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NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

Urgent

April 29, 1998

Vote NO on H.R. 3717

Dear Member of Congress:

The National Alliance of State and Territorial AIDS Directors, an alliance of the nation's state and territorial health department HIV/AIDS program managers, strongly urges a no vote on H.R. 3717, legislation which would strike a devastating blow to our nation's efforts to reduce the spread of HIV in vulnerable, underserved communities across the country.

Injection drug use continues to be a major source of new HIV infections in the United States. To address this serious public health problem, it is critical that public health officials and communities have the most effective prevention strategies and interventions possible for addressing the alarming spread of HIV, particularly in African-American and Latino communities. Needle exchange programs have proven time and time again to be an effective intervention – one that many state and local jurisdictions have chosen to include in their comprehensive programs to address HIV prevention among injection drug users.

By placing a permanent ban on the use of federal funds for needle exchange programs, H.R. 3717 poses a serious threat to our nation's ability to end the HIV epidemic.

NASTAD strongly urges the Congress to follow the science and advice of the nation's leading public health experts. Vote no on H.R. 3717. The lives of thousands of Americans are at stake.

Sincerely,

Julie M. Scofield
Executive Director

NASTAD
444 North Capitol Street, NW, Suite 339 Washington, DC 20001-1512 FAX 202-434-8092 PHONE 202-434-8090

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR SYLVIA MATHEWS AND BRUCE REED

From: Sandra L. Thurman
Director, Office of National AIDS Policy
(202) 632-1090

Cc: Elena Kagan
Chris Jennings

Date: April 29, 1998

Re: **Needle exchange debate and ONDCP**

Attached is a press statement released by the authors of legislation that makes permanent the ban on federal support for needle exchange programs. You will note that Barry McCaffrey is cited as a supporting source. Also attached is a letter from Mr. McCaffrey to me, and my response outlining some of the errors and distortions it includes.

I am concerend about the damage that is done when someone from this Administration so publicly contradicts established policy. It is certainly making it rather difficult to manage the issue. The publication today by *The Washington Times* of a "study" done by ONDCP staff of a needle exchange program in Vancouver is yet one more example of this kind of public bashing of our own decision.

Anything you can to do to insure that ONDCP's public statements are consistent with this Administration's policy (and are factually accurate) would be greatly appreciated!

THE WHITE HOUSE

WASHINGTON

April 28, 1998

Barry R. McCaffrey
Director
Office of National Drug Control Policy
Washington, DC 20503

Dear Mr. McCaffrey: Barry

Thank you for your letter of April 23, 1998 regarding needle exchange programs (NEPs). Unfortunately, its perpetuation of factual errors and statements that directly contradict scientific determinations just made by HHS is troubling. The President is not well served when policy positions are predicated on misinformation.

The letter refers to the "continuing controversy over the efficacy of NEPs." As you well know, the Secretary of Health and Human Services with the support of the President, resolved that issue only last Monday. The position of this Administration is that needle exchange programs reduce HIV transmissions without encouraging the use of illegal drugs. We have both committed publicly to following the science on this issue, and now that the scientific determination has been made, I believe we have an obligation to respect it. I have certainly defended the Administration's decision not to fund needle exchange, despite the fact that it wouldn't have been my choice.

Also included in the letter are statements relative to the spread of HIV in this country, and particularly among injection drug users, that are erroneous. Unfortunately, we do not know, as is stated, that the number of new HIV infections in the U.S. are declining. Similarly, it is said that, "injecting drug use was an exposure category for 15 percent of new HIV cases." Both errors come from the use of HIV infection data published by the Centers for Disease Control and Prevention but only available for the 29 states that collect such data. As we have explained in the past, these are almost entirely low-incidence and prevalence states and using their data to characterize the spread of HIV in our country as a whole is deceptive.

Finally, continued distortions of the implications of studies completed on needle exchange programs in Montreal and Vancouver are also of great concern to me. The scientists who directed these studies, in an op-ed published in the *New York Times* (see attached), directly refuted the misinterpretation of their studies that has been used to argue that NEPs are ineffective in reducing HIV transmissions. Not only have these distortions continued but the pretext of an objective review of those programs by ONDCP staff was done to substantiate those misinterpretations.

If there is a misunderstanding about the facts that you and I have discussed at length in person, or the discussions between our staff, I am more than willing to work to clarify them. Our work together can only be effective when we adhere to our commitments to follow the science and stick to the facts.

I appreciate and admire your passionate dedication to reducing the use of drugs in this country and look forward to continuing to work with you to address the both the AIDS and drug epidemics.

Sincerely yours,

Sandra L. Thurman
Director
Office of National AIDS Policy

P. Scott Hitt, M.D.
Diplomate, American Board of Internal Medicine

Pacific Oaks Medical Group
151 N. Robertson Boulevard, Suite 300
Beverly Hills, CA 90211
Phone 310.652.2562 Fax 310.652.2843

April 15, 1998

Erskin Bowles
Chief of Staff
Office of the President
The White House

SENT VIA FAX

Dear Erskin:

As the ten-day time frame for Administration action on needle exchange approaches, I want to reiterate the Presidential Advisory Council on HIV/AIDS' call for an immediate determination on the efficacy of needle exchange, as well as our strong desire that federal funds be made available to local communities without further delay.

Reports that the Administration is considering delaying the availability of funds in order to mitigate any perceived political costs of acting responsibly on this issue are deeply concerning to the Council. Prior to March 31, when the Congressionally imposed moratorium legally prevented Secretary Shalala from releasing federal funds, the Council and other AIDS advocates supported a two-step strategy. As you know, Secretary Shalala is no longer operating under such legal restraints. As such, certifying that needle exchange programs work, then failing to make federal funds available for such purposes, would raise serious ethical concerns. If the Administration is serious about following the science with respect to this very critical public heath problem--which we hope it is--then it should be equally committed to making sure that federal resources contribute to the solution.

I look forward to hearing from you prior to Monday, April 20th. For you information, in a conference call earlier today, Council members reiterated their intention that, absent action by the Secretary between now and then, the vote on the pending resolution will take place, as scheduled. We continue to remain hopeful that the President and the Secretary will do the right thing and that this public action can be avoided.

Thank you for your attention to this matter.

Sincerely,

R. Scott Hitt, M.D.
Chair
Presidential Advisory Council on HIV/AIDS

RSH/tl

cc: Donna Shalala, Secretary of Health and Human Services
Sandra Thurman, Director, Office of National AIDS Policy

the National Association of People with AIDS

1413 K Street, NW
Washington, DC
20005-3405
(202) 898-0414
fax (202) 898-0435
NAPWA fax
(202) 789-2222

April 12, 1998

The Honorable Erskine Bowles
Asssistant to the President and
Chief of Staff
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. Bowles:

I am writing in follow-up to a conversation between us on World AIDS Day in 1994 when you were Administrator of the Small Business Administration. I want to again thank you for inviting me as a speaker at that event and for your ongoing support of people living with HIV and AIDS. In our conversation during the ceremony, you pledged to do all within your power to help end the AIDS epidemic in the United States. I hope that you will now honor your word and advise the president to immediately support funding for needle exchange as an effective intervention to help curtail thousands of this nation's HIV infections and the deaths of Americans resulting from use of tainted syringes.

As you know, the Secretary of Health and Human Services has been authorized by Congress to review the scientific data and, if appropriate, certify the effectiveness of needle exchange in reducing HIV transmission while not contributing to increased drug use. The Secretary has also been instructed to devise guidelines on the use of federal funds if the programs are proven effective. It is my understanding that the Secretary has completed her review of the scientific data and sent a favorable recommendation to The White House for clearance.

Several scientific reports, including a consensus conference of leading experts convened by the National Institutes of Health support the Secretary's position that needle exchange offers a sound method for reducing HIV transmissions and other diseases among addicts, while not increasing drug use in the general population. Every major national organization responding to the AIDS epidemic has also issued support for needle exchange as an intervention to help stop the spread of HIV, including the American Medical Association, AIDS Action Council, U.S. Conference of Mayors, National Minority AIDS Council, American Bar Association, American Foundation for AIDS Research and the National Council of Negro Women.

According to the Centers for Disease Control and Prevention (CDC), 1 in 3 AIDS cases in the United States is related to injection drug use. AIDS is the leading cause of death in African-Americans 25 to 44 years old, and over 60% of all new HIV infections nationally are occurring in black and Latino communities. If the president is serious about bridging the gap in health amongst racial minority populations in this country, allowing the use of needle exchange to prevent HIV infections and increasing access to substance abuse treatment programs must be priorities.

