Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Patricia Hickey to Sarah Helinsky re: Russia HIV/AIDS delegation [Personally Identifiable Information] [partial] (1 page)	03/16/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 3/98 [5]

2018-0764-F
jm2066

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]

DU PONT
MERCK

PUBLIC AFFAIRS

974 Centre Road
Wilmington, DE 19880-0705
Fax: (302) 892-7387

302-892-1306

March 6, 1998

Sarah Holewinski
Assistant to the Director,
White House Office of National AIDS Policy
808 17th Street, N.W.
Suite 820
Washington DC 20006

Dear Sarah,

Per my voice mail on Friday, Feb. 27, I would like to submit a request for Sandy to speak at the following event:

DuPont Merck Pharmaceutical Company
Summit Awards Breakfast
Friday, June 1
7:00am - 10:00am
Willard Intercontinental Hotel
Washington DC

The Summit Award is DuPont Merck's highest honor, recognizing those employees who have exceeded job expectations and who exemplify our company's shared values. DuPont Merck is committed to the development of products to treat HIV and AIDS and we would be grateful if Sandy would agree to speak at this event. I will be happy to provide more details when we confirm Sandy's availability.

Sincerely,

Sandra James

Sandra James
Manager, Public Affairs

To Sara Fountain

His Excellency Jesus J. Reyes-Heroles
Ambassador of Mexico
and
Sister Cities International

request the honor of your presence at a
cocktail reception
celebrating
U.S.-Mexico Sister Cities

Thursday, March 5, 1998
5:00pm - 6:30pm

Mexican Cultural Institute
2829 16th Street, NW
Washington, DC

RSVP no later than March 2 (703) 836-3535
Invitation is non-transferable and admits one

Sister Cities International
and
His Excellency Juan Hernández
Ambassador of Honduras to the United States

request your presence at a
reception
honoring the
1998 SCI Mid-Winter Meeting
and
U.S.-Honduras Sister Cities

Thursday, March 5, 1998
7:00pm - 9:00pm

Embassy of Honduras
3950 34th Street, NW
Washington, DC

RSVP no later than March 3 (703) 836-3535
Invitation is non-transferable and admits one

131 1903 Hall
Princeton University
Princeton, NJ 08544
phone/fax: (609) 258-7327

facsimile transmittal

To: Sandra Thurman Fax: 202-632-1096

From: Erica Seiguer Date: March 2, 1998

Re: appointment Pages: 1(incl. Cover)

CC:

☐ Urgent ☐ For Review ☐ Please Comment x Please Reply ☐ Please Recycle

Notes: Dear Ms. Thurman,

I am writing a thesis at Princeton University in the Department of Molecular Biology and the Woodrow Wilson School of Public and International Affair on HIV Vaccine Research and Development. My advisor, Dr. Arnold Levine, suggested that I talk with you about national AIDS policy. I will be in DC this Thursday and Friday (3/5 and 3/6) and would greatly appreciate the opportunity to speak with you. After Princeton, I will continue to be involved in this subject area as a Fellow at the Albert B. Sabin Vaccine Institute at Georgetown University.

Thank you.

Sincerely,

Erica Seiguer

06/27/1996 23:38

=== COVER PAGE ===

TO: _____

FAX: 912026321096310698 6

FROM: ERICA SEIGUER

FAX: 6092587327

TEL: 6092587327

COMMENT: ~~CONFIDENTIAL~~

DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: JAM DATE: 5/13/19
2018-0764-F

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Patricia Hickey to Sarah Helinsky re: Russia HIV/AIDS delegation [Personally Identifiable Information] [partial] (1 page)	03/16/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 3/98 [5]

2018-0764-F
jm2066

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]

PSI

1120 19th Street, N.W., Suite 600 • Washington, D.C. 20036 • USA
Telephone: (202) 785-0072 • Fax: (202) 785-0120 • E-Mail: generalinfo@psiwash.org

[001]

To: Sarah Helinsky
Via Fax: 202-632-1096
From: Patricia Hickey
Date: March 16, 1998
RE: Russia HIV/AIDS Delegation - Lunch at the White House with Sandy Thurman

Sarah:

There has been more changes on the list of participants: Donna Good, Vice-President will not be able to attend and willl be replaced by Alex. K. Brown, Executive Vice-President of PSI. SS# (b)(6) In addition, John Novak of USAID, SS# (b)(6) will also be attending.

