

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 19406

FolderID:

Folder Title:

Correspondence - SLT - Incoming - 6/98 [Folder 1][1]

Stack:

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66

Section:

6

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7

Position:

1

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	Researcher to Sandra Thurman re: Cure for viruses (Personal) [partial] (1 page)	06/04/1998	b(6)
001b. envelope	re: Researcher to Sandra Thurman (Personal) (1 page)	06/05/1999	b(6)
002a. form	re: Data entry form (Personal) (1 page)	06/03/1998	b(6)
002b. letter	Researcher to Sandra Thurman re: Cure for viruses (Personal) [partial] (1 page)	05/28/1998	b(6)
002c. envelope	re: Researcher to Sandra Thurman (Personal) (1 page)	05/29/1998	b(6)
003. note	re: Appleseed Enterprises (Personal) [partial] (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:

Correspondence - SLT - Incoming - 6/98 [Folder 1] [1]

2018-0764-F

jm2071

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]

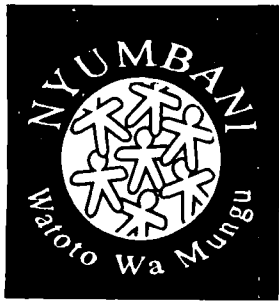
C. Closed in accordance with restrictions contained in donor's deed of gift.

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



NYUMBANI Orphanage

c/o Rev. William L. George, S.J.
Georgetown University
302 Healy Hall
Washington, D.C. 20057
(202) 955-1360

Rev. Angelo D'Agostino, S.J., M.D.
Founder and Medical Director
P.O. Box 21399
Nairobi Kenya AFRICA
E-Mail: nyumbani@africaonline.co.ke

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Nyumbani Orphanage is a project of The Children of God Relief Fund, Inc., a 501(c)(3) tax-exempt organization registered in the State of New York as a not-for-profit corporation. Employer Identification Number: 13.3615655. Contributions are tax deductible to the extent allowed by law.

June 1, 1998

Dear Friends of NYUMBANI:

We are proud that the NYUMBANI Orphanage in Kenya is presently caring for about fifty children who are HIV positive. The new school house (thanks to the generosity of the Japanese government) is being used daily and is further adorned with hand painted details courtesy of several American volunteers. It is a happy, thriving spot!

We are pleased to invite you to mark your calendars for our next NYUMBANI event -- this year's dinner will be held on October 4, 1998 at the Columbus Club at Union Station featuring the very entertaining Mark Russell. We will be sending out invitations by the end of August and should you have any additional friends you want invited, please let us know. We look forward to this delightful gathering.

On April 28, 1998, *The Washington Post* shared a remarkable story regarding Father D'Agostino and his commitment in Africa. We thought that you might want a copy to review or share with a friend. Following the publication of this article, many have called requesting additional information. Our mailing address is indicated on this letter. It is very easy to access the NYUMBANI home page at <http://www.nyumbani.com> or inquiries also may be directed through 202/955-1360 for NYUMBANI. In addition, several persons have stated their interest in volunteering and helping in many creative ways. To all of these generous donors of time and resources, we extend our sincere thanks and gratitude.

Please remember that Father "Dag" has asked each of us to invite one new supporter to the October event. Let us hear from you so that we can meet Father "Dag's" challenge.

Sincerely,



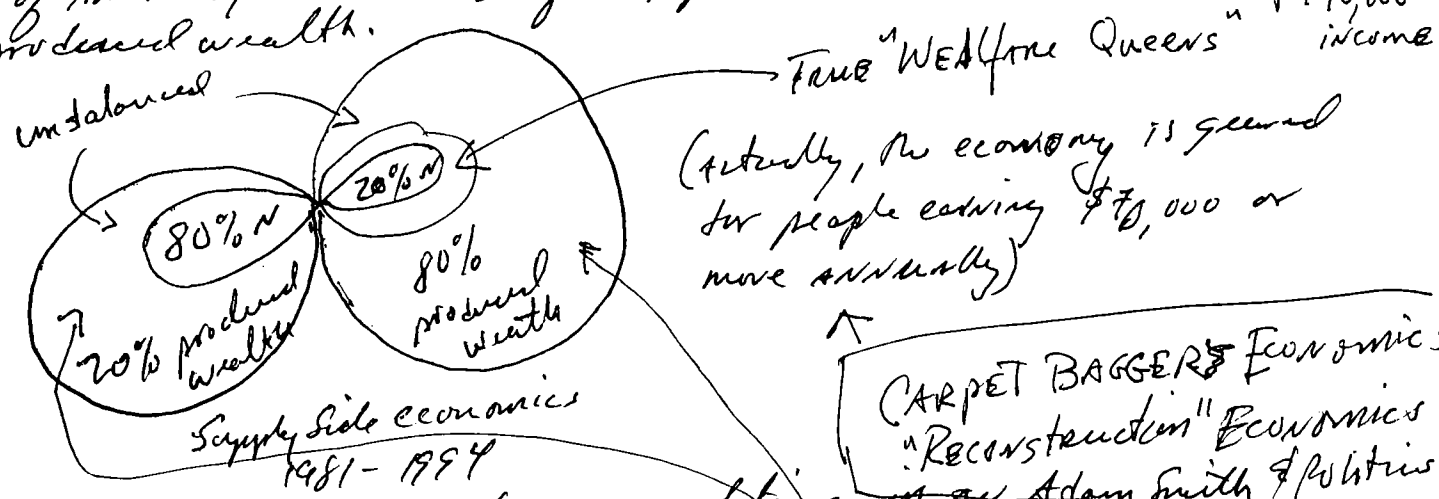
George L. J. Dalferes
President

7 June 1998

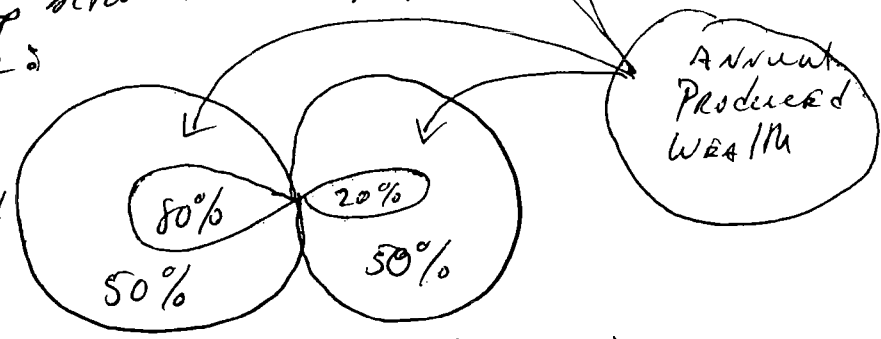
Sandy Thurman

I filed for Chapter 7 in May. I am at the place in the economy where the trickle-down of supply side economics trickles out under the beach of "doing more with less". I am not unique.

The Washington Post reported today that bankruptcy is just a symptom of easy credit, which is accurate but insufficient. Bankruptcy rates reflect the tremendous pressures supply-side economics (initiated during the "boll weevil" congress of 1981-1983) places on 80% of the population. The object of supply side economics is to shift as much of the burden for sustaining the infrastructure of the American Commonwealth onto the first \$20,000 of personal income. This is ~~one~~ one reason why 20% of the top earning individuals, ~~and~~ (wives above \$30,000, especially over \$70,000) are benefiting from 80% of the produced wealth of America, while 80% of the population shares the remaining 20% of the produced wealth.



The relationship between these populations, economic ecology:



OZZIE & HARRIET Economics (Racially inclusive)
"Rise the Riveter"
Can-do Economics

"Leave it to Beaver" economics 1941-1965/1973*
(*Nixon Wage/price Freeze)

CARPET BAGGER Economics
"Reconstruction" Economics
on an Adam Smith & Politics
(From the Southern Perspective)

Z-Pulse Theory Cascade Structures

Deficit Restructuring

International Industrial-Aerospace Policy

U.S. ECONOMY, AND PROPOSALS TO PROVIDE
MIDDLE-INCOME TAX RELIEF, TAX EQUITY AND
FAIRNESS, ECONOMIC STIMULUS AND GROWTH

HEARINGS

BEFORE THE

COMMITTEE ON WAYS AND MEANS
HOUSE OF REPRESENTATIVES

ONE HUNDRED SECOND CONGRESS

FIRST AND SECOND SESSIONS

DECEMBER 5, 6, 17, 18, 1991; AND FEBRUARY 4, 5, 6, 1992

PART 2 OF 2

FEBRUARY 4, 5, AND 6, 1992

Serial 102-101

Printed for the use of the Committee on Ways and Means

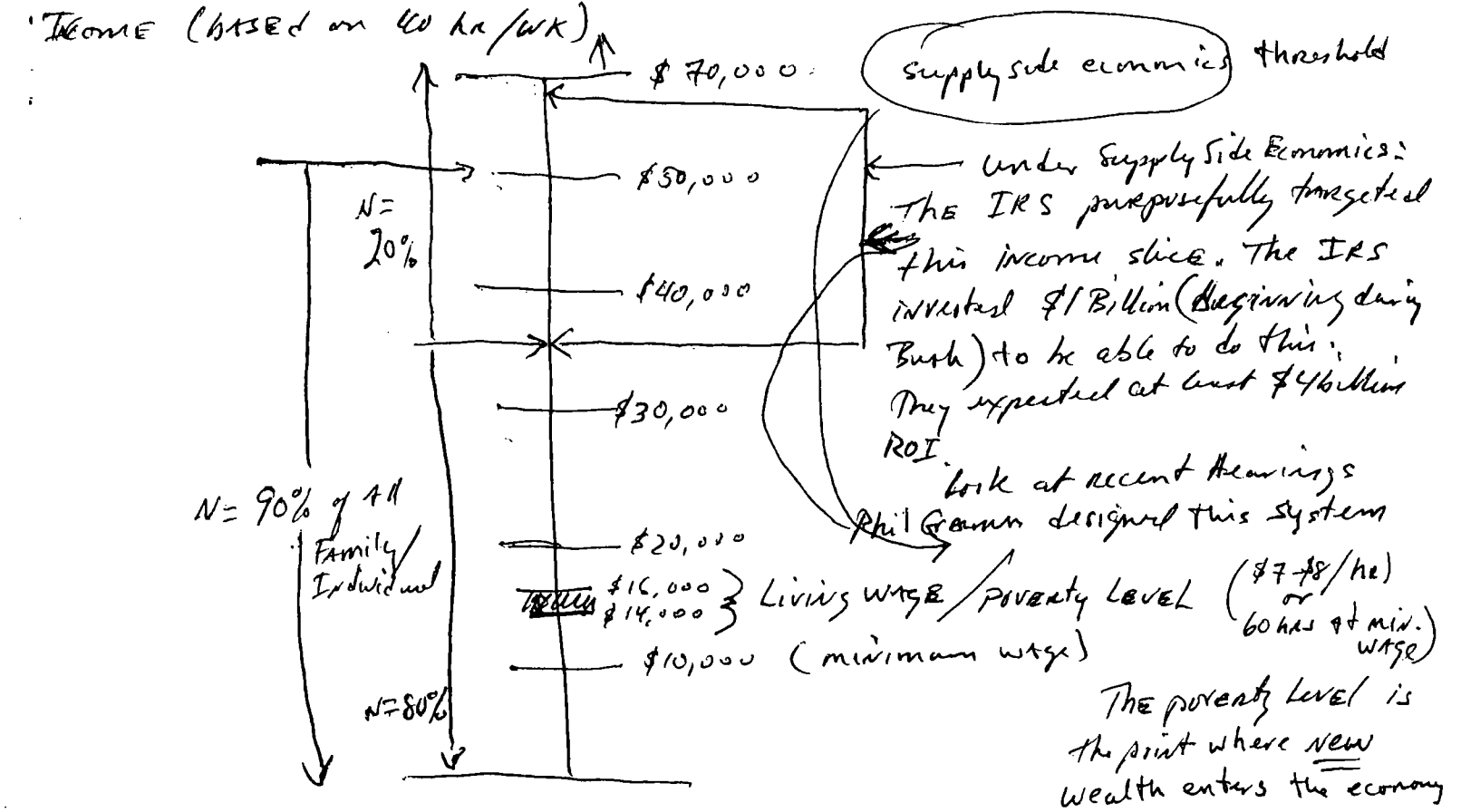
Pp. 1650 - 1659

READING LIST

Jumpstart Training

With the-based Tax Structures—Supplies
Coordinator

Plus: Bush O/Tax Payment Division
DeConcini Deficit Reduction Trust



This is essentially the economic model President Clinton ("Bubbles up") inherited in 1992. Not much has changed (although Clinton stopped things from becoming significantly worse. Clinton stopped the supply side legislative agenda more or less cold, but the stuff still in place hasn't been touched).

The fact of the matter is, "easy credit" provided by commercial banks is a major player in the recovery of the economy which began in 1994 (with the collapse of the derivatives markets was the point of no return). The present economy can be easier to understand if it is seen as distinct from the economy which was operating before 31 Aug 1994).

In any event, the supply side economy became evident to me by 1986 and the testimony I submitted to the ways and means committee in 1992 describes part of a solution to the growing disparity of economic opportunity. The object of the exercise is to lower the living wage to below the current minimum wage.

Z-Pulse Theory Cascade Structures

Deficit Restructuring

International Industrial-Aerospace Policy

U.S. ECONOMY, AND PROPOSALS TO PROVIDE
MIDDLE-INCOME TAX RELIEF, TAX EQUITY AND
FAIRNESS, ECONOMIC STIMULUS AND GROWTH

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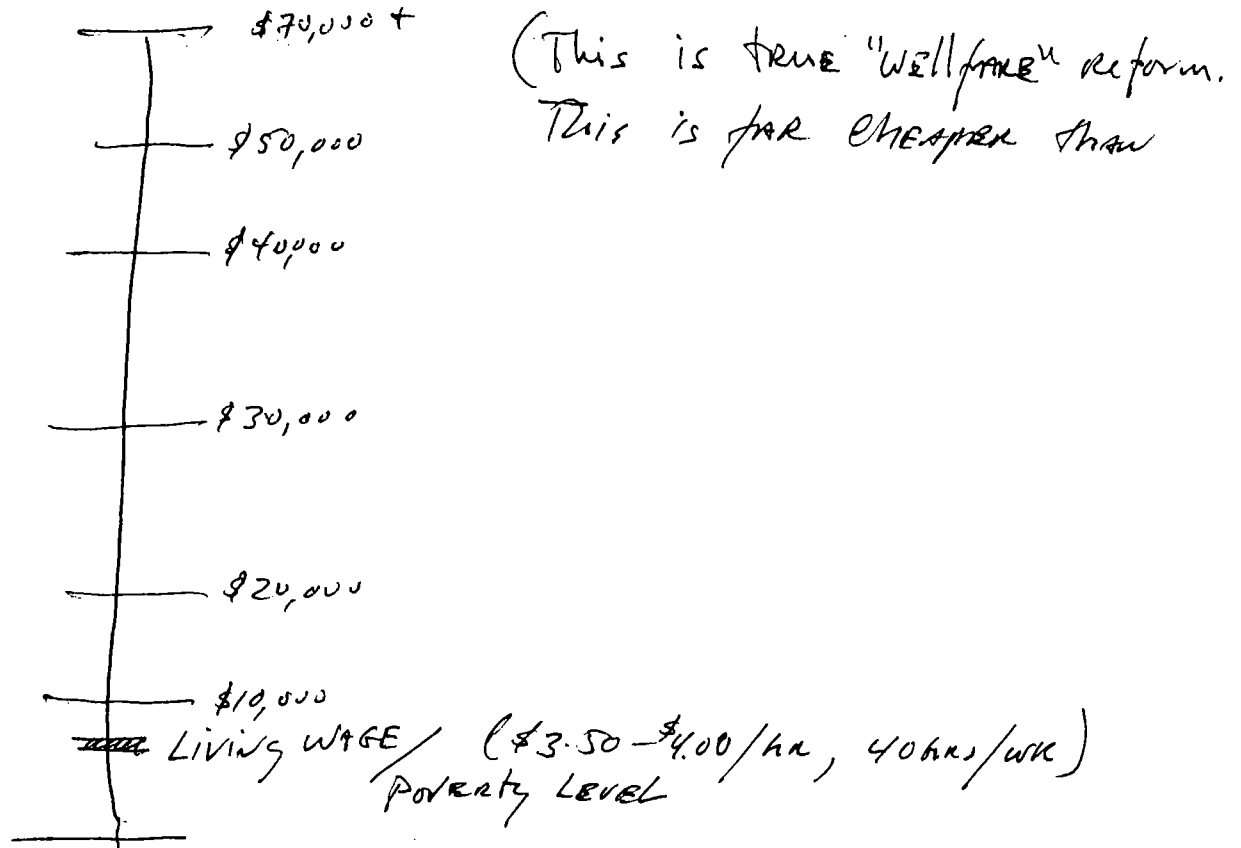
Pp. 1650 - 1659

Reading List

Jumpstart Training

If the-based Tax Structures—Surplus Generator

Plus: Bush 0% Tax Payment Dividend
DEC Reinv! Deficit Reduction Trust



Clinton, the Democrats & Labor want to raise the minimum wage. This is one of those ideas that falls into the category of repeating the Law of Gravity. (or, more pertinent, in the the same category as the President's present needle exchange policy.)

Now, the so-called Cascade Structures are additional capital structures necessary to underwrite & fund Reagan's New Federalism. Again, the only problem with New Federalism is that the Republicans refuse to put up the hard cash necessary to make the model an operating system.

Reagan's New Federalism is NOT An aspect of Supply side Economics

NEW FEDERALISM ~~IS~~ Supply side Economics

Reagan's New Federalism is a classic Adam Smith economic model. It operates, in principle, exactly like the system Joseph of the coat of many colors proposed & create for the Pharaoh of Egypt (Gen 41:33-36).

The Cascade Structures are like the warehouses, where the surpluses are collected and redistributed throughout the common wealth, except that the Cascade Structures are based squarely on the idea that communities are capitalist tools.

Z-Pulse Theory Cascade Structures

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Pp. 1650 - 1659

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Jumpstart Training

If the-based Tax Structures—Surplus Generator

Plus: Bush 0% Tax Payment Increase
DeConcini Deficit Reduction Fund

Now, in order to actually implement Cascade Structures requires exactly the national mobilization America underwent after Pearl Harbor.

It is exactly what the mobilization was required to defeat Prop. 226

It is exactly the mobilization it will require to get you or Elizabeth Dole into the White House in 2000. Only, instead of mobilizing We, the People, to come to the polls, ~~it will allow~~ as individuals all at once, it will require We, the People, as a multitude of communities, to focus on ^{all} local capital requirements and managing the deployment of Federal monies locally (under the direct sponsorship of US Congressmen (gender not specific) & US Senators).

Both the Peace Corp & The Army Green Berets are organized around the principle that the community is a capitalist tool where the rubber meets the road. Organized labor has a huge budget appropriately dedicated to the development of the community as a capitalist tool: it's call "organizing". There are off-the-shelf-state-of-the-art training processes. These processes emerge directly out of the same natural laws which inform & structure the US Constitution. The only people in America who don't use these processes for fun and profit are people like Don Burton, who I characterize as the poster boy for the values embraced by right wing politicians, businessmen and evangelical pastors.