Sincerely yours,

A. Cornelius Baker
Executive Director

copy to The President

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR BRUCE REED

From: Sandra L. Thurman
Director, Office of National AIDS Policy
(202) 632-1090

Date: April 14, 1998

Re: **Needle exchange**

Attached please find an outline of the compromise that we discussed this morning. In addition, there is a chart showing the narrowing of scope of eligibility. We have discussed the criteria on this chart with Kevin; the Secretary has also reviewed it and had only minimal comments. She believes, as do we, that we should be focusing on narrowing the scope of eligibility for FY98 funds because by FY99, we'll know where we stand with Congress.

Please call or page me if you need anything else. I am available!

Needle Exchange Compromise

NO SAMSHA MONEY FOR NEEDLE EXCHANGE

The AIDS community seeks access to both CDC and SAMSHA funding for needle exchange. Congress has provided a process for accessing both of these funding sources for needle exchange if the appropriate scientific criteria are met. **Part of an Administration compromise should be to propose a flat ban on the use of SAMSHA funding for needle exchange. This would send a strong message that the Administration believes that drug treatment money should NOT be diverted for needle exchange.** ***This compromise takes approximately 90% of the potential funding for needle exchange off the table.***

-- FY97 CDC HIV prevention funding= $240 million

-- FY97 SAMSHA funding= $2.2 billion

NO NEW FUNDING FOR NEEDLE EXCHANGE

Given that most Administration announcements are coupled with new money or promises of new money, it is important to make clear that nothing in this announcement creates a national needle exchange program or provides any new resources for this purpose. The funding issue is all about local control and the ability of local communities to employ this strategy -- if they see fit.

ONLY STATES OR LOCALITIES THAT MEET THE CONGRESSIONALLY DELINEATED CRITERIA COULD PARTICIPATE IN THIS DEMONSTRATION.

--Congress laid out 6 criteria that states and localities must meet in order to use federal funds for needle exchange, including links to drug treatment and participation in ongoing HHS monitoring and evaluation. Each of these criteria narrow the pool of potential participants to those willing to operate "responsible" programs.

-- In addition, the Administration could further narrow the scope by limiting funding to those programs which operate "consistent with state or local legal requirements or waivers to those requirements". This was suggested in the HHS memo to the President to ensure that no federal funds would be used in violation of state paraphenalia laws. According to a CDC study, this would limit potential funding to approximately half of the currently operating programs **(from 110-120 programs to 50-60).** ***See attached chart***

-- Finally, **it is worth noting that only 6 cities** (SF, LA, NY, Chicago, Houston, and Philadelphia) **receive direct funding from the CDC for HIV prevention**. All other funds go to state health departments. Therefore, in the vast majority of cases, no funds could be used for needle exchange unless that chief state health official deemed it to be appropriate.

THE POTENTIAL POOL OF PLACES THAT IMPLEMENT NEEDLE EXCHANGE PROGRAMS COULD BE FURTHER NARROWED FOR FY98 BY LIMITING PARTICIPATION TO THOSE AREAS WITH A SERIOUS IV DRUG RELATED HIV PROBLEM.

It is difficult to say that these programs save lives and then limit the ability of communities to responsibly implement them. However, it does make sense to limit initial participation to those areas that demonstrate a serious IV drug related problem. Therefore, eligibility for reprogramming of FY98 funding could be restricted to those areas with 25% of AIDS cases directly or indirectly related to injection drug use. We are proposing no such restriction on FY99 funds.

CRITERIA	ESTIMATE OF ELIGIBLE PROGRAMS
Currently Operating Needle Exchange Programs	110-120 programs
Articulated by Congress 1. A program for preventing HIV transmission is operating in the community; 2. The State or local health office has determined that an exchange project is likely to be an effective component of such a prevention program; 3. The exchange project provides referrals for treatment of drug abuse and for other appropriate health and social services; 4. Such project provides information on reducing the risk of transmission of HIV; 5. The project complies with established standards for the disposal of hazardous medical waste; and 6. The State or local health officer agrees that, as needs are identified by the Secretary, the officer will collaborate with federally supported programs of research and evaluation that relate to exchange projects.	90-100 programs *NB: Only six cities receive HIV prevention funding directly; the remainder would have to go through State authorities for approval*
Added by Secretary 7. programs must comply with State and local legal requirements or waivers	50-60 programs
8. States or localities requesting reprogramming of FY98 funds must be those most severely impacted by injection drug-related AIDS in families and children (over 25% of most recent total AIDS cases related to injection drug use)	10-15 programs *(estimated number of States or localities that are likely to complete a reprogramming process during FY98)*

April 7, 1998

Secretary Donna Shalala
Department of Health and Human Services
200 Independence Ave., SW
Room 615-F
Washington, DC 20201

RE: Public health determination and needle exchange programs

Dear Secretary Shalala:

As HIV/AIDS service and prevention agencies in Washington State, we have witnessed first-hand the positive impact of needle exchange programs in the fight against HIV/AIDS. The precedent-setting needle exchange programs implemented in our state have played an integral role in our efforts to combat HIV. In fact, they are credited with keeping the HIV infection rate among injection drug users low throughout the Pacific Northwest. In light of the success of needle exchange programs in Washington State, we believe that other states and communities should have the opportunity to experience similar benefits. **As our nations top health officer, we call upon you to take immediate action to lift the ban on federal funding for local needle exchange programs.**

Nearly half of all new HIV infections are attributed to injection drug use. Injection drug use has also led to thousands of new infections among the sexual partners and children of infected users. The twin epidemics of substance abuse and HIV have had a disproportionate impact on communities of color and women. According to the Centers for Disease Control and Prevention, a high percentage of all reported AIDS cases among African Americans (44%), Latinos (44%), and women (61%) are related to injection drug use.

Madame Secretary, you have the ability to prevent needless new infections and to save lives. By publicly supporting needle exchange programs, you will send an important message to the American people and will help shift the debate on this issue to one based on science, rather than political rhetoric. The facts regarding needle exchange programs are clear:

1. **Needle exchange prevents the spread of HIV and does not promote drug use.** Six federally funded reports, most significantly by the National Institutes of Health, found that needle exchanges are an effective weapon against HIV, do not contribute to drug use, and are an important tool to help addicts seek treatment.

2. **Needle exchange saves lives and resources.** Cities that started needle exchange programs early in the AIDS epidemic have much lower infection rates among injection drug users than cities that waited to begin them. The average lifetime cost of medical care for an individual living with HIV/AIDS is $119,000, whereas a clean needle costs less than 20 cents.

3. **Public opinion supports needle exchange.** A recent national poll found that 71% of Americans support needle exchange programs as an HIV prevention effort.

Despite the overwhelming evidence and support for needle exchange programs, the Administration has failed to take action. Last month, the President's Advisory Council on HIV/AIDS (PACHA) issued as stern vote of "no confidence" in the Administration's commitment and willingness to achieve the President's stated goal of "reducing the number of new infections annually until there are no new infections." PACHA cited first and foremost the Administration's silence and inaction regarding needle exchange programs. We applaud PACHA for its honesty and urge you to heed its message: lift the ban on federal funding for local needle exchange programs.

In order to end the AIDS epidemic, we must all work together. The on-going partnership between public health officials and community-based organizations to provide needle exchange programs has made Washington State an international role model. The Federal Government's slow response to match this spirit of cooperation is inexcusable. We urge you to act now in order to give communities across the nation one more weapon in the fight against AIDS.