The final list is as follows:

Dr. Gennady Grigorevich Onishchenko, First Deputy Minister, Ministry of Health, Russian Federation [passport No. (b)(6)

Dr. Aleksandr Antonivich Kraevskiy, Deputy Director, Institute of Molecular Biology and Chairman, Russian Academy of Sciences Council on AIDS [passport No. (b)(6)

Dr. Aleksandr Timofeevich Goliusov, Chief Specialist, Division of AIDS Prevention, Department of State Health-Epidemiology Surveillance, Ministry of Health, Russian Federation, [passport No. (b)(6)

Dr. Aleksandr Aleksandrovich Gavrilov, Director, Republican Center for Prevention of HIV/AIDS, Republic of Karelia [passport No. (b)(6)

Dr. Alekseу Philippovich Bobkov, Director, Laboratory of Scientific-Research Institute of Virology named for D. Ivanovsky [passport: (b)(6)

Tamara Sirbiladze, Project Management Specialist, Office of Environment and Health, USAID/Moscow [passport (b)(6)

Fiona Wilson, Country Representative, Population Services International/Russia [British Passport No. (b)(6)

Leonid Frolov, Interpreter (b)(6)

Carolyn Smith, Interpreter

Peter Clancy, Vice-President, PSI [(b)(6)

Alex. K. Brown, Executive Vice-President of PSI (b)(6)

John Novak of USAID, (b)(6)

I apologize for any inconvenience these last minute changes may cause you. I will call you later today to discuss the logistics for tomorrow.

Best regards,
Patricia Hickey

B.J. STILES
2311 Connecticut Avenue NW, #106
Washington, DC. 20008
202/328-3059

March 17th

Sandy -

Thanks so much for the time you made available last Thursday to meet with Ed Gotta, Andy Alves, and me regarding several next steps for The Names Project. We look forward to following through on all the matters we discussed.

And, yet again, you provided that special touch and probing insight in your remarks at the retirement party for me later in the day. You are a dear and treasured friend, and I look forward to many good times together in our lives "beyond the Beltway."

Cheers for now. Thanks for everything you've done over the years to encourage, alleviate, hand-hold, prod, and most-of-all, to be your wonderful.

Gratefully -

BJ

NACCHO

440 First Street, NW, Suite 450
Washington, DC 20001
(202) 783-5550 (202) 783-1583 (Fax)

National Association of County & City Health Officials

File (Book) names reporting

March 16, 1998

Sandra Thurman
Director
Office of National AIDS Policy
808 17th Street, NW, Ste. 820
Washington, DC 20006

Dear Ms. Thurman:

I am sending you a copy of the National Association of County and City Health Officials' (NACCHO) latest HIV resolutions, passed by the NACCHO Board of Directors on February 26, 1998. As you may recall, at NACCHO's HIV/AIDS Advisory Committee meeting on December 9, 1997, HIV resolutions were proposed on the topics of HIV reporting, the role of public health in the management of HIV in correctional facilities, and HIV and managed care. The final approved resolutions are enclosed for your information.

I would again like to thank you for participating in the first meeting of NACCHO's HIV/AIDS Advisory Committee. We look forward to continued opportunities to assist in the realization of your national HIV policy initiatives. Feel free to contact me at (203) 385-4090 if you would like to discuss the enclosed resolutions, or other ways that NACCHO can help to address HIV issues of national significance. You may also contact NACCHO staff members Grace Gorenflo and Michael Meit at (202) 783-5550 at any time.