Whatever else you may come to understand about my proposals, this statement & (below) determines my own personal vision guiding me as I go. It is logical that the United States should do whatever it is able to do to assist in the return to normal economic health in the world, without which there can be no political stability and no assured peace. Our policy is directed not against any country or doctrine but against hunger, poverty, desperation and chaos. Its purpose should be the revival of a working economy in the world so as to permit the emergence of political and social conditions in which free institutions can exist.

George C. Marshall, Haverard, June 1947

Z-Pulse Theory Cascade Structures

Deficit Restructuring

International Industrial-Aerospace Policy

U.S. ECONOMY, AND PROPOSALS TO PROVIDE
MIDDLE-INCOME TAX RELIEF, TAX EQUITY AND
FAIRNESS, ECONOMIC STIMULUS AND GROWTH

HEARINGS

BEFORE THE

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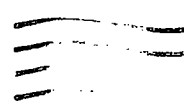
Reading List

Trump Start Training

If the-based Tax Structures—Surplus Generator

Plus: Bush O/Tax Payment Increasing
DEC Review Deficit Reduction Fund

Stephens Enterprises
20009



Sandy Thurman
The White House
DC 20500-0001



Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10911	Sandy	Thurman	6/11/98	Congratulations,etc.

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
Action Completed	Action Date	Addressed To		

Notes

Carol Schwartz wishes you congratulations on "Washington Post" profile and offers of encouragement and support for your advocacy.

Sender's Organization	Sender's Street1	Sender's Street2
Sender's City	Sender's State	Sender's Zip



COUNCIL OF THE DISTRICT OF COLUMBIA
WASHINGTON, D.C. 20001

June 5, 1998

Ms. Sandy Thurman
National AIDS Coordinator
The White House
Washington, D.C. 20004

Sandy
Dear Ms. Thurman:

I read and enjoyed the April 25, 1998 *Washington Post* profile of your life and work as National AIDS Coordinator. From my perspective as a District of Columbia elected official and a member of the Board of the Whitman-Walker Clinic, the accolades the *Post* gave you are richly deserved, and I commend your vigorous efforts on behalf of people living with HIV and AIDS.

This letter is written with the image in mind of the District of Columbia's recent loss of two of its dedicated AIDS activists, Hank Carde and Steve Michael. Both of these constituents continued to lead a valiant fight until they became totally weakened by AIDS, against what they each believed was an unsatisfactory local and federal response to a disease that has cost us so many of our talented, energetic citizens. It now falls to us, I believe, to continue where these courageous individuals and others were forced to end their struggles. I offer you all my encouragement and support for your zealous advocacy at the federal level.

Sincerely,

A handwritten signature in cursive script, appearing to read "Carol".

Carol Schwartz
Councilmember, At-Large

CS/lal



Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	Researcher to Sandra Thurman re: Cure for viruses (Personal) [partial] (1 page)	06/04/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:

Correspondence - SLT - Incoming - 6/98 [Folder 1] [1]

2018-0764-F

jm2071

RESTRICTION CODES

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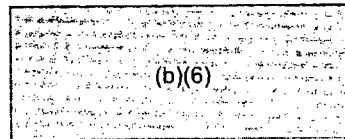
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

June, 4, 1998

Dear Sandra Thurman.

I am writting you to apologize for anything that I may have said to you in regard to my cure to viruses that may not have been appropriate. Also to thank you for both of your letters and the advice that you did give me. The reason I contacted your office is because I am certain that I have discovered the cure to viruses and because it is of the utmost importance to the public interest. A matter of life and death to a countless number of people. I don't want it said that I was not diligent in my attemt to get the cure to virises to those who need it. If there is anything that you can do, please do it. If there is anything I should do, please let me know what that might be. Thank you.

Sincerely,



[0019]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. envelope	re: Researcher to Sandra Thurman (Personal) (1 page)	06/05/1999	b(6)

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Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10904	Sandra	Thurman	6/10/98	response to transport expense

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
Action Completed	Action Date	Addressed To		

Notes

H. Bradley Katz voicing concern of payment of transportation expenses being paid to volunteers and people with HIV/AIDS. Wheel's Inc.(replacing social agencies) takes up to 90 days for reimbursement instead of the usual 30.

Sender's Organization	Sender's Street1	Sender's Street2
Sender's City	Sender's State	Sender's Zip

File Incoming

H.BRADLEY KATZ
2259 ORCHARD HILL CIRCLE
WARRINGTON, PA 18976
215-491-2358
Facsimile: 215-491-7270

June 3, 1998

Joe Croneuer
Pat Bass
Co-Director-AACO
500 S. Broad Street
Philadelphia, PA 19146

Re: Wheel's, Inc.

Dear Mr. Croneur and Ms. Bass:

I am writing to voice a very serious concern about a situation that is developing with the payment of transportation expenses to volunteers and people with HIV/AIDS. It is my understanding that payment of transportation expenses are now to be paid by Wheel's Inc. instead of the social agencies.

When the social agencies paid the expenses for travel to doctor's appointments, pick up drugs, and consumer caucus meetings, the payment was made within thirty (30) days. Now payment may take upwards to ninety days from submission of the expense report because Wheel's has to submit a voucher to the state agency. And on top of this when the problems with the system are "ironed out" the vouchers will only be submitted every sixty (60) days.

For a volunteer and those living with HIV/AIDS who are on a fixed income this slow repayment for monies expended is unconscionable! When speaking with Family Service of Bucks County I was informed that if a person can not wait for reimbursement then the agency would pay for a cab. If you use a cab from Warrington to center city Philadelphia and back for a doctor's appointment you can spend upwards of \$60-80.00 for the trip compared to \$18.60 for auto mileage reimbursement.

If you figure the difference for one person x 4 trips for a month by cab compared to personal auto, the system is spending approximately \$245.00 more a month for this one person. You need only to figure out for the case load for one agency and you can see the expenditure of thousands of dollars.

As a health care administrator of a health facility, I would find this to be a misuse of funds and in this case a gross misuse of federal funds under the Ryan White Act.

to see that the funds are used in a judicious manner and not wastefully.
The saving of dollars then can be put to use to expand program instead for decreasing program.

I can see that the use of volunteers will decrease because of this new payment procedure this would be catastrophic to the services that social agencies can give to their clients.

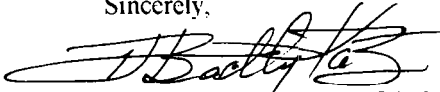
Joe Crocuer
Pat Bass

Page 2

I would hope that you take my stated concerns under advisement and adjust your program so that the use of volunteers that give needed transportation to the agency clients would not be curtailed because of the slow reimbursement . Also if cab service is used, then the payment to them at this slow pace may force these companies to refuse to service the agency, then where will the people in need be because of the "mess" that the system is evolving.

A timely response to my concerns would be appreciated.

Sincerely,



H. Bradley Katz, MBA/HCA, L.N.H.A

cc: John Addiar, Director, Wheel's Inc.

Donana Shalala, Secretary, Health and Human Services

Danial Hoffman, Secretary, Health and Human Services, Commonwealth of Pennsylvania

Senator Arlen Specter

Congressman Jim Greenwood

Audry Tucker, Executive Director, Family Services of Bucks County

Susan rose, Family Services of Bucks County

Estelle Richman, Commissioner of Health, City of Philadelphia

✓ Sandy Thurman, Director, Office of National AIDS Policy

Franklin Raines, Director, Office of Management and Budget

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- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

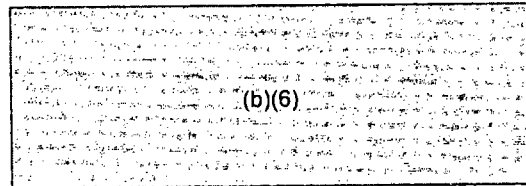
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- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

May, 28, 1998

Dear Sandra Thurman:

Thank you for your nice letter in regard to my claim of having discovered the cure to viruses. I have been writting to the National Institutes of Health for over a year with out being able to get anyone to listen to me. I look forward to the day when it comes to light that I have in fact found the cure to viruses and that you were informed of it and that you chose to do nothing about it. Good Luck.

Sincerely,



[0026]

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002c. envelope	re: Researcher to Sandra Thurman (Personal) (1 page)	05/29/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:

Correspondence - SLT - Incoming - 6/98 [Folder 1] [1]

2018-0764-F

jm2071

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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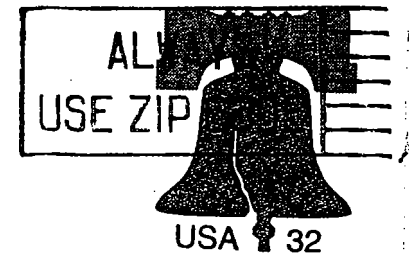
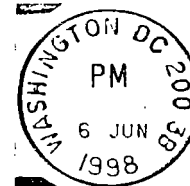
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RR. Document will be reviewed upon request.

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Applied Enterprises
2009



Sandy Thurman
The White House
DC 20500-0001



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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. note	re: Appleseed Enterprises (Personal) [partial] (1 page)	00/00/0000	b(6)

COLLECTION:

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National AIDS Policy Office

OA/Box Number: 19406

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Correspondence - SLT - Incoming - 6/98 [Folder 1] [1]

2018-0764-F

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Appleseed Enterprises

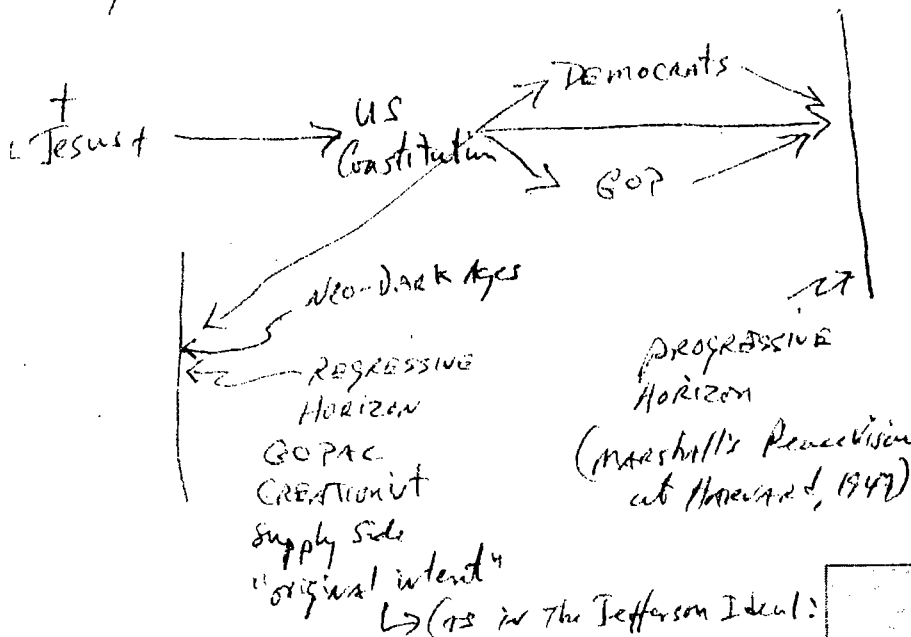
Sandy Thurman
The White House.

Middle Schools is the essential
theme which builds naturally on
"It's the Economy, stupid". If
Democrats shift the focus of the 25%
of the population engaged in volunteer
service to Middle Schools for the next

Keep It Simple

A United Technologies reprint from The Wall Street Journal

Six years, you will necessarily arrive
at a point where Clinton's vision
for universal health will obtain. It
will flow naturally out of your investment
in defeating AIDS.



Strike three.

Get your hand off my knee.

You're overdrawn.

Your horse won.

Yes.

No.

You have the account.

Walk.

Don't walk.

Mother's dead.

Basic events

require simple language.

Idiosyncratically euphuistic

eccentricities are the

promulgators of

triturable obfuscation.

What did you do last night?

Enter into a meaningful

romantic involvement

or

fall in love?

What did you have for

breakfast this morning?

The upper part of a hog's

hind leg with two oval

bodies encased in a shell

laid by a female bird

or

ham and eggs?

David Belasco, the great

American theatrical producer,

once said, "If you can't

write your idea on the

back of my calling

card,

you don't have a clear idea."

(b)(6)

The Answer:

The will to win

The Question:

What attribute of **Victory** do Gen. Colin Powell, Earl and Tiger Woods, and the Army Family Team Building program share in a leadership-by-example-be-all-you-can-be kind of way ?

Victory

whether on the battlefield or for fun and profit
begins with **the will to win** embedded in human imagination.

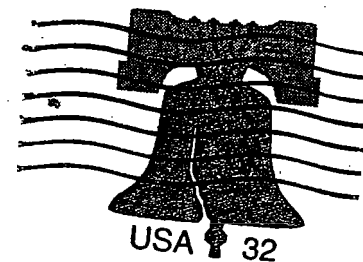
The **Army Family Team Building** program offers **will-to-win** performance technology from America's oldest, largest, and most successful learning organization for commercial and not-for-profit communities committed to **victory** emerging from human imagination, safely and in a timely manner.

For more information, on **America Online**, go to KEYWORD: MCOMC . Click :
Message Boards/Army Community Services/**Army Family Team Building**

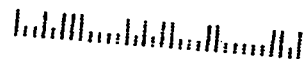
The Community is a Capitalist Tool

CLINTON LIBRARY PHOTOCOPY

Byzantine Empire
20009



Sandy Thurman
AID's Director
The White House
DC 20500



6 June 1998

Appleseed Enterprises

Sandy Thurman
The White House

It is an article of faith among Army generals of McAffery's vintage that the failures in Vietnam were a direct result of drafties and drugs. The result is that these men (and it is all men's club) have joined in the general American tendency to ~~blame~~ scapegoat Viet vets.

Keep It Simple

A United Technologies reprint from The Wall Street Journal

Vietnam happened the way it did because people like McAffery lied to America, they lied to each other and most disasterously, lied to themselves in their heart of hearts.

McAffery has tested beyond his usefulness.

(1) The difference between HIV and drug addiction is that you can stop being a drug addict (or, at least, go to AA);

(2) 10% of HIV population is over 50. When this fact and the VIAGRA curve cross, the HIV epidemic will take off all over again.

The War on Drugs is a war against the American people and it creates stupidly institutional stupidity like the Fed. Needle Exchange program as currently implemented. Clinton could become the AIDS President for the AAUP.

Strike three.
Get your hand off my knee.
You're overdrawn.
Your horse won.
Yes.
No.
You have the account.
Walk.
Don't walk.
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Basic events
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Victory

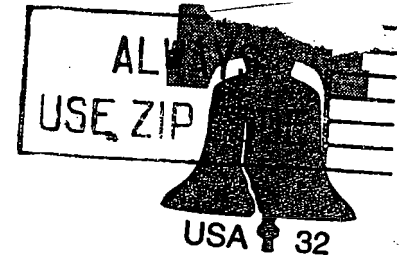
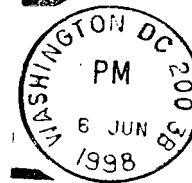
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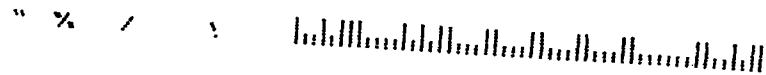
For more information, on **America Online**, go to KEYWORD: MCOMC . Click :
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The Community is a Capitalist Tool

Apple
20109



Sandy Thurman
Aids Director
The White House
DC 20500-0001



6 June 1988

Appleseed Enterprises

Sandy Thurman
The White House

Get with the women who constructed the "Magic BB" Campaign against the Anti-Labor Prop. 226 and begin developing a creative relationship.

Get with Carville & begin imagining a generic presidential campaign. Keep this very low profile.

Keep It Simple

A United Technologies reprint from The Wall Street Journal

Get people to go see "Bulworth" — Word of mouth. The way Bulworth was in the last scene with Halle is the best I, as a man, is ever going to become w regards to intimate relations & Role stuff. The next generation is better, but that's who the male "Success Mom's" generally are like: Bulworth. Even Clinton.

Get a copy of "Putney Swope". I have studied thousands of organizations & ^{GOP} ~~Rep.~~ organizations. Generally behave like the white company before Putney & Democrat organizations generally operate like Putney Swope (give caricature). An organization going through a Deming process feels like the white guys in Putney Swope & the finished product of these processes is closer to "Putney Swope" than HARVARD MBAs can ever imagine.

Strike three.

Get your hand off my knee.

You're overdrawn.

Your horse won.

Yes.

No.

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Walk.

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The Community is a Capitalist Tool

OXYGEN THERAPY

Medical Ozone Therapies — 50 Years of Overlooking a Proven Answer for Diseases like Cancer and now AIDS

Testimony of Ed McCabe before the National Institute of Health Office of Unconventional Medicine Presented June 18, 1992 at NIH in Bethesda, Maryland

Oxygen Therapies have been in use medically for over 100 years. The basis of the therapies is quite simple. Ultimately toxicity collects within the body over time. This buildup of toxicity can have physical, emotional, and behavioral co-factors which must also be addressed. The buildup of toxicity within the body invites the proliferation of anaerobic disease causing microorganisms. Oxygen therapies are used to flood the body with active forms of oxygen. When the body becomes safely saturated with these special forms of oxygen, it reaches a state of purity wherein the disease microorganisms — like HIV — are killed, and the underlying toxicity is oxidized and eliminated.

Healthy human cells love oxygen, but since the harmful viruses are anaerobic, once these viruses are surrounded with active forms of oxygen they must die. Active forms of oxygen also eliminate any cells with the virus hiding inside them since, unlike healthy cells, they no longer are able to protect themselves from oxidation with the body's natural antioxidants.

Once the viruses and bacteria are all killed, the patient's immune system is then rebuilt with vitamin, mineral, and if needed, behavioral modification and other therapies. In this way diseases like AIDS, cancer and multiple sclerosis are being eliminated or at least controlled on the international scene, and within the U.S. medical underground.

Ozone therapy is one of the oxygen therapies. Over 5,000 medical ozone generators have been sold in Europe and are presently in use by as many doctors worldwide. Ozone is not smog. It is a clear gas (O₃) made from pure medical oxygen (O₂). By bypassing the

lungs, specific concentrations and volumes of ozone gas made from pure oxygen are readily applied to the body fluids and tissues through intravenous infusions without any harm, usually during a minimum treatment schedule consisting of application every day for 21 days in a row. The medical ozone breaks down into various oxygen subspecies which destroy (oxidize) anaerobic viruses, microbes, or diseased cells and yet leave the normal healthy cells alone. The standard 21 day minimum treatment requirement is being challenged by recent developments, notably in the field of ozone generation equipment and other protocol refinements.

Ozone therapy was used medically in the U.S. by Nikola Tesla in 1900. It has been in continual use since then in our country, but due to legal pressures from our FDA, ozone is presently only widely used in Europe. Ozone therapies are among the safest therapies ever used. One European study of over 5.5 million treatments showed a side effect rate of .0007%, probably among the



Ed McCabe

lowest of any therapy known. Side effects like fever and weakness are minor and temporary. M.D.'s characterize ozone as "blatantly non-toxic." When the proper protocols are followed, ozone has been proven highly effective in the treatment — and the elimination — of over 40 common diseases. There are about 300 doctors in the U.S. daily using some form of oxygen therapies today.