Sincerely,

Terry M. Stone
Northwest AIDS Foundation

Kerri L. Mallams
Positive Women's Network

Angela Powell
Women and AIDS Taskforce

Susan Sjoberg
Spokane County Health District

Frank Busichio
AIDS Project Snohomish County

Anne Stuyvesant
Spokane AIDS Network

Dave Purchase
Point Defiance AIDS Project

Bill Lake
Positive Voice Seattle

Barbara Santangelo, Nancy Behee & Julie Quist
Care Bearers

Victoria Wagner
YouthCare

Lupe Lopez
People of Color Against AIDS Network

Jeannie Darneille & Brian Myatt
Pierce County AIDS Foundation

Jerry Hebert
Kitsap County Coalition

Kevin Corbin
United Communities AIDS Network

Jonathan Hoskins
Evergreen AIDS Foundation

Cheri Speelman and Art Israel
Snohomish County Clean Needle Exchange Program

Richard Gunderson
Stonewall Recovery Services

Neil Johnsen
LifeForce, Vancouver

Muril Demory
Blue Mountain Heart to Heart

David Clay
Gay City Health Project

Kris Nyrop
Street Outreach Services

Dr. Alonzo Plough
Seattle / King County District of Public Health

Sheryl DiPietro & Perla Benitez
Yakima Health District

Debra Nelson, RN, BSN
New Hope Clinic

Dan Dawson
Seattle Treatment Education Project

Jim Musslewhite
PositiveVoice Washington

Kay Koontz
SW Washington Health District

Nancy Hall
Pierce County Health District

Sharon Rae
Jefferson AIDS Services

Dan Dawson
Seattle Gay Clinic

Susan Stoltenberg
Cascade AIDS Project
Evergreen AIDS Response

cc: Sandra Thurman, Director - Office of National AIDS Policy

April 7, 1998

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Department of Health and Human Services
200 Independence Ave., SW
Room 615-F
Washington, DC 20201

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SW Washington Health District

Nancy Hall
Pierce County Health District

Sharon Rae
Jefferson AIDS Services

Dan Dawson
Seattle Gay Clinic

Susan Stoltenberg
Cascade AIDS Project
Evergreen AIDS Response

cc: Sandra Thurman, Director - Office of National AIDS Policy

EXPORT-IMPORT BANK
OF THE UNITED STATES

April 9, 1998

Ms. Sandra L. Thurman
Director, Office of National AIDS Policy
White House Office of National AIDS Policy
808 17th Street, NW, Room 820
Washington, DC 20006

Re: Presidential Directive Issued December 29, 1997

Dear Ms. Thurman:

This is a follow-up to my letter dated February 5, 1998 (a copy of which is attached). To assure that Ex-Im Bank's planned procedures are in compliance with the above-referenced Directive, my staff contacted Mr. Glen Harelson. Mr. Harelson reinforced the importance of openly communicating with our student interns and STEP employees on the prevention of HIV/AIDS.

We agreed that, with the limited number of three Ex-Im Bank employees between ages 13 and 21, the most practical way to educate them on HIV/AIDS prevention is to personally distribute informational booklets to them. We will also inform them of the additional services available at our on-site health clinic.

If you have any questions or concerns regarding the approach described above, please contact Ms. Cynthia Wilson, Director of Training, on (202) 565-3591.

Sincerely,

Dolores dlT. Bartning
Group Vice President
Resource Management

Attachment

EXPORT-IMPORT BANK
OF THE UNITED STATES

February 5, 1998

Sandra L. Thurman
Director, Office of National AIDS Policy
White House Office of National AIDS Policy
808 17th Street, N.W., Room 820
Washington, D.C. 20006

Dear Ms. Thurman:

This is submitted in response to the Presidential Directive issued on December 29, 1997 regarding HIV prevention and services for young people participating in federally-funded programs. The Export-Import Bank of the United States, whose mission is to create jobs by financing the overseas sales of U.S. goods and services, presently has approximately 405 employees. As a result, we do not have any major programs that serve young people between the ages of 13 to 21. We do, however, participate in the Student Temporary Employment Program (STEP) and currently we have three STEP employees that are under the age of 22. We do not anticipate the STEP program numbers to change dramatically for FY 1998. The STEP program administrator is Mr. Dennis Heins, Director of Personnel, and can be reached at (202) 565-3300.

The Bank has a health clinic located in our building which provides the following HIV informational booklets: *About Protecting Yourself from HIV* and *What Everyone Should Know about AIDS.* The students are aware of the location of the health clinic and that this information is readily available to them.

Should there be any questions regarding this correspondence, the point of contact is Ms. Cynthia Wilson, Director of Training, who can be reached at (202) 565-3591.

Sincerely,

Dolores dlT. Bartning

Dolores dlT. Bartning
Group Vice President
Resource Management

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR BRUCE REED

FROM: Sandra L. Thurman
Director, Office of National AIDS Policy
(202)456-2437

Date: April 15, 1998

Re: Needle Exchange

Attached please find a one pager on the importance of needle exchange for women and children, and a proposed roll out strategy. If there is anything else I can do, please do not hestitate to call. Thanks for hanging in there!

THE IMPORTANT ROLE OF NEEDLE EXCHANGE IN SAVING THE LIVES OF CHILDREN AND FAMILIES

Background:

AZT has led to a 43% reduction in new cases of pediatric AIDS. The combination of needle exchange and appropriate medical services could help to bring this rate to zero. Needle exchange programs have been proven to reduce HIV transmission. This is particularly important for women and children. 61% of new HIV infection among women are related to IV drugs. 80% of new HIV infections in children are related to IV drugs.

Needle exchange programs provide an opportunity to help keep children from being born with HIV by reaching out to women of childbearing age and pregnant women, and linking them to essential services and support. Most of the most successful needle exchange programs have been developed in cities with large number of infection among women and children (i.e. NYC, Chicago, Los Angeles, and Philadelphia).

Suggested policy changes designed to target women, children, and families:

The Administration's needle exchange policy should ensure that programs make a special effort to reach out to women, children and families. This can be accomplished by:

-- requiring all funded programs to serve those most in need, determined by local demographics of the target population; this means that areas with high rates of HIV among women and children will be required to make services for this population a priority; this is the language used in Ryan White to make sure that children and families receive proper attention.

--all funded programs will already be required to provide referrals for drug treatment and other health and support services; language could be added to ensure that, where appropriate, services are taregeted to the needs of women and children; and

-- the ongoing research and evaluation of the overall needle exchange program could be required to include information regarding participation in needle exchange programs by women and their families, and the role of needle exchange in reducing HIV transmission among children.

* This approach would place an appropriate emphasis on putting children first (600 last year) without sending the message that the Administration is not concerned with others that became HIV infected (40,000-60,000 last year). In addition, we know that to serve children, we must reach out to their parents. This is especially true in this context given that the children we are trying to save are yet unborn.

Suggested roll-out strategy designed to highlight the importance of this strategy for women, children, and families:

The Administration's needle exchange announcement should include the participation of the President of the Academy of Pediatrics -- either live or through press release. The AAP strongly supports needle exchange because of its importance in reducing pediatric AIDS by caring for women of childbearing age and pregnant women.

Scientific Certification of the
Effectiveness of Needle Exchange Programs
Roll-Out Strategy

Overall Roll-Out Goals

- To maximize positive exposure for the Administration as the guardians of public health and sound science; and
- To minimize the risk of negative exposure through appropriate planning and management of the roll-out, and through the inclusion of a broad array of mainstream supporters.

Summary of Basic Components

- Press Event/s
  - -- Press briefing on the science
  - -- Press conference on the Secretary's certification
- Supplemental Press Strategy/ Community Coordination
  - -- Major National Media -- print and electronic
  - -- Major Local/Regional Media Markets
  - -- Specialty Press (medicine/health, gay, black constituencies)
  - -- Editorial Boards
- Congressional Outreach
- Timing

Press Events

Scientific Press Briefing:
This 30-45 minute briefing would be designed to present and highlight the the scientific evidence that has accumulated demonstrating that needle exchange programs reduce HIV transmission and do not encourage drug use. In addition, data demonstrating that needle exchange can be an effective bridge to treatment would also be presented.

Drs. Varmus, Leshner, Fauci, and Gayle could be present to show an impressive and united scientific front from HHS and to answer any scientific questions the press may have, including those related to the Montreal and Vancouver data. We might also include the authors of those studies.

The press would receive two handouts:

1. document summarizing the science and signed by all of the above described HHS docs. This has been completed and accompanied the Secretary's memo to the President.
2. an epidemiological profile showing the more than 50% and growing number of men, women, and children directly or indirectly HIV infected through IV drug use.

Press Conference:
This 30-45 minute press conference would be designed to highlight the broad based mainstream support for the Secretary in her certification of the scientific data on the effectiveness of needle

exchange. The photo is a "we are the world" shot with two or three recognizable individuals or organizations standing with her and speaking in support of her action. Following her statement and two or three other thematic statements, questions would be in order. Given that the scientific briefing would have preceded the press conference, questions would likely be limited to political realities.

Other possible speakers include:

American Medical Association or Academy of Pediatrics -- AMA could speak on behalf of the vast army of other medical and health organizations in support of needle exchange. Nancy Dickie is their new Board Chair and is an articulate Texas Republican with strong ties to Gov. Bush. In the alternative, Lonnie Bristow, their past Chair and emeritus, is African-American, and is now working closely with a new group called "Physician Leadership on Substance Abuse." Finally, Reed Tuckson, also African-American, is the AMA Vice President and former President of the March of Dimes. He is a pediatrician and could also talk about the relationship of IV drug use to pediatric AIDS (80% of cases).