Yours sincerely,

Elaine O'Keefe 1/13/4

Elaine O'Keefe
Chair, HIV/AIDS Advisory Committee

RESOLUTION ON HIV REPORTING

WHEREAS, AIDS surveillance and AIDS case reporting do not provide an accurate picture of the extent of the epidemic nor do they give a timely or complete indication of trends in the epidemic; and

WHEREAS, generating data which is more representative of the scope of the epidemic can help to improve the allocation of limited resources, target and evaluate prevention efforts, educate the public about the epidemic, and project where the epidemic is headed; and

WHEREAS, both name-based and non name-based surveillance systems, including some methods of unique identifier reporting and population-based sampling, have the potential to support our public health goals by providing adequate data; and,

WHEREAS, state and local health jurisdictions are most capable of determining and implementing a method of HIV surveillance that is most appropriate to meet their needs and the needs of the communities they serve; and

WHEREAS, the lack of any available anonymous HIV antibody testing may deter some individuals at high risk from seeking testing:

THEREFORE, BE IT RESOLVED that the National Association of County and City Health Officials (NACCHO) supports the development of HIV surveillance systems in order to achieve the public health goals of providing data to assist in the allocation of limited resources, support efforts to target and evaluate prevention efforts, educate the public about the epidemic, and project where the epidemic is headed; and

BE IT FURTHER RESOLVED that NACCHO supports the right of state and local health jurisdictions to determine the method of HIV surveillance to be implemented, based on what they find to be most appropriate to meet their needs and the needs of the communities they serve; and

BE IT FURTHER RESOLVED that NACCHO opposes a federal mandate which imposes a specific method of HIV surveillance on state and local health jurisdictions; and

BE IT FURTHER RESOLVED that NACCHO opposes the federal government determining funding allocations for state and local health jurisdictions based on the method of HIV surveillance chosen to be implemented by that public health jurisdiction; and

BE IT FURTHER RESOLVED that NACCHO supports a CDC evaluation of the benefits of HIV reporting, regardless of the method of collection used; and

BE IT FURTHER RESOLVED that NACCHO supports the strengthening of HIV confidentiality laws, particularly in jurisdictions which choose to implement name-based HIV surveillance, and that the use of information gathered through HIV reporting should be used only and exclusively to support the administration of health and prevention services; and

BE IF FURTHER RESOLVED that NACCHO supports the availability of anonymous HIV antibody testing sites as an option.

Resolution 98-3
Adopted by NACCHO Board of Directors
February 26, 1998

RESOLUTION REGARDING THE ROLE OF PUBLIC HEALTH IN THE MANAGEMENT OF HIV DISEASE IN CORRECTIONAL FACILITIES

WHEREAS, changes in the structure of sentencing laws and in the national approach to drug addiction has led to the exponential growth in the number of persons incarcerated in the United States; and

WHEREAS, it is estimated that by the year 2000 there will be more than 2,000,000 detained people housed in our nation's jails, prisons, and juvenile confinement facilities; and

WHEREAS, correctional populations represent perhaps the highest concentrations found anywhere in the United States of persons already infected with HIV and those at risk for infection through drug use and sexual contact; and

WHEREAS, at year-end 1994, the rate of confirmed AIDS in state and federal prisons was more than seven times higher than in the total U.S. population; and

WHEREAS, the rate of death because of AIDS is about three times higher in the prison population than in the total U.S. population age 15 to 54; and

WHEREAS, the majority of inmates detained are substance users and/or have a long history of substance abuse activity; and

WHEREAS, over one-half of all correctional systems are unable to provide figures for inmates released with HIV/AIDS; and

WHEREAS, the most litigated health related issue confronting the judicial system involves the prevention of the spread of HIV infection in prisons and the treatment of inmates who are HIV infected:

THEREFORE, BE IT RESOLVED that the National Association of County and City Health Officials (NACCHO) supports the following measures:

- Public health agencies should take the lead in developing and promulgating guidelines for prevention and treatment of HIV/AIDS, STDs, and TB in jails, prisons, and juvenile confinement facilities. Special attention should be given to the development of policies geared toward the health care needs of women

- HIV/AIDS education should be provided to all staff and inmates in jail, prisons, and juvenile confinement facilities. This education should include information on the modes of transmission, prevention, treatment, and disease progression. Education programs should include culturally appropriate and scientifically accurate health information with clear and easily understood explanations of the practices that reduce the risk of becoming infected or transmitting HIV

- All HIV-positive inmates and those with AIDS should receive counseling to help them adjust to their condition and to alert them to behavioral changes that may be required to prevent re-infection and/or contagion of others

