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2 P30


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Health Food
THE QUESTION • IS
VIT. C & L-CYSTEINE
& NUTRASWEET A
CURE FOR CANCER!
NOW
IN
RE
OPEN

January 15, 1998

SANDRA THURMAN
DIRECTOR
NATIONAL AIDS POLICY
OFFICE

Harold Varmus, M.D.
Director
National Institutes of Health
Building 1, Room 126
Bethesda, Maryland 20892

Dear Dr. Varmus,

About two months ago I mailed to you a copy of my research entitled: AIDS, CANCER, ALCOHOL/SMOKING ABUSE and the Power of NAC (N-Acetyl Cysteine).

If you did not receive it, please let me know and I will forward another copy to you.

In the meanwhile, Mrs. Mary Ann Nickoloff of Illinois has helped me to prepare the enclosed abstract relative to my HIV/AIDS research.

Dr. Varmus, in the abstract we make a suggestion for a clinical trial employing Antabuse, N-Acetyl Cysteine (NAC) and alcohol to inactivate HIV.

Dr. Varmus, I have also enclosed a form letter which I am using to solicit funding for Dr. Standish, who, you can see, has expressed an interest in my HIV/AIDS research.

Dr. Varmus, as you know, Dr. Standish's Aids Research Center has a working relationship with the Office of Alternative Medicine (OAM) of the National Institutes of Health.

Dr. Varmus, since you are the ultimate overseer of OAM, couldn't you direct that agency to appropriate the necessary funding so that Dr. Standish could initiate a clinical trial employing some of the ideas I have suggested?

Now, I wish to focus upon cancer. From here on, any reference to page numbers will be to those found in my 116 pages of research.

Pages 68-70 are a copy of a Spanish cancer clinical trial which was reported in 'The Lancet'.

Thiazolidine-4-carboxylic acid ('Thioproline') was the chemical which was utilized during the course of the trial.

'The Lancet' article contains these passages:

> " Thioproline was thought to act by inducing reverse transformation in tumour cells....." page 69
>
> " Reverse transformation seemed to affect only tumour cells, since no effect was observed in the normal skin, mucosae, or other epithelial tissues. The selective character of this action explained the absence of toxicity of thioproline treatment." page 70
>
> " Thioproline seemed to be completely nontoxic over a wide range of doses, and had a considerable antitumour effect in epidermoid carcinoma of the head and neck. Definite signs of activity were observed in epidermoid carcinoma of other regions and in other solid tumours, such as breast, renal, ovary, thyroid, and parotid cancer." page 69
>
> ".....Histological studies showed involution and transformation into low-grade malignancies and disappearance of evidence of cancer." page 68

The Spanish study was published on January 12, 1980. The article never refers to the fact that Thioproline is composed solely of two compounds -

1. L-cysteine
2. Formaldehyde

Recent (November, 1996 & August, 1994) American cancer research also cites the utilization of Thioproline (Thiazolidine-4-carboxylic acid); however, in this research it is simply abbreviated as 'Tac' (pages 71 & 74).

The ironic thing about the American research is that the Spanish study is never referred to in the articles nor is it listed anywhere in the bibliographies.

I think these researchers working in America were simply unaware of the fact that a previous 'in vivo' cancer clinical trial employing Thioproline/Tac had been conducted years ago in Spain with very positive results.

The Spanish scientists never specifically pinpointed the reason for 'Thioproline's' success in causing the diminution of cancer; however, I think the American research affords us clue as to 'Tac's' success.

On page 22 I stated: "I am still searching Medline, but it is my impression that as I write this (October 2) Paper No. 5 represents the first time in the history of medicine wherein formaldehyde is mentioned as a possibly useful adjunct in the treatment of cancer."

On page 28 I quoted: "...Tac is a closed ring analog of Met and is more hydrophobic than Met..."

On page 24 I quoted: "...leaving no room for the water molecules. A pocket devoid of water is thus created..."

On page 24 I quoted: "...This pocket affords a perfect template for an electrophilic attack on amino groups (which become highly reactive in this shielded environment) by an agent such as HCHO." (Formaldehyde)

On page 77 I quoted: "The group CHO which is to be found in all aldehydes contains the most active form of the carbonyl radical, CO, known to chemists, and it is to the intense reactivity of this radical that the aldehydes owe their importance as organic synthetic agents both in nature and in the chemical laboratory."

On page 79 I quoted: "...The carbonyl group can enter into a wide variety of chemical reactions; nucleophilic reagents (electron-rich reagents) can readily attack the positively charged carbon atom whereas electrophilic reagents (electron-seeking reagents) can readily attack the negatively charged oxygen atom."

I do not know how all of this ties together, but my over-all impression is that Thiazolidine-4-carboxylic acid ('Thioproline, 'Tac') (L-cysteine & Formaldehyde) somehow targets the cancer cell and in so doing deprives the cancer cell of the ability to absorb water.

I think the cancer cells in the Spanish clinical trial could not absorb water, thus they shrivelled up and died.

'Tac' is not available in the United States; however, it is available in Mexico, Switzerland, Italy, Spain and Argentina. (page 40) France too, I think.

By reading my form letter you will see how Mrs. Helen Gutierrez and I thought of a way 'to concoct' Tac in the human body; as you can see from the attached photographs, a sign hangs in the window of her store - 'The Herb Lady Health Foods'.

We hope that Tac readily becomes available in pharmacies throughout the United States.

The Spanish cancer clinical trial had one serious flaw - it did not take into account the diet of the patients, particularly the amount of vitamin C (Ascorbic Acid) which the patients may or may not have ingested each day.

Dr. Varmus, throughout the course of my research I have made the assumption that laboratory results occurring to rats have relevance to the human condition; if this be so, the abstract on the next page which I received from the Ruth Lilly Medical Library, Indiana University School of Medicine, Indianapolis (thanks to Allan R. Barclay) could possibly be of overwhelming significance in the treatment of cancer. I received this abstract last month.

273. Protection against Formaldehyde Toxicity by L-Ascorbic Acid in Rats. H. SPRINCE, G. C. SMITH, and D. A. RINEHIMER (VA Med. Ctr., Coatesville, PA 19320; Depts. Psychiatry & Pharmacology, Jefferson Med. Coll., Phila., PA 19107.)

Formaldehyde (FMA) is an important toxicant of cigarette smoke and currently the center of controversy as a potential human carcinogen. Previously, we reported partial protection in rats (55% survivors) by single oral doses of L-ascorbic acid (LAA) against lethal (LD 95) doses of FMA. (Agents and Actions 9, 407, 1979). We now report additional findings pointing to LAA as a protectant against FMA. In acute toxicity tests with male rats (ca 103 days old, wt 420 gm), LAA in saline and saline controls were orally intubated 3 times within 24 hours (at 23.5, 5, 0.5 hrs.) prior to oral intubation of an LD 95 dose of FMA in saline (= 11.0 mmoles/kg). Protection measured as percent survivors (% S) after 72 hours was: 87% S for LAA at 3 mmoles/kg vs 7% S for saline controls. LAA protection was dose-related. In chronic toxicity tests with male rats (ca 102 days old, wt 420 gm), LAA and saline controls were orally intubated 1 hour prior to an oral LD 25 dose of FMA (= 5 mmoles/kg) daily 5 days/week for 4 weeks. After 4 weeks, % S and mean body weights of survivors were respectively: 90% S and 416 gm for LAA at 3 mmoles/kg vs 40% S and 352 gm for saline controls and 100% S and 452 gm for untreated controls. Conclusions: Repeated high oral doses of L-ascorbic acid can protect rats appreciably against the toxicity and lethality of formaldehyde. The protective mechanism is as yet unknown. (Supp. by U.S. Vet. Admin.)

If the Spanish researchers were to conduct their clinical trial again, I would recommend to them the following -

1. Since it has been shown to afford protection against the toxicity of formaldehyde, administer 'mega-doses' of vitamin C, daily, to your patients.