Association of State and Territorial Health Officers -- ASHTO could speak on behalf of state and local health officials who are charged with the development and implementation of HIV prevention programs. It may to useful to have the Connecticut Health Officer represent ASHTO as a state with a Republican governor who funds a needle exchange program which is showing very promising results (New Haven). She could talk about the importance of states rights, local control, and needle exchange as part of a broadly supported comprehensive strategy that has saved lives in her state.

NAACP -- Kuwasi Mfume could speak for a range of organizations representing the African-American community including the NAACP, National Medical Association, National Urban League, National Black Police Association, and others to dispel the myth that the black community opposes this strategy. He could highlight the disproportionate impact of HIV on communities of color and an explain of why this action is consistent with, and an integral part of, the Administration's race initiative. Finally, as a former Member of the Congressional Black Caucus and the representative from Baltimore (which has a great needle exchange program), he has a few extras he can bring as well.

Former Administration Health Official -- It may be worth checking on an appearance by Lou Sullivan or Bill Roper. Throughout the Bush Administration, HHS often articulated the policy that when it came to HIV prevention, the federal government should neither force communities to take action they were not comfortable with or prevent them from taking action they thought was necessary to slow the spread of HIV. An appearance by either of these officials would provide significant cover with the Congress. Roper, former director of the CDC, is now Dean of the School of Public Health at the University of North Carolina. Collectively, the Schools of Public Health have passed a resolution in support of needle exchange. He could represent the group.

Other representatives could be present to show broad support for the Secretary's action. They would not be asked to speak but could be available as a resource to the Secretary (at her option) during the Q and A. These individuals and organizations might include:

-- National Black Mayors' Conference
-- US Conference of Mayors
-- American Bar Association
-- National Black Police Association: a member, Melvin Wearing, the Chief of Police for New Haven, is an extremely strong supporter of the needle exchange, and would probably be willing to attend. He has written to the Secretary asking her to move forward with this important action. He attended the White House Conference on 0-3 and sat on the panel with the President.
-- AIDS organizations: AIDS Action, HRC, NAPWA, AMFAR, NORA
-- Dr. Varmus (to show support on the science)
-- Sandy Thurman (to show support from the White House)

Note: If there was a desire to streamline this press event, the press briefing-conference could be consolidated by adding Dr. Varmus to the speaking line-up at the press conference. He could present the science and then be available for the Q & A. Further, if the desire was to simply make this announcement on paper, without an event, we could work with friends at the Post and the NYT, who have shown an active interest in this issue, to produce a positive story. This could be supplemented by a written statement from each of the organizations applauding the Administration for it's leadership.

Supplemental Press Strategy/Community Coordination

Major National Media: Beyond those in attendance at the press event, we would want to reach out to the national media to ensure that they have science and the Secretary's statement. In addition, our "friends" among the weekend "talking heads" should receive our information so that they can push the science during political round-table discussions. Finally, the Department will have to decide if spokes people.

Major Local/Regional Markets: To ensure positive stories in each of the major media markets, we would put together a list of health and AIDS point people on the ground in each of the markets who would be available to applaud the Administration's leadership and to help manage the story locally.

Specialty Press: Materials would be made available to the specialty press with a constituency interest in this issue including the gay press, the black community press, and the medical-health journals and newsletters. In each case, we would work with the appropriate constituency to ensure that materials from the Department were supplemented by press releases from the most relevant and influential organizations.

Editorial Boards: The Department should consider an editorial board mailing to the major papers. Again, we would talk with health and AIDS point people on the ground to follow up and to provide city specific epidemiological data and any information from needle exchange programs that are currently operating. It would certainly not hurt to have papers like the Philadelphia Inquirer and the Chicago Tribute do editorials in support of the Secretary's leadership and the soundness of this policy.

Congressional Outreach: To maximize positive relations with the Congress, the document summarizing the science and the Secretary"s certification should be delivered to Capitol Hill leaders with special attention given to Labor-HHS Appropriators and authorizers. A call to Porter and Specter from the Secretary or Rich Tarplin would also help. In addition, caucus chairs (Black, Hispanic, and Women's) and friendly Republicans who may be inclined to support the Secretary's action (Johnson, Foley, Gansky) should be brought into the loop before they hear it through the media. Briefings by Dr. Varmus, et. al. should be offered to all of the above. We will actively follow-up with our moderate Republicans to produce a "Dear Colleague" letter in favor of the Administration's action.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Substance Abuse and Mental
Health Services Administration
Rockville MD 20857

MAY 1 1 1999

The Honorable Sandra Thurman
Director
Office of National AIDS Policy
Executive Office of the President
808 17th Street, NW, Suite 820
Washington, D.C. 20006

Dear Ms. Thurman:

Thank you for your recent letter applauding LCDR Brad Austin for his invaluable contributions made during his detail to the Office of National AIDS Policy (ONAP). We too are proud that a SAMHSA agency representative provided valuable expertise on substance abuse treatment, mental health and HIV prevention. While we recognize the service LCDR Austin has provided to your office, he must resume his work with the Center for Substance Abuse Treatment, and we cannot support his attendance at this year's World AIDS Conference in Geneva, Switzerland.

In our commitment to continue to provide staff support to ONAP, we are pleased to have identified another individual, CDR Ilze L. Ruditis, LCSW, who will replace LCDR Austin. CDR Ruditis will be available to start this detail assignment on June 1 and will remain until September 30. A copy of CDR Ruditis' resume is enclosed for your review. We are confident that CDR Ruditis will be able to provide you with valuable professional support.

We look forward to continuing to work with you.

Sincerely yours,

Nelba Chavez, Ph. D.
Administrator

Enclosure

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. resume	re: Linda Ruditis [Personally Identifiable Information] [partial] (1 page)	04/00/1998	b(6)

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National AIDS Policy Office

OA/Box Number: 19406

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Correspondence - SLT - Incoming - 4/98 [1]

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RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

April, 1998

CDR ILZE LINDA RUDITIS, L.C.S.W.

CURRENT ADDRESS:
4621 Windsor Lane
Bethesda, Maryland 20814-3735
Day: (301) 443-3406 Evening: (301) 657-4568

PHS #: 49097
Social Security: (b)(6)
E-mail: iruditis@samhsa.gov

[001]

CAREER OBJECTIVES:

- Increase responsibility and expertise in management, supervision and policy development in mental health and health services programs. Develop role in providing consultation on primary care and mental health specialty issues.

CAREER PROGRESSION:

- Increased responsibility in management of mental health services programs and in providing technical assistance to State Mental Health Authorities in developing community based mental health service systems.

- Developed expertise in program management and supervision in culturally diverse mental health services program area providing care for an ethnic minority population.

- Advanced to program management role in mental health services specialty area fully utilizing background in clinical and administrative social work and mental health.

CURRENT POSITION:

SENIOR PROJECT OFFICER, State Planning and Systems Development Branch, Division of State and Community Systems Development, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, 5600 Fishers Lane, Rockville, MD
February 1995 - PRESENT

- Provide liaison to nine States' mental health authorities in the planning and implementation of community based mental health services as required for the expenditure of CMHS Performance Partnership Block Grant (CMHS Block Grant) funds. Responsible for providing technical assistance and consultation on all

aspects of mental health services delivery including planning, management, fiscal operations, data analysis, health services integration, quality assurance, and interpretation of program policies and regulations in an environment of rapid change to managed care in State systems.

- Monitor grants to assess States' progress toward comprehensive community mental health services and States' compliance with requirements of the CMHS Block Grant authorizing and appropriations legislation. Serve as contact for all inquiries from grantees and provide expertise on requirements. Facilitate linkages and strategies among projects, constituent groups and federal and State agencies for collaborative program development.

- Develop solutions for State mental health systems to correct program deficiencies and meet grant requirements, supporting the creation of unified health and social support delivery systems. Ensure progress of Branch projects. Monitor and ensure that project functional areas reflect a scope, quality, and quantity consistent with the policies, regulations, standards, and guidelines of HHS and nationally recognized professional organizations. Represent senior level officials in local, State, regional and national meetings. Serve as Acting Branch Chief, SPSDB.

Additionally:

Assumed leadership of national, consultative on-site monitoring activities for the CMHS Block Grant for FY 1998. Developed, coordinated and implemented a two-day orientation and training for 25 monitoring consultants, October, 1997. Developed and implemented monitoring initiative to reflect the needs of CMHS and state mental health authorities.