I have kept in continual contact with 6 U.S. M.D.'s who, independent of each other, have collectively reported bringing over 300 AIDS patients to HIV negative status, (using Western Blot, ELISA, and PCR) including complete eradication of any secondary disease factors such as energy loss, weight loss, diarrhea, etc. I have also interviewed many AIDS patients who have been getting ozone therapy on their own, and all those who followed good protocols reported an immediate increase in energy, weight gain, and T cell stabilization of increase in a few weeks.

The biggest problem is that in 1976 the FDA declared ozone a "toxic gas with no medical uses" via publication in the Federal Register. I have written that: "Printing this statement in a publication paid for with our taxes is either a blatant attempt at suppression of truth from the highest levels, or one of the poorest research jobs ever done. It obviously favors competitive drug

Oxygen Therapy

therapies, and ignores well over 50 years of safe and effective medical use on hundreds of thousands of humans — backed up with medical references and clinical studies in Switzerland, Italy, France, Germany, Australia, New Zealand, Mexico and the U.S."

Although legally, ozone is believed by some to be "grandfathered" since its use in U.S. medicine predates the existence of the FDA itself, no one has tested this position in court. So the FDA — and the state medical agencies and boards that take their lead from the FDA — are actively persecuting any physician using ozone.

Under these prevailing "siege" type conditions I could get none of the U.S. doctors who have achieved great successes with ozone therapy to come

here today to the NIH. When asked to appear, the doctors all reacted in fear of the government, fear of the loss of their licenses, and fear of being raided and cleaned out by SWAT teams in the same way that Dr. Jonathan Wright and other M.D.'s have been treated most recently. Upon inquiry, I commonly heard: "I'm not ready to appear." "Don't mention my name!" "The doctor already fled the country." "I'm scared to death they'll take away my license."

On the bright side, if immunity from state, and federal, and agency, and medical board prosecution could be assured, these humanitarian doctors would gladly make available their knowledge for the public good. I stand ready to do the same, and submit to you the attached chronological history

Ed McCabe is an investigative journalist and leading international author, speaker, and lay expert on the subject of "Oxygen Therapies." His ongoing involvement with advanced healing modalities encompasses a span of over 20 years, and he holds a degree in Educational Media from the University of Massachusetts. He is an expert on oxygen therapies since focusing solely upon them as a research journalist during five years of intensive study, investigation, interviews, and travel.

Although several oxygen therapies have been in use for over 100 years, Mr. McCabe is the only person, to date, who has undertaken a worldwide investigation of their effectiveness. To do this, he has interviewed thousands of patients, hundreds of doctors, and investigated the major therapy centers using oxygen therapies to successfully treat disease. He also lectures worldwide. This activity resulted in the publication of his best selling health book, "Oxygen Therapies," and several audio and videotapes.

Although the methods discussed are stated by many experts to be highly effective, before Mr. McCabe's work and his extensive lecturing, these therapies remained mostly unknown to the general public. The patents on these therapies ran out years ago, so there has been little interest in them from the major pharmaceutical houses, and almost no advertising is done to alert you to their existence. Ed McCabe and others are changing this situation through a lot of hard work for the sake of a suffering humanity.

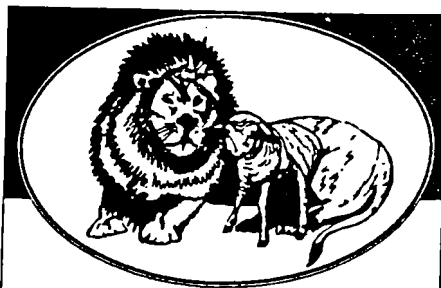
Now in it's 24th printing, "Oxygen Therapies" has over 30 distributors in six countries, including the largest U.S. health book distributors. Mr. McCabe's work has been popularized in the U.S. and overseas in health magazines and newspapers, and he has been a very popular guest on over 725 radio and television stations and speaking platforms. He frequently lectures to large audiences at health conferences in the U.S., Australia, and in New Zealand.

of U.S. medical ozone therapy to date.

Conclusion

Due to the many interviews I have conducted, it is my opinion that the AIDS problem has been solved. Everyone wants data. The data already exists. The government won't let people research or use harmless ozone therapy. If we can get ozone using doctors immunity from prosecution, within 90 days from the start of open legal clinical trials, the only thing left to do would be to implement this already existing solution.

This is a condensed part of a larger chronology found in Ed McCabe's new ozone book. His first work, the self published bestseller "**Oxygen Therapies**" has sold over 40,000 copies by word of mouth. Books and audio/video tapes are available by mailorder from "The Family News".



THE FAMILY NEWS

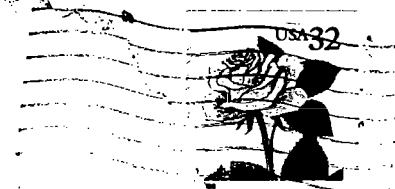
Your Headquarters
— for —
O₂ & O₃

**Over 150 Oxygen & Ozone
related products including:
Ed McCabe's Book & Tapes**

For a Complementary Copy of Our
News Catalog Call:

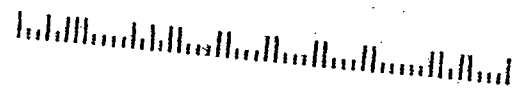
1-800-284-6263

— Tell Us Ed Sent You —



SANDY THURMAN
THE WHITE HOUSE
WASHINGTON DC

20300/0003



Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10932	Sandra	Thurman	6/16/98	evaluations from NHSC Conf.

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			Dep't of Health and Human Se	
Action Completed	Action Date	Addressed To		

Notes

National Advisory Committee for World AIDS Day progress documents

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AMERICAN ASSOCIATION FOR WORLD HEALTH
1825 K Street, N.W., Suite 1208 • Washington, DC 20006 • Telephone 202-466-5883

June 5, 1998

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ELISABETH A. SQUEGLIA
Attorney
Bricker & Eckler
Columbus, Ohio

STEPHEN L. UMMEL
National Advisor on Integrated
Delivery Systems, Ernst & Young LLP
Chicago, Illinois

Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Sandy:

We are sorry that you were unable to attend the first 1998 meeting of the National Advisory Committee for World AIDS Day on May 27, 1998. We are delighted with the many ideas and suggestions that were presented during the meeting and are confident that this year's World AIDS Day initiative will be successful. Enclosed, please find the minutes of the meeting for your convenience. As you can see from the volume of information, the meeting was extremely productive.

Please review the enclosed document so that you are informed of the progress we've made. Of particular interest to you might be the committee's establishment of a theme for the 1998 World AIDS Day initiative — "Be a Force for Change" — which will focus on young people between the ages of 15 and 24.

We are thankful for your support and interest, and we hope that you will be able to participate in future meetings. Please fax or mail the enclosed information sheet so that we may update our records. We will contact you with all further information on the planning of the 1998 World AIDS Day initiative in order to keep you well informed.

Sincerely,

Christina Verni, M.A., R.D.
Project Director

CV: bw

Enclosure

**American Association for World Health
National Advisory Committee for World AIDS Day 1998 Meeting
Wednesday, May 27, 1998
Minutes**

The following committee members were in attendance:

Sylvia Alejandre, National Latina Health Network
John Barnes, AIDS Nutrition Services Alliance
Dominique DeSantis, UNICEF
Sheila Dutta, The World Bank
Michael Fraser, National Association of County and City Health Officials
Scott Harrison, AIDS National Interfaith Network
Faith Hunter-Kephart, National Minority AIDS Council
Sheila Madhani, National Council for International Health
Jennifer Marin, National Alliance of State and Territorial AIDS Directors
Chad Martin, Centers For Disease Control and Prevention
Fr. Tom Orians, National AIDS Project, Dignity/USA
Dionne Patz, Pan American Health Organization
Robert Power, American Red Cross, National Headquarters
Sarah Rees, American Association For World Health
Paul Sathrum, National Education Association
Ken South, AIDS National Interfaith Network
Christina Verni, American Association For World Health
Julia Walker, Balm in Gilead
Britt Weinstock, American Association For World Health
Richard L. Wittenberg, American Association For World Health
Terri Wong, Department of State

Agenda Item: Welcome (9:18 a.m.)

Richard L. Wittenberg, President & Chief Executive Officer, American Association for World Health, welcomed the Advisory Committee and thanked the members for their attendance. Mr. Wittenberg's opening remarks included a brief discussion of the level of complacency that the general public seems to have regarding HIV/AIDS, largely in light of the significant advances in HIV/AIDS treatment options such as protease inhibitors. He stressed the importance of the need for Americans to re-commit themselves to the promotion of AIDS awareness and to increasing the distribution of educational information not only in the United States but also around the world. Mr. Wittenberg stressed the importance of developing new methods and ideas to promote involvement during World AIDS Day 1998. Mr. Wittenberg also extended thanks to Ken South from ANIN for all of his work on the 1997 World AIDS Day initiative, "Give Children Hope in a World with AIDS."

Agenda Item: Introductions

Clockwise from Mr. Wittenberg, Advisory Committee members introduced themselves by stating their name, position, organization, and a brief description of their responsibilities and/or latest project. During the introductions, some of the Committee members made some noteworthy comments and/or suggestions regarding this year's World AIDS Day initiative:

- Sylvia Alejandre suggested introducing the importance and effectiveness of peer educators.
- Robert Power stressed that adolescents are not miniature adults and are "the forgotten population."
- Julia Walker suggested creating a video about the 1998 World AIDS Day initiative that could be aired on cable and network television stations.

Agenda Item: Review of World AIDS Day 1997 (9:35 a.m.)

Christina Verni, AAWH Project Director, presented a review of the 1997 World AIDS Day initiative by sharing highlights of the resource materials, distribution of the materials, and the December 1st national events.

Ms. Verni first directed the Advisory Committee to the 1997 World AIDS Day Resource Booklet. She indicated that to date, approximately 50,000 Resource Booklets had been distributed, making it the largest distribution in AAWH's history. Ms. Verni discussed the introduction of the HIV/AIDS Fact Sheets, which for the first time last year were incorporated into the Resource Booklet. Based on the feedback from people who had received the Resource Booklet, the Fact Sheets were very popular and Ms. Verni suggested that the 1998 Resource Booklet contain updated HIV/AIDS Fact Sheets as well. Ms. Verni also pointed out the National essay contest, another new addition to the Resource Booklet, which was included largely because last year's theme focused on children. Ms. Verni informed Committee members that the winners of the contest will be named in the 1997 *Report of World AIDS Day Activities*. She called for a subcommittee to assist in the selection of the winners. Volunteers for the Essay Contest Subcommittee include:

- Jennifer Marin, NASTAD
- Chad Martin, CDC
- Sheila Dutta, World Bank
- Tom Orians, Dignity//USA
- Dominique DeSantis, UNAIDS/UNICEF

Last year's World AIDS Day graphic, illustrated in pastels by J. Lea Lansaw, was extremely popular. She will be working with AAWH on the World AIDS Day 1998 graphic as well.

On December 1, 1997, AAWH jointly sponsored a collaborative symposium organized by the National Council for International Health at the National Press Club in Washington, DC. The event was covered in its entirety on C-SPAN, making it available in homes throughout the United States. After the symposium, AAWH's World AIDS Day initiative continued at the Duke Ellington School of the Arts. There, AAWH and Kaiser Permanente collaboratively sponsored "Secrets," a play about HIV/AIDS specifically written for young people. The entire student body of more than 500 young people attended the play. Following the production, the actors served as peer educators to the audience, effectively answering a myriad of questions related to HIV/AIDS.

In closing the review, Ms. Verni offered words of encouragement for the launching of the 1998 World AIDS Day initiative. In transition from the review of World AIDS Day 1997 to the discussion of World AIDS Day 1998, Ms. Verni suggested that the Committee examine the 1997 Resource Booklet, page by page, in order to generate ideas and to encourage feedback on the layout, text,

order, graphics, Facts Sheets and other aspects of the Resource Booklet. Mr. Wittenberg added that he would like the Resource Booklet to reach a more diverse audience.

Chad Martin expressed the importance of youth involvement in this year's World AIDS Day initiative. Julia Walker added that an avenue through which the 1998 World AIDS Day initiative could reach young people is local radio stations. Dominique DeSantis recommended using youth media and publishers of youth media as a means of involving young people in the 1998 World AIDS Day initiative.

Agenda Item: World AIDS Day 1998 Theme Discussion

The 1998 World AIDS Day theme as designated by UNAIDS, is "Force for Change: World AIDS Campaign with Young People." Christina Verni asked Dominique DeSantis of UNAIDS/UNICEF to discuss this year's theme. Ms. DeSantis informed the Advisory Committee that UNAIDS defines "young people" as individuals between the ages of 10 and 24. She suggested that the Advisory Committee redefine "young people" as individuals between the ages of 15 and 24.

Ms. Verni asked the Advisory Committee members for their feelings about the UNAIDS theme and any ideas or suggestions for a new theme.

- Dominique DeSantis stressed the importance of developing a theme that did not suggest adults talking at young people.
- Sarah Rees and Britt Weinstock suggested that the UNAIDS theme was long and relatively vague. Ms. Rees and Ms. Weinstock included the importance of developing a theme that inspired young people between the ages of 15 and 24 to get involved. Ms. Rees and Ms. Weinstock also included that they were in agreement with Ms. DeSantis in that the theme should not imply that adults were talking "at" young people but rather with young people.
- Advisory Committee members suggested that the theme should appeal to a diversity of people.
- A number of Committee members, including Father Tom Orians, stressed the importance of a theme that is compassionate, sensitive and inclusive.
- Sheila Madhani expressed her concern with using words that may inspire and/or communicate violence.
- There was a suggestion that the theme we establish resemble in some way the UNAIDS theme so as not to cause confusion, especially among the media.

After a number of suggestions from Committee members, Dionne Patz, PAHO, suggested the theme, "Be a Force for Change." After a hand vote initiated by Christina Verni, the Committee came to consensus and agreed that "Be a Force for Change" was an appropriate and appealing theme for the 1998 World AIDS Day initiative.

The suggested theme ideas included:

- We Can Make a Change
- A Force for Change: World AIDS Campaign with Young People
- Young People Making a Change
- Young People Are a Power for Change
- Youth Energy for Change
- We Can Make a Change in our Future
- Energy for Change

- Be a Force for Change
- Be a Force for Change: Act Now

Agenda Item: World AIDS Day 1998 Artwork/Graphic Discussion

Ms. Verni again stated that AAWH had decided to work with J. Lea Lansaw because her work for the last two AAWH projects was very well received. Ms. Verni also informed the Committee members that Ms. Lansaw unfortunately was not able to attend the Planning Meeting. Ms. Verni started the discussion about the 1998 World AIDS Day graphic by asking the Committee for their ideas and suggestions.

Ms. Rees and Ms. Weinstock suggested that the cover should appeal not only to people between the ages of 15 and 24, but it also should appeal to a diverse audience.

Faith Hunter-Kephart suggested that the graphic include a diversity of people working together as a collective force to hold up the symbolic red ribbon.

Ms. Walker suggested that the graphic include something "hip" with a particular type of font. She also mentioned using bright colors in the graphic.

Ms. Rees and Ms. Weinstock suggested that the Committee should develop ideas for a graphic that are not extremely busy because people between the ages of 15 and 24 may find a busy graphic unappealing and difficult to read. They also suggested that the theme should be written in clear block letters because if it is to inspire young people to get involved, then it needs to be very easy to read.

Many Committee members agreed that the graphic should inspire positive feelings.

Ms. Rees and Ms. Weinstock stressed the importance of the graphic, particularly in regards to this year's targeted population. Ms. Weinstock added that people between the ages of 15 and 24 do tend to judge a book by the cover. If the graphic is immature or does not appeal to 15- to 24-year-olds, then they are likely to be less enthusiastic about becoming involved.

Ms. Madhani suggested using cartoons and Mr. Wittenberg suggested using an abstract graphic that represented the theme.

Father Tom Orians suggested using a mosaic of faces to symbolize the force for change.

Ms. Weinstock suggested that the graphic include part of the world, similar to the graphic developed for the 1997 World AIDS Day initiative, in order to convey that HIV/AIDS affects people in countries around the globe.

A number of Committee members agreed that the red ribbon should be incorporated into the graphic because it is a well known symbol of AIDS awareness. Some members suggested using a graphic that depicts young people working together to tie a red ribbon around the globe.

Ms. Verni and Mr. Wittenberg suggested that the Advisory Committee develop concepts for the graphic to present to the artist. Mr. Wittenberg noted that in the past, theme ideas were presented to the artist, who was able to pull from the ideas and suggestions of the Advisory Committee members and create a graphic that was well received. Therefore, the Advisory Committee agreed that the graphic should:

- inspire positive feelings and a sense of empowerment
- appeal to young people between the ages of 15 and 24 with an image that is more modern
- appeal to a diverse audience by incorporating people who represent different racial and age

- groups, as well as people who have different personal styles
- inspire people between the ages of 15 and 24 to be a part of the force for change
- incorporate the idea that being a force for change, particularly regarding HIV/AIDS, requires a collaborative effort
- incorporate the red ribbon into the graphic because it is a well known symbol for HIV/AIDS awareness

Agenda Item: Lunch (11:50 a.m.)

Agenda Item: Discussion of the 1998 Resource Booklet (12:40 p.m.)

Christina Verni led the discussion regarding the contents of the 1998 World AIDS Day Resource Booklet. She suggested that the resource booklet from last year's initiative serve as a guide.

Beginning with page 5 of the 1997 resource booklet, Ms. Verni asked how Committee members felt about the "World AIDS Day Overview" at the beginning of the book. She added that in years past, this section was in the middle of the book. The Committee agreed that the overview should again be in the beginning of the 1998 resource booklet.

Ms. Walker suggested adding instructions on how to use the booklet in the beginning of the document.

In the 1997 resource booklet, pages 5-25 contain the introduction and explanation about World AIDS Day, global information and statistics, and U.S. information, most of which was presented in Fact Sheet format. Ms. Verni asked for ideas and suggestions from the Advisory Committee regarding the contents of pages 5-25.

- Many Committee members felt that the information on the international aspect of the HIV/AIDS pandemic was too extensive and they suggested shortening this section of the 1998 resource booklet.

(Regarding the Fact Sheets:)

- Add a Fact Sheet describing the most successful methods and programs geared towards HIV/AIDS education. Include stories from countries other than the United States.
- Ms. Madhani suggested that the 1998 resource booklet incorporate the web addresses of relevant organizations on the Fact Sheets.
- Ms. Walker suggested adding more bulleted information in the Fact Sheets with less text. She also suggested that the 1998 resource booklet consist mainly of Fact Sheets.
- Condense the international information into one Fact Sheet.
- Father Tom Orians asked about the necessity of the Ryan White Care Act Fact Sheet. John Barnes and Chad Martin supported not only the importance of the Ryan White Care Act, but also its inclusion in the 1998 resource booklet. Committee members agreed to a revised version of a Fact Sheet discussing the Ryan White Care Act.
- Many Committee members suggested that the Fact Sheets should be useful on their own and that young people between the ages of 15 and 24 should be a consistent theme, relating all of the Fact Sheets to each other.
- Terri Wong suggested incorporating a Fact Sheet on Asians between the ages of 15 and 24 and

HIV/AIDS. She added that HIV/AIDS has spread throughout different Asian communities at an alarming rate.

