him about a clinical trial underway in Europe on a promising herbal preparation from the boxwood evergreen, known as SPV-30. Stokes contacted the manufacturer, Arkopharma, to find out more about the product and how to gain access to it.

Stokes learned that SPV-30 showed promising results for HIV positive individuals in a Phase I study in France in 1992 and that a Phase II trial was being conducted in France with Dr. Luc Montagnier as the scientific advisor and chief virologist. In vitro (test tube) studies in France indicated that the boxwood evergreen preparation had many alkaloids that demonstrated strong antiretroviral activity. In vivo (in humans), preliminary results indicated that SPV-30 was effective against HIV with no apparent toxicities or side effects. As an all natural, nutritional and dietary supplement, SPV-30 was imported into the U.S. under the FDA's Generally Regarded as Safe (GRAS) guidelines.

Stokes convinced Arkopharma to make SPV-30 available for free to 400 individuals for six months in the United States. Stokes explained to Arkopharma that due to widespread skepticism regarding the efficacy of natural compounds in fighting HIV, the only way to create an awareness of the product in this country was to provide it free for a large number of individuals nationwide to try it for themselves. Because there were no apparent toxicities or side effects, there seemed to be little potential harm if participants added SPV-30 to stable, existing regimens. Dr. Luc Montagnier believed that SPV-30 was at least a strong antioxidant and a potential natural antiretroviral compound.

SPV-30 INFORMAL U.S. STUDY

An informal study of SPV-30 began in the spring of 1995 to see what impact adding SPV-30 had when added to stable treatment regimens. The only criteria for inclusion in the U.S. informal study was that participants must have been on a stable medical regimen (whether it included pharmaceutical drugs or not) for sixty days prior to baseline blood tests. In exchange for specified laboratory results from a recent blood test and filling out a questionnaire, participants were sent a two month supply of SPV-30. At the end of two months, participants sent in another set of lab results and were sent another two month supply. This was repeated at the end of months four and six. After six months, participants were asked to respond to a five page questionnaire which asked about qualitative factors, such as the impact of SPV-30 on energy level, depression, muscle mass, etc. and the impact on symptoms such as night sweats thrush and fevers. They were also asked to be honest regarding changes in therapies during the study that might have affected their test results. An additional two months of free SPV-30 was supplied for returning the questionnaire.

400 participants were enrolled in the national informal study to study SPV-30 in individuals with HIV. Due to early reports of increased energy by many in the study, Dr. Patricia Salvato in Houston asked Stokes to request additional SPV-30 in order for her to conduct a study with fifty chronic fatigue patients. Arkopharma agreed to supply the additional product.

U.S. INFORMAL STUDY RESULTS

A final report from the U.S. study is available upon request. (It is important to note that this study was conducted prior to the approval of protease inhibitors.) For participants who made no changes to their regimens during the six month study and had been on a stable regimen for at least sixty days prior to adding SPV-30, 63% experienced some decrease in viral load. 37% of participants experienced a decrease of 0.5 log or more (decrease of 0.5 log = 70% reduction).

Participants with viral loads greater than 40,000 at baseline experienced better results than the overall group. 91% of participants on stable antiretroviral therapy experienced some decrease in viral load with 55% experiencing a decrease of at least 0.5 log. (This may indicate that those who had become resistant to existing regimens, as evidenced by higher viral loads, achieved a greater benefit from adding SPV-30.) Approximately 44% of all study participants experienced an increase in CD4s from baseline to month six regardless of CD4 level at baseline. Approximately 48% of study participants experienced an increase in CD8s. Many participants reported increased energy and appetite, better memory and concentration, and better overall sense of well being.

FRENCH PHASE II RESULTS

The French phase II trial enrolled approximately 150 antiretroviral naïve participants in sixteen sites in a double-blind, placebo-controlled trial in 1995-96. In March 1996, an independent review board recommended that the French trials continue based on the promising interim data, the lack of toxicity or side effects. The French phase II trial was completed in late summer 1996. The final report co-authored by Dr. Luc Montagnier has not yet been published, but a recent press release from Arkopharma UK stated that SPV-30 has proven its antiretroviral effects in the results of trials from sixteen infectious disease departments in French hospitals. The report concludes that SPV-30 has beneficial effects in HIV asymptomatic patients and appears to delay the progression of HIV disease. (The hospitals which are taking part in this trial include the Pasteur Institute, Paris with Dr. Luc Montagnier.)