2. Increase the daily oral dosage of Thiazolidine-4-carboxylic acid from 5mg/kg to 20mg/kg.

3. Include an above average amount of zinc, magnesium and/or manganese in the diets of the patients. page 25

Dr. Varmus, why can't we duplicate here in the United States the Spanish clinical trial, however, this time let's take into account the factors which I have mentioned above?

Dr. Varmus, unless a clinical trial proves to the contrary, Mrs. Nickoloff and I will publicly proclaim the possibility of a cure for HIV/AIDS.

Dr. Varmus, unless a clinical trial proves to the contrary, Mrs. Gutierrez and I will publicly proclaim the possibility of a cure for certain kinds of cancer.

Dr. Varmus, I wish now to detail other findings in my research which could prove of inestimable value to millions of people; these findings should be proclaimed by physicians, pharmacies and health food stores throughout the world. No clinical trials are needed; the importance of the facts themselves are self-evident.

'The millions of people' to whom I refer are chronic smokers of cigarettes and chronic drinkers of alcohol.

Dr. Varmus, I doubt if one person out of a million knows of the name of Dr. Herbert Sprince. In my research (pages 80-89) I included a complete study of his entitled:

"Protective Action of Ascorbic Acid and Sulfur Compounds against Acetaldehyde Toxicity: Implications in Alcoholism and Smoking."

On page 53 I included a quotation from another one of his studies; anyone who smokes should always remember it:

> " From the literature, it is apparent that the gas phase of cigarette smoke contains a number of volatile aldehydes which are currently regarded as potential health hazards by virtue of their adverse effects on the respiratory tract. The best known of these aldehydes are acetaldehyde, acrolein, and formaldehyde which can have adverse effects on respiratory tract cilia and lung clearance, effects believed to be related to premalignant changes in the trachcobronchial tree. Along with hydrogen cyanide, acrolein and formaldehyde are amongst the most cilia-toxic agents in cigarette smoke. On the other hand, acetaldehyde, although less toxic, has been claimed to be 'quantitatively the most important cilia-toxic agent in cigarette smoke' with retention in the human respiratory tract estimated to be 60% and higher. It is also the major intermediary metabolite formed from ethanol. Since heavy drinkers are also known to be heavy smokers, increased tissue exposure to acetaldehyde from chronically heavy drinking and heavy smoking could appreciably increase cilia-toxicity in the respiratory tract induced by the more toxic agents. Acetaldehyde is, therefore, an important toxicant not to be overlooked in a consideration of cilia-toxic agents leading to morphological abnormalities in the trachcobronchial tree. Since acetaldehyde was perceived to be an important toxicant common to both heavy alcohol drinking and heavy cigarette smoking, our studies were directed initially to a search for protectants against acetaldehyde and later to protectants against acrolein and formaldehyde."

On page 53 I also stated:

> " To repeat - Dr. Sprince's research demonstrated that NAC (N-Acetyl Cysteine) afforded rats 100% protection against a lethal dose of acetaldehyde.
> If I were a heavy drinker and smoker, I would seriously consider swallowing one 600 mg. capsule of NAC everyday."

As far as chronic drinking is concerned, my research highlights other nutrients the deficiency of which might lead to the development of full time alcoholism.

Zinc is often mentioned as a necessary nutrient to be included in the diet of anyone who drinks alcohol. However, there is only one source which I know of that specifically details the essential need of this trace element in the case of alcohol ingestion; as I stated on page 57:

> " As absorbed alcohol is passed through the liver by the circulating blood, it is acted upon by ADH (Alcohol dehydrogenase), a zinc-containing enzyme found chiefly in the liver cells....." ENCYCLOPAEDIA BRITANNICA, MACROPAEDIA, Volume 1, page 438, 1974 edition (I have yet to come across any book, journal or magazine article or any source whatsoever dealing with alcoholism which repeats this fact)."

Everyone seems to be oblivious to this fact; isn't it logical to suppose that problems might ensue if a drinker of alcohol does not include an adequate or above average amount of zinc in his or her diet because the liver demands it?

In addition, I quoted on page 57:

"...Excretion of zinc is mainly through the feces, with pancreatic juice having large amounts of zinc." page 585, 'Alcoholism: Clinical and Experimental Research', November/December 1986.

The liver and pancreas - two organs 'crying out' for zinc if alcohol is ingested. It would work this way, would it not? - If the liver is deficient in zinc it would 'leach' it from the pancreas.

If I am correct about this, this is one deleterious effect which alcohol could have on the functioning of the pancreas; in addition, on page 56 I stated:

" I am the first person in the history of science and medicine to become aware of this relationship -

1. From the Internet: 'Pyridoxal phosphate (Vitamin B-6) is normally protected from degradation by its binding to the amine group of lysine residues or proteins, including serum proteins and hemaglobin. Acetaldehyde may, by binding preferentially to these residues, displace pyridoxal phosphate and result in its increased destruction, and in abnormally low levels of this co-enzyme.'
2. From LET'S GET WELL, 1972, by Adelle Davis: 'Pancreatitis. The pancreas, a long, slender organ that secretes insulin and digestive enzymes, lies below and to the left of the stomach. An inflammation of this organ, pancreatitis, has been produced by diets deficient in vitamin B-6, protein or certain amino acids, and by giving various drugs or chemicals...' p157
3. Roberts' conclusion: In other words, if you are an habitual drinker of alcohol you better include in your diet an above average amount of vitamin B-6; if you don't, you could develop pancreatitis; the reason for this is that poisonous part of alcohol, acetaldehyde, unnaturally depletes the body's supply of vitamin B-6; without this vitamin, the pancreas will tend to swell."

At the bottom of page 56 I asked this question:

"Is full-time alcoholism caused by a dietary deficiency of vitamin B-6?

I now wish to rephrase this question:

"Is full-time alcoholism caused by a dietary deficiency of zinc and vitamin B-6?"

On page 57 I pointed out these facts -

"Poor nutrition goes with heavy drinking: Because an ounce of alcohol has more than 200 calories but no nutritional value, ingesting large amounts of alcohol tells the body that it doesn't need more food. Alcoholics are often deficient in vitamins A, B complex, and C; carnitine; magnesium, selenium, and zinc; as well as essential fatty acids and antioxidants. Restoring such nutrients - particularly thiamine (vitamin B_1) - can aid withdrawal and recovery. One study found that recovery programs were twice as effective when nutritional therapy was incorporated."

On page 54 I pointed out these facts; I'll bet that not one person out of a million is aware of them -

" Chlorine is an oxidant, too; most of us drink chlorinated water which consumes vitamin E in our body....."

"B. I'm glad I'm a non-smoker because nicotine has an effect on the pituitary gland; THE BOOK OF POPULAR SCIENCE states:

'Nicotine interferes with the formation of urine by acting on the pituitary gland. It causes this gland to release the so-called antidiuretic hormone, which impedes the flow of urine.'

As far as I can see it, the effect of the combination of nicotine and alcohol on the pituitary gland could prove to be potentially disastrous."

Dr. Varmus, before I conclude I would like to refer to a study which I obtained after completing my 116 pages of research. It might give us some insight as to why acetaldehyde might be so effective in inactivating HIV's gag proteins.

On page 61j I quoted: "...The ready reaction of formaldehyde with proteins..."

The study to which I refer is "The Reaction of Proteins with Acetaldehyde" and it is found in 'Archives of Biochemistry', Vol. 24, 1949, pages 270-280.