- Correctional institutions should make available to inmates whatever appropriate harm reduction/protective devices necessary to reduce and/or prevent the risk of exposure and/or infection

- Prior to release, any inmate requiring continuing health care should be evaluated as to their post-release needs. An individual pre-release health care plan should be developed and an appropriate health care provider should be identified for on-going care

- Public health officials should support the premise that all jails, prisons, and juvenile confinement facilities should be accredited by a nationally accrediting body that has established standards for correctional health care and is broadly supported by nationally recognized health care and correctional agencies with proven expertise in the field in correctional health care. Accreditation will ensure that correctional settings will be honoring the Eighth Amendment's command providing the minimal safeguards needed to protect inmates from contracting HIV

- All HIV community planning bodies should be mandated to have correctional representation (both adult and juvenile) as active members to ensure that there is equity in the allocation of funding

- All jails, prisons, and juvenile confinement facilities should provide comprehensive substance abuse treatment programs that include therapeutic community treatment programs

- Medical parole, also known as early and compassionate release, should be provided for all inmates (except those who have committed first degree murder or who are under death sentences) with terminal illness.

References

Chicago Sun-Times, January 13, 1998

Maguire K and Pastore AL, eds. *Sourcebook of Criminal Justice Statistics* 1995. U.S. Department of Justice, Bureau of Justice Statistics. Washington, D.C.: USGPO, 1996

Ronald L. Braithwaite, Hammett, Theodore M. and Mayberry, Robert M. *Prisons and AIDS: A Public Health Challenge*, 1996

Peter M. Brien, Beck, Allen J. *HIV in Prisons 1994*, U.S. Department of Justice, Bureau of Justice Statistics Bulletin. Washington, D.C. 1996

Stevens, J., Zierler, S., Dean, D., Goodman, A.K., Chalfen, E., DeGroot, A.S. *Prevalence of Prior Sexual Abuse and HIV Risk-taking Behaviors in Incarcerated Women in Massachusetts*, J. Correctional Health Care, 1995

HIV/AIDS Education and Prevention Programs For Adults in Prisons and Jails and Juveniles in Confinement Facilities, Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, 1996

Theodore M. Hammett, *Research in Brief: Public Health/Corrections Collaboration: Prevention and Treatment of HIV/AIDS, STDs, and TB*, 1997

Resolution 98-4
Adopted by NACCHO Board of Directors
February 26, 1998

RESOLUTION REGARDING HIV AND MANAGED CARE

WHEREAS, morbidity and mortality attributed to infection with HIV has decreased in the United States; and

WHEREAS, the introduction of protease inhibitors and multi-drug therapy has contributed to the decreased morbidity and mortality attributed to infection with HIV; and

WHEREAS, early intervention and multi-drug therapy for secondary prevention of AIDS in HIV infected persons is emerging as the standard of care; and

WHEREAS, physician experience with the management of HIV disease is inversely related to morbidity and mortality in HIV infected persons receiving care from the physician; and

WHEREAS, managed care is emerging as a dominant health care financing and delivery system in the United States; and

WHEREAS, managed care organizations are responsible for providing quality care for their patients; and

WHEREAS, local health departments are responsible for assessing the health status of the communities they serve; and

WHEREAS, local health departments take the lead in developing local public health policy; and

WHEREAS, local health departments have taken responsibility to assure that health and human services are available and accessible in communities they serve; and

WHEREAS, local Ryan White Care Act Consortia and Planning Councils and HIV Prevention Community Planning bodies play a significant role in assessment, policy development, and funding of HIV- related programs:

THEREFORE, BE IT RESOLVED that the National Association of County & City Health Officials (NACCHO) strongly supports the following courses of action:

- Local health departments work with managed care organizations and all local HIV planning bodies on HIV-related issues in their jurisdictions

- Managed care organizations work with local health departments and local HIV planning bodies on HIV related issues to assure that the full spectrum of needs are addressed

- Managed care organizations consider contracting with local health departments as well as other non-traditional medical and social services providers for HIV services for enrollees,

- Managed care organizations ensure that HIV experienced physicians and other providers are included in their provider networks