Developed and served as project officer on contract to provide technical assistance for human resources development in public and managed care/blended systems, for States and universities targeting unique public system issues, 1997-2000.

Developed project to provide for a multi disciplinary academy for mental health services planning and services delivery.

Provided collaborative leadership on cross-cutting initiatives for the Branch, such as the Inspector General's visits to States on outcome measurement, and the development of SAMHSA's action plan.

Provided support and guidance in developing a national, cross-systems feasibility pilot project to determine GPRA reporting requirements under the CMHS Block Grant.

Provided support role to Data/Planner Liaison Group, CMHS Block Grant developing special recommendations in planning for block grant application, review and reporting processes for FY 1999.

Represented SAMHSA in HRSA's 1997 Primary Care Fellowship training in primary are policy. Developed consumer involvement theme in managed care model for primary care, for fellowship presentation to Secretary Shalala. Provided targeted exposure for fellowship participants on SAMHSA and CMHS activities and programs.

Reviewed State Medicaid Waivers for comment to HCFA through SAMHSA Office of Managed Care. Reviewed State applications for the Children's Health Initiative.

Provided on-site support and planning and for CMHS National Partnership Meeting for State mental health planners and Mental Health Planning Councils, May 4-6, Richmond, Virginia.

Provided liaison and coordination on requests for records created under the former CMHS/Refugee Mental Health Branch.

PREVIOUS POSITIONS:

MENTAL HEALTH SPECIALTY CONSULTANT, Refugee Mental Health Branch, Center for Mental Health Services, SAMHSA, HHS
March, 1991 to February, 1995

- Directed, developed and implemented national program providing clinical mental health evaluations for culturally diverse population in federal detention. Managed and coordinated consultants to produce over 650 bicultural, bilingual evaluations responsive to DOJ needs. Represented PHS at higher level interagency meetings with the Immigration and Naturalization Service and Bureau of Prisons. Provided mental health specialty guidance on policy and services delivery within professional guidelines. Managed resources and program priorities effectively within changing programmatic context, with diminishing resources. Responsible for approximately $250,000 annual program budget. Provided line supervision and employee evaluations for support staff. Responsible for staff maintaining over 10,000 case files of clinical activity. Responsible for developing policies, plans and file organization for program close-out, and transfer of records to storage at the Federal Records Center. Represented PHS through the transition of program responsibilities to DOJ.

- Served as Project Officer on update, publication and dissemination of national Southeast Asian mental health services provider directory. Reviewed

applications for grants and contracts in mental health and substance abuse treatment and prevention projects.

- January - March, 1994 in addition to other duties served as project officer for psychosocial half-way houses for refugees in detention. Managed cooperative agreements and provided liaison, reporting, and specialty consultation for clinical and administrative issues.

SPECIAL ASSISTANT, Chief Professional Officer-Health Services Category, Office of the Surgeon General, PHS, HHS, Rockville, MD
February 1990-March 1991

Provided administrative support by coordinating activities, producing reports and implementing special projects for the Chief Health Services Officer.

- Provided issues identification and analysis. Served as liaison to Health Services Officers (HSOs), and provided liaison to personnel office and PHS support organizations such as Reserve Officers Association. Provided liaison to Social Work Discipline Committee. Provided guidance and counseling to officers and applicants regarding career and personnel issues. Coordinated special activities related to the HSO category and Professional Advisory Committee. Initiated structured program for HSO COSTEPs.

STAFF ASSISTANT, Division of National Health Service Corps, Federal Programs Branch, BHCDA, HRSA, PHS, HHS, Rockville, MD
October 1989-March 1991

- Provided administrative support to Branch Chief of program serving as focal point for PHS liaison for extramural federal programs, plus management of PHS Reserve Affairs and coordination of PHS readiness activities. Coordinated activities maintaining Branch Chief's availability and interfaced program activity with dual special assignment requirements for Chief HSO.

PSYCHIATRIC SOCIAL WORKER, ADULT PROGRAM AND COORDINATOR, WOMEN'S SEXUAL ABUSE THERAPY, Charter Hospital of Savannah, Savannah, GA
February 1988 - October 1989

- Provided clinical social work services in 125 bed psychiatric facility on four acuity levels, for adults and their family members. Modalities included psychosocial evaluation, group therapy and family therapy. Initiated and developed in-patient Women's Sexual Abuse Therapy program.

SOCIAL WORK CONSULTANT, PSYCHIATRIC ADULT, ADOLESCENT AND SUBSTANCE ABUSE PROGRAMS, Charter Hospital of Savannah, GA
October 1987-February 1988

- Provided clinical consultations and psychosocial evaluations for adult and adolescent psychiatric and substance programs.

CLINICAL SOCIAL WORKER, TRAUMA CENTER AND AMBULATORY INDIGENT CLINICS, Memorial Medical Center, Savannah, GA
December 1984 - February 1988

- Provided counseling, referral and follow-up services for adult and pediatric in-patient units and ambulatory care clinics in teaching hospital, including a culturally diverse population and individuals below the poverty level. Provided evaluation and intervention in acute medical and psychiatric emergencies in Georgia's Southeastern Area Regional Trauma Center. Served as member of psychiatric crisis team. Served as quality assurance representative.

SOCIAL SERVICES PROGRAM DEVELOPMENT AND CLINICAL SOCIAL WORKER, Healthcare (Home Health) Services, Brunswick, GA
July 1983-December 1984

- Family counseling and case management with physically and/or severely mentally ill and homebound patients. Coordinated community service projects and public relations activities. Developed and implemented community education program for Senior Citizen Multipurpose Centers. Provided teaching within community and agency. Trained and supervised masters level staff.

ACTIVE DUTY. Short Tour, Inactive Reserve Revitalization - Promotion Review Program, Commissioned Personnel Operations Division, OASH, HHS, Rockville, MD
October 1982 (two weeks)

- Provided administrative support in continuation of previous assignment in Inactive Reserve Revitalization, promotion program area.

MEDICAL SOCIAL WORKER AND NEPHROLOGY SERVICES COORDINATOR, University of Alabama Hospitals, Birmingham, AL
October 1980-July 1983

- Provided counseling and advocacy for patients on dialysis, and their families regarding adjustment to chronic and acute illness. Implemented and managed use of Patient Assistance Program for crisis needs. Developed use of local funds through the Alabama Kidney Foundation. Supervised bachelor level students. Formulated dialysis related resource manual for staff.

MENTAL HEALTH ASSOCIATE, Psychiatric Institute of Atlanta and Peachtree Parkwood Hospital, Atlanta, GA
July 1980-October, 1980

- Provided mental health support services to adult population in acute care psychiatric hospital.

ACTIVE DUTY. Short Tour, Inactive Reserve Revitalization, Commissioned Personnel Operations Division, OASH, HHS, Rockville, MD
March-April 1980

- Provided administrative support in continuation of Inactive Reserve Revitalization, promotion program area.

COSTEP AND COORDINATOR OF PROMOTION PROGRAM, Inactive Reserve Revitalization, Commissioned Personnel Operations Division, OASH, HHS, Rockville, MD
June 1979-December 1979

- Developed and implemented procedures for review and promotion of inactive reserve health professionals in all categories. Organized and assisted in board meetings processing promotions. Outlined and developed procedures for identifying credit to be considered for time in service for promotion. Accessed health officers through extensive telephone contact to identify and update experience and training records.