AVAILABILITY OF SPV-30 THROUGH BUYER'S CLUBS

One of the prerequisites for the HIV activist community to support the informal study of SPV-30 in the United States was that the product must be made available for purchase at the lowest possible price. Obviously, identifying a promising natural compound is only helpful if the product is available to those interested in using it. Arkopharma had no intention of making the product available for sale in the United States but agreed to sell the product through not-for-profit buyer's clubs and selected pharmacies through a U.S. distributor, The Health Connection, Ltd. The Health Connection, Ltd. was instrumental in supplying SPV-30 for the informal study and to buyer's clubs for resale, as well as providing updated information on the ongoing French and U.S. studies to those interested in the product and the latest research information. The Health Connection, Ltd. did not create data for marketing materials. They provided data and information supplied by Arkopharma, the French and U.S. studies, and the U.S. buyer's clubs .

AVAILABILITY OF NATURAL COMPOUNDS TO THE HIV COMMUNITY

Many natural compounds are being used by HIV positive individuals as alternative therapies to pharmaceutical drugs and increasingly, as complementary therapies, used in combination with the pharmaceutical drugs to increase the drugs' efficacy, decrease side effects and toxicity, and delay resistance. While no one herb or compound alone may be an effective long term treatment, combinations of natural therapies are proving to be quite effective for many. SPV-30 is just one example of a natural therapy being used by HIV positive individuals. This draconian action by the FDA to suspend sales of SPV-30 in the U.S, could be just the beginning of a crackdown on natural compounds. We must not let this happen.

WHY IS THERE NO RESEARCH ON COMPLEMENTARY THERAPIES?

Pharmaceutical companies have no interest in studying natural therapies for two overwhelming financial reasons. The first is that natural products are not patentable. Drug companies patent the chemical compounds they create in the research lab which gives them a monopoly to make and sell their particular drug for 17 years without competition. They can charge any price the market will pay and do not have to worry about some other company

producing and selling the same product.

The benefits of this system are that companies are willing to invest in the research and development necessary to bring new, effective drugs to market because they expect to be able to recoup all their costs with the prices they charge. The bad news is that without patent protection, they will not fund the research. A patent is only granted for a compound or product that is unlike anything available today. Plant extracts and other natural compounds are not patentable. If a company spends millions researching a non-patentable item to determine whether it is effective against HIV, there is no protection for that company to allow them to make and sell the product exclusively. As a result, if the research shows the product to be effective, other companies can produce and sell the identical product and drive the price down so low that the company doing the research will never recover their investment.

Compounding the problem are the drug companies' investments in expensive drugs already on the market. Can you imagine if a naturally occurring plant extract was found to be as effective as a pharmaceutical antiretroviral? Not only would the plant extract not be patentable, but the company would lose millions of dollars in sales and profits as individuals substituted the natural therapy for the drug.

Generally, the FDA in the U.S. does not recognize herbal products as drugs and does little to promote research on alternatives. The National Institutes of Health's Office of Alternative Medicine has a budget of less than 5% of the national AIDS research budget, and is having a hard time even defining what an alternative or complementary therapy is. In short, they are doing little or nothing to promote the research we need. The fact that the pharmaceutical lobby is so powerful also steers the U.S. government and National Institutes of Health away from alternative and complementary therapy research.

WHAT CAN WE DO?

HIV positive consumers are on the front line demanding the research on natural products needed to make informed treatment decisions. Viral load tests, T-cell counts, quality of life surveys and other relevant markers can be used to evaluate relatively quickly whether alternative/complementary therapies being used in the community today are effective, either as natural antiretrovirals, immune-enhancers, or side effect/symptom relievers. Products such as glutamine and high colostrum products such as whey protein products for intestinal health, alpha lipoic acid and silymarin (milk thistle) for liver detoxification, and high dose glutathione and acetyl-carnitine to prevent T-cell death are just a few of the products being studied informally now.