- Managed care organizations assess the HIV interest and experience of physicians and other providers in their networks

- Managed care organizations assist HIV infected patients in accessing comprehensive services to include physicians and other providers knowledgeable and experienced in HIV care

- Managed care organizations provide opportunities for continuing staff education related to HIV

- Managed care organizations adopt HIV standards of care consistent with national standards and principles

- Managed care organizations maintain formularies open to all FDA-approved antiretrovirals and medications to prevent/treat opportunistic infections

- Managed care organizations adjust capitation rates fairly to providers who care for HIV infected patients and who follow recommended standards of care to compensate them for their experience and the increased time and resources necessary for the treatment of HIV infected patients

- Managed care organizations provide access or referral to the full spectrum of services requested or needed by persons infected with HIV.

References

CDC Update: Trends in AIDS Incidence, Death, and Prevalence – United States, 1996. MMWR 1997: 46: 165-173

CDC Update: Trends in AIDS Incidence – United States, 1996. Morbidity and Mortality Report 1997; 46: 861-867.

Carpenter, C. et al. Antiretroviral Therapy for HIV Infection in 1997: Updated Recommendations of the International AIDS Society – USA Panel. JAMA, June 25, 1997; 4b: 1962-1969.

Eron, JJ Current Data on Triple Drug Combination Therapy. Guidelines in Action: Applying the HHS Guidelines for the use of Antiretroviral Agents in HIV-Infected Adults and Adolescents; Brown University School of Medicine, 1997; 12-21.

Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents, U.S. Department of Health and Human Services, November 1997

Harris, J. et al. 1995. Prevention and Managed Care: Opportunities for managed care organizations, purchasers of health care and public health agencies. Morbidity and Mortality Weekly Report 44:1-12

Kitahata MM, Koepsell TD, Deyo RA, et al. Physician's experience with the acquired immunodeficiency syndrome as a factor in patients' survival. N Engl J Med 1996: 334: 701-706.

Meeting the Challenge: HRSA & Managed Care, Health Resources and Services Administration, U.S. Department of Health and Human Services, November 1997.

Wallen, E. Challenges of Treating AIDS Make Specialists Out of Many Generalists. Physician's Financial News, March 15, 1997; 5-8.

Resolution 98-5
Adopted by NACCHO Board of Directors
February 26, 1998

NACCHO

NATIONAL
ASSOCIATION OF
COUNTY & CITY
HEALTH OFFICIALS

440 FIRST STREET, N.W., SUITE 450
WASHINGTON, D.C. 20001

WASHINGTON
MAR 16'93
DC

U.S. POSTAGE
00.55
H METER 575397

Sandra Thurman
Director
Office of National AIDS Policy
808 17th Street, NW, Ste. 820
Washington, DC 20006

20006+3810

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

Julie Names reporting

March 16, 1998

The Honorable William Jefferson Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. President:

On behalf of the National Alliance of State and Territorial AIDS Directors, (NASTAD) we are writing to request your help in finalizing national policy on the reporting of HIV infection. NASTAD represents the nation's HIV/AIDS program administrators in charge of HIV prevention, care, and treatment programs funded by the federal government and the states. In October 1997, NASTAD adopted a position statement calling for all jurisdictions to consider implementing confidential HIV infection reporting by name. This statement is enclosed for your information.

Reporting of HIV by name is the only method of surveillance which can provide the high quality data on the HIV epidemic that are needed to monitor trends in new infections and to plan and evaluate prevention and health care programs. Information on unique identifier systems for HIV surveillance published in the MMWR (1998;46:1254-58, 1271) subsequent to our October 1997 position statement confirm that this alternative to named reporting is not adequate to provide the data that are needed for public health purposes.

NASTAD's position statement also recommends that each jurisdiction implementing HIV surveillance assess the security and confidentiality of AIDS and HIV surveillance data and review laws providing civil and criminal penalties for breeches. NASTAD believes that reporting by name should only be implemented with strong legal safeguards ensuring the maintenance of strict confidentiality.