From the following quotations I get the impression that acetaldehyde is even more reactive with proteins than is formaldehyde -

" The reaction of proteins with formaldehyde has been largely elucidated in recent studies from this and other laboratories. The reaction of proteins with reducing sugars, particularly glucose, has also been investigated intensively, because of its role in the non-enzymatic browning of many foods and other natural products. It seems almost certain that aldehyde-amine addition or condensation represents the first step in this type of browning. The nature of the aldehyde, however, is a determining factor, since it is almost impossible to provoke browning with formaldehyde. It was, therefore surprising to find that acetaldehyde causes browning of protein solutions more rapidly and at lower temperatures than does glucose..." page 270

" Acetaldehyde reacts rapidly with BSA at room temperature in solutions buffered at pH 7-8. The reaction is evident from the appearance of brown color and gelation of the reaction mixture..." page 272

" Acetaldehyde seems to combine not only with the amino, but, to a certain extent, also with guanidyl groups. This was shown with a BSA preparation, the amino groups of which had been transformed to guanidyl groups..." page 272

" Direct proof for the ability of acetaldehyde to introduce crosslinks between protein molecules has come from determination by osmotic pressure measurements of the average molecular weight of soluble derivatives..." p. 275

"...Acetaldehyde caused browning of wool within a few hours at room temperature..." page 277

" Treatment of proteins with acetaldehyde at neutrality and room temperature causes browning within a few hours. With bovine serum albumin, the reaction mixtures gel. The rate of browning with acetaldehyde is about 35 times as fast as that observed with glucose under comparable conditions."
pages 279&280

Dr. Varmus, I hope my research proves useful. In any event, thank you very much for giving this matter your time and attention.

Yours truly,

John S. Roberts

John S. Roberts
P.O. Box H
Hobart, Indiana 46342
219-763-1933

Copies with photographs and enclosures to:

President Clinton, Attention, Sandra Thurman, Director, National Aids Policy Office
Leanna Standish, ND, PhD, Principle Investigator, Aids Research Center, Bastyr University, Bothell, Washington
Representative Peter J. Visclosky, Indiana, Washington, D.C.
Senator Richard G. Lugar, Indiana, Washington, D.C.
Senator Dan Coats, Indiana, Washington, D.C.
Representative J. Dennis Hastert, Illinois, Washington, D.C.
Senator Carol Moseley-Braun, Illinois, Washington, D.C.
Senator Richard J. Durbin, Illinois, Washington, D.C.
Senator Orrin G. Hatch, Utah, Washington, D.C.
Spanish Ministry of Health and Social Security
Department of Oncology, Hospital General de Asturias, Oviedo, Spain
Audrey Manley, M.D., M.P.H., Acting Surgeon General, Rockville, Maryland
Enoch Gordis, M.D., Director, National Institute on Alcohol Abuse & Alcoholism Bethesda, Maryland
Allan R. Barclay, M.L.I.S, Ruth Lilly Medical Library, Indiana University School of Medicine, Indianapolis, Indiana
Mrs. Mary Ann Nickoloff, Lake Ridge Middle School, Gary, Indiana
Mrs. Helen Gutierrez, 'THE HERB LADY HEALTH FOODS', 1831 East 37th Avenue, Hobart, Indiana 46342 219-947-2135

And _____

Also, Scientists working in the United States of America whose cancer research mentions Thiazolidine-4-carboxylic acid: Andrew V. Schally, Attila Nagy, Patricia Armatis, Ren-Zhi Cai, Karoly Szepeshazi, Gabor Halmos and H. Reile, Endocrine, Polypeptide and Cancer Institute, Veterans Affairs Medical Center, and Department of Medicine, Tulane University School of Medicine, New Orleans, Louisiana, 70146

A PROPOSAL FOR THE INACTIVATION OF HIV

The following words best express the futility which the scientific and medical community have felt thus far about HIV/AIDS.

> "Between 1987 and 1991 the National Cancer Institute tested 40,000 chemical compounds at facilities in Frederick, Maryland, and Birmingham, Alabama, to see if any could disable the AIDS virus. Despite the odds against finding a breakthrough drug, researchers continue to screen for compounds that can inhibit HIV at each step in the infection process: when it binds to the CD4 molecule; when it penetrates the helper T cell; when it transcribes its genetic code inside; and when it replicates. A more promising direction for future research is targeted drug development - that is, designing an effective drug based on the known biological structure of HIV."
>
> Taken from AGAINST THE ODDS, The Story of Aids Drug Development, Politics & Profits, page 17, by Peter S. Arno, Ph.D. and Karyn L. Feiden

However, M.A. Nickoloff and I, John S. Roberts, think there is a safe, effective and affordable way to inactivate HIV. M.A. Nickoloff is a science teacher. This is my 30th year of being employed at the Lake Ridge School System as the Junior High/Middle School Librarian and Library Coordinator. (Since September, 1992)

The attached bibliography lists the sources upon which this abstract is based. Interested parties can obtain the complete articles at university libraries or through the inter-library loan facilities of these libraries or by mailing $3.00 to John S. Roberts. Any profit will be donated to Dr. Leanna Standish, Principle Investigator, AIDS Research Center, Bastyr University, Bothell, Washington. Dr. Standish has expressed an interest in our research but lacks funding to conduct the necessary clinical trial.

As you read this abstract you should keep this fact in mind - both the National Institutes of Health (NIH) and Centers for Disease Control (CDC) have acknowledged that HIV can be inactivated in the test tube by acetaldehyde.

THE PREMISE

1. The structural protein p17 gag in HIV is an NH_2 terminal myristoyl protein.

> "... This protein was also resistant to NH_2OH-treatment (lane K). Thus the results revealed that p17gag in HIV is an NH_2 -terminal myristoyl protein." (Source A., page 748)

2. The NH_2 terminal myristoylation of structural proteins p41 and Pr55 was strongly inhibited and p17gag protein was severely inhibited by N-myristoyl glycinal diethylacetal (N-Myr-GOA). CEM/LAV cell lysate yields reveal the following at 25um of N-Myr-GOA

protein pl7	5% or 95% antimyristoylated	
protein p41	6% or 94% antimyristoylated	
protein Pr55	7% or 93% antimyristoylated	(Source B., page 1150)

> "...N-Myr-GOA markedly inhibits the myristoylation of the viral structural proteins, and also causes noticeable inhibition of the production of the mature virus in the HIV-l infected MT-4 cells. The results presented here suggest that the N-myristoylation of the structural gag proteins of HIV-l may be essential for its structural assembly or maturaton.
> (Source B., pages 1152 & 1153)

> "...The protein myristoylation of ... pl7gag was inhibited by N-Myr-GOA. which may be regarded as an inhibitor of protein N-myristoyl transferase. The role of protein myristoylation has remained unknown so far, but protein myristoylation, especially of structure proteins of human retroviruses, may be very important for the proliferation and capsid formation of viruses."
> (Source A., page 749)

3. Acetaldehyde is a more soluble form of diethylacetal.
(Source C., pages C-65 & C-66)

Acetaldehyde is a natural metabolite of alcohol ingestion.

> Alcohol is metabolized in the following way: "As absorbed alcohol is passed through the liver by the circulating blood, it is acted upon by ADH (alcohol dehydrogenase), a zinc-containing enzyme found chiefly in the liver cells. The alcohol molecule is converted by this action to acetaldehyde, itself a highly toxic substance, but this is immediately acted upon by another enzyme, aldehyde dehydrogenase, and converted to acetate, most of which

enters the bloodstream and is ultimately oxidized to carbon dioxide and water..." (Source D., Volume l, page 438)

4. Acetaldehyde circulates freely, albeit briefly, in a person who consumes alcohol.

In rats, acetaldehyde has a half-life of 3.l minutes (Source E., Page 374) Therefore, in approximately l8 minutes more than 98% of acetaldehyde would be metabolized. It is assumed that acetaldehyde is similarly swiftly metabolized in human beings.

5. If they wish to be, alcoholics are treated with disulfiram, commonly known as Antabuse.

"Antabuse blocks the oxidation of alcohol at the acetaldehyde stage.. During alcohol metabolism following Antabuse intake, the concentration of acetaldehyde occurring in the blood may be 5 to l0 times higher than that found during metabolism of the same amount of alcohol alone." "The duration of the reaction varies from 30 to 60 minutes, to several hours in the more severe cases, or as long as there is alcohol in the blood." (Source F., page 2642)

6. A person who drinks alcohol then, after they had taken Antabuse, would have unmetabolized acetaldehyde circulating in their system for a considerable period of time. The hypothesis is that while acetaldehyde is circulating in the bloodstream of an Aids patient it would be inhibiting the N-myristoylation of HIV's structural proteins p4l, Pr55 and especially pl7gag.