As we collect scientific evidence to support or disprove the efficacy of natural products and share this information with those in the HIV community, will each of these products be targeted as "drugs" by the FDA and pulled from the market? **WE MUST NOT ALLOW THIS TO HAPPEN!!**

Alternative and complementary therapies are extremely important to those of us suffering from HIV/AIDS, but there is little support for them and for their research by the western medical community, pharmaceutical companies or the U.S. government. Despite this, we have received much support and encouragement from buyers' clubs and other activist groups as well as many HIV physicians, clinicians, treatment advocates and HIV afflicted individuals. Our goal is to collect data which prove or disprove the efficacy of natural compounds for those suffering with HIV/AIDS. We must work together to demand more research on these compounds. In the meantime, the FDA must not dictate what natural compounds can be available for sale, particularly when all the data suggests that the product is non-toxic, has no side effects, and appears to be helping a large number of individuals.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 4/97 [2]

2018-0764-F
jm2035

RESTRICTION CODES

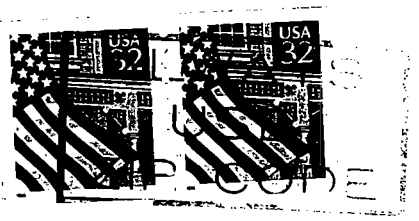
Presidential Records Act - [44 U.S.C. 2204(a)]

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]



WHITE HOUSE MEDICAL STAFF
ATTN: SINDY THURMAN
1600 PENN AVE.
WASH. DC 20500

April 11, 1997

MEMORANDUM FOR: E/A - Mr. Edward McBride
E/P - Ms. Sandra Thurman
E/V - Mr. James Pollock
E/A - Ms. Karen Starkey

FROM: E/X - Donna Everett DE

SUBJECT: OIG Draft Inspection Report on Embassy Doha, Qatar and USIS Qatar

Attached is a copy of the draft inspection report on Embassy Doha, Qatar and USIS Qatar for your review and comment.

Your comments on the report should be forward to me by April 14.

If you have any questions, please call me on 401-7983.

Clearance: E/X - Mr. James D. Whitten JDW

U.S. Information Agency

ACTION MEMO

April 7, 1997

MEMORANDUM FOR:
M/A - Eileen Binns
NEA - Amb. Kenton Keith
M/C - Stanley Silverman
M/S - Larry Carnahan
E/X - David Whitten

FROM: M/X - Evelyn Sherrod

SUBJECT: OIG **Draft Inspection** Report on Embassy Doha, Qatar and USIS Qatar

Attached is a copy of the subject OIG **Draft Inspection** report for your review and comment. Your response should include agreement or disagreement with the report recommendations. If you agree, include corrective actions taken or planned and actual or targeted dates for completion. If you disagree, include reasons for disagreement, and any alternative proposals for corrective action.

Action offices should coordinate their viewpoints and/or suggestions with other elements, as they deem appropriate, before sending the concurrence/nonconcurrence memo to M/X. Your response should list the recommendation by number, repeating its text verbatim and copies of any attachments, if necessary.

So that I may prepare a single response from Mr. Howard to the OIG, please provide me with your written comments **as soon as possible, but not later than April 14** via hard copy and diskette or e-mail.

If you have any questions, please do not hesitate to call me at 619-5682.

Attachment: As Stated

cc: M/CB - Eva Diekmann
E/X - Donna Everett

United States Department of State
U.S. Arms Control and Disarmament Agency
United States Information Agency, including the
Broadcasting Board of Governors

Office of the Inspector General

April 3, 1997

UNCLASSIFIED
MEMORANDUM

TO: **USIA- Evelyn Sherrod**

FROM: **OIG/ISP - Senior Inspector - Robert Barbour, Team 1**

SUBJECT: **Inspection of Embassy Doha, Qatar and the U.S. Information Service Qatar**

Attached are one or more draft findings and recommendations pertaining to our recently completed inspection of Embassy Doha Qatar and the U.S.Information Service Qatar. Your office may be designated for future action or for implementation of the recommendation(s) which will not become final until approved by the Inspector General.

We would appreciate your review of the draft recommendation(s) in coordination with any other office which may be mentioned as having collateral responsibilities. In the event that your office has or needs additional information, has discerns factual error, or disagrees with the recommendation(s), members of the inspection team are prepared to meet with you for a debriefing.

Given our need to produce a final report quickly, we would appreciate a response, in writing. Please forward or fax your response by Tuesday, April 8, 1997.

Inspection Coordinator:	**Robin E. Waldo**
Telephone Number	**(703) 284-2748**
Fax Number	**(703) 284-2782**

Attachment:

Draft Inspection Report

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. draft	Inspection of Qatar Embassy (38 pages)	02/00/1997	b(7)(E)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 4/97 [2]

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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]

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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]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]