- Ms. Walker suggested that the Fact Sheets should not contain any acronyms. Another Committee member suggested that the acronyms in the 1998 Resource Booklet could be further clarified if a glossary defining the acronyms was included.
- Ms. Rees and other Committee members agreed that the 1998 resource booklet should include a Fact Sheet describing how to talk about HIV/AIDS with peers, partners, and people living with HIV/AIDS.
- Ms. Weinstock suggested that a Fact Sheet addressing pertinent information about HIV/AIDS to pregnant women between the ages of 15 and 24, and 15- to 24-year-old males who are expectant fathers should be added to the 1998 resource booklet.
- Ms. Walker suggested that the Fact Sheets focusing on HIV/AIDS among different racial groups in the 1998 resource booklet should not mention the word "ethnic" in the title because it implies that Caucasians are not ethnic. She also recommended that on the Fact Sheet focusing on African Americans, information regarding HIV/AIDS among older African-Americans (>55 years) should be added.
- Several Committee members agreed that one of the Resource Booklet should include a sample Op-Ed, as well as suggestions about how to submit articles to the magazines and newspapers.
- John Barnes, AIDS Nutrition Services, suggested that the resource booklet should include a Fact Sheet about HIV/AIDS treatments. He added that such a Fact Sheet should include the importance of good nutrition especially for an individual with HIV.
- Many Committee members agreed that the Resource Booklet could include sidebars with testimonials from HIV-positive people between the ages of 15 and 24. Ms. Walker suggested that one of the testimonials should be from an African American male between the ages of 15 and 24. Father Tom Orians added that it is important to put "a face" on this epidemic. Other sidebars could include positive and uplifting stories of individuals between the ages of 15 and 24 who are HIV/AIDS activists.
- The Committee members agreed that issues regarding HIV/AIDS among homosexual men should be included in the resource booklet because the general public seems to ignore that a number of people between the ages of 15 and 24 fall into this category.
- Another topic suggested for inclusion in the booklet deals with HIV transmission through needle sharing among people who inject drugs and athletes who use steroids. Father Tom Orians mentioned that an entire football team in Wisconsin was infected with HIV when teammates started sharing needles to inject steroids.
- Several members of the Advisory Committee introduced the topic of needle exchange and whether the 1998 resource booklet would be able to refer young people to such programs, especially since needle exchange programs have been proven to help reduce the incidence of HIV infection in IV drug users.
 - It was suggested that rather than listing/naming needle exchange programs, it might be better to list organizations that could connect young people to such programs.
- Ms. Hunter-Kephart offered to distribute bulleted information regarding fundraising tips and strategies. This was in response to a suggestion that the resource booklet should include some information on development and fundraising for those who are interested in coordinating a World AIDS Day event.

- Some Committee members stated that they would like to see more information on community planning and community-based organizations.
- Committee members also agreed that HIV/AIDS information could be acquired by young people between the ages of 15 and 24 from their parents, their high schools/colleges, and/or their faith communities. This should be included in the resource booklet as an important aspect of HIV/AIDS education geared towards 15- to 24-year-olds.

Break (3:00 p.m.-3:10 p.m.)

After the break, the Advisory Committee members referred to page 27 of the 1997 resource booklet. The members agreed that step #1 should relate to the way that HIV/AIDS affects your community. Step #6 should provide suggestions and ideas about fundraising.

- Ms. Hunter-Kephart suggested that the bulleted information on fundraising could be added to this section in a sidebar.

Ms. Verni, AAWH, suggested that the Committee focus on the Evaluation Sheet on p. 28, which is extremely important to the development of the World AIDS Day Reports. When asked why the Evaluation Sheet was not inserted towards the end of the 1997 resource booklet, Ms. Verni responded that if it were at the end, it easily could be overlooked by the reader. She also expressed the need to increase the number of Evaluation Sheets that AAWH receives after the 1998 World AIDS Day initiative, particularly from the grass-roots level. She asked for suggestions and ideas from the Committee:

- Offer incentives. For example, the first 100 organizations to return the Evaluation Form will receive free World AIDS Day T-shirts.
- At the grass-roots level, attach a value to the Evaluation Form in order to increase participation.

Ms. Verni also asked for ideas regarding the set of criteria that should be used to judge the initiatives described in the Evaluation Forms. Committee members suggested creating categories such as "Most Creative", "Least Expensive/Highly Effective", etc. Ms. Verni suggested that a subcommittee could assume this responsibility. The following Advisory Committee members volunteered for the Criteria and Incentive Subcommittee:

- John Barnes, ANSA
- Scott Harrison, ANIN
- Julia Walker (via conference call), Balm in Gilead
- Sarah Rees, AAWH
- Christina Verni, AAWH
- Britt Weinstock, AAWH
- Richard Wittenberg, AAWH

On page 30, under the "What We Can Do" section, several Committee members agreed that the 1998 resource booklet should include information about collaborating with local AIDS organizations.

On page 34, remove the essay and coloring competition, and include an activity or competition that would inspire people between the ages of 15 and 24 to participate in the 1998 World AIDS Day initiative. Some examples include:

- a playwright contest where the winner is formally recognized at the World AIDS Day event for the best original play focusing on HIV/AIDS and individuals between the ages of 15 and 24.
- a poetry contest similar to the playwright contest

- an art contest where the artist is formally recognized at the 1998 World AIDS Day event for the canvas painting that best captures the theme, "Be a Force for Change."
- offer financial rewards in the form of college funding for the individual or group of individuals who not only design but implement an HIV/AIDS awareness program in their community.

Ms. Walker suggested including regional or city-specific magazines in the chart of page 36 of the Media Outreach Guide. She included that people submitting articles about World AIDS Day events in their community need to be informed that they will have more success submitting articles to regional or city-specific magazines than they will with national magazines. She also stressed that the media outreach suggestions should include the effectiveness of follow-up calling.

Committee members agreed that this section should contain the sample media advisory that was suggested earlier.

The Media Outreach Guide section could also include a sample PSA instead of just the PSA guidelines.

Ms. Walker also encouraged AAWH to consider announcing local World AIDS Day event on local radio stations as commercials. She included that it is an effective avenue to reach African American and Latino populations.

On page 40, Committee members asked about the Hotline numbers. Everyone agreed that they need to be updated and accurate.

Agenda Item: Discussion of World AIDS Day Events

Richard Wittenberg discussed the importance of coordinating World AIDS Day events in Washington, DC, in order to avoid conflicting schedules. He also called for a subcommittee to focus on reaching "the gaps"—populations that were not involved in World AIDS Day initiatives in past years. The Advisory Committee members who volunteered for the Coordinating DC World AIDS Day Events Subcommittee include:

- Julia Walker (via conference call), Balm in Gilead
- Sarah Rees, AAWH
- Christina Verni, AAWH
- Britt Weinstock, AAWH
- Richard Wittenberg, AAWH

Agenda Item: Wrap-Up

Mr. Wittenberg closed the meeting with a few final thoughts:

- Dr. David Satcher could serve as an excellent resource during the 1998 World AIDS Day initiative.
- The speakers and program length should be carefully chosen when planning the 1998 World AIDS Day symposium.
- Mr. Wittenberg stressed that the 1998 World AIDS Day initiative needs to reach a larger audience, particularly populations that have been inadvertently uninvolved in past World AIDS Day initiatives. He also stressed the importance of media participation and a sense of collaboration.

Meeting adjourned at 4:18 p.m.

CDC National Prevention Information Network

A service of NCHSTP

Operators of the CDC National AIDS Clearinghouse

P.O. Box 6003

Rockville, MD 20849-6003

Phone: (800) 458-5231 **TTY:** (800) 243-7012 **Fax:** (301) 562-1050 **Interntional:** (301) 562-1098

CDC Broadcast Fax Cover Page

Date: 6/19/98

Pages: 2

To: *The Honorable Sandra Thurman*

Organization: *Whitehouse Off of Natl AIDS Policy*

Fax Number: 202-4562438

Subject: *National HIV Testing Day*

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ADMINISTRATIVE MARKING

INITIALS: JM DATE: 5/15/99

2018-0764-F

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

June 22, 1998

Dear Colleague:

June 27 is National HIV Testing Day. On the eve of the 12th World AIDS conference in Geneva, I strongly encourage you to participate in efforts to help create national awareness of the importance of getting tested for HIV. This year's campaign will educate the public about HIV counseling and testing and who is at greater risk for HIV infection. It will encourage people who are at risk to be tested.

It is estimated that at least 200,000 Americans living with HIV do not know their status. This needs to change so that those with HIV can get appropriate medical care and receive counseling, support, and prevention services to avoid passing the virus on to others. However, regardless of HIV status, National Testing Day also provides a unique opportunity to target prevention messages to people who have behaviors that put them and others at risk for HIV infection. It also reminds us that we all need to work to develop an environment that does not stigmatize or discriminate against people with HIV.

The National Association of People with AIDS has developed and produced posters, fact sheets, and educational materials in English and Spanish to facilitate participation. If you haven't already received your campaign kit, contact Tony Farmer, NAPWA's Director of Education, at (202) 898-0414.

CDC congratulates NAPWA on this important effort and encourages your participation.

Sincerely,

A handwritten signature in cursive script that reads "Helene D. Gayle".

Helene D. Gayle, M.D., M.P.H.
Director
National Center for HIV, STD, and TB Prevention
Centers for Disease Control and Prevention

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10873			6/4/98	WH Staffing Memo

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
Action Completed	Action Date	Addressed To		

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Sender's City	Sender's State	Sender's Zip

CORR - SLT - incoming - 6/98

WHITE HOUSE STAFFING MEMORANDUM

Date: 6/3/98 ACTION / CONCURRENCE / COMMENT DUE BY: _____
 Subject: Fiscal Year '97 Annual Report on the National Institute of Health
AIDS Research Loan Repayment Program

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☐	McCURRY	☐	☐
BOWLES	☐	☐	McGINTY	☐	☐
McLARTY	☐	☐	NASH	☐	☐
PODESTA	☐	☐	REED	☒	☐ <i>human</i>
MATHEWS	☐	☐	RUFF	☐	☐
RAINES	☐	☐	SMITH	☐	☐
BEGALA	☐	☐	SOSNIK	☐	☐
BERGER	☐	☐	SPERLING	☐	☐
BLUMENTHAL	☐	☐	STEIN	☐	☐
ECHAVESTE	☐	☐	STERN	☐	☐
EMANUEL	☐	☐	STREETT	☐	☐
GIBBONS	☐	☐	VERVEER	☐	☐
IBARRA	☐	☐	WALDMAN	☐	☐
KLAIN	☐	☐	YELLEN	☐	☐
LEWIS	☐	☐	_____	☐	☐
LINDSEY	☐	☐	_____	☐	☐
MARSHALL	☐	☐	_____	☐	☐
			_____	☐	☐

REMARKS: Please return report to the Staff Secretary's Office after review. If you would like a copy of this report to keep, contact this office. Thank you.

RESPONSE:

ID# 261395

THE WHITE HOUSE
CORRESPONDENCE TRACKING WORKSHEET

INCOMING

DATE RECEIVED: APRIL 27, 1998

1998 MAY 21 4:11:22

NAME OF CORRESPONDENT: THE HONORABLE DONNA E. SHALALA

SUBJECT: ENCLOSURES FISCAL YEAR '97 ANNUAL REPORT ON
THE NATIONAL INSTITUTES OF HEALTH AIDS
RESEARCH LOAN REPAYMENT PROGRAM

ROUTE TO: OFFICE/AGENCY (STAFF NAME)		ACTION		DISPOSITION	
		ACT CODE	DATE YY/MM/DD	TYPE RESP	C COMPLETED D YY/MM/DD
TIM SAUNDERS		ORG	98/04/27		C 98/4/130
<i>Phil Caplan</i>	REFERRAL NOTE: _____	A	98/5/120		1/1
	REFERRAL NOTE: _____		1/1		1/1
	REFERRAL NOTE: _____		1/1		1/1
	REFERRAL NOTE: _____		1/1		1/1
	REFERRAL NOTE: _____		1/1		1/1

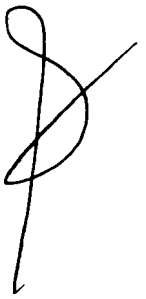
COMMENTS: *Not for the President's Xmas Hal to the Congress*

ADDITIONAL CORRESPONDENTS: MEDIA:L INDIVIDUAL CODES: _____

MI MAIL USER CODES: (A) _____ (B) _____ (C) _____

*ACTION CODES:	*DISPOSITION	*OUTGOING	*
*	*	*CORRESPONDENCE:	*
*A-APPROPRIATE ACTION	*A-ANSWERED	*TYPE RESP=INITIALS	*
*C-COMMENT/RECOM	*B-NON-SPEC-REFERRAL	* OF SIGNER	*
*D-DRAFT RESPONSE	*C-COMPLETED	* CODE = A	*
*F-FURNISH FACT SHEET	*S-SUSPENDED	*COMPLETED = DATE OF	*
I-INFO COPY/NO ACT NEC		* OUTGOING	*
*R-DIRECT REPLY W/COPY *			*
*S-FOR-SIGNATURE			*
*X-INTERIM REPLY			*

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(ROOM 75, OEOB) EXT-2590
KEEP THIS WORKSHEET ATTACHED TO THE ORIGINAL INCOMING
LETTER AT ALL TIMES AND SEND COMPLETED RECORD TO RECORDS
MANAGEMENT.





THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

APR 20 1998

#2035



The President
The White House
Washington, D.C. 20500

APR 22
Sunder

Dear Mr. President:

The enclosed 1997 Annual Report on the National Institutes of Health (NIH) AIDS Research Loan Repayment Program (LRP) is submitted pursuant to the requirements of § 487A (b) and § 338B (I) of the Public Health Service Act, as amended (42 USC 288-1(b) and 42 USC 2541-1[i]). This report relates the various activities and accomplishments, actual and projected, of the NIH AIDS Research LRP.

This report was prepared by the National Institutes of Health, Public Health Service.

Sincerely,

Donna E. Shalala

Enclosure

Annual Report to Congress

NATIONAL INSTITUTES OF HEALTH
AIDS RESEARCH LOAN REPAYMENT PROGRAM

U.S. Department of Health and Human Services
National Institutes of Health
Office of the Director
Office of Intramural Research
Office of Loan Repayment and Scholarship

**ANNUAL REPORT TO CONGRESS ON THE
NATIONAL INSTITUTES OF HEALTH
AIDS RESEARCH LOAN REPAYMENT PROGRAM**

EXECUTIVE SUMMARY

Public Law 100-607 of November 4, 1988, introduced § 487A of the Public Health Service (PHS) Act (42 USC 288-1), which authorizes the establishment of a loan repayment program for research with respect to acquired immunodeficiency syndrome (AIDS) for researchers employed at the National Institutes of Health (NIH). On June 10, 1993, Public Law 103-43 amended § 487A of the PHS Act and reauthorized this program.

Section 487A (b) incorporates those provisions which are applicable to the administration and reporting requirements of the National Health Service Corps (NHSC) Loan Repayment Program (§ 338B, 42 USC 2541-1), which do not conflict with the NIH AIDS Research Loan Repayment Program (LRP) established in § 487A.

Section 338B (i) of the PHS Act, as amended, requires the Secretary, Department of Health and Human Services (DHHS) to submit by March 1 of each year, an annual report to Congress on loan repayment activities for the prior year.

During FY 1997, the eighth year of funding of the NIH AIDS Research LRP, \$581,763 was obligated.

The LRP made awards to 9 health professionals who entered into initial, two-year service contracts, and 4 health professionals entering into one-year renewal contracts to conduct AIDS research at the following Institutes and Centers of the NIH:

National Institute of Allergy and Infectious Diseases (NIAID) - \$232,734; National Cancer Institute (NCI) - \$105,431; Clinical Center (CC) - \$83,400; National Institute of Mental Health (NIMH) - \$83,400; and National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) - \$76,798.

Loan repayment and tax reimbursement awards were made to 9 health professionals entering into initial, two-year service contracts at the following ICs: NIAID (4); NIDDK (2); CC (1); NCI (1); and NIMH (1). One-year, continuation contracts were granted to 4 participants conducting research at the following ICs: NCI (2); NIAID (1); and NIDA (1).

PREFACE

Section 338B (i) of the Public Health Service (PHS) Act, as amended, requires an annual report on the National Health Service Corps (NHSC) Loan Repayment Program. Section 487A of the PHS Act authorizes the establishment of a loan repayment program for employees at the National Institutes of Health (NIH) who are engaged in research on acquired immunodeficiency syndrome (AIDS). Section 487A (b) incorporates those provisions of § 338B of the PHS Act which do not conflict with the provisions of the NIH AIDS Research LRP, and thus, an annual report is required for the NIH AIDS Research LRP.

NATIONAL INSTITUTES OF HEALTH
AIDS RESEARCH LOAN REPAYMENT PROGRAM

INTRODUCTION

This Annual Report to the Congress on the NIH AIDS Research Loan Repayment Program (LRP) describes program activities for Fiscal Year 1997, the eighth year under which awards for the LRP have been made.

Report Requirement

Section 338B (I) of the Public Health Service (PHS) Act, as amended, requires the Secretary of Health and Human Services (HHS) to submit to Congress, no later than March 1 of each year, an annual report on the NHSC LRP, including in such report, with respect to the previous fiscal year, the following:

1. The total amount of loan payments made under the LRP in the year upon which reported;
2. The number and type of health profession training of individuals receiving loan payments under the LRP;
3. The number of applications filed under the LRP;
4. The educational institutions at which such individuals have received their training;
5. The total amount of the indebtedness of such individuals for educational loans as of the date on which the individuals become participants in the LRP;
6. The number of years of obligated service specified in the initial contract;
7. The number and type of health professions who have breached the contract; and
8. Effectiveness of the Secretary in recruiting health professionals to participate in the LRP.

Section 487A of the PHS Act authorizes the establishment of the NIH AIDS Research Loan Repayment Program. § 487A (b) of the PHS Act incorporates the reporting and administrative requirements found in § 338B (I), as amended.

Legislative Authority

Public Law 100-607, enacted November 4, 1988, requires the Secretary of HHS, not later than one year after the date of the enactment of the Health Professions Reauthorization Act of 1988, to establish and implement a program of loan repayments for appropriately qualified health professionals, who, by contractual obligation, agree to engage in research with respect to AIDS as employees of the NIH. Public Law 103-43, June 10, 1993, reauthorized the NIH AIDS Research LRP.

NIH AIDS Research LRP Activities

The NIH AIDS Research LRP was enacted November 4, 1988 (Public Law 100-607). A Notice announcing the implementation of the NIH AIDS Research LRP appeared in the November 8, 1989, issue of the Federal Register. The Office of Management and Budget granted the LRP clearance #0925-0361, with an approval through June 30, 1998.

The NIH AIDS Research LRP provides, for each year of participants' full service, loan repayments to participants' lenders of up to \$20,000 a year. These participants are NIH physicians and scientists who are engaged in qualified AIDS research.

The NIH AIDS Research LRP received applications from candidates with the following specialties: anatomy and cell biology, biology, cell and microbial biology, dermatology, epidemiology, genetics, immunology, infectious diseases, internal medicine, microbiology, molecular biology, pathology, pediatrics, and psychiatry.

The application packages were reviewed by the National Institutes of Health Loan Repayment Committee (LRC). The LRC is composed of senior scientists from the intramural and extramural research staff, who are appointed by the Director, NIH. In FY 1997, the LRC convened in September. In addition to considering policy questions, the LRC reviewed 13 AIDS Research LRP application packages.