7. Indeed, a French clinical trial was conducted in which it would seem that this might have happened; throughout the course of his research, Roberts referred to it as 'The Lang Study' (Source G., pages 702-706). In this trial patients were orally administered 'Imuthiol' also known as 'Ditiocarb' in the amount of l0mg/kg body weight once a week. This trial was conducted throughout France at six different locations. When the results were tallied it was found that "...42% of ditiocarb recipients had improved compared with only 5% in the placebo group (Source G., page 704)." Also, it should be noted that none of these patients were taking AZT because it was not available in France at the time. Nor were they taking an expensive 'cocktail of drugs'.

Ditiocarb (Imuthiol) is similar to Antabuse in that it prevents the quick metabolism of acetaldehyde. In other words, if these French patients drank wine or ate fruit (Source E., page 374) at any time during the course of the clinical trial, they would have had an above average amount of unmetabolized acetaldehyde flowing in their bloodstreams. France leads the world in the per capita consumption of wine. (Source H., page ll4)

8. The problem is that acetaldehyde is extremely toxic. This is what happens when Antabuse is in the system and alcohol is drunk; it is known as 'The Antabuse-Alcohol Reaction'.

> "Antabuse plus alcohol, even small amounts, produces flushing, throbbing in head and neck, throbbing headache, respiratory difficulty, nausea, copious vomiting, sweating, thirst, chest pain, palpitation, dyspnea, hyperventilation, tachycardia, hypotension, syncope, marked uneasiness, weakness, vertigo, blurred vision, and confusion. In severe reactions there may be respiratory depression, cardiovascular collapse, arrhythmias, myocardial infarction, acute congestive heart failure, unconsciousness, convulsions, and death."
> (Source F., page 2642)
>
> Note: This is the basis for 'Deterrent Therapy' in the treatment of alcoholism. The reasoning is that an alcoholic would not dare take a drink if he has Antabuse in his system and knows what ghastly results will ensue if he does drink. In other words, Antabuse deters the alcoholic from drinking.

9. To offset the negative side effects of any treatment with acetaldehyde a 'buffer'would need to be administered. The nutrient N-Acetyl Cysteine commonly referred to as 'NAC' has long been used as a buffering agent for various poisons. (Source I., pages l-ll) In a study by Herbert Sprince, rats treated with NAC who ingested lethal doses of acetaldehyde were afforded l00% protection. (Source J., page l65) The exact mechanism by which safety is afforded is not known. However, Sprince speculates:

> "...Chemically, L-cysteine by way of its (-SH) group complexes with acetaldehyde to form L-2-methylthiazolidine-4-carboxylic acid (L-MTCA) by way of an intermediary hemiacetal or Schiff base, the latter being the favored intermediate. As previouly suggested, L-MTCA might then serve as a non-toxic metabolic detoxification product as well as a protectant by generating free intracellular (-SH) (Sprince's emphasis) groups to complex with acetaldehyde more effectively. Biochemically, it has already been suggested that cysteine can protectCoenzyme A against acetaldehyde inhibition by complexing preferentially with acetaldehyde. Presumably, reduced glutathione, homocysteine, and N-acetyl-cysteine could also complex with acetaldehyde by virtue of their free (-SH) groups." (Source J., page l68). The hypothesis here is that if rats treated with NAC were protected from lethal doses of acetaldehyde, humans treated withNAC and receiving lesser doses of acetaldehyde would derive similar buffering protection.

l0. Indeed, since the safety of the patient is always the primary concern, the administration of acetaldehyde (alcohol) could start out at 1% and gradually be increased if tolerance is well demonstrated. Alcohol could be looked upon as the 'dynamite' which allows us to safely unleash the power of 'nitroglycerine' - acetaldehyde. In addition, if physicians think

it is too risky to continually 'plug up' the liver of an AIDS patient with Antabuse, the dosage could be reduced to once a week as was the case in the French clinical trial (Source G., pages 702 & 703) when ditiocarb was utilized.

SUMMARY

N-Myr-GOA markedly inhibits the myristoylation of HIV's structural proteins and also causes noticeable inhibition of the production of the mature virus in HIV-l infected MT-4 cells. Acetaldehyde is a natural metabolite of ethanol and is more soluble than diethylacetal. Antabuse stops the metabolism of ethanol at the acetaldehyde stage. A person treated with Antabuse who would consume alcohol would have an above average amount of unmetabolized acetaldehyde flowing in their system. This poison would inhibit the production of mature HIV cells in this person. NAC would act as a buffer to offset the toxicity of the acetaldehyde.

Antabuse, NAC, Alcohol (acetaldehyde) - Safe, effective, affordable

We strongly feel this treatment deserves a clinical trial.

The minimum requirements for a clinical trial as suggested by John S. Roberts:

1. Every Sunday night the Aids patients will swallow one 500 mg Antabuse tablet.
2. From Monday through Saturday 30 to 45 minutes before going to bed the patient will swallow l tablet of NAC - 600 mg
3. After this lapse of time the patient will swallow l ounce of l% alcohol.
4. Throughout the day the patient will try to enrich his or her diet with fruit.

Hopefully, these amounts could be 'geared up' to the following:

1. The liver of theAids patient will be continually 'plugged up' with Antabuse (Source F)
2. Throughout the week, including Sundays, 30 to 45 minutes before going to bed the patient will swallow l tablet of "NAC" - 600mg
3. After this lapse of time the patient will swallow l ounce of l0% alcohol
4. Throughout the day the patient will try to enrich his or her diet with fruit.

If the percentage of alcohol can be further increased, all well and good. This means that more unmetoblized acetaldehyde will be flowing in the patient's bloodstream.

unmetabolized

BIBLIOGRAPHY

Source A. "Antimyristoylation of gag Proteins in Human T-Cell Leukemia and Human Immunodeficiency Viruses with N-Myristoyl Glycinal Diethylacetal" by Shozo Shoji, Akira Tashiro, and Yukiho Kubota, "Journal of Biochemistry", 103, 747-749 (1988)

Source B. "Antimyristoylation of the gag Proteins in the Human Immunodeficiency Virus-infected Cells with N-Myristoyl Glycinal Diethylacetal Resulted in Inhibition of Virus Production", by Akira Tashiro, Shozo Shoji and Yukiho Kubota, 'Biochemical and Biophysical Research Communications', Pages 1145-1154, Vol. 165, No. 3, 1989

Source C. Handbook of Chemistry and Physics, 62nd Edition, 1981-1982

Source D. Encyclopaedia Britannica, Macropaedia, 1974 Edition

Source E. "Toxicology Update - Acetaldehyde", 'Journal of Applied Toxicology', Vol. 11(5), 373-376 (1981)

Source F. Physicians' Desk Reference, 1995, 49th Edition, page 2642

Source G. "Randomized, Double-Blind, Placebo-Controlled Trial of Ditiocarb Sodium ('Imuthiol') in Human Immunodeficiency Virus Infection" by Jean-Marie Lang et al., 'The Lancet', pages 702-706, September 24, 1988

Source H. Alcohol Customs and Rituals by Thomas Babor, Ph.D., Chelsea House Publishers, New York, 1966

Source I. "Part II N-Acetylcysteine (NAC): An old nutrient attracts new research" by Richard A. Passwater, Ph.D., "The Internet", http://www.solgar.com, pages 1-11

Source J. "Protective Action of Ascorbic Acid and Sulfur Compounds against Acetaldehyde Toxicity: Implications in Alcoholism and Smoking" by Herbert Sprince et al., 'Agents and Actions', pages 164-173, vol. 5/2 (1975)

M.A. Nickoloff
1485 Woodcrest Ct.
Aurora, Illinois 60504
630-820-1793

John S. Roberts
Post Office Box H
Hobart, Indiana 46342
219-763-1933

January 1998

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10471	Charlotte	Feldman-Jacobs	1/15/98

Addressed To

Thurman, Sandra

Sender's Organization

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

funding Ford Foundation

☐ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

general announcement re: grants to International Center for Research on Women

Contact: **Charlotte Feldman-Jacobs or**
Pam Norick
(202)797-0007

November 21, 1997
FOR IMMEDIATE RELEASE

Ford Foundation Challenges ICRW To Match $1-Million Grant in Five Years

The Ford Foundation, the largest foundation in the U.S., has given a million-dollar grant to a Washington, DC-based think tank, the International Center for Research on Women (ICRW).