EDUCATION:

- 1980 Master of Social Work (M.S.W.), University of Georgia, Athens, GA (Health Care Specialty)

- 1974 Bachelor of Arts, University of Georgia, Athens, GA (Anthropology)
- 1970 Diploma, Druid Hills High School, Decatur, GA

SOCIAL WORK LICENSURE AND CERTIFICATION:

1988-present State of Georgia, License Number 000992
Licensed Clinical Social Worker (LCSW)
1984-present Academy of Certified Social Workers,(ACSW) of
National Academy of Social Workers (NASW)

COMMISSIONED CORPS HONOR AWARDS:

Commendation Medal - 1998
Unit Commendations - 1991, 1993, 1995, 1997
Achievement Medal - 1991
PHS Citation - 1979

HHS AWARDS AND OTHER:

Certificate - Recognition and Appreciation of Outstanding Leadership as Chair-Elect, Social Work Professional Advisory Group, October, 1996 - December, 1997
Certificate - Recognition for Health Services Professional Advisory Group: January, 1995 - December, 1997
Certificate - Public Health Service Primary Care Fellowship, March 16-22 and June 1-13, 1997
SAMHSA Team Work Award, November, 1995
Honor Student Commendation, HHS - 1991
American Kidney Fund Social Work Award - 1983
State of Georgia, Governor's Internship - 1979
University of Georgia, Graduate Assistant - 1978

PHS SUPPORT ACTIVITIES:

Professional Advisory Committee, Health Services Category, 1995-1997
Chair, Communications Committee, 1996-1997
Social Work Professional Advisory Group, Chair 1998, Chair-Elect - 1997
Member 1990-1993; 1995-1997; Recorder - 1990, 1991
Reserve Officers Association - Montgomery Chapter 11 - President, 1997-1998
provide quarterly newsletter, convene business meetings; coordinate annual chapter meeting; provide leadership for chapter initiatives; Department of

Maryland Executive Committee
Reserve Officers Association - Montgomery Chapter 11 - Secretary 1995-1996; 1996-1997
Reserve Officers Association, National Health Services Committee, 1989, 1990, 1998
Commissioned Officers Association of USPHS, l990-present
Associate Recruiter, 1989-present
Clearing Staging Unit/DMAT, Rockville, MD - February, l990-June, 1991

PROFESSIONAL MEMBERSHIPS:

National Association of Social Workers (NASW), 1980-present
Primary Care Fellowship Society, 1997, 1998
Reserve Officers Association, *Life Member*
Association of Military Surgeons of the U.S., 1989-1994; 1997-present
NASW, Georgia Southeast Unit, Program Chair, 1988-1989: and Unit Chair-Elect, 1989
The National Network for Social Work Managers, 1992-1994
Clinical Social Work Association of Savannah, Executive Committee, 1988-989
Mental Health Association of Glynn County, 1985-1987
Georgia Society of Hospital Social Workers, Georgia Hospital Association, 1984-1988
National Kidney Foundation, Washington, D.C.,1983
Medical Social Service Organization, Birmingham, AL, 1981-1982
Alabama Counsel of Nephrology Social Workers, Vice-President, 1981-1982

PUBLICATIONS:

"How a Family Member or Loved One Can Help in the Treatment Process", coauthor, Dale White, M.S.W., *The Charter Connection*, Charter of Savannah Hospital, February, 1989
"Role of the Nephrology Social Worker", University of Georgia, March, 1980

CONTINUING EDUCATION:

Chronic Illness in a Cost Cutting Environment, NIH Clinical Social Work Department, April 2, 1998
Basic Contracts, DHHS/PSC, March 2-6, 1998
Uniformed Services Social Work and Department of Navy (DON) Conference, Baltimore, MD, October, 1997
SAMHSA National Conference on Women, Phoenix, AZ, September 1997 (Moderator)
Fellow, 1997 Public Health Service Primary Care Fellowship, Washington, D.C., March 17-21, and June 2-13, 1997
Office of Public Health and Science, Performance Measurement, Bethesda, MD May, 1997

CMHS/Mental Health Systems Improvement Program, National Conference, May, 1997
Commissioned Officer Mentor Training, Bethesda, MD, March, 1997
National Alliance for Mental Illness, Leadership Conference, Arlington, VA, February, 1997
National Association of Mental Health Program Directors, Data Meeting, Alexandria, VA, February, 1997
Status of the Board Certified Social Work Diplomate, December, 1996
Uniformed Services Social Work Conference, Cleveland, Ohio, November, 1996
Violence in the City, Bethesda, MD, September, 1996
Commissioned Corps Readiness Force Training, USUHS, Bethesda, MD, August, 1996
Ethical Dilemmas: Today's Social Work Challenge, Baltimore, MD, March, 1996
Troubled Children/Families, Washington, D.C., January, 1996
First Annual Mood Disorders Conference, Washington, D.C., October, 1995
Ethics in the Changing Field of Healthcare, Bethesda, MD, September, 1995
The Public/Private Behavioral Healthcare Summit, McLean, VA, May 4-6, 1995
Minding the Body, Mending the Mind, Univ. of MD, College Park, MD, April, 1995
National Clinical Social Workers Conference of the National Federal of Societies for Clinical Social Work, May, 1994
Co-occurring Substance Abuse and Mental Disorders, SAMHSA Seminar, March, 1994
NASW, Meeting of the Profession, November 1993
Leadership Issues and Human Differences, Uniformed Services Social Work Conference, Orlando, FL, November, 1993
Media Training, HHS, September, 1993
Systems of Care for Children and Adolescents Experiencing Serious Emotional Disturbance, CMHS Workshop, August, 1993
National Association of Mental Health Centers, Annual Meeting, (CMHS display), 1993
NASW World Assembly, Washington, D.C., November, 1992
Uniformed Services Social Work Conference, Helping the Family in War and Peace, Washington, D.C., November, 1992
Department of the Navy Social Work Conference, Assessing Clients: The DSM-III, November, 1992
The Science of Refugee Mental Health: New Concepts and Methods, Harvard University, Cambridge, MA, October, 1992
Contracts for Electronic Records Systems, Privacy Act/Records Management Considerations, 1992
Freedom of Information Act Briefing, 1992
Strengthening Families through Technology Transfer, NASW Briefing, 1992
Commissioned Officers Association, Annual Meeting, 1991
Basic Project Officer, HHS, 1991
Statements of Work, HHS, 1991
Incest: Issues for the Diagnosis and Treatment of Child and Adult Survivors, St. Elizabeths Hospital, Commission on Mental Health Services, 1991

Family Therapy in a Time of Social Crisis, 13th Annual Family Therapy Network Symposium, 1990
Meeting the Needs of Black and Hispanic Populations, HRSA, 1990
Romania: Health Care After the Revolution, HRSA, 1990
Professional Ethics in Social Work Practice, Catholic University, 1990
Strengthening the Fragile Bond, 5th Annual Institute on Marriage Family Therapy, University of Georgia, Athens, GA, 1989
Communication in Clinical Practice, 1989
Healing the Child Within, U. S. Journal Training, Crystal City, VA, January, 1989
Therapeutic Techniques of Self Psychology for Clinical Professionals, Charter Hospital, Savannah, GA, March, 1989
Conference on Childhood and Well-Being of Families, 1988
Domestic Violence Seminar, 1988
The Uses of Humor in Clinical Settings, 1988
8th Annual Spring Conference, Georgia Association for Marriage and Family Therapy, Family of Origin Therapy, 1987
Psychomotor Systems Psychotherapy, 1986
Identification and Treatment of Eating Disorders, 1986
Family Therapy, Luciano L'Abate, 1984
Pathology for Health Administrators, University of Alabama in Birmingham, graduate course (3 credit hours), March-June, 1982
Irvin Yalom on Group Psychotherapy, University of Alabama Hospitals, 1981
Complete Management of the Long-Term Hemodialysis Patient, Emory University, 1979

Presentations:

"Mental Health Planning Councils: Consumers and Family Member Involvement in Planning for Services Delivery in States:", *CMHS Knowledge Development Workshop,* National Association of Social Workers, National Conference, Baltimore, MD, October 4, 1997
"Orientation/Training for Monitors - Partners in Change", CMHS Block Grant Monitoring Project, Rockville, MD, October 6-7, 1997

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10690	Willis	Forrester	4/15/98	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To

Notes

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

Council of State and Territorial Epidemiologists

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Willis R. Forrester, M.P.A.

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Rebecca A. Meriwether, M.D., M.P.H.
Louisiana, (1998)

C. Mack Sewell, Dr.P.H., M.S.
New Mexico, (1999)

James Jerome Gibson, M.D., M.P.H.
South Carolina, (2000)

Infectious Diseases Epidemiology:

Kristine L. MacDonald, M.D., M.P.H.
Minnesota, (1999)

Chronic Diseases Epidemiology:

Eugene J. Lengerich, V.M.D.
North Carolina, (1998)

Environmental Epidemiology:

Bruce T. Brackin, M.P.H.
Mississippi, (2000)

April 13, 1998

Sandra Thurman
Director, Office of National AIDS Policy
Executive Office of the President
736 Jackson Pl, NW
Washington, DC 20503

Dear Ms. Thurman:

Injection drug use continues to be a major source of HIV transmission in the United States. It is imperative that public health officials develop effective prevention strategies aimed at reducing the risk of transmission in this setting. Currently available data suggest that improving access to sterile syringes and needles may be an important strategy in curtailing the spread of the HIV epidemic.