The LRC, in reviewing the application packages, considered the appropriateness of the research assignment with respect to AIDS; the scientific merit of the assignment; and the credentials of both the applicant and supervisor.

The LRC approved all of the 13 IC-endorsed applicants in FY 1997. Obligations of \$581,763 were made in FY 1997.

These 13 individuals are serving under contracts to conduct AIDS research at the following Institutes and Centers (ICs) of the NIH:

National Institute of Allergy and Infectious Diseases (NIAID) - \$232,734; National Cancer Institute (NCI) - \$105,431; Clinical Center (CC) - \$83,400; National Institute of Mental Health (NIMH) - \$83,400; and National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) - \$76,798.

Awards were made to 9 health professionals entering into initial, two-year service contracts at the following ICs: NIAID (4); NIDDK (2); CC (1); NCI (1); and NIMH (1). One-year, continuation contracts were granted to 4 participants conducting research at the following ICs: NCI (2); NIAID (1); and NIDA (1).

The NIH AIDS Research LRP makes payments directly to participants' lenders. In FY 1997, \$418,534 was obligated for direct loan repayments to lenders. Loan repayments are disbursed biannually, annually, or quarterly until the end of the contract period. These payments to lenders represent taxable income to LRP participants. This income is reported to the Internal Revenue Service (IRS) and results in an increase in participants' Federal, State, and local tax liabilities.

The NIH AIDS Research LRP, for the purpose of providing reimbursements for Federal tax liability resulting from loan repayments, makes payments directly to a participant's IRS account in an amount equal to 39 percent of the total amount of loan repayments made for the taxable year involved. Additionally, the NIH AIDS Research LRP may make additional payments to participants for State and local tax liabilities resulting from loan repayment benefits. Thus, in FY 1997, the NIH AIDS Research LRP obligated \$163,229 to cover tax reimbursements to be disbursed for qualified participants during FYs 1997 and 1998.

NATIONAL INSTITUTES OF HEALTH
AIDS RESEARCH LOAN REPAYMENT PROGRAM

ACTIVITIES FOR FISCAL YEAR 1997

1. The total amount of loan payments made under the Loan Repayment Program
 2. The number and type of health profession training of individuals receiving loan payments under the Loan Repayment Program
-

National Institutes of Health
AIDS Research Loan Repayment Program

Obligations Made Toward Qualified Loans
Fiscal Year 1997

<u>Professional Degree(s)</u>	<u>Number</u>	<u>Loan Payments</u>	<u>Tax Reimbursements</u>
M.D.	10	\$357,101	\$139,269
Ph.D.	2	41,905	16,344
Ph.D., M.P.H.	1	19,528	7,616
	13	\$418,534	\$163,229

3. The number of applications filed and the health disciplines represented of individuals receiving loan repayments - the number count below includes participants with multiple health disciplines. There were 13 applications filed in FY 1997, all of these applicants are now participants receiving loan repayments. These participants represent the following health disciplines:

Internal Medicine	7	Epidemiology	1
Infectious Diseases	5	Genetics	1
Immunology	2	Microbiology	1
Anatomy and Cell Biology	1	Molecular Biology	1
Biology	1	Pathology	1
Cell & Microbial Biology	1	Pediatrics	1
Dermatology	1	Psychiatry	1

4. The educational institutions at which such individuals received their training - the participants in the NIH AIDS Research LRP received their professional degrees at the following institutions:

Doctor of Medicine (M.D.) -

Dartmouth Medical School
 Georgetown University
 Johns Hopkins University
 Mount Sinai School of Medicine
 State University of New York at Buffalo
 Thomas Jefferson Medical College
 Tufts University School of Medicine
 University of Miami School of Medicine
 University of Minnesota
 Wayne State University

Doctor of Philosophy (Ph.D.) -

Johns Hopkins University
 Temple University
 University of North Carolina

Master of Public Health (M.P.H.) -

Johns Hopkins University

5. The total amount of indebtedness for educational loans for the applicants accepted into the NIH AIDS Research LRP in FY 1997 equals \$859,132.

6. Initial contracts were executed for 9 health professionals to cover a minimum of two (2) years of obligated service and for four (4) health professionals to cover one (1) year of obligated service. To date, 105 individuals have completed the minimum 2-year service period, 39 individuals have completed service periods of three (3) years, nine (9) participants have completed service periods of four (4) years and one person has completed six (6) years of service.

7. No individuals have breached their contractual obligations.

8. The NIH AIDS Research LRP is designed to counter the growing economic disincentives to embark on research careers and to provide an incentive to engage in AIDS research as employees of the NIH. The NIH AIDS Research LRP has been publicized through the Academic Research Information System, Biomedical Science Report, The Journal of the Student National Medical Association, Journal of AIDS, Science Magazine, and the New Physician, and at the following scientific meetings and symposia: the American Federation for Clinical Research; the American Medical Student Association's annual meeting; the American Society for Clinical Investigation; the Association of American Medical Colleges; the Career Opportunities in Biomedicine and Public Health Service; the Hispanic Association of Colleges and Universities; the National Association of Advisors for Health Professionals; the National Hispanic Medical Association; the National Medical Association; the National Minority Research Symposium; the Society for the Advancement of Chicanos and Native Americans in Science; and the Student National Medical Association. Some individuals accepted into the NIH AIDS Research LRP would have accepted research training or research positions elsewhere if not for the financial incentives of the loan repayment program. Additionally, some researchers who received loan repayment benefits through renewal contracts otherwise would have left the NIH for other career research opportunities.



FAX

Date: June 3, 1998**To:** See List Below**From:** Elray Hobbs for Regina Aragón
San Francisco AIDS Foundation
P.O. Box 426182
San Francisco, CA 94142**cc:****Phone:****Phone:** 415-487-3083**Fax:****Fax:** 415-487-3089**Total Pages:** 9

Remarks: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

Kevin Thurm	(202) 690-7203
Dr. David Satcher	(202) 690-6960
Dr. Eric Goosby	(202) 690-7560
Dr. Helene Gayle	(404) 639-8600
Sandy Thurman	(202) 456-2438
Marsha Martin	(202) 690-7098
Chris Jennings	(202) 456-5542

Please call 415-487-3080 if you fail to receive the 9 pages in this transmission.



SAN FRANCISCO AIDS FOUNDATION P.O. BOX 426182, SAN FRANCISCO, CALIFORNIA 94142-6182

June 3, 1998

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

Dear Secretary Shalala:

I am writing to express the San Francisco AIDS Foundation's concerns regarding the Centers for Disease Control and Prevention's (CDC) unpublished, draft guidelines for HIV case surveillance. While the AIDS Foundation fully supports efforts to more accurately track the scope of the HIV epidemic, including the use of HIV case reporting, we are opposed to HIV names reporting and believe that, at this time, it is critical for your office to intervene to ensure that the CDC guidance provides states with maximum flexibility and equal support to implement alternative systems.

This flexibility is extremely important for California, which is currently considering legislation to implement a non-names based HIV surveillance system. Because of the recognized need for improved surveillance, as well as the negative public health consequences of HIV names reporting, the California HIV Surveillance Coalition—a collaboration of over 40 community-based health and HIV organizations throughout California—has strongly advocated for the development of a non-names based HIV reporting system. The Coalition is currently working with Assembly Member Carole Migden on passage of her bill related to non-names based HIV reporting, AB 1663, which has the support of the California Medical Association.

As you know, work is also taking place at the local level here in San Francisco. Based on the Mayor's Summit on AIDS and HIV, which was held earlier this year, Mayor Willie Brown, Jr. is convening a task force of local and national experts to develop a non-names based HIV reporting system. The system that is crafted will be implemented in the City of County of San Francisco, and hopefully used as a model for California and other states. This group is scheduled to meet June 11-12.

Several other states are also considering non-names based reporting systems, including Massachusetts, Washington, New York, and Hawaii. All of these jurisdictions must be given the opportunity to craft systems that are not fraught with the negative consequences of names based reporting. Additionally, HHS must ensure that federal resources are distributed equitably to support a range of state determined surveillance systems.

Secretary Shalala

June 3, 1998

Page 2

State self-determination regarding the diseases that should be reported and the mechanism by which this reporting should be done has long been a hallmark of our nation's public health efforts and disease surveillance activities. States must be provided with the opportunity to craft systems that will provide helpful data without causing individuals at greatest risk for HIV to fear testing and care settings.

It is our belief that names-based HIV reporting will deter individuals from HIV testing and care, thereby undermining efforts to accomplish our shared goal of ensuring early and consistent access to HIV therapies (please see the attached fact sheet on research on this topic). Contrary to the CDC's assertions, *names* are not needed to obtain useful data on the epidemic, nor are names necessary to link individuals into care, which is more appropriately a function of HIV counseling and testing programs.

In closing, we would also ask that the Department clarify that more widespread use of non-names based systems of HIV surveillance would not threaten states' funding, or undermine the integrity of national surveillance, as is often suggested by CDC officials. There is absolutely no justification for the CDC's threat to states that a decision to adopt a non-names based reporting system will compromise federal funding that is tied to caseloads. If statistical sampling techniques can be used to adjust for undercounting by the Census Bureau, they can certainly be used to ensure that states are not penalized for using alternative approaches to HIV case surveillance.

Thank you very much for your attention to this important matter. Please feel free to contact me at (415) 487-3099 if you have any questions regarding our concerns or the progress in California in developing a non-names based system.

Sincerely,



Regina Aragón
Director of Public Policy

cc. Kevin Thurm
Dr. David Satcher
Dr. Eric Goosby
Dr. Helene Gayle
Sandy Thurman
Marsha Martin
Chris Jennings

MANDATORY NAMES REPORTING OF HIV INFECTION IS A DETERRENT TO TESTING AND MEDICAL TREATMENT

An HIV test is the first step a person must take to learn their health status, and take appropriate measures to stay healthy. The Centers for Disease Control & Prevention (CDC) estimates that over a third of those infected in the U.S. do not know their HIV status. The current clinical guidelines recommend initiating treatment as early in the course of disease as possible to obtain the maximum benefit. Therefore, people at risk of HIV infection should be encouraged to find out their HIV status as soon as possible after exposure to make informed treatment decisions, and any barriers to testing should be removed as quickly as possible.

Changes in the epidemic have led to increasing concern that existing AIDS surveillance efforts are becoming outdated, and a call for an expanded HIV reporting system. The San Francisco AIDS Foundation acknowledges the need for improved HIV data. However, we strongly disagree that HIV *names* reporting is necessary, and we do not believe that the benefits of names reporting outweigh the potential deterrence from HIV testing and/or treatment.

All Studies on HIV Names Reporting Have Shown a Deterrent Effect on HIV Testing

Research on the impact of mandatory names reporting on testing has shown that:

- A 1997 study in anonymous test sites in San Francisco found that 68% said they would not be willing to get tested if their name would be reported to the government. (Woods, 1997)
- The 1996 HIV Testing Survey (HITS) showed that 19% of those surveyed who had never been tested said that the fear that their name might be reported to the government was a factor in their decision not to get tested, after reasons such as fear of finding out, or believing that they were not at risk. For 2% fear of reporting was the main reason. (Hecht, 1997)
- The same survey reported that 18% of those who had delayed testing did so because of fear of being reported to the government, with 3% citing it as the main reason. (Hecht, 1997)
- A 1995 survey done in HIV testing centers in Los Angeles showed that 86% of participants would not have been tested if they knew that their name would be reported to the government. (Reed, 1996)
- A 1989 study in California reported that over 60% of individuals would not get tested if the results were reported. (Kegeles, 1989)

An AIDS Health Project survey in San Francisco (Woods, 1998) shows that when names reporting is explained the deterrent effect is reduced somewhat, but the majority of individuals still indicated that they would avoid testing if names reporting were implemented:

- Of the 68% who said they would not get tested if their name were reported, 12% changed their minds about getting tested once the public health benefits of reporting were explained to them, but a 58% majority continued to oppose testing.
- If the benefits were explained **before** the question about testing was asked, 46% reported that they would not test if names were reported.

A 1998 survey of clients of the San Francisco AIDS Foundation found that 33% of clients would have avoided testing and another 11% would have delayed it if their name were reported confidentially to a government health agency.

Few people in the HITS study reported that their worries about names reporting were the main reason they had not gotten tested earlier, but a significant number said that it had an effect on their decision. The main reasons they did not test were that they were afraid to find out, that they thought they were not at risk, or that they didn't want to think about it. Those are all very personal reasons, which anyone getting tested must consider. Although education campaigns or good counseling can help individuals think through these barriers, they are not the result of a governmental action. The reporting of names, however, is the one cause of delayed or avoided testing which the government can eliminate, by not asking for names as HIV surveillance.

The HITS study also shows that some individuals may not know whether or not their state requires names reporting. However, a lack of information on names reporting policies does not imply that those policies will have no effect on behavior once people learn what the relevant policies are in their states. The San Francisco AIDS Foundation believes that individuals should have adequate information about the policies in effect in their state when they choose to be tested so that they may make informed decisions regarding HIV testing.

The studies cited here may disagree on the degree of deterrence to testing, but they all reflect some level of deterrence.

Those at Highest Risk for HIV Infection Are Most Likely To Be Deterred From Testing By Names Reporting

Research has shown a strong deterrent effect in groups which are at high risk of infection, and when high risk groups have been compared to lower risk groups, the deterrent effect is higher for those groups at highest risk. It is also high among communities which have been disproportionately affected by HIV infection, including gay/bisexual men, African-Americans and Latinos. Many of the groups at highest risk of infection, including injection drug users, sex workers, men who have sex with men, and groups which have disproportionate rates of infection, such as African-Americans and Latinos, have a long-standing (and in many cases reasonable) distrust of government, and names reporting would only exacerbate those concerns.

- In the 1995 Los Angeles study, 91% of gay men surveyed reported that they would not get tested if there were names reporting, compared to 86% of all study participants. (Reed, 1996)
- In the same study, participants who self-identified as being at high-risk were significantly more likely to avoid testing under names reporting. (Reed, 1996)
- A 1989 study from UCSF showed that names reporting would reduce the number of gay/bisexual men willing to be tested (Kegeles, 1989).
- Other studies have shown that names reporting would have a significant impact on African-American and Latino testing rates (Fordyce, 1989)
- In South Carolina, when anonymous testing was ended, the number of gay men getting tested dropped by 51%. HIV positive results dropped by 43%, suggesting that many of those who were positive were not getting tested at all (Johnson, 1988).
- In a 1992 survey 77% of gay & bisexual men reported that not wanting their name to be on a government list was one of the most important reasons for not getting tested. (Meyers, 1993)
- A 1994 study in Arizona showed that men who have sex with men delayed testing until anonymous testing was available due to a fear of being reported. It also showed a significantly higher rate of HIV infection among those who delayed testing. (Hirano, 1994)

HIV Names Reporting Will Delay, Not Improve, Access to Treatment For Many People With HIV

Names reporting would also deter individuals with HIV from accessing medical treatment for their HIV infection. The available research shows that:

- In the Los Angeles survey, 23% of those getting tested said that they would not access medical care until they became sick, if name-based reporting were implemented. (Reed, 1996)
- In the same study, when individuals who were HIV-positive were asked what they would have done had their names been reported when they accessed care, 25% said that they would have waited until they were sick, and another 36% said that they might not have accessed treatment at all. (Reed, 1996)
- The AIDS Patient Survey showed that people access care later in states with names reporting than in states without it. Specifically, CD4 counts were significantly lower in names reporting than non-names reporting states. (Bindman, 1997)
- In the same study, of those who delayed accessing care more than a month after testing positive, 10% cited fear of being reported to the government as a reason. (Bindman, 1997)
- The San Francisco AIDS Foundation 1998 Client Survey found that 12% of those surveyed said they might not have sought treatment if they knew that their name would be reported to health officials when they sought medical care, and another 29% said they would not have sought treatment unless they were very sick.

The success of new combination treatments has been used as a justification for names reporting, on the grounds that names reporting will somehow ensure access to treatments, and that expanded surveillance is needed to compensate for people with HIV not getting sick enough to be diagnosed with AIDS. In fact, one of the largest implications of the new treatments is that everyone infected with HIV should get treated as soon as possible in the course of infection, and to do that, they must know their HIV status. If names reporting serves as a barrier to testing, then we lose more than we gain. A better understanding of the epidemic is important, but not at the cost of expanding the epidemic.

Unique Identifiers: A More Sound Public Health Alternative to HIV Surveillance

The primary HIV surveillance system that is considered an alternative to names reporting is unique identifier reporting. Under such a system, an HIV-infected individual would not be reported by name to public health officials but rather by some form of a unique code that could not be traced back to the person. Unique identifiers would address some of the confidentiality concerns and HIV testing deterrence caused by name-based reporting, and still help meet the need for improved surveillance of HIV disease.

Unique identifier reporting has been seen as a potential compromise between those who strongly believe that better HIV data is needed and those who have strong public health and privacy concerns regarding HIV names reporting. Unique identifiers, if designed and implemented properly, are as specific as names in enabling unduplicated counts of people living with HIV, yet do not create a list that could potentially be used to identify individuals. Unique identifiers are currently in use in Maryland and Texas, and are under consideration in a number of other states, including Massachusetts, Washington, Hawaii, and California.

REFERENCES

Bindman, AB, et al., *The AIDS Patient Survey: Assessing the Effect of State HIV Testing and Reporting Policies on the Health Care Seeking Behavior of People with AIDS*. Presentation for the American Public Health Association Conference, Session 3108 (1997)

Fordyce, E, et al., *Mandatory Reporting of HIV Testing Would Deter Blacks and Hispanics from Being Tested*, 262 JAMA 349 (1989)

Hecht, FM, et al., *Named HIV Reporting: HIV Testing Survey (HITS)*. Presentation for the American Public Health Association Conference, Session 3108 (1997)

Hirano, D, et al., *Anonymous HIV Testing: The Impact of Availability on Demand in Arizona*, 84 AJPH 2008 (1994)

Johnson, WD, et al., *The Impact on Mandatory Reporting on HIV Seropositive Persons in South Carolina*, Presentation for the IV International Conference on AIDS (1988)

Kegeles, S, et al., *Many People Who Seek Anonymous HIV-Antibody Testing Would Avoid It Under Other Circumstances*, AIDS, 1990; 4:585-588.

Meyers, T, et al., *Factors Affecting Gay and Bisexual Men's Decisions and Intentions to Seek HIV Testing*. AJPH, May 1993, Vol.83, No.5.