"The Ford Foundation has been a key supporter of ICRW from the beginning," said Geeta Rao Gupta, President of ICRW. "We are very pleased that this grant coincides with ICRW's 20th anniversary."

Over the past 20 years, ICRW has helped to shape international development policy by quantifying women's contributions to the economies of developing countries and by using these findings to influence international development policy and practice at donor agencies and with governments around the world.

ICRW was the first to do research on poverty among women, its determinants and impacts, and potential alternatives for poverty alleviation. Early on, ICRW research showed that households headed by women were among the poorest in developing countries, and that their number was large and growing. For more than a decade, ICRW has studied, designed, and advocated for credit projects for women microentrepreneurs. Today, microcredit is recognized widely as an innovation that works for poor women.

In the 1990s, ICRW's groundbreaking work on HIV/AIDS among women in the developing world helped to draw the attention of policymakers to women's vulnerability to infection. Women currently account for almost half those infected worldwide and ICRW is continuing to advance social and behavioral research to identify effective prevention interventions.

According to Dr. Gupta, the Ford million-dollar grant will add to ICRW's financial stability and continuing intellectual flexibility and independence. "We have been an institution that's been willing to take chances in pathbreaking research and this grant will enable us to do that," said Dr. Gupta.

"Our research has demonstrated the benefits of women's participation in economic development and our advocacy has worked to change policies to better integrate women into development processes. We believe this is not only good for women, but benefits the communities and countries in which they live and work," added Dr. Gupta.

(more)

The Ford Foundation, established in 1936, is a private, nonprofit institution that serves as a resource for innovative people and institutions worldwide. Its goals are to strengthen democratic values, reduce poverty and injustice, promote international cooperation, and advance human achievement. A national and international philanthropy with assets of $9.2 billion, the Foundation has granted more than $9 billion to some 9,000 institutions and 100,000 individuals worldwide.

###

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10470	Louise	Perry	1/15/98

Addressed To

Thurman, Sandra

Sender's Organization

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

Funding

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

addressed to WJC cc: ST

AID Atlanta

1438 West Peachtree St., NW
Suite 100
Atlanta, GA 30309-2955

Office: 404-872-0600
Fax: 404-885-6799

January 12, 1998

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Re: Ryan White CARE Act

Dear Mr. President:

On behalf of AID Atlanta, I am writing to thank you for your assistance in approval of federal Ryan White funding for HIV/AIDS programs.

We appreciate your strong support for all of the programs of the Ryan White CARE Act for fiscal year 1998. Your active assistance to secure the highest possible funding levels of all Titles of the CARE Act, including an additional $21.7 million for Title I and $132 million for the AIDS Drug Assistant Program, will make a positive difference in our ability to maintain services for people living with AIDS.

In my capacity as Chairperson of the Medical Advisory Committee of the Board of Directors of AID Atlanta, Inc., I have intimate knowledge of the importance of the CARE Act funds disbursed to AID Atlanta. Our Advisory Committee is composed of physicians and mid-level care providers specializing in HIV/AIDS who represent the 20 county metropolitan Atlanta area. We feel it is imperative that the monies allocated to medication and services be aggressively increased.

It is estimated that there are 38,800 persons infected with HIV in Georgia, as well as 17,500 reported cases of AIDS. Through Ryan White funds, we have developed a continuum of care for the medically indigent which co-mingles cost effectiveness with compassion.

Adequate funding must be maintained for all of the Ryan White CARE Act programs. Our community is depending on your Administration, Representative John Porter and Senator Arlen Spector. Thank you for your ongoing commitment to people living with AIDS.

Sincerely yours,

Louise W. Perry

Louise W. Perry, BSN, CGP, RN-C, ACRN
Nationally Board Certified HIV/AIDS

cc: Franklin Raines, Director
Office of Management and Budget
Dr. Donna Shalala, Secretary
Health and Human Services
Mr. Bruce Reed, Assistant to the President
Domestic Policy Council

bcc: Ms. Sandra Thurman, Director
Office of National AIDS Policy
Representative John Porter, Chair
Committee on Appropriations
Senator Arlen Spector, Chair
Committee on Appropriations

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10469	Charles	Brokopp	1/15/98

Addressed To

Thurman, Sandra

Sender's Organization

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

☐ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

addressed to D. Shalala cc: ST

Utah Department of Health

DIVISION OF EPIDEMIOLOGY AND LABORATORY SERVICES

State of Utah

Michael O. Leavitt
Governor
Rod L. Betit
Executive Director
Charles D. Brokopp, Dr. P.H.
Director

Martha Hughes Cannon Building
288 North 1460 West

Mailing Address:
Box 142866
Salt Lake City, Utah 84114-2866
Telephone (801) 538-6129
Fax (801) 538-6036

January 9, 1998

The Honorable Donna E. Shalala, Secretary
U.S. Department of Health and
Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

In recognition of the importance of HIV prevention, Congress appropriated an additional $17.5 million to the Centers for Disease Control and Prevention. With the knowledge of increased funds from Congress, state health departments and their community partners anticipated receiving additional funds to implement high priority prevention needs identified through the community planning process.

Instead, we have been informed that CDC will assess an "administrative tap" on all CDC programs with the result being less funding available to state and local programs. It is our understanding that this administrative tap will fund administrative activities at CDC. The details of the increased spending on administration at CDC were not provided, making it difficult to determine the value gained from increasing the funding of those activities. However, it is difficult to justify reducing support for state and community HIV programs while increasing administrative spending at CDC.

While we understand the need for a reasonable amount of administrative dollars, we believe that this administrative tap is against Congressional intent. It is our understanding that these funds were intended to meet the HIV prevention needs identified through community planning. It was also our intent to do exactly that with additional funds received for FY 98. In addition, the support for "core" HIV

surveillance activities has certainly not been evident through adequate funding of those activities. We are concerned, as well, for reductions in the STD programs even though the reductions have been less.

It is our hope that the CDC administrative tap will be reconsidered, and that the funds be awarded to fund high priority prevention needs rather than administrative activities.

Sincerely,

C. Brokopp

Charles D. Brokopp, Dr. P.H.
Director
Division of Epidemiology and
Laboratory Services

CC: Dr. A. Richard Melton, Utah Department of Health
Sandra Thurman, Office of National AIDS Policy
Cornelius Baker, National Association of People with AIDS
Mike Shriver, National Association of People with AIDS
Daniel Zingale, AIDS Action Council
Paul Kawata, National Minority AIDS Council
Julie M. Scofield, NASTAD

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. note	re: Inmate's personal views on AIDS (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 1/98 [3]

2018-0764-F
jm2059

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	Inmate to Sandra Thurman re: Personal views on AIDS (4 pages)	12/20/1993	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 1/98 [3]

2018-0764-F
jm2059

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001c. envelope	Inmate to Sandra Thurman (Personal) (1 page)	12/03/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 1/98 [3]

2018-0764-F
jm2059

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]

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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]
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b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Sarah –

Please have SLT review – then I need to send it to OMB for clearance.

Todd
Steve Smith

DRAFT

January 14, 1998

Honorable Richard E. Neal
Member of Congress
2431 Rayburn House Office Building
Washington, DC 20515

Dear Representative Neal:

Thank you for sharing your concerns about the HIV/AIDS epidemic in Springfield and the need for additional funding to address those concerns.

We have received copies of correspondence from a representative of the Mayor's office in Springfield expressing dissatisfaction with the ineligibility of Ryan White CARE Act Title I to the City of Springfield. A copy of our response is attached for your reference.

While we certainly appreciate the need to increase HIV prevention and services, unfortunately under current law Title I is not applicable. One of the criterion established by statute is a minimum number of AIDS cases; the Springfield metropolitan area does not meet that test.