To enable jurisdictions without HIV surveillance systems in place to move forward with implementation in a timely way, we specifically request that you urge the Department of Health and Human Services to publish as soon as possible the draft Reports and Recommendations on HIV reporting that has been developed by the Centers for Disease Control and Prevention (CDC) and which currently recommends HIV reporting by name as the "best practice" in HIV surveillance. We further respectfully request that you give strong support to the recommendations for HIV name reporting from NASTAD, the Council of State and Territorial Epidemiologists (CSTE), the Association of State and Territorial Health Officials (ASTHO) and other organizations representing public health professionals.

We believe that HIV name-reporting is the only effective way to conduct HIV surveillance. Please show leadership in this area by endorsing these recommendations.

Thank you for your consideration. We look forward to hearing from you regarding this issue and are happy to provide additional information if needed.

Sincerely,

Randall S. Pope
Chair

Julie M. Scofield
Executive Director

Enclosure

Cc: Sandra Thurman

NASTAD

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

NASTAD Statement on HIV Surveillance
Approved October 1997

NASTAD believes that HIV case surveillance is needed to address the increasing limitations of AIDS case surveillance and to inform decisions regarding prevention, care, and treatment programs.

NASTAD continues to support the prerogative of individual states to make decisions regarding reportable conditions and diseases based on their review of recommendations made by the Council of State and Territorial Epidemiologists (CSTE), discussions with their community planning group(s), and other local conditions, resources, and community considerations.

NASTAD recommends that each jurisdiction implement confidential HIV infection reporting by name from health care providers, laboratories, and other venues as appropriate based on methods that provide accurate and representative data from all persons confidentially diagnosed with HIV infection.

Each jurisdiction implementing HIV surveillance should assess the security and confidentiality of AIDS and HIV surveillance data and should carefully review its laws providing civil and criminal penalties for breeches. NASTAD believes that reporting by name should only be implemented with strong legal safeguards ensuring the maintenance of strict confidentiality of surveillance data that may identify an individual and calls upon jurisdictions lacking adequate legal protections to enact appropriate legislation.

CDC should provide increased funds and technical assistance to ensure the quality and efficiency of HIV surveillance systems and to facilitate the transition from monitoring AIDS cases to monitoring HIV infection.

NASTAD opposes federal mandates regarding HIV named reporting. We remain strongly opposed to any current or future federal legislative or executive attempts to impose federal mandates on states in this area.

NASTAD does not view confidential HIV infection reporting and continuation of anonymous HIV testing as incompatible. In jurisdictions where public health officials and community planning groups deem anonymous HIV testing to be an effective adjunct in the response to the epidemic and an opportunity for individuals to learn their HIV status who might not otherwise access testing

services, the continuation of anonymous testing is appropriate. It is important to have systems in place to ensure that persons testing positive in anonymous settings are referred for medical care and other supportive services.

NASTAD recognizes the importance of integrating partner notification activities into the full range of HIV medical and supportive services. However, HIV surveillance need not be linked directly to partner notification activities.

NASTAD calls on the federal government to begin a participatory process of reviewing the federal funding formulas currently utilizing AIDS case data and develop, in partnership with the states, alternative formula options.

March 6, 1998

Christopher Jennings
Special Assistant to the President for Health Policy
Office of Policy Development
The Old Executive Office Building
Room 212R
Washington, D.C. 20502

Dear Mr. Jennings:

We are writing on behalf of our organizations and several of our community-based AIDS service organization members regarding the actions of the Centers for Disease Control and Prevention in moving states to develop HIV surveillance systems. Because this issue is currently being vetted between the CDC and HHS, we respectfully request a meeting with you at your earliest possible convenience to take advantage of this small window of time. In light of the importance of this issue to the HIV/AIDS community, we hope the meeting would include representation from the office of the Secretary of Health and Human Services, the office of the Vice-President and the National AIDS Policy Office.

We are requesting this meeting after a series of formal and informal discussions with CDC officials during which we voiced our concerns about their approach to the development of an HIV surveillance system. Despite these discussions, CDC continues to advance a rigid one-size-fits all approach to HIV surveillance which threatens the integrity of state decision-making and is unresponsive to the call of a number of states for non-name-based models. Our organizations agree with the CDC that AIDS case surveillance no longer accurately captures trends in the epidemic, and that the adoption of HIV surveillance systems is one important component of an overall surveillance strategy for HIV/AIDS at this point in the epidemic. However, we take strong exception to the CDC's position that HIV name reporting is the best and only way to do effective surveillance. We also object to its heavy-handed tactics to pressure states to adopt name-based systems or be threatened with a loss of federal resources.