As state-based epidemiologists, our primary focus is on disease surveillance and aspects of data collection. However, we recognize that surveillance programs serve the broader purpose of disease prevention and control. Therefore, at our annual meeting in June 1997, the Council of State and Territorial Epidemiologists (CSTE) passed a position statement supporting increased access to sterile syringes and needles among injecting drug users; a copy of that statement is attached. CSTE strongly supports state-based efforts to reduce barriers involving access to sterile syringes and needles. Furthermore, we believe that programs aimed at reducing barriers should also serve as opportunities to help drug users access treatment and rehabilitation programs. Syringe and needle access is an issue that may have important implications for the long-term prevention of death and disability caused by HIV in this country.

Sincerely,

Willis R. Forrester

Willis R. Forrester, M.P.A.
Executive Director

Enclosure

1997 CSTE ANNUAL MEETING

CSTE POSITION STATEMENT # ID-19

COMMITTEE: Infectious Disease

TITLE: Increasing Access to Sterile Syringes and Needles to Prevent Transmission of Blood-Borne Infections Associated with Injection Drug Use

ISSUE: For injection drug users (IDUs) who continue to inject, use of sterile syringes and needles is important for prevention of blood-borne infections including HIV. However, the medical and public health value of IDU access to sterile syringes and needles for prevention of blood-borne infection transmission is not widely recognized. Every state has laws or regulations that limit IDU access to sterile syringes and needles.

POSITION TO BE ADOPTED: CSTE recommends that state health departments work with agencies regulating physician and pharmacist practice, professional organizations of physicians and pharmacists, substance abuse treatment providers, and law enforcement agencies to:

- clarify the legitimate medical purpose of use of sterile syringes and needles by IDUs to prevent blood-borne infections;

- repeal prescription requirements for purchase of syringes and needles;

- remove syringes and needles from drug paraphernalia laws;

- remove pharmacy restrictions on sale of syringes and needles; and

- promote the development of community-based programs for safe disposal of used syringes and needles.

BACKGROUND AND JUSTIFICATION:

1) More than one-third of all AIDS cases, and as many as half of new HIV infections are directly or indirectly related to injection drug use.

2) Restrictions on access to sterile syringes and needles for IDUs and criminal penalties for possession of syringes and needles promote multi-person use of syringes and needles and drug injection equipment which allows transmission of HIV and other blood-borne infections.

3) The American Medical Association's *A Physician Guide to HIV Prevention* and the Prevention Services Task Force endorse the one-time use of sterile syringes and needles for HIV prevention among IDUs.

4) After a Connecticut partial repeal of prescription requirement and criminal penalties for syringe and needle possession in 1992, IDUs in that state shifted purchases of syringes and needles to pharmacies, decreased syringe and needle sharing, and most pharmacists reported selling syringes and needles without prescriptions.

COORDINATION WITH OTHER ORGANIZATIONS:

Agency for Response: Association of State and Territorial Health Officials (ASTHO)

Agency for Information: Centers for Disease Control and Prevention (CDC)

CONTACT:

Kristine (MacDonald) Moore, M.D., M.P.H.
Assistant State Epidemiologist
Minnesota Department of Health
717 Delaware Street, S.E.
P.O. Box 9441
Minneapolis, MN 55440-9441
(612) 623-5414 (tel)
krism@mdh-dpc.health.state.mn.us

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Action Completed	Action Date	Addressed To

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THE WHITE HOUSE

WASHINGTON

April 14, 1998

MEMORANDUM TO: WHITE HOUSE OFFICE STAFF
OFFICE OF THE VICE PRESIDENT STAFF

FROM: Charles F.C. Ruff
Counsel to the President

SUBJECT: Request for Responsive Records

We have received a subpoena requesting all records referring or relating to the following individuals, entities, or subject matters:

Portals real estate project
Franklin Haney
Franklin Haney Company
Building Finance Company of Tennessee
Republic Properties Corporation
Steve Griggs
John Wagster
Relocation or proposed relocation of the Federal Communications Commission

Pursuant to this request, please provide copies of all records, documents (whether in hard copy, computer, or any other form), or any other materials of any kind relating or referring in any way to any of these subjects **from November 1, 1994 to April 8, 1998**.

Every employee in the above-referenced offices is responsible for searching his or her own files and records to ensure a comprehensive search. Each office head or Assistant to the President must certify that his or her staff has done a complete and thorough search.

In addition, if you believe that files from your office that have been sent to the Office of Records Management may contain responsive information, please advise us so that we may ensure that all responsive documents have been located.

All materials must be provided to Michael X. Imbroscio, OEOB 488, by noon on Tuesday, April 21, 1998. If you anticipate any difficulty in meeting this deadline, please call Michael Imbroscio at 456-6243. (Employees traveling with the President to South America should commence their search promptly upon their return and provide any responsive materials by Tuesday, April 28, 1998.)

THURMAN, SANDRA L.
WHITE HOUSE OFFICE

DOMESTIC POLICY COUNCIL

736 JACKSON PL

THE UNITED STATES CONFERENCE OF MAYORS
1620 EYE STREET, NORTHWEST
WASHINGTON, D.C. 20006
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FAX (202) 293-2352

Copy to Tanya, Janet, Chuck, Mona (Also Sandy)

Office: (202) 293-7330 Fax: (202) 293-2352

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THE UNITED STATES CONFERENCE OF MAYORS

1620 EYE STREET, NORTHWEST
WASHINGTON, D.C. 20006
TELEPHONE (202) 293-7330
FAX (202) 293-2352
TDD (202) 293-9445
URL: www.usmayors.org/uscm

TO: The Mayor
FROM: J. Thomas Cochran
SUBJECT: **House to Consider Federal Needle Exchange Prohibition**
DATE: April 28, 1998

ACTION ALERT - HOUSE TO CONSIDER BILL ON APRIL 29

We have just been informed that House Rules Committee Chairman Gerald Solomon (NY) will bring to the House floor tomorrow, April 29, a bill designed to permanently prohibit the use of any funds made available under any Federal law to be, "expended, directly or indirectly, to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug."

As you know, the Administration recently decided that it would not provide funding for "needle exchanges," but acknowledged the value of such programs. The Solomon bill, which is going to be brought directly to the House floor -- bypassing committee -- would permanently impose this ban.

In addition, we have been informed that the Solomon language -- which again has not been debated in standard committee action -- could possibly be interpreted at a later date to limit the use of state or local funds for needle exchange programs.

The U.S. Conference of Mayors has adopted policy which supports the lifting of the prohibition against federal funding of needle exchange programs. The Solomon bill goes directly against that policy, and could have even broader consequences.

I have attached a copy of the bill, a copy of our policy adopted in June of 1997, and a letter from Detroit Mayor Dennis Archer on the issue of federal funding for needle exchanges.

I

105TH CONGRESS
2D SESSION

H. R. 3717

To prohibit the expenditure of Federal funds for the distribution of needles or syringes for the hypodermic injection of illegal drugs.

IN THE HOUSE OF REPRESENTATIVES

APRIL 23, 1998

Mr. SOLOMON (for himself, Mr. WICKER, Mr. HASTERT, Mr. BAKER of Georgia, and Mr. DELAY) introduced the following bill; which was referred to the Committee on Commerce

---

A BILL

To prohibit the expenditure of Federal funds for the distribution of needles or syringes for the hypodermic injection of illegal drugs.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PROHIBITION REGARDING ILLEGAL DRUGS AND DISTRIBUTION OF HYPODERMIC NEEDLES.

Part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) is amended by adding at the end the following section:

"PROHIBITION REGARDING ILLEGAL DRUGS AND DISTRIBUTION OF HYPODERMIC NEEDLES

"SEC. 247. Notwithstanding any other provision of law, none of the amounts made available under any Federal law for any fiscal year may be expended, directly or indirectly, to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug."

SEC. 2. CONFORMING AMENDMENT.

Section 506 of Public Law 105–78 is repealed.