Title II of the CARE Act was specifically designed to address the needs of areas like Springfield. As you may have heard, the President is supporting increased funding for Title II in the Fiscal Year 1999 budget. We would expect that any increases approved by Congress could be used to increase services for Sprinfield, as well as other communities in Western Massachusetts that fall outside of the Boston eligible metropolitan area.

In addition to Title II, there are many other programs that could be used to provide assistance in Springfield (see the attached correspondence). Spending the time and energy to understand these programs and to promote successful applications for those that are competitively based, would be a worthwhile activity for those in the community that are concerned about a lack of funds. Our office has offered to assist in any way that it can in ~~assisting individuals and officials from Springfield in~~ identifying opportunities for obtaining additional assistance.

I hope that this is helpful. Please feel free to contact me again should you require any additional information or clarification. Your interest in addressing this epidemic is appreciated!

Sincerely,

Sandra L. Thurman
Director

THE WHITE HOUSE

WASHINGTON

November 7, 1997

Joseph J. D'Amour, Esquire
Liaison to the Gay Community
City of Springfield
36 Court Street
Springfield, MA 01103

Dear Mr. D'Amour:

This is in further response to our conversation concerning the eligibility of the City of Springfield, Massachusetts, for designation as an Eligible Metropolitan Area (EMA) under Title I of the Ryan White CARE Act of 1990, as amended. As I indicated, the eligibility criteria for EMA designation are prescribed in the Statute. The CARE Act administering agency, the Health Resources and Services Administration (HRSA), does not have discretion in the application of the criteria.

The EMA designation eligibility criteria are, among other things, that the metropolitan area 1) be a metropolitan statistical area as defined by the Office of Management and Budget; 2) have at least 2,000 cumulative AIDS cases for the most recent five year period; and 3) have a minimum population of 500,000. The Ryan White CARE Act of 1990 did not have a minimum population requirement for EMA designation and had a minimum per capita incidence of cumulative cases of .0025 as a qualifying criterion for EMA designation, which allowed metropolitan areas with populations of less than 500,000 to qualify for EMA designation.

The 500,000 minimum population criterion was added and the incidence criterion removed by the Congress when it re-authorized the CARE Act in 1996. This addition of the minimum population requirement was in keeping with the original Congressional intent that Title I funds address the needs of those metropolitan areas where HIV/AIDS was most heavily concentrated and that Title I funds go to urban centers disproportionately affected by the HIV/AIDS epidemic. Conferees made this explicit in the Conference Report accompanying the amendments by stating that, "It is the intent of the Conferees that, beginning in fiscal year 1996 and continuing through the reauthorization period, no new metropolitan area with fewer than 500,000 people be eligible for Part A funds."

Congress recognized, however, in the passage of the original Ryan White CARE Act that HIV/AIDS was not solely a problem of the very large urban areas, and authorized the other Titles of the CARE Act to assist those areas. The City of Springfield and providers of HIV/AIDS related services in Springfield receive, or may be eligible to receive, funding from these other programs authorized by the CARE Act. These are:

Title II, which provides grants, awarded by formula, to States and Territories for the provision of outpatient and ambulatory health and support services for individuals and families with HIV disease. Under this Title, States may fund up to four authorized programs, which are a) Consortia, b) Insurance Continuation, c) Home and community-based services, and d) Therapeutics to treat HIV disease. Funds are further distributed by States to areas throughout the state. The Springfield area receives funds from the State under this Title;

Title III(b), which provides competitive grants to providers for the provision of early-intervention services to people with HIV/AIDS. Family Planning of Western Massachusetts receives $412,650 for the provision of these services;

Title IV, which provides competitive grants to providers for the development of innovative models that link systems of comprehensive primary and community-based medical and social support services for children, youth, women and families affected by HIV with clinical research of potential benefit to individuals with HIV disease; and

Part F, the Special Projects of National Significance program, which provides competitive funding to non-profit organizations to support demonstrations and evaluations of innovative models of delivering health and support services to people living with HIV.

Another source of funding for services to people with HIV/AIDS is the Housing Opportunities for People With AIDS (HOPWA) program, administered by the Office of HIV/AIDS Housing, Department of Housing and Urban Development (HUD). This program provides assistance to address the housing and related supportive service needs of low-income persons with HIV/AIDS and their families. Although this program provides grants to eligible States and cities, ten percent of the funds under this program are awarded by competitive selection for model projects proposed by State or local governments or non-profit organizations.

You should contact Dr. Joseph O'Neill, Associate Administrator, HIV/AIDS Bureau, HRSA, telephone number (301) 443-1993, for further information concerning Ryan White CARE Act funding, and Mr. David Vos, Director, Office of HIV/AIDS Housing, HUD, telephone number (202) 708-1934, for additional information about the HOPWA program. For your reference, I am also enclosing an earlier letter from Dr. O'Neill to Congressman Neal concerning the issues which you raised.

Sincerely,

Todd Summers
Deputy Director
Office of National AIDS Policy

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Bureau of Health Resources Development

Office of the Assistant Secretary
for Health
Washington DC 20201

JUN 26 1997

The Honorable Richard E. Neal
House of Representatives
Washington, DC 20515-4905

Dear Mr. Neal:

Thank you for your letter dated June 5 to Mr. Robert Baitty, Branch Chief, Survey Documentation and Quality Assurance Branch, Division of HIV Services (DHS), in which you expressed concern over the allocation of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act funds in the State of Massachusetts. You had a particular concern regarding the inequities in the allocation of funding to certain regions within Western Massachusetts, specifically to the City of Springfield.

You indicated that monies appropriated through Title I of the CARE Act are not proportionately disbursed to communities in Western Massachusetts. Title I dollars of the CARE Act are awarded to eligible metropolitan areas (EMAs) based on defined metropolitan statistical areas (MSAs), determined by the United States Office of Management and Budget. The Boston Title I EMA does not cover the geographic counties located within western Massachusetts, including the City of Springfield, and the MSA including the City of Springfield does not meet eligibility criteria, as cited in CARE Act legislation for Title I funding.

The Title II program of the CARE Act allocates funding to states and territories that provide health care and support services for people living with HIV disease. In fiscal year (FY) 1997, Massachusetts received a Title II grant award of $7,528,256. This amount specifically includes an AIDS Drug Assistance Program (ADAP) earmark of $3,310,714. As you are aware, Title II funds may be spent for HIV services through consortia or direct contracting, home and community-based care, continuation of health insurance coverage, and ADAP. The CARE Act specifies that decisions regarding the allocation of funds to these various categories be determined by the State, not the Federal funding agency.

The Massachusetts Department of Public Health, which administers the Title II program, is in the process of conducting a competitive Request for Proposals (RFPs) to determine funding allocations throughout Massachusetts. A variety of community based AIDS service organizations in Springfield have submitted RFPs to the Department of Public

Health for AIDS funding (both Federal and State), and will be notified of their FY 98 HIV funding level sometime in early fall, effective October 1.

The DHS Project Officer for the Massachusetts Title II grant is Dr. James C. McCann. Dr. McCann is in contact with the grantee on a regular basis, and is continuously informed of Title II funding activities within the State.

The Title II grant is administered by the Massachusetts Department of Public Health, HIV/AIDS Bureau, 250 Washington Street, 3rd Floor, Boston, MA, 02108-4619. The Program Director is Mr. John Auerbach. Mr. Auerbach can be contacted at 617-624-5303.

We appreciate your interest in the provision of needed services to people living with HIV and AIDS in Massachusetts, and in particular to those residents residing in Springfield. We are pleased to inform you that the state and local administration of the Title II grant is in compliance with the legislation and the intent of the CARE Act. If you need additional information please contact Dr. James C. McCann at 301 443-2937.