The CDC is rushing to issue a "best practices" document to states on HIV surveillance. The current iteration of this document explicitly advocates for a name-based surveillance system, and offers no support or financial resources for non-name based alternatives. This approach is not acceptable, and contradicts a national disease surveillance strategy that has historically honored the right of public health officials and affected communities in individual states to make their own surveillance choices.

We look forward to meeting with you and other key Administration officials to discuss ways to meet our mutual goals of enhancing the quality of our surveillance systems while preserving the right of a state's public health officials to choose their own HIV surveillance systems based on the needs of their communities and their best public health judgements.

Sincerely,

Daniel Zingale
Executive Director
AIDS Action Council

Elizabeth Birch
Executive Director
Human Rights Campaign Fund

Paul Kawata
Executive Director
National Minority AIDS Council

Michael Shriver
Deputy Executive Director for Policy
National Association of People with AIDS

MASSACHUSETTS
GENERAL HOSPITAL

Development and Public Affairs
MGH - M01410, 101 Merrimac Street
Boston, Massachusetts 02114-4719
E-mail. hurd.kenneth@mgh.harvard.edu
Tel: 617.724.0183, Fax: 617.726.7661

Kenneth M. Hurd
Senior Development Officer

March 27, 1998

I hope you will visit the AIDS Research Center when next in Boston!

Ms. Sandra L. Thurman
808 17th Street, NW, Ste. 820
Washington, DC 20006

Dear Ms. Thurman:

Knowing of your interest in and support of efforts to fight AIDS, I thought that you might be interested in the enclosed MGH publication, *Research Perspectives*. This premier issue features the work of Dr. Bruce Walker and his colleagues who have identified an immune response that is present in HIV-infected long term nonprogressors, that is not present in persons with chronic HIV. These findings provide significant insights for future treatment and vaccine development. There is a great deal of promising new research being done in the Partners AIDS Research Center at the Massachusetts General Hospital. The MGH is currently working to establish an immunotherapy program dedicated to furthering this pioneering work.

In addition to a number of new HIV clinical trials mentioned in this newsletter, Dr. David Scadden is conducting clinical trials of the first gene therapy approaches to treating AIDS. Dr. Scadden, a hematologist/oncologist, is exploring techniques originally developed as cancer treatments to combat HIV. Given the success of current therapies in fighting off opportunistic infections, opportunistic cancers have become the new leading cause of HIV-related deaths in the United States.

If you would like to learn more about the work being done at the AIDS Research Center, I invite you to visit our facilities and learn first hand of the extraordinary work being done by Drs. Walker and Scadden as well as their fellow investigators and clinicians. A meeting will be arranged, at your convenience, by calling me at (617) 724-0183. Thank you for your interest.

Sincerely,

Kenneth M. Hurd

PS: MGH has received a commitment of $1 million to begin the Immunotherapy Program mentioned above. However, we must raise an additional $1 million before we can begin this program in earnest. Any support you may be able to provide to this urgent effort would be most appreciated. Please contact me at the above number, if you would like to discuss making an investment in this work. Thank you once again.

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

March 16, 1998

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

Dear Secretary Shalala:

As the leading public health official in the country, it is your responsibility to exercise leadership on critical issues affecting the health of the nation. As the Presidential Advisory Council on HIV/AIDS, we urge you to demonstrate that leadership on the issue of needle exchange programs in our common fight against the transmission of HIV.

As you know, the statistics are compelling: injection drug use is directly responsible for half of all new HIV infections in this country annually, and indirectly responsible for the infection of thousands more people who are the sexual partners or children of infected users. HIV transmission related to needle sharing is, to a great extent, responsible for the frightening and disproportionate spread of HIV among African-Americans and Latinos, particularly women.