Reed, G, et al., *The Impact of Mandatory Name Reporting on HIV Testing and Treatment*, Poster Presentation for the XI International Conference on AIDS (1996)

San Francisco AIDS Foundation, *Client Survey Report on Names Reporting*, April 1998

Woods, WJ, et al., *Names Reporting of HIV-Positives Would Reduce HIV Testing Among Men Who Have High-Risk Sex With Men in San Francisco, CA*, Submitted to the XII World AIDS Conference (1998)

RESOURCES

AIDS Action Committee (Boston), *Creating an Effective Public Health Response to the Changing Epidemic: Moving to HIV Surveillance by Unique Identifier and Other Non-Name Based Surveillance Systems*, October 1997

American Civil Liberties Union AIDS Project, *HIV Surveillance and Name Reporting: A Public Health Case for Protecting Civil Liberties*, October 1997

Burris, Scott, "Driving the Epidemic Underground? A New Look at Law and the Social Risk of HIV Testing," *AIDS & Public Policy Journal*, Summer 1997

Forbes, Anna, "Naming Names: Mandatory Name-Based HIV Reporting, Its Impact and Alternatives," *AIDS Policy & Law*, May 1996

Governor's Advisory Council on HIV/AIDS (Washington State), *HIV Reporting Task Force Report*, January 1998

San Francisco AIDS Foundation, *HIV Surveillance and Reporting Statement*, October 1997



SAN FRANCISCO AIDS FOUNDATION P.O. BOX 426182, SAN FRANCISCO, CALIFORNIA 94142-6182

EXECUTIVE SUMMARY OF THE HIV SURVEILLANCE AND REPORTING POLICY STATEMENT OF THE SAN FRANCISCO AIDS FOUNDATION

Changes in the epidemic have led many public health officials to express increasing concern that existing AIDS surveillance efforts are becoming outdated. This has often resulted in the call for some type of HIV reporting system.

The San Francisco AIDS Foundation acknowledges there is a need for improved HIV data, if this information is used appropriately to better plan for future service needs, target and evaluate prevention efforts, and inform resource allocation decisions. **However, we strongly disagree that HIV *names* reporting is necessary to accomplish these goals, and we do not believe that the benefits of names reporting outweigh the potential negative repercussions associated with this type of surveillance system (such as the possibility that some individuals would be deterred from seeking HIV testing and/or treatment under such a system).**

Any system that is developed should meet the goals of HIV surveillance and the criteria by which HIV surveillance systems should be evaluated that are outlined below. Non-names based surveillance systems that may be able to meet these goals and criteria, such as reporting systems that utilize unique identifiers, must be more aggressively examined in an unbiased fashion as a viable alternative to HIV names reporting.

Goals and Appropriate Uses of HIV Surveillance Data

We believe that HIV surveillance should only be designed to help meet the following goals:

- Better determine and understand the demographic and risk profiles of the current epidemic;
- Plan for future health care and social service needs;
- Track new incidence of HIV in order to target prevention efforts;
- Evaluate overall efficacy of prevention efforts;
- Inform rational resource allocation.

Any HIV surveillance system that is developed should include specific mechanisms to ensure that surveillance data is utilized to meet these goals. In addition, although certain activities are worthy goals of HIV testing and treatment programs—such as linking individuals to care and treatment or identifying additional individuals who have possibly been exposed to HIV—these are not appropriate uses of HIV surveillance data. HIV reporting will not make treatment more available or accessible and is not needed to conduct effective partner notification.

Criteria That Should Be Utilized to Evaluate HIV Surveillance Efforts

The Foundation believes there are reasonable and appropriate criteria that must be met to justify the use of any particular HIV surveillance system. Specifically, an HIV surveillance system should:

10/24/97

- Not create a disincentive to testing and/or treatment;
- Produce information that is actually utilized for planning and evaluation purposes in a manner that has the potential to improve the community's health;
- Not violate confidentiality and/or civil rights and should include strong enforcement and penalties for disclosure of information;
- Not come at the expense of resources for treatment/services;
- Respect individual choice with respect to name disclosure.

Only by meeting these criteria will a system provide sufficient benefit to outweigh any potential negative or damaging consequences. A mandatory name-based reporting system would run counter to several of these criteria and should under no circumstances be required or encouraged. Other systems that do not rely on names, such as some type of unique identifier system, should be pursued if it is determined that such a system also meets these criteria.

Unique Identifier Reporting Must Be Examined as a Viable Alternative

The primary HIV surveillance system that is considered a potential alternative to names reporting is unique identifier reporting. Under such a system, an HIV-infected individual would not be reported by name to public health officials, but rather by some form of a unique code that could not be traced back to the person. Many have argued that the data regarding the effectiveness of unique identifier systems show that these systems are inadequate and that names reporting is the only viable HIV surveillance system available. The Foundation disagrees with this conclusion. We do not believe that unique identifier reporting systems have been judged fairly in the national debate regarding HIV surveillance systems. Specifically:

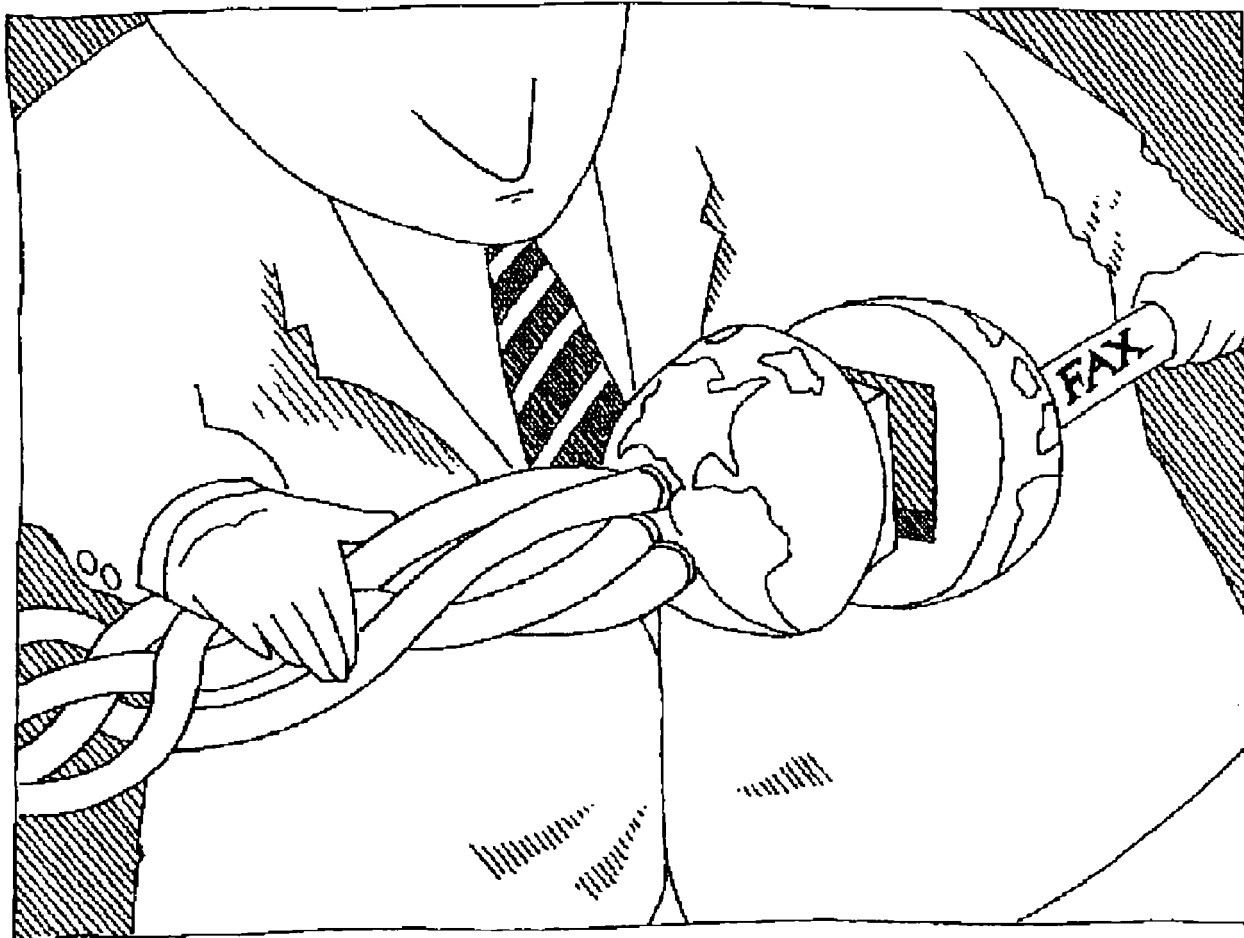
- Unique identifier systems have not been funded adequately.
- The evaluation of the current unique identifier systems has not taken into account the fact that these systems are relatively new.
- The standard used to judge unique identifier systems has been set unnecessarily high. Absolutely complete and accurate data is not needed to analyze broad trends in the epidemic.
- The fact that many states have implemented names-based reporting does not provide a legitimate rationale for opposing unique identifier reporting (in fact, approximately 75% of individuals living with HIV reside in states that do not report HIV cases by name).

The Foundation believes that if public health officials commit to providing proper attention and time to developing such a system, a reporting mechanism could be developed that would provide adequate and necessary surveillance data while greatly reducing the public health and privacy concerns related to name based reporting.

In conclusion, the Foundation agrees that improved HIV surveillance data, if used appropriately, could benefit people living with HIV. However, collection of this data must be done in a manner that minimizes the potential for harm to these same individuals. We will continue to work to establish a system that meets both of these important goals.

For a copy of the complete, seven-page position statement, please contact the San Francisco AIDS Foundation Public Policy Department at (415) 487-3080.

FACSys Fax Messaging Gateway



To: Sandra Thurman

From: Paul Boneberg

Fax Number: 4562438

Subject:

Date: June 01, 1998

Pages: 3

Time: 12:54:31 PM

Note:

**National Organizations Responding to AIDS (NORA)
MEMORANDUM**

TO: NORA Coalition

FROM: Paul Boneberg (202-667-6300)
NORA International Issues Working Group

DATE: June 1, 1998

REASON: Dr. Michael Merson to Update US AIDS Groups on Gaps in the World's
Response to the HIV/AIDS Pandemic

WHEN: Monday, June 8--3:30 to 5 PM
At the International Center for Research on Women
1717 Massachusetts Ave NW # 302

Dr. Michael Merson--Dean of Public Health at Yale University and former head of the Global Program on AIDS--is one of the world's leading authorities on the HIV/AIDS pandemic.

In a recent presentation at the UCSF HIV/AIDS Prevention Workshop Dr. Merson identified several gaps in research and program activity in the world's response to HIV/AIDS. Hearing this we have asked Dr. Merson to share his perspective with American organizations concerned with global AIDS issues on three broad issues:

- Trends in the pandemic of particular concern;
- Critical gaps in the world's research and program response to the pandemic;
- Issues and activities American AIDS groups should prioritize in response to the global HIV/AIDS pandemic.

Dr. Merson will speak for 20-30 minutes and answer questions for approximately one hour.

We expect that this will be a small meeting and space is limited. To attend you must confirm by calling Paul Boneberg, Global AIDS Action Network, 202-667-6300. (For direction etc. the number of the International Center for Research on Women is 202-797-0007

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Dept. of HHS/CDC

Sender's City

Sender's State

Sender's Zip



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

May 15, 1998

Dear Colleague:

On behalf of the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC), I am pleased to announce the **National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs**. This conference and ancillary meetings will be held at the Omni Hotel at CNN Center in Atlanta, August 9-14, 1998.

Participants will include representatives from state and local education, health and social service agencies; national non-governmental organizations; federal agencies; universities; and philanthropic organizations. Copies of the 1) draft conference schedule, 2) conference registration form, 3) call for abstracts, 4) awards nomination form, 5) hotel registration form and an 6) ancillary meeting form are enclosed. Please complete the enclosed call for abstracts and return it to our conference support contractor, Professional and Scientific Associates, Inc., 2635 Century Parkway, Suite 990, Atlanta, Georgia 30345, Attention: Diana Felde, by June 12, 1998. This will help determine which topics will be presented during the conference. In addition, please submit any award nomination by July 8, 1998.

Please note that this year there will be a registration fee of \$80. Any registration fees paid after the July 8 cut-off date or on-site will cost \$95. If you plan to attend, please return the enclosed registration form and your check made payable to SSDHPER by July 8, 1998. These should be mailed to: Professional and Scientific Associates, Inc., at the address noted above, on or before the deadline to ensure they are processed and your materials are ready for you when you arrive at the registration desk. Registrations can be faxed to 404-633-5756 or 404-633-6477. Should your organization require it, the Federal Tax I.D. number for SSDHPER is 237294091.

A block of sleeping rooms has been reserved at the Omni Hotel at CNN Center at the single room rate of \$97.00 inclusive, per night and \$125.40 inclusive, for a double room. This special rate will only be available after July 16 on a space available basis, therefore, we suggest that the enclosed hotel registration form be sent to the Omni Hotel at CNN Center as soon as possible.

page 2

We are enthusiastic about what will be shared and learned at this conference and look forward to seeing you in Atlanta. If you have any questions or concerns, please contact Christine Behounek at 404-633-6869 or 800-772-8232.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Lloyd J. Kolbe". The signature is fluid and cursive, with a large loop at the end.

Lloyd J. Kolbe, PhD
Director
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion

Enclosures (6)

REGISTRATION FORM

NATIONAL LEADERSHIP CONFERENCE TO STRENGTHEN HIV/AIDS EDUCATION AND COORDINATED SCHOOL HEALTH PROGRAMS

REGISTRATION FEE: \$80

REGISTRATION FEE
AFTER JULY 8TH: \$95

Make checks payable to: SSDHPER
Federal Tax ID #: 237294091

REGISTRATION FORMS MUST BE RECEIVED BY
JULY 8, 1998

☐ Ms.

Name ☐ Mr. _____ Degrees: _____

Title: _____

Affiliation: _____

Address: _____

Telephone: _____ Fax: _____

☐ Special Needs: _____

Arrival Date: _____ Departure Date: _____

Please respond to the following questions:

Do you have Internet e-mail? ☐ Yes ☐ No

If yes, what is your e-mail address?: _____

Do you have access to the World Wide Web at your office? ☐ Yes ☐ No

Do you have access to the World Wide Web at your home? ☐ Yes ☐ No

Return This Registration Form Before July 8, 1998 To:

Christine A. Behounek
Professional and Scientific Associates, Inc.
2635 Century Parkway, Suite 990
Atlanta, GA 30345
Phone: 404-633-6869
Fax: 404-633-5756 or 404-633-6477

SSDPHER will accept the following credit cards for payment on-site:

- Visa
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- American Express

CALL FOR ABSTRACTS

NATIONAL LEADERSHIP CONFERENCE TO STRENGTHEN HIV/AIDS EDUCATION AND COORDINATED SCHOOL HEALTH PROGRAMS

*Dated Materials
Immediate Attention Required
Deadline for Submissions: June 12, 1998*

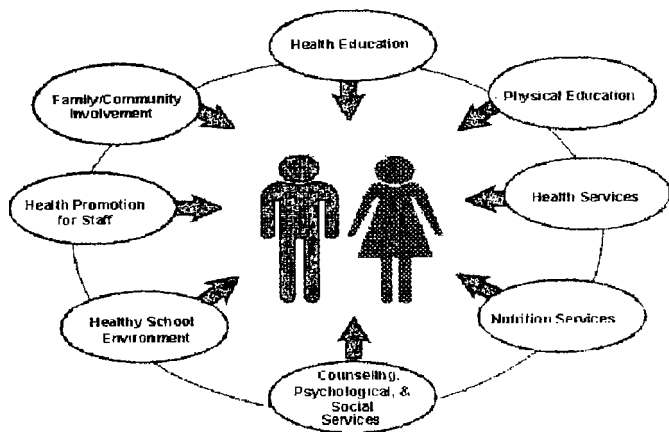


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

CDC
Centers for Disease Control
and Prevention

OVERVIEW

NATIONAL LEADERSHIP CONFERENCE TO STRENGTHEN HIV/AIDS EDUCATION AND COORDINATED SCHOOL HEALTH PROGRAMS



A Coordinated School Health Program

The CDC Eight Component Model of a Coordinated School Health Program consists of eight interactive components: health education; physical education; health services; nutrition services; counseling; psychological and social services; healthy school environment; health promotion for staff; and parent/community involvement.

Youth In High-Risk Situations

The following is the Centers for Disease Control and Prevention's definition of youth in high-risk situations (from CDC, "Report of the Fourth Meeting of the CDC Advisory Committee on the Prevention of HIV Infection," November 7-8, 1990).

Young people between the ages of 10 and 24 who fit at least one of the following categories are considered at high risk for HIV infection:

- Homeless youth;
- Runaway youth;
- Youth not in school and unemployed;
- Youth requiring drug or alcohol rehabilitation;
- Youth who interface with the juvenile corrections system;
- Medically indigent youth;
- Youth requiring mental health services;
- Youth in foster homes;
- Migrant farm worker youth;
- Gay or lesbian youth;
- Youth with STDs, especially genital ulcer disease;
- Sexually abused youth;
- Sexually active youth;
- Pregnant youth;
- Youth seeking counseling and testing for HIV infection;
- Youth with signs and symptoms of HIV infection or AIDS without alternative diagnosis;
- Youth who barter or sell sex; and
- Youth who use illegal injected drugs (including crack cocaine).

Who Attends

- Education, health, and social service professionals involved in HIV/AIDS prevention activities and programs for youth ages 10-24.
- Education, health, and social service professionals involved with Coordinated School Health Programs.
- Academic, administrative, and research staff from institutions of higher education.
- Other individuals serving youth ages 10-24 in and out of the school setting including, but not limited to: policy makers; medical professionals; parents; members of the faith community; and representatives from voluntary and special interest groups.

PROGRAM HIGHLIGHTS

NATIONAL LEADERSHIP CONFERENCE TO STRENGTHEN HIV/AIDS EDUCATION AND COORDINATED SCHOOL HEALTH PROGRAMS

The United States Surgeon General, ADM. David Satcher has been invited to address the 1998 National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs which is being held in Atlanta, Georgia, August 9-14, 1998 ...

Hear from other invited notables including:

- *James Marks, Director, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention;*
- *Thomas J. Coates, Professor of Medicine and Epidemiology, Director UCSF AIDS Research Institute and Center for AIDS Prevention Studies, University of California San Francisco;*
- *Todd Summers, Deputy Director, White House Office of National AIDS Policy; and*
- *Gerald Tirozzi, Assistant Secretary, Office of Elementary and Secondary Education for U.S. Department of Education*

Refocus on the purpose of Coordinated School Health Programs: hear youth profiles ...

Take advantage of regional and topical networking opportunities provided in this years program ...

Acquire the latest in cooperative school health programs related to youth and:

- *Sexual Behaviors*
- *Violence and Injury*
- *Tobacco Use*
- *Physical Activity*
- *Alcohol, Drug Abuse and Addiction*
- *Unhealthy dietary behaviors*

Explore technology resources and technical assistance opportunities in hands-on settings ...

CONFERENCE PURPOSES

NATIONAL LEADERSHIP CONFERENCE TO STRENGTHEN HIV/AIDS EDUCATION AND COORDINATED SCHOOL HEALTH PROGRAMS

The Centers for Disease Control and Prevention, Department of Education, and the Society of State Directors of Health, Physical Education & Recreation are calling for abstracts for the *National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs* to be held at the Omni Hotel, Atlanta, Georgia on August 9-14, 1998.

Conference Objectives:

- Enable the nation's leaders to meet and to explore collaborative efforts to assure the health and educational success of all young people, including postsecondary students, with special emphasis on youth in high risk situations.
- Provide up-to-date information about agencies, activities, and resources available to enhance assessment, implementation, documentation, coordination, management, surveillance and evaluation of HIV prevention programs in coordinated school health programs, institutions of higher education, and national organizations that serve children, youth and young people.
- Provide opportunities to strengthen skills to foster and maintain successful partnerships that promote HIV prevention programs and coordinated school health programs in schools, colleges and universities.
- Provide technical assistance and training to the nation's leaders about the skills that health, education, social service, and other professionals need in order to help young people outside of school avoid HIV infection and other serious health problems.
- Provide opportunities for networking.
- Provide conference participants with first-hand exposure to innovative new health education curriculum materials and information services to support school health initiatives and enable them to interact with publishers and program designers.