Sincerely,

Joseph F. O'Neill, M.D., M.P.H.
Acting Associate Administrator

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10462	Alejandro	Cabauatan	1/14/98

Addressed To

Thurman, Sandra

Sender's Organization

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

Funding

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

ALEJANDRO T. CABAUATAN

120 CONLEY DRIVE
ANNAPOLIS, MD 21403
Telephone # (410)-267-~~6798~~ 7296

January 7, 1998

Ms. Sandra Thurman
Director of Aids Policy
Washington DC

Dear Madam:

This is to request again from your good office to please help me obtain a certified patent to experiment the AIDS Virus. This is already the 12 conference year of AIDS Virus and still there's no cure for AIDS.

I believe that there is enough fund to finance this experiment, referring to the July 5, 1995, The Capital Newspaper under Jesse Helm, that there is a 6 Billion Fund. Also, under Anthony Fucci there is a 25 Million fund released.

In this connection, I am willing to experiment HIV Virus on how to strain/purify infected blood within the human body. I need certified fund to use in the patent to experiment I & II, and a Certified Scientist who will extract infected blood by an affected person, thus applying the medicine proving how this medicine purifies the blood. For this purpose, I will be a part in solving the Number 1 problem of the Human Race.

Further explaining, that all materials, procedure and results must be televized around the world so that everybody must see how this medicine purifies the blood.

Further request, that U.S. government must be responsible to safeguard my name for whatever the result of my experiment.

An appropriate action pertaining my request is highly appreciated, leading to successful result and thus helping all those who are suffering this kind of decease.

Thanks and warm regards.

Very truly yours,

Alejandro T. Cabauatan
ALEJANDRO T. CABAUATAN

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10461	Tonio	Burgos	1/14/98

Addressed To

Thurman, Sandra

Sender's Organization

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

Complementary

☐ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

Addressed to WJC cc: Sandy

Sandy Thurman

TONIO BURGOS & ASSOCIATES INC.

COPY

Tonio Burgos
President

909 Third Avenue
New York, NY 10022
212-826-2000
Fax 212-644-3601

December 22, 1997

The Honorable William Jefferson Clinton
The President of the United States
THE WHITE HOUSE
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. President,

I hope all is well. It was great to see you three days in a row, in D.C. at the White House Christmas Party, in New York City at the Rainbow Room, and in Coral Gables at the Biltmore.

As I told you and Mrs. Clinton, it's very important, at this point, that we support Sandy Thurman and her efforts at the HIV/AIDS Council.

Additionally, I would strongly urge you to nominate a good friend from Texas, Roland Garcia, Jr., to be the U. S. Attorney for the Southern District of Texas. I have known Roland, and cannot say enough about how important his appointment would be not only for Latinos, but for all of the people of the Southern District of Texas. The Criminal Justice System at the Federal, State, and Local levels need real people with real life experiences to understand what is happening to our Society on a one-to-one level. Roland is that kind of person Mr. President, and you will not regret his nomination one bit!

My best to the First Lady and congratulations on your new roommate, "Buddy."

Sincerely,

Tonio Burgos
President

tb/mrb
cc: Maria Echaveste
Craig Smith
Maritza Ramirez
Roland Garcia, Jr.

C:\OFFICE\WPDOCS\WPWIN\LETTERS\CLINTON.LT

AID Atlanta

1438 West Peachtree St., NW
Suite 100
Atlanta, GA 30309-2955

Office: 404-872-0600
Fax: 404-885-6799

January 12, 1998

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Re: Ryan White CARE Act

Dear Mr. President:

On behalf of AID Atlanta, I am writing to thank you for your assistance in approval of federal Ryan White funding for HIV/AIDS programs.

We appreciate your strong support for all of the programs of the Ryan White CARE Act for fiscal year 1998. Your active assistance to secure the highest possible funding levels of all Titles of the CARE Act, including an additional $21.7 million for Title I and $132 million for the AIDS Drug Assistant Program, will make a positive difference in our ability to maintain services for people living with AIDS.

In my capacity as Chairperson of the Medical Advisory Committee of the Board of Directors of AID Atlanta, Inc., I have intimate knowledge of the importance of the CARE Act funds disbursed to AID Atlanta. Our Advisory Committee is composed of physicians and mid-level care providers specializing in HIV/AIDS who represent the 20 county metropolitan Atlanta area. We feel it is imperative that the monies allocated to medication and services be aggressively increased.

It is estimated that there are 38,800 persons infected with HIV in Georgia, as well as 17,500 reported cases of AIDS. Through Ryan White funds, we have developed a continuum of care for the medically indigent which co-mingles cost effectiveness with compassion.

Adequate funding must be maintained for all of the Ryan White CARE Act programs. Our community is depending on your Administration, Representative John Porter and Senator Arlen Spector. Thank you for your ongoing commitment to people living with AIDS.

Sincerely yours,

Louise W. Perry

Louise W. Perry, BSN, CGP, RN-C, ACRN
Nationally Board Certified HIV/AIDS

cc: Franklin Raines, Director
Office of Management and Budget
Dr. Donna Shalala, Secretary
Health and Human Services
✓ Mr. Bruce Reed, Assistant to the President
Domestic Policy Council

NFAN
NORTHEAST FLORIDA AIDS NETWORK, INC.

January 9, 1998

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear President Clinton:

On behalf of the people with HIV/AIDS living in the greater Jacksonville area I write today to urge your support to ensure that funding for the Ryan White CARE Act remains a national priority. Specifically, I request that you support an increase of $105 million for Title I of the CARE Act in Fiscal Year 1999, bringing the total amount for Title I to $570 million.

I am troubled that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998.

Increased funding for the CARE Act is critical to sufficiently address the needs of uninsured people living in Jacksonville, across the state and throughout the nation. With your support, our communities can prolong the lives of people with HIV/AIDS and save the nation millions of dollars in unnecessary hospitalization and other emergency health care costs. As you know, the increased utilization of protease inhibitors and other costly drugs have placed significant pressure on Title I communities that are committed to ensuring access to health care services is available and continuous. The increased funding necessary for viral load and other diagnostic tests, the expanding demand for primary care and the social services needed to assure adherence to complex treatment regimens, along with increased utilization of health care services, combine to create a national need for a $105 million increase in Title I funding.

These new therapies cannot be provided outside of the context of overall primary and related social services; this is particularly pertinent for the newer populations affected by this epidemic - the

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poor, people of color, women, children and adolescents -- who have traditionally lacked access to health care services. While the recent decline in AIDS-related deaths is good news, these declines have not been realized among African Americans, Latinos, women and other minorities.

These people need a solid commitment from your Administration to assist them in accessing treatment and primary health care services; funding Title I of the Ryan White CARE Act at $570 million in Fiscal Year 1999 would be the tangible expression of your commitment to a sound and compassionate HIV/AIDS policy.

People both infected with and affected by HIV are eagerly waiting for your strong leadership.

Sincerely,

A. Gene Copello

A. Gene Copello, D.Div., M.S.
Executive Director

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

NFAN
NORTHEAST FLORIDA AIDS NETWORK, INC.

January 9, 1998

The Honorable Donna E. Shalala
Secretary
U.S. Department of Health and
Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

I am writing to convey my concern and dismay regarding reductions in FY 98 HIV prevention funding to state and local health departments resulting from an administrative tap on programs implemented by the Centers for Disease Control and Prevention (CDC). I request that these cuts be restored and that CDC follow congressional intent and increase funding to state and local health departments to meet the HIV prevention needs identified through HIV prevention community planning.

CDC has said there would be a 2.25 percent reduction in FY 98 cooperative agreement awards. State and local health departments have been notified of their reduced funding levels. In addition, and also of great concern to states, new funds that are likely to be made available to state and local health departments from the $17.5 million increase in FY 98 funding for HIV prevention will be awarded through a competitive process. Under this scenario, it is possible that not all jurisdictions would be eligible to apply for supplemental funding and not all jurisdictions applying would necessarily be funded.

According to CDC, reductions in cooperative agreement awards is necessary because of the administrative tap on all CDC programs. Again this year, it is anticipated that about $30 million will be cut from CDC programs to fund administrative costs including the Office of the Director and other program and support activities. Of the total CDC-tap amount, the Division of HIV/AIDS Prevention - Intervention, Research, and Services (DHAP-IRS) expects its share to be about $7.5 million of which approximately $6 million will come from cutting state and local HIV prevention cooperative agreements by 2.25 percent.