As you also know, the scientific evidence of the efficacy of needle exchange programs in preventing new infections is equally compelling, and there is no credible evidence that needle exchange programs lead to increased drug use.

We are, therefore, increasingly dismayed by your almost complete silence and continued inaction. This critical health issue demands your leadership, not only inside the government but also on a public level. Needle exchange programs have powerful and vocal opponents. As the nation's leading spokesperson on health you must ensure that science, not unsubstantiated fears, guides this administration's policies.

It is imperative that you state, publicly and unequivocally, what the scientific evidence demonstrates: needle exchange programs meet the two-pronged test laid out in the law. By issuing such a determination you will send an important message to the American people, and will help to change the terms of debate and discussion on this issue.

808 17th Street, N.W., Suite 820

Washington, DC 20006

It is equally imperative that you immediately engage the President on this matter by providing him with a full briefing on the scientific data and stressing the critical role needle exchange programs can play in reaching his stated goal of reducing the number of new HIV infections until there are none. We are hopeful that, presented with such compelling evidence and your strong advocacy, the President will immediately act in the interest of public health and bring federal policy into line with current scientific knowledge.

Lack of political will can no longer justify ignoring the science. Every day that goes by means more needless new infections and more human suffering. We call upon you to make an immediate determination and to allow the local use of federal funds for needle exchange programs as part of a comprehensive HIV prevention program. To do anything less would be an abdication of your responsibilities.

Sincerely yours,

R. Scott Hitt, M.D.
Chair

Presidential Advisory Council on HIV/AIDS Members:

R. Scott Hitt, Chair
Stephen N. Abel, D.D.S.
Terje Anderson
Regina Aragon, M.P.P.
Judith A. Billings, Esq.
Nicholas Bollman
Jerry Cade, M.D.
Rabbi Joseph Edelheit
Robert Fogel, Esq.
Debra Fraser-Howze, M.P.A.
Kathleen Gerus
Phyllis Greenberger, M.S.W.
Nilsa Gutierrez, M.D., M.P.H.
Bob Hattoy
B. Thomas Henderson, Esq.
Michael Isbell, Esq.
Ronald Johnson
Jeremy Landau
Alexandra Mary Levine, M.D.
Steve Lew
Helen M. Miramontes, M.S.N., R.N., F.A.A.N.
Rev. Altagracia Perez
Robert M. Rankin, M.D., M.P.H.
H. Alexander Robinson, Esq.
Debbie Runions
Sean Sasser
Benjamin Schatz, Esq.
Richard W. Stafford
Denise Stokes
Charles Quincy Troupe
Bruce G. Weniger, M.D., M.P.H.

Harvard AIDS Institute

25 March, 1998

Sandra Thurman
Director
Office of National AIDS Policy
808 17th Avenue NW, 8th Floor
Washington, D.C. 20006

Dear Sandy,

Enclosed I am sending you some information about an upcoming initiative the Harvard AIDS Institute is developing for May 4, 1998. As you may already know, in October of 1996 the Harvard AIDS Institute kicked off an African American AIDS leadership campaign, known as *Leading for Life*, with a summit meeting at Harvard. Over 100 African American leaders from all walks of life attended the meeting.

We are presently planning a similar campaign for the Latino community, *Unidos Para la Vida*, with a kick-off meeting to be held on Monday, May 4th. We expect to convene 60–75 key Latino leaders from business, government, education, religion, entertainment, athletics, etc.

Daniel Montoya, executive director of the Presidential Advisory Council on HIV/AIDS, who will be observing the meeting, mentioned that the Office of National AIDS Policy was planning a panel on AIDS in communities of color for the spring of 1998 as well.

While our *Unidos Para la Vida* campaign focuses on the Latino community I would be interested in learning about your spring panel. May I give you a call some time to discuss our Latino campaign and to learn about your panel on communities of color? You can also reach me at (617) 432-4400.

Meanwhile, I hope you are well and I look forward to speaking with you soon.

Sincerely,

Richard Marlink, M.D.

cc: Todd Summers
Deputy Director
Office of National AIDS Policy

enclosure

651 Huntington Avenue • Boston, Massachusetts 02115 USA • phone: 617-432-4400 • fax: 617-432-4545