PRESENTATION TOPICS, OPTIONS, AND SUBMISSION METHODS

Topics

The Steering Committee encourages the submission of abstracts addressing HIV/AIDS prevention and coordinated school health programs. The abstracts should address at least one or more of the six categories of behavior that contribute substantially to the leading causes of death, illness, and social problems among young people and adults. These six categories (in order of importance assigned by the Steering Committee) are:

- Sexual behaviors
- Behaviors that contribute to unintentional and intentional injuries
- Tobacco use
- Physical activity
- Alcohol and other drug use
- Unhealthy dietary behaviors

Special consideration will be given to abstracts that address culturally diverse populations and youth in high-risk situations (see definition on page 1). The topics listed below provide examples of major themes identified by the Steering Committee for this years conference:

- Resiliency: Strengths, Social Competency, and Youth Development
- Best Practices (e.g., models that work)
- Family and Community Involvement
- Infrastructure Development
- College/University Programs and Curricula (e.g., community collaborations)
- Valuing Diversity
- Pre-/In-Service Training and Professional Development
- Policy
- Integrated Concepts (e.g., practical program strategies - evaluation, curricula, linking health in/with education)
- School Advocacy Materials
- School Health and Business/Community Partnerships
- Coordinated/Collaborative Efforts
- HP 2010 Objectives for Schools and Adolescents

Presentation Options

There are 3 options available for presentations. Indicate your preference on your submission form (or within the file if you are e-mailing or sending your abstract(s) on diskette ... see "Submission Information" for these details). The 3 options are:

1- Oral Presentation:

An oral presentation is an in-depth 1-1/2 hour presentation given as a concurrent breakout session. Visuals can be presented in overhead transparency or 35mm slide formats. Copies of visuals will be required as handouts for session participants.

2- Poster Session:

A poster presentation is a placard-type exhibit posted on a 4' high x 8' wide poster board. Posters may be accompanied by written handouts or other materials, and will be displayed in a special exhibits area at the conference. Poster presenters will be required to stay at their poster display during the Poster Session with Authors scheduled on {day} from {time}. Audiovisual equipment is generally not provided for poster sessions.

3- Roundtable Discussion:

A roundtable discussion is a 45 minute, informal, participatory session which will be held 3 times during Wednesday afternoon, August 12. Networking and sharing of model programs will be a priority at this conference. The role of the roundtable leader is primarily to be a facilitator for a discussion among all the individuals who attend the session. This is an opportunity to boast of special challenges or successes, highlight favorite program activities, or share resources.

Submission Methods

Submissions can be made by any of the following methods, but PLEASE submit each abstract only once using one of the following methods (unless a resubmission is requested because of transmission or reception problems):

- Hardcopy by fax transmission or mail
- E-mail transmission with return receipt confirmation for your records
- 3.5" diskette (MS/DOS or WINDOWS IBM compatible formats only) by mail

SUBMISSION INFORMATION

Submission Deadline:

June 12, 1998

Formatting Questions:

Call Diana Felde at 1-800-772-8232

Review Results to be Mailed By:

June 30, 1998

On receipt, each abstract submission will be logged separately and a postcard sent to the submitter confirming receipt. If you sent more than one abstract at the same time the number of abstracts received will be noted on the postcard. *If you have not received a postcard confirmation within 1 week of the mailing date, or the number of abstracts received is not the same as what you sent, call 1-800-772-8232 immediately.* A review result notification letter will be sent for every abstract submitted. If your abstract is selected you will receive a fax request to reconfirm your availability to attend the Conference and make the presentation. Information on the type of presentation, date and time, and various other, helpful materials will also be sent under separate cover. Presenters will be responsible for all expenses related to participation in the conference, including transportation, lodging, meals, and conference registration fees.

Text Formats & Requirements

- Save all copy in an ASCII text file format.
- All text should be left justified and double spaced.
- Do not use any formatting commands including bold, center, full justification, italics, or underlines.
- Abstract presentation titles should be no longer than 15 words, or 100 characters.
- Abstract text should be no more than 250 words, or 1,500 characters.
- *Include a paragraph on the learning objectives for your presentation.*
- *All submissions must include the Conflict of Interest and Speaker BioSketch forms to be accepted. Submissions without these forms will not be considered.*

By Fax:

Complete all sections on the Submission Form included with this mailer. Use a separate form for each abstract being submitted. Fax a copy of the Submission form, abstract copy, presenter Conflict of Interest, and Speaker BioSketch forms with each submission. Fax submissions to 404-633-6477 or 404-321-4653 before close of business on June 12, 1998.

By E-mail:

Submit each abstract as separate attachments with your e-mail. The Conflict of Interest and Speaker BioSketch form information should also each be saved in separate files (only one of each required for e-mail submissions). Include the following information at the top of each abstract submission file:

- Name, degree(s), title, affiliation, mailing address, phone, fax, and e-mail address of the person submitting the abstract.
- Name, degree(s), title, affiliation, mailing address, phone, fax, and e-mail address of the person who will make the presentation (if different).
- Which presentation option, or options, you prefer.

Send your e-mail submissions to d_felde@psava.com. Request a confirmation of receipt on any e-mail submissions for your records. If you do not receive confirmation within 48 hours you should either resend the submission or call PSA at 1-800-772-8232 to make sure your submission was received.

By Mail:

Send a hardcopy Submission Form for each abstract, the abstract copy, the speaker Conflict of Interest and BioSketch forms, the same as for a fax submission; or one 3.5" diskette with each abstract saved as a separate file, and the Conflict of Interest and Speaker BioSketch forms saved in separate files (only one of each required for diskette submissions), the same as for an e-mail submission. Submissions sent by mail should be postmarked no later than June 5, 1998 to ensure delivery to PSA by the June 12 deadline:

Attn: Diana L. Felde, CMP (DASH/NLC Abstract Submission)
Professional and Scientific Associates, Inc.
2635 Century Parkway, Suite 990
Atlanta, GA 30345

ABSTRACT EXAMPLE #1 -- RESEARCH

Adherence to CDC's "Guidelines to Prevent Tobacco Use and Addiction for School Health Programs"

L. Crossett, S.A. Everett, J. Fishman, N. Brener, T. Pechacek

Objective: To identify the extent to which schools in the U.S. adhere to the recommendations outlines in the Centers for Disease Control and Prevention's "Guidelines to Prevent Tobacco Use and Addiction for School Health Programs."

Methods: This study used data from the 1994 School Health Policies and Programs Study (SHPPS). Data were collected via questionnaires (mailed and interview) addressing five components of school health programs: health education; physical education; health services; food service; and school policies. Data included a census of states and nationally representative samples of districts, school, and classrooms. Data were analyzed taking into account the complex sampling design.

Results: Just over one-third of schools (36.5%) had tobacco-use policies in place which prohibited the use of tobacco by all students, staff, and visitors on school property and at school-sponsored functions. Furthermore, first-time student violators of tobacco use policies were most often punished (57.5%) but received no education to prevent future incidents. Only 30.5% of schools offered tobacco cessation services to students in or through their schools. Half (51.2%) of teachers who taught health education taught tobacco as a major topic within their course. Among those teachers, more than 80% taught fewer than the minimum number of class periods shown to be effective in preventing tobacco use among youth.

Conclusions: While many schools are adhering to some aspects of the CDC guidelines, in general, schools are not implementing what has been learned from research about effective tobacco-use prevention programs.

ABSTRACT EXAMPLE #2 -- PROGRAMMATIC

Promoting Lifetime Activity for Youth: A Statewide Physical Activity Program for 4th-6th Grade Students

L. Swanson

Objective: To increase the number of 4th-6th grade youth in participating schools who accumulate at least 30 minutes of daily, moderate-intensity physical activity.

Setting: Elementary schools in twelve out of Arizona's fifteen counties.

Interventions: Due to the decrease in activity levels among children, the P.L.A.Y. (Promoting Lifetime Activity for Youth) program was developed to increase the daily activity levels among youth and to teach skills that promote self-directed lifetime activity. The three month, three step, teacher-directed program was designed to promote at least 30 minutes of daily, independent physical activity in youth. During the first step teachers encourage their students to move and discuss the topic of physical activity. During the second step, the teachers introduce new activities and lead the students in a daily 15 minute activity break. The third step encourages student independence in achieving 30 minutes of daily activity. Each student receives a logbook for recording their daily activity levels to help promote self-directed lifetime activity.

Outcomes: During the first year (January 1997-May 1997) the program was implemented in more than 100 schools statewide. Eight hundred teachers and classrooms, and approximately 20,700 students in 4th-6th grade participated in the program.

Conclusions: Collaborative efforts between the county health departments and the participating schools and communities have been successful in increasing the awareness about the importance of physical activity among Arizona's youth.

ABSTRACT SUBMISSION FORM

NATIONAL LEADERSHIP CONFERENCE TO STRENGTHEN HIV/AIDS EDUCATION AND COORDINATED SCHOOL HEALTH PROGRAMS

Submission Information (please type or print):

Name: _____ Degree(s): _____

Your Title/Job Function: _____

Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____ Country: _____

Phone: _____ Fax: _____

Email Address: _____

Presenter Information (if different than above):

Name: _____ Degree(s): _____

Your Title/Job Function: _____

Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____ Country: _____

Phone: _____ Fax: _____

Email Address: _____

Please indicate your preference for the presentation format by rating your first, second and third choice below:

☐

Concurrent Oral

☐

Poster Session

☐

Roundtable

Submit this form by mail or fax to:

Attn: Diana L. Felde, CMP (DASH/NLC Abstract Submission)
Professional and Scientific Associates, Inc.
2635 Century Parkway, Suite 990
Atlanta, GA 30345

Submission Deadline: June 12, 1998

Phone: 404-633-6869 • Fax: 404-633-5756 or 404-633-6477

E-mail: d.felde@psava.com

SPEAKER BIOSKETCH FORM

NATIONAL LEADERSHIP CONFERENCE TO STRENGTHEN HIV/AIDS EDUCATION AND COORDINATED SCHOOL HEALTH PROGRAMS

Presentation Title: _____

Name: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

PRESENT POSITION/JOB FUNCTION & RESPONSIBILITIES:

EDUCATION (Please include the highest degree held which is applicable to this educational activity):

Degree

Institution		Area of Study	Year Completed

PROFESSIONAL EXPERIENCE (Briefly describe your professional experience, or area of expertise, including publications, presentations, etc., which would be pertinent to this educational activity): _____

For Internal Use Only:

Accepted

☐

Yes

☐

No

Session Title: _____

Session Date: _____ Session Time: _____

Submission Deadline: June 12, 1998

Phone: 404-633-6869 • Fax: 404-633-5756 or 404-633-6477

E-mail: d.felde@psava.com

CONFLICT OF INTEREST FORM

NATIONAL LEADERSHIP CONFERENCE TO STRENGTHEN HIV/AIDS EDUCATION AND COORDINATED SCHOOL HEALTH PROGRAMS

Centers for Disease Control and Prevention
for CNE and CHES Application Requirements

August 9-14, 1998

Name: _____

Presentation Title: _____

1. Will your presentation include discussion(s) of any commercial product(s) or service(s)?
☐ Yes ☐ No (If "no," go to signature)

2. If yes, do you have a significant financial interest or other relationship with the manufacturer(s) of any of the products or providers of any of the services you intend to discuss?
☐ Yes ☐ No

Signature: _____ Date: _____

Send a copy of this form with each abstract being submitted.
Return with your abstract submission, to be received by PSA
no later than June 12, 1998, to:

Attn: Diana L. Felde, CMP (DASH/NLC Abstract Submission)
Professional and Scientific Associates, Inc.
2635 Century Parkway, Suite 990
Atlanta, GA 30345

Submission Deadline: June 12, 1998

Phone: 404-633-6869 • Fax: 404-633-5756 or 404-633-6477

E-mail: d.felde@psava.com

CALL FOR NOMINATIONS DIRECTORS AWARDS

NATIONAL LEADERSHIP CONFERENCE TO STRENGTHEN HIV/AIDS EDUCATION AND COORDINATED SCHOOL HEALTH PROGRAMS

We are soliciting nominations for the Director's Awards. The awards include two Leadership Awards, Award of Excellence, and a Partnership Award (see descriptions below). They will tentatively be presented at the Reception on Tuesday evening. Nominations should be received by **July 8, 1998** so the Awards Committee can make the selections.

The following guidelines should be used:

1. Use the form provided. Limit your writing to the form and one additional page.
2. Use a separate form for each nominee and each award.
3. Describe your nominee's contributions to school health/HIV education giving specific examples.
4. Provide the name of one additional reference who can provide supportive information and background.

A postcard will be sent within two weeks to the person completing the nomination form acknowledging receipt. If you haven't received this postcard within the designated time frame, contact should be made with **Diana Felde**. She can be reached by calling (404) 633-6869, or by Fax at 404-633-5756 or 404-633-6477.

Thank you for your help in identifying and recognizing outstanding leaders at the national, state and local level.

DIRECTOR'S AWARDS Awards Descriptions

Leadership Award

Honors the State, Territorial, or local director of comprehensive school health education whose leadership has resulted in the expansion of school health programs in the state.

Leadership Award

Honors the State, Territorial, or local director of HIV education whose leadership has resulted in the expansion of HIV education programs in the state.

Award of Excellence

Honors a person whose imaginative and creative efforts have positively influenced the advancement of HIV education programs and/or coordinated school health programs in his/her state, community or the nation.

Partnership Award

Honors group efforts that have resulted in evidence of coalescence between either state or community level constituents with significant attainment of a goal that influences the advancement of coordinated school health programs in the state or community.

DEADLINE: July 8, 1998

1998 AWARDS NOMINATION FORM

NATIONAL LEADERSHIP CONFERENCE TO STRENGTHEN HIV/AIDS EDUCATION AND COORDINATED SCHOOL HEALTH PROGRAMS

(Name of Nominee)

(Title)

(Organization/State)

(Address)

(Phone)

(Fax)

(E-mail)

TYPE OF AWARD

☐ Leadership Award (CSHE)

☐ Leadership Award (HIV Education)

☐ Award of Excellence

☐ Partnership Award

Background and Rationale -- Describe why this individual or group merits the award for which they are being nominated. Outline their contribution to the field and their demonstrated professional experience in school health/HIV education. Limit your writing to this form and one additional page.

(Name of person completing the form)

(Title)

(Organization/State)

(Address)

(Phone)

(Fax)

(E-mail)

(Name of reference for the nominee)

(Title)

(Organization/State)

(Address)

(Phone)

(Fax)

(E-mail)

Submission Deadline: June 12, 1998

Phone: 404-633-6869 • Fax: 404-633-5756 or 404-633-6477

E-mail: d-felde@psava.com

The Omni Hotel at CNN Center

100 CNN Center ■ Atlanta ■ GA ■ 30335 ■ (404)818-4300

ATTENTION: RESERVATIONS 1998 DASH NATIONAL LEADERSHIP CONFERENCE AUGUST 9-14, 1998

IMPORTANT: Reservation cut-off for this conference is July 16, 1998.

Reservations received after the cut-off will be subject to availability. If the event rate or room type is not available, the nearest available rate or room type will be assigned. Alternate hotels will be assigned as necessary should the hotel be sold out.

All reservations must be guaranteed by credit card, check, or money order in the amount of one night's room and tax charges. Checks or money orders are to be made payable to: Omni Hotel.

Deposits will be refunded only if cancellation notification is received 7 days prior to arrival.
Please retain your cancellation number.

Hotel check-in begins at 3:00 p.m.; check-out is to be completed by 12:00 p.m.



Name: _____

Agency/Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Arrival Date: _____ Departure Date: _____

Room Type: ☐ Single @ \$97 (inclusive) ☐ Double @ \$125.40 (inclusive)
☐ Smoking ☐ Non-Smoking
☐ Special Needs: _____

Confirm my reservation with:

☐ Check/Cashiers Check (enclosed) ☐ Credit Card (we accept only the following cards):

☐ MasterCard ☐ Visa ☐ American Express ☐ Diners Club ☐ Discover

Card #: _____ Exp. Date: _____

Signature: _____

The Omni Hotel at CNN Center is pleased to host the 1998 DASH National Leadership Conference
and looks forward to serving you in the fine Omni Tradition.
The Omni Hotel at CNN Center is an ADA certified facility.

MAIL THIS FORM TO THE OMNI HOTEL AT CNN CENTER, 100 CNN CENTER, ATLANTA, GA 30335.
You can also make your reservations direct by calling toll free: 1-800-THE-OMNI.

ANCILLARY MEETING REQUEST FORM

NATIONAL LEADERSHIP CONFERENCE TO STRENGTHEN HIV/AIDS EDUCATION AND COORDINATED SCHOOL HEALTH PROGRAMS

REQUEST DEADLINE: June 12, 1998

We are interested in holding a meeting in conjunction with the National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs being held in Atlanta, GA on August 9-14, 1998 at the Omni Hotel at CNN Center. Following is the best information we can provide at this time on our requirements:

Meeting Date(s) & Time: _____

Meeting Title/Name: _____

For (Agency/Organization): _____

Primary Contact: _____

Primary Contact Phone: _____ Fax: _____

Mailing Address: _____

E-Mail Address: _____

Meeting Requirements:

People Expected: _____

Room Set: () Classroom () Hollow

Days Meeting: _____

Square

Overnight Rooms*: _____

() Theater () Rounds

Breakout Room(s): _____

() Other: _____

Set/Breakout: _____

AV Equip: _____

Other Comments/Requirements: _____

* Overnight rooms needed for people from outside Atlanta only if this meeting occurs before August 9 or after the conference concludes on August 14.

Submission Deadline: June 12, 1998

Phone: 404-633-6869 • Fax: 404-633-5756 or 404-633-6477

E-mail: d_felde@peava.com

10 YEARS *No*
NATIONAL AIDS FUND

Leaders in the Fight Against AIDS.

FAX COVER SHEET

TO:	<i>Sarah / Sandy Thurman</i>	
FAX:		
FROM:	<i>Melissa Madison</i>	
DATE:	<i>Thursday June 4 1998</i>	
RE:		
TOTAL PAGES (INCLUDING COVER SHEET)		<i>2</i>

☐ URGENT

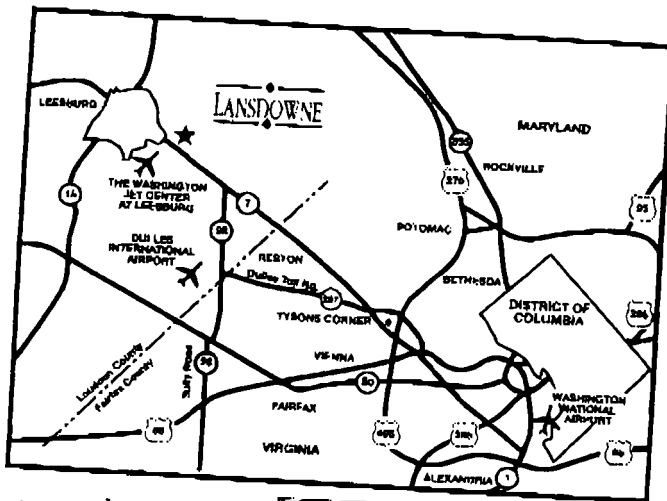
☒ FOR REVIEW ONLY

☐ PLEASE REPLY

COMMENTS:

Directions to the Resort

1400 I Street, NW, Suite 1220, Washington, DC 20005-2208
 Phone (202) 408-4848 Fax (202) 408-1818



Lansdowne is located less than 45 minutes from metropolitan Washington, D.C. and eight miles from Dulles International Airport.