HIV/AIDS Surveillance and Sexually Transmitted Disease awards are also being cut because of the administrative tap. I am extremely concerned about CDC's administrative costs - how they are accounted for, how the tap is derived, and whether or not the HIV/AIDS programs are being disproportionately affected. Furthermore, I am strongly opposed to any reduction in support for state and local HIV prevention cooperative agreements. Such a reduction is unconscionable in a year when the CDC HIV prevention program experienced growth of $17.5 million.

To compound the issue further, CDC's intent to require state and local health departments to compete for that portion of the $17.5 million increase in HIV prevention that eventually is made available is extremely problematic. First, continuation funding at the final FY 97 level must be assured before the idea of a competition should be entertained. Second, it is extremely inefficient and damaging to our HIV prevention efforts to cut awards and then require jurisdictions to spend enormous amounts of time and energy developing competitive applications for what ultimately might be a very limited amount of funding.

For these reason, I request your assistance in working with CDC to resolve their administrative problems in an open and honest way, to restore state and local HIV prevention cooperative agreements to their final FY 97 level, and to expedite the award of new HIV prevention dollars intended for HIV prevention programs administered by state and local health departments.

These cooperative agreements are the cornerstone of our nation's HIV prevention strategy. With the advent of community planning, we have improved the science base for our programs, broken down barriers between government and members of affected communities, and increased the targeting of our efforts to reach those at highest risk for infection. We must not jeopardize this progress through unpredictable and arbitrary administrative taps and funding decisions.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

A. Gene Copello

A. Gene Copello, D.Div., M.S.
Executive Director

cc: Joshua Gotbaum
David Satcher, MD, Ph.D.
Helene D. Gayle, MD, MPH
Sandra Thurman
Cornelius Baker
Mike Shriver
Daniel Zingale
Paul Kawata
Tom Liberti
Congressional Offices

HIV Resource Consortium
3507 East Admiral Place
HIVRC Tulsa Oklahoma 74115-8211

January 8, 1998

National AIDS Policy Office
Sandra Thurman, Director
808 17th Street, 8th Floor
Washington, DC 20006

Dear Ms. Thurman,

Tommy Chesbro, Secretary of the National AIDS Fund and President of the Board of the HIV Resource Consortium in Tulsa, Oklahoma met with you several months ago and informally ask if you would be willing to speak at our State HIV/AIDS conference June 14-16, 1998. You indicated at that time that you would be willing.

I would like to extend a formal invitation for you to open our conference ***Shaping Our Future...A Vision of Hope*** on Sunday, June 14, 1998 at 11:00am. We will, of'course, do whatever we can to accommodate your schedule if that is not a convenient time for you.

This conference is limited to the first 350 registrants and we expect attendance to be at maximum levels. Our target audience is social workers, prevention workers, direct care providers (both medical and support personnel) and PLWA's.

It is our sincere hope that you will be able to join us in Tulsa on June 14.

Thank you for your consideration.

Sincerely,

Sharon Thoele

Sharon Thoele, Executive Director
HIV Resource Consortium
Co-Chair Oklahoma State HIV/AIDS Conference

Phone: 918.834.4194 Fax: 918.834.4189 HIVRC@ionet.net

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January 8, 1998

Ms Sandy Thurman
Director
Office of National AIDS Policy
808 17th St. N.W., #820
Washington, DC 20006

Re: Support for Increased Ryan White Care Act Title IV Funding

Dear Ms. Thurman:

On behalf of the children, youth women and entire families living with HIV in South Texas, we would like to thank you for supporting the Ryan White CARE Act and especially the Title IV projects. As the Project Director of the Ryan White Title IV supported South Texas AIDS Center For Children And Their Families, I assure you that this program is vital to our community and region.

This past year the White House focused a great deal of attention on the growing HIV-related needs of youth and pregnant women. As stated in the White House reports, Title IV is absolutely vital to addressing these needs. We strongly urge you to increase funding for Title IV as well as to all the other titles under the Ryan White CARE Act.

Our Center provides services to infected children, their mothers and families throughout South Texas. This area extends all the way to the border with Mexico and covers 47 counties and 54,000 square miles. Our Center staff of physicians, nurses, psychologist and case managers directly provide specialized HIV medical, psychological, and case management services to growing numbers of infected and affected children, their mothers and families. Presently, the Center cares for over 120 families throughout South Texas comprised of over 500 infected and affected individuals. Care provision involves traveling to geographically dispersed sites throughout our service area to minimize barriers in accessing specialty care and services.

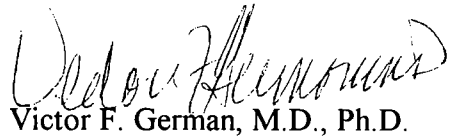
In it's ten year history, the Center has worked closely with agencies throughout the service area to coordinate services for families living with multiple problems and often on the margins of society. Even before HIV/AIDS, these families were already experiencing great difficulties.

Poverty and the associated problems of drug addiction, poor access to health care, housing needs, family violence and single parenthood with little or no family support.

We invite you to come visit us if you are ever in South Texas. We would appreciate the opportunity to share with you the realities that children and families and the providers who serve them face in our rapidly changing health and human service systems. Words and letters cannot convey effectively how vital Title IV care and services are to the survival of children, youth and families living with HIV/AIDS.

I urge you to continue working to increase all Ryan White CARE Act funds for the year 1999, and especially ask that you increase these funds for Title IV. Without your support, families living with this terrible disease will not get the chance to have a better quality of life.

Sincerely,



Victor F. German, M.D., Ph.D.
Project Director
South Texas AIDS Center
For Children And Their Families

xc: AIDS Policy Center for Children, Youth and Families, 918 Sixteenth Street NW Suite 201
Washington DC 20006

January 9, 1998

Sandra Thurman
Director
National AIDS Policy
808 17th Street
8th Floor
Washington, DC 20006

Dear Colleague:

HOME ACCESS HEALTH
The Leader in Telemedicine

Home Access Health Corporation, the leader in telemedicine, is pleased to send you the *Home Access HIV Counseling and Testing Report* which details HIV seroprevalence and demographic data among home test users. This report is the first published account of national HIV seroprevalence within this population.

The data in the report has been reviewed by the US Centers for Disease Control and Prevention (CDC). The CDC has found the data useful in answering some of the questions raised about the use and potential consequences of at-home HIV testing. The data included in this report consist of all FDA approved at-home HIV tests performed from June 1996 through June 1997 and specific demographic data collected by Home Access Health Corporation from August 1996 through September 1997.

The Home Access® data shows that 57% of people using HIV at-home tests had never been tested before. In addition, greater than 97% of persons using the Home Access® HIV test system, return for their results. Furthermore, 0.9% of those at-home tests were HIV positive. This is a seroprevalence rate three times higher than the estimated 0.3% rate for the population as a whole.

The report underscores that at-home testing is reaching a population that is not currently being served by other testing alternatives and could prove to be a useful adjunct to existing public health testing initiatives. Unfortunately, there are very few publicly funded programs offering at-home testing at this time. Clearly there is an opportunity to reach economically disadvantaged at risk individuals who would benefit from access to publicly funded at-home testing programs.

The Home Access® HIV Test is available to public health and community based organizations to help address this need. In our Phase IV studies conducted with the assistance of Public Health departments in various areas of the US, it was found that the at-home testing option provides an important adjunct to fixed site testing programs. It was further discovered that at-home testing compliments and does not compete with publicly funded tested programs.

If you have any specific questions about *The Home Access HIV Counseling and Testing Report*, please feel free to call me at (847) 310-6339. Additional information regarding Home Access Health and our products can be found at our website: www.homeaccess.com.

Sincerely,

Joseph T. Smith
Director of Public Health Relations

Home Access Health Corporation / 2401 West Hassell Road, Suite 1510 / Hoffman Estates, IL 60195-5200 / 847 781-2500 / 847 781-2560 Fax