C

Resolution Adopted at the 65th Annual Conference of Mayors
June 1997

Rationale for Needle Exchange Programs

WHEREAS, as of December 1996, 581,429 persons have been diagnosed with AIDS since 1982; and

WHEREAS, one in 250 people in the United States is infected with human immunodeficiency virus (HIV), and every year an additional 40,000-80,000 Americans become infected with the AIDS virus; and

WHEREAS, AIDS is the leading cause of death among men and women between the ages of 25 and 44; and

WHEREAS, intravenous drug use is responsible for the greatest number of new AIDS cases among the heterosexual population; and

WHEREAS, by 1996, among children under the age of 13 with AIDS, 53 percent were born to women who contracted HIV through injection drug use or sex with a spouse or partner who used injection drugs; and

WHEREAS, the FY 1997 Labor, Health and Human Services, Education and Related Agencies appropriations legislation prohibits the use of Federal funds to "carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug unless the Secretary of Health and Human Services determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs;" and

WHEREAS, six federally funded studies, conducted independently by the National Commission on AIDS in 1991, the General Accounting Office in 1993, the University of California in 1993, the Centers for Disease Control and Prevention in 1993, the National Academy of Sciences in 1995 and the Office of Technology Assessment in 1995 report that needle exchange programs reduce HIV transmission and do not increase drug use; and

WHEREAS, the NIH Consensus Panel reviewed studies on the effectiveness of needle exchange programs and concluded that needle exchange programs do not increase syringe injecting behavior among current drug users, do not increase the number of drug users, and do not increase the amount of discarded drug paraphernalia. In addition, the NIH stated that "legislative restriction on [needle exchange programs] must be lifted. Such legislation constitutes a major barrier to realizing the potential of a powerful approach and exposes millions of people to unnecessary risk;" and

WHEREAS, the average lifetime cost of care is $119,000 for one AIDS patient from diagnosis to death; and

WHEREAS, the average cost of a sterile syringe is less than 10 cents; and

WHEREAS, studies show reduction in risk behavior as high as 80 percent with estimates of a 30 percent or greater reduction of HIV among injecting drug users in needle exchange programs; and

WHEREAS, Secretary of Health and Human Services Donna Shalala, reported that "studies indicate that needle exchange programs can have an impact on bringing difficult to reach populations into systems of care that offer drug dependency services, mental health, medical and support services. These studies also indicate that needle exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infectious diseases in communities that choose to include them;" and

WHEREAS, needle exchange programs can offer a bridge to drug treatment, HIV prevention information and medical and support services to hard to reach populations who might not otherwise receive such services; and

WHEREAS, there are 113 needle exchange programs in 29 states, the District of Columbia and Puerto Rico; and

WHEREAS, The U.S. Conference of Mayors reports that "the clock is ticking in terms of stemming the spread of HIV among drug users and the subsequent spread to their sexual partners and unborn children" and "it may be time to shift discussion to how effective prevention strategies, such as syringe exchange, can be implemented at the local level...;" and

WHEREAS, the Federal ban on funding for needle exchange impedes states and local communities from implementing HIV prevention strategies that have been scientifically proven effective;

NOW, THEREFORE, BE IT RESOLVED, that the Secretary of the Department of Health and Human Services, in recognition of the overwhelming scientific evidence that needle exchange is effective in preventing the spread of HIV and does not increase the use of illegal drugs, exercise the waiver authority provided under the FY 1997 Labor, Health and Human Services, Education and Related Agencies appropriations legislation; and

BE IT FURTHER RESOLVED, that needle exchange is only one, vital component of a comprehensive HIV prevention program, including information, medical treatment, substance abuse treatment and a broad range of complementary social services necessary to prevent the spread of HIV; and

BE IT FURTHER RESOLVED, that state and local public health officials, consistent with the scientific and public health evidence supporting needle exchange as an effective HIV prevention tool, may utilize appropriate Federal resources for needle exchange programs, as a part of a community's comprehensive HIV prevention plan.

DENNIS W. ARCHER, MAYOR
CITY OF DETROIT
EXECUTIVE OFFICE

1126 CITY-COUNTY BUILDING
DETROIT, MICHIGAN 48226
PHONE 313-224-3400
FAX 313-224-4128

March 18, 1998

Honorable Donna Shalala
Department of Health and Human Services
200 Independence Avenue S.W., Rm. 615F
Washington, DC 20201

Dear Madam Secretary:

Injecting drug use is a critical factor in the incidence of HIV disease in Detroit as well as cities and states across the country. While traditional prevention interventions have proven successful in some sectors of the population, they have been limited in their impact on the hardest to reach and often forgotten populations. Given the serious health threat posed by HIV infections, an aggressive and multi-faceted public health approach is essential.

Scientific data indicates that needle exchange programs are effective in reducing HIV transmission and do not encourage the use of illegal drugs. Based on those findings, I am urging you to exercise the waiver authority, available to you under the Labor, Health and Human Services appropriation bill, which would allow for federal funding of needle exchange programs.

Since 1996, two needle exchange programs have been licensed to operate in the city of Detroit as part of a comprehensive harm reduction strategy. Establishment of these programs is due to broad-based community support and overwhelming scientific evidence that legal access to sterile injection equipment reduces the spread of HIV among active injection drug users, their sexual partners and the children born to them. However, these programs continue to struggle to secure sufficient funding to keep these services available.

Again, I encourage you to allow for the utilization of federal funds for needle exchange programs by exercising the waiver authority available to you beginning March 31, 1998. I look forward to continuing our partnership in the provision of comprehensive and proven effective HIV prevention programs.

Sincerely,

Dennis W. Archer
Mayor

DWA/ms

NFAN

NORTHEAST FLORIDA AIDS NETWORK

Todd
FYI

April 22, 1998

Sandra Thurman
Director
Office of National AIDS Policy
Executive Office of the President
808 17th Street N.W., Suite 820
Washington, DC 20006

Dear Ms. Thurman:

I would to take this opportunity to thank you for sending your Deputy Director, Mr. Todd Summers to speak at the Northeast Florida AIDS Network's Public Policy Forum. Though many were disappointed that you personally could not attend, they understood that your presence was needed in the Washington area in the continuing fight against AIDS.

Mr. Summers was well received by the community. His vast knowledge of National Policy issues being worked in the Capitol, coupled with his great sense of humor made our forum a hugh success.

Again, thank you for all your support and we hope to have you visit the Jacksonville area in the near future.

Sincerely,

Thanks Sandy!

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

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April 18, 1998

Ms. Sandy Thurman
Director, Office of AIDS Policy
808 17th Street NW Suite 820
Washington, DC 20006

Dear Sandy:

Thank you for making the AEN meeting last Thursday a very special occasion. It is my pleasure to formally thank you for your service to the gay and lesbian community and the citizens of Atlanta by your faithful devotion to the vision of saving our people from HIV infections and serving those who have been infected.

I would like to recount the many lives that have been positively affected by your work but that will take a book. While you and I may have engaged in healthy discussion about methods, I have always respected your dedicated work. I know the toll that your dedication can take on a person's personal life and we are grateful for your sacrifice.

It has been exceptionally rewarding to me to know you, to have experienced the leadership qualities that you exemplify and the contribution you have made by setting a high standard for the community. I am impressed with the potential you have to provide strong leadership for the nation and my prayers will be with you.

I remain thankful, as do thousands of Atlantans, for your service,

With Warm Personal Regards,

Allen O. Jones
Past President
The Atlanta Executive Network
1992-1997

OFFICE OF THE MAYOR
SAN FRANCISCO

WILLIE LEWIS BROWN, JR.
DICK PABICH
ADVISOR TO THE MAYOR
ON AIDS AND HIV POLICY

April 28, 1998

MAYOR WILLIE L. BROWN, JR.

DICK PABICH
ADVISOR TO THE MAYOR
ON HIV AND AIDS POLICY

(415) 554-5967
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401 VAN NESS AVENUE
ROOM 416
SAN FRANCISCO, CA 94102

Ms. Sandy Thurman
Office of National AIDS Policy
808 17th Street, N.W., 8th Floor
Washington, D.C. 20006

Dear Ms. Thurman:

It was a pleasure meeting you at the AIDS Update Conference here in San Francisco last month. I'm sorry that weren't able to talk at length.

As you may know, Mayor Brown recently appointed me his AIDS Policy Advisor following the successful AIDS Summit that I produced (he prefers to call me his "czar", to my great annoyance, which I'm sure you understand). I have felt since starting the job that it would be very useful to be in touch with people in similar positions in other cities, as well as your office. Most of the policy issues that I deal with -- and probably you do as well -- are undoubtedly being tackled by other people around the country. I'm sure we could benefit from sharing each other's experiences and points of view.

So, I thought you might want to consider convening such a group for occasional meetings, or at least linking us up through an e-mail list or similar mechanism. I'd be happy to work with you to set up some process. Please let me know what you think of this idea.

I look forward to working with you and hope that we can talk when you are next in San Francisco or I get to Washington.

By the way, congratulations on the excellent profile by the Washington Post, which was reprinted in our Sunday paper here, and my sympathy for what you must have gone through regarding needle exchange. Alas, the life of us "czars" isn't what it used to be.

Best wishes,

Dick Pabich