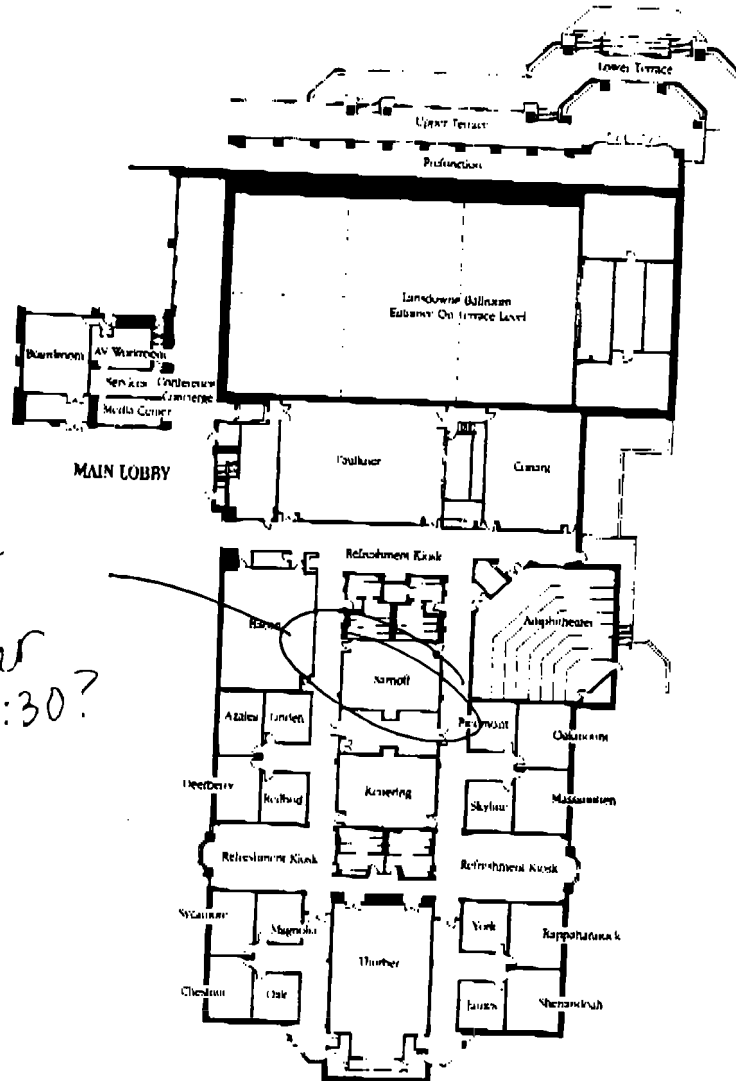
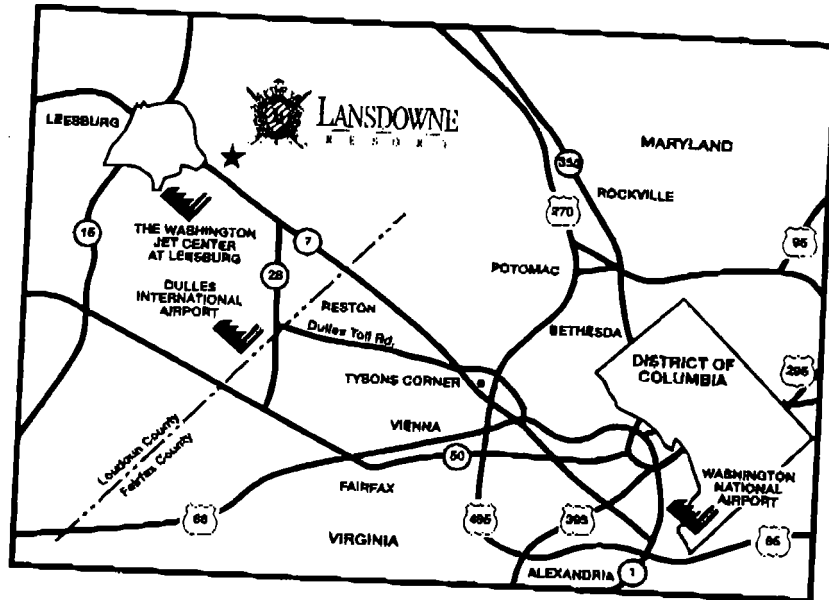
Directions to property: From the Capital Beltway (I-495), take the Dulles Toll Road/Rt. 267 West exit • Follow the signs for Local Exits to Exit #9B onto Rt. 28/Sully Road • After passing through the toll plaza make a right onto Rt. 28/Sully Road-North • Go 5 miles and exit onto Rt. 7 West toward Leesburg • Travel 3.5 miles on Rt. 7 West and exit right onto Lansdowne Blvd. • Follow the signs to the Conference Resort.

From Dulles International Airport: When leaving the terminal on the airport road, exit onto Rt. 28/Sully Road-North • Go 5 miles and exit onto Rt. 7 West toward Leesburg • Travel 3.5 miles on Rt. 7 West and exit right onto Lansdowne Blvd. • Follow the signs to the Conference Resort.



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www.benchmark-hospitality.com

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10864	David	Harvey	6/3/98	NORA Ltr. to President

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To

Notes

Sender's Organization	Sender's Street1	Sender's Street2
NORA		
Sender's City	Sender's State	Sender's Zip

*File
Narcotics*



May 29, 1998

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

Dear Mr. President:

We, as the Co-Chairs of the National Organizations Responding to AIDS (NORA) coalition, are writing to express extreme concern regarding your Administration's various and conflicting public positions on the issue of needle exchange programs. NORA is a coalition of over 175 health, labor, religious and professional advocacy groups that represent a broad consensus on HIV and AIDS-related issues, policy, and funding levels.

The mixed messages expressed publicly by senior Administration officials not only undermine the important scientific determination made by the Secretary of Health and Human Services in April of this year, but further call into question both your Administration's commitment and ability to prevent HIV transmission. To allow those individuals in your Administration who personally oppose these programs to undermine and contradict the scientific determination made by your top public health official is not acceptable.

We understand that the Republican leadership intends to use this life-saving intervention as a political weapon. The House of Representatives has already passed one bill that would codify permanently the federal funding ban. The Senate is considering a similar bill and members have announced their intention to amend the tobacco bill to include a federal funding ban. All members of your Administration must make it absolutely clear that you, as the President of the United States, have determined that needle exchange programs are a life-saving prevention intervention that reduce HIV transmission and **do not** encourage drug use. The actions of your Administration have created considerable confusion and fueled an atmosphere that has allowed this issue to be driven by politics and not by public health and must stop.

NORA

A coalition convened by
AIDS Action Council

1875 Connecticut Ave., NW
Suite 700
Washington, DC 20009
202 986 1300
202 986 1345 fax

"A coalition of over 175 organizations responding to AIDS with resolve and action."

We appeal to you now to allow your public health officials to perform their responsibilities. The entirety of your public health leadership has made a long-awaited and important scientific determination critical to slowing an epidemic that is ravaging our country. You must make it perfectly clear to the Congress that you oppose any effort to permanently ban the use of federal funds for life-saving needle exchange programs. At a minimum, we ask you to protect current law, which firmly places this issue in the purview of the nations' public health officials. And you must act immediately, before it is too late.

Sincerely,



David Harvey, Co-chair
NORA Executive Committee



Miguelina Maldonado, Co-chair
NORA Executive Committee

cc: The Honorable Albert Gore
Mr. Erskine Bowles
Mr. Kevin Thurm
Mr. Eric Goosby
Mr. Christopher Jennings
Mr. Bruce Reed
Mr. David Satcher
Ms. Sandy Thurman

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10867	Matt	James	6/3/98	Announcement of AIDS Rpt.

☐ Response Required?

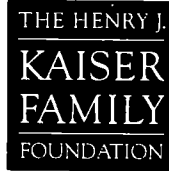
Response Type	Response Date	Responder ID	Responder Name	Action Promised
Action Completed	Action Date	Addressed To		

Notes

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Sender's Organization	Sender's Street1	Sender's Street2
Kaiser Family Foundation		
Sender's City	Sender's State	Sender's Zip

File
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May 1998

Dear Colleague:

We are pleased to announce the launching of the *Kaiser Daily HIV/AIDS Report* – a new, daily online briefing on HIV/AIDS issues. This free online service, which highlights news coverage of HIV/AIDS issues, is now accessible via our Web site or e-mail.

The *Kaiser Daily HIV/AIDS Report* is designed to keep people in touch with the latest HIV/AIDS news – highlighting legislative, political, legal, scientific and medical developments. News stories in the *Kaiser Daily HIV/AIDS Report* are drawn from more than 300 news sources from around the country (including all major newspapers and many broadcast/cable news services), periodicals, newsletters, press releases and journals.

In addition to the news summaries, the *Kaiser Daily HIV/AIDS Report* offers the following features: hypertext links from the news stories to more extensive information on the Internet, such as the original news item, research, or other related sites; a calendar of events that features a listing of dozens of upcoming briefings, conferences and other events that focus on HIV/AIDS issues; a keyword-searchable database of all stories published in the *Daily Report*; pre-set searches on key topics that will allow readers quick access to the 10 most recent articles from the *Daily Report* on those topics; and free e-mail delivery. In addition to the stories from the *Kaiser Daily HIV/AIDS Report*, the searchable database also includes stories from past issues of *American Healthline*, which also is published by the National Journal Group.

Visit the *Kaiser Daily HIV/AIDS Report* at <http://www.kff.org> or register for e-mail delivery at <http://www.kff.org/register>. I hope you'll be bookmarking the page and passing the word – and the URL – along to your colleagues. We also look forward to hearing your feedback. Please send your story ideas, press releases, newsletters, event submissions and comments to report@kff.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt James".

Matt James
Senior Vice President

News Release



**FOR IMMEDIATE RELEASE:
May 26, 1998**

2400 SAND HILL ROAD
MENLO PARK
CALIFORNIA 94025

For further information contact:

**Chris Ferris (202) 347-5270
Matt James (650) 854-4800**

TEL 650 854-9400
FAX 650 854-4800

Kaiser Family Foundation Launches New *Daily Health Reports*

Free Online Summaries of Reproductive Health and HIV/AIDS News Now Available Daily

Menlo Park, CA – The Kaiser Family Foundation today announced two new free online resources: the *Kaiser Daily Reproductive Health Report* and the *Kaiser Daily HIV/AIDS Report*. These daily summaries of the latest news in reproductive health and HIV/AIDS are available online at <http://www.kff.org> or via e-mail delivery by registering at <http://www.kff.org/register>.

News summaries in the *Kaiser Daily Health Reports* are drawn from more than 300 news sources from around the country – including all major newspapers and many broadcast/cable news services – periodicals, newsletters, press releases and journals.

In addition to the news summaries, both the *Kaiser Daily Reproductive Health Report* and the *Kaiser Daily HIV/AIDS Report* offer the following:

- **hypertext links** from the news stories to more extensive information on the Internet, such as the original news item, research, or other related sites;
- **a calendar of events** that features a listing of dozens of upcoming briefings, conferences and other events that focus on reproductive health and HIV/AIDS issues;
- **a keyword-searchable database** of all stories published in the *Daily Reports*;
- **and pre-set searches on key topics** that allow readers quick access to the 10 most recent articles from either *Daily Health Report* on those topics.

News releases, upcoming events or other information appropriate for publication in the *Kaiser Daily Reproductive Health Report* or the *Kaiser Daily HIV/AIDS Report* can be faxed to (703) 518-8703 or e-mailed to report@kff.org.

The *Kaiser Daily Health Reports* are published for the Kaiser Family Foundation by the National Journal Group Inc., a leading publisher of non-partisan magazines, newsletters, books and directories for people who have a professional interest in government, policy and politics.

The Kaiser Family Foundation, based in Menlo Park, California, is an independent national health care philanthropy and is not associated with Kaiser Permanente or Kaiser Industries.

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Daily

kaiser family foundation
HIV/AIDS report

Politics & Policy

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Opinionmakers

2 NEEDLE EXCHANGE II: More Commentary On The Clinton Administration Decision

Public Health & Education

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5 WOMEN AND AIDS: Advocacy Group Fights Stereotypes, Provides Information

Across The Nation

6 NEW JERSEY: AIDS Deaths Decline, HIV Cases Increase Among Minorities, Women

Science & Medicine

7 SPERM WASHING: New Technique Could Enable HIV-Positive Men To Father Children

Global Challenges

8 CHINA: AIDS Contributes To Rise In Infectious Disease Rate

► POLITICS & POLICY

1 NEEDLE EXCHANGE: Philanthropist Pledges \$1 Million In Support

For the second straight year, billionaire philanthropist George Soros will donate \$1 million to needle-exchange programs for drug addicts across the United States, the *New York Times* reports. While Soros has been considering such a move for some weeks, he "advanced the announcement to yesterday after the Clinton administration refused on Monday" to lift a ban on federal funding for such programs. The contribution will "match increases by other philanthropists and private foundations for what Mr. Soros called 'these lifesaving programs.'" . . .

► OPINIONMAKERS

2 NEEDLE EXCHANGE II: More Commentary On The Clinton Administration Decision

The *Albany Times Union* writes that refusing federal funding for needle-exchange programs "in pursuit of the ultimate middle ground between sound policy and safe politics," the Clinton administration has "made a mockery of policy." The editorial states: "Distribution of needles can save the ravaged lives of addicts from death, simply by reducing the spread of AIDS." The editorial goes on to say that "science lost out to spin doctors. ... The problem is that the White House was more concerned with fending off an attack from the political right." As a result, "the right wing is suspicious, and many public health advocates are disgusted. Welcome to the mockery of the middle" . . .

► PUBLIC HEALTH & EDUCATION

3 HIV CASES: Remain 'Steady' But Spreading Is 'Unchecked'

Statistics released yesterday by the Centers for Disease Control and Prevention showed the number of new AIDS cases on the decline, but the data also show that HIV continues to spread throughout the nation "essentially unabated," the *Washington Post* reports. The drop in AIDS cases reflects better drug therapies prolonging the time it takes the virus to develop into full-blown AIDS, not that fewer people are being infected with the virus that causes the disease. The positive news that infected people are staying healthy longer is "overshadowing the reality of an increasingly infected populace," the *Post* reports. . . .

4 NATIVE AMERICANS: AIDS Epidemic Has Not Stabilized

"Contrary to the press coverage of CDC's report on AIDS in Native Americans, the epidemic is not leveling off in our population," wrote the National Native American AIDS Prevention Center in response to a Centers for Disease Control and Prevention report entitled, "HIV/AIDS Among American Indians and Alaskan Natives - United States, 1981-1997." . . .

5 WOMEN AND AIDS: Advocacy Group Fights Stereotypes, Provides Information

Today, the "fastest growing group of people infected with HIV are those who contracted the virus through heterosexual sex, and an ever-growing number of those people are young women," the *St. Louis Post-Dispatch* reports. Dawn Averitt, a 29-year-old Georgia State graduate and former staffer for Sen. Sam Nunn (D-GA), contracted the virus when she was raped in 1988 while working in Spain. In her work with AIDS groups, Averitt noted a lack of information sources for women with AIDS, a particular problem due to the pervasive "stereotype that AIDS only infects gay men." . . .

► ACROSS THE NATION

6 NEW JERSEY: AIDS Deaths Decline, HIV Cases Increase Among Minorities, Women

New combination drug therapies helped reduce the number of AIDS deaths in New Jersey, but the number of new HIV infections is "holding steady," according to statistics released by the Centers for Disease Control and Prevention yesterday. The *Newark Star-Ledger* reports that according to the CDC's data, New Jersey had 13,205 people with HIV infections at the end of 1997 and 36,436 people with full-blown AIDS cases, of which about 12,000 have now died. ...

► SCIENCE & MEDICINE

7 SPERM WASHING: New Technique Could Enable HIV-Positive Men To Father Children

National Public Radio's "All Things Considered" reports that a Harvard University researcher wants to use a technique known as "sperm washing" to help HIV-positive men and their uninfected female partners safely conceive. The technique involves spinning semen in a centrifuge in order to leave only sperm, which appears to carry no or very low levels of HIV, and then using the sperm to artificially impregnate the female partner. . . .

► GLOBAL CHALLENGES

8 CHINA: AIDS Contributes To Rise In Infectious Disease Rate

The number of Chinese with infectious diseases, including sexually transmitted infections such as HIV, is increasing, China's national Xinhua news agency announced yesterday. The *Washington Times* reports that in 1997, viruses infected about 192 in 100,000 Chinese, up from 167 in 100,000 in 1996. Last year, some 33 out of every 10 million people died of infectious disease. . . .

ABOUT THE KAISER DAILY HIV/AIDS REPORT

The *Kaiser Daily HIV/AIDS Report* is an online service designed to provide readers with daily summaries of the latest HIV/AIDS news. This service is available FREE from the Kaiser Family Foundation's home page (www.kff.org). You may also register for a free e-mail subscription at www.kff.org/register.

The *Kaiser Daily HIV/AIDS Report* is a joint project of the Henry J. Kaiser Family Foundation and National Journal Group Inc.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10880	Betty	Sestak	6/5/98	FYI

☐ 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 Organization	Sender's Street1	Sender's Street2
Hawaii Public Health Assoc.	345 Queen St., Ste. 706	
Sender's City	Sender's State	Sender's Zip
Honolulu	HA	96813



HPHA

HAWAII PUBLIC HEALTH ASSOCIATION 345 Queen St., Suite #706
Honolulu, Hawaii 96813 Telephone: (808) 949-1282

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

Dear Director Thurman,

During the general membership meeting on May 8, 1998, the following resolution was passed by the Hawaii Public Health Association representing approximately 145 members who are interested in and involved with the public health concerns of the state of Hawaii. I am enclosing it for your information.

If you have any questions or would like more information, please feel free to call us.

Sincerely,

Betty Sestak, MPH
Secretary

A RESOLUTION ON SYRINGE EXCHANGE POLITICS AND PUBLIC HEALTH
Passed by the Hawai'i Public Health Association, May 8, 1998

WHEREAS, HIV/AIDS continues to be a critically important public health issue in the United States with new infections disproportionately impacting women, young people, and people of color and their communities; and

WHEREAS, up to 60 percent of new HIV infections nationwide occur among injection drug users, their sex partners and children; and

WHEREAS, Hawai'i was the first state to authorize a sterile needle exchange program in 1990 and the Hawai'i Public Health Association was a member of the Sterile Needle Exchange Coalition which was instrumental in the passage of the enabling legislation; and

WHEREAS, evaluations of Hawaii's program show that it has slowed the spread of HIV infection among persons with high risk behaviors associated with injection drug use and has generated many successful referrals to drug treatment; and

WHEREAS, Congress enacted a ban on federal funding of needle exchange programs but authorized Secretary of Health and Human Services Donna Shalala to lift the ban once scientific findings demonstrated that such programs reduce the incidence of HIV transmission without increasing drug use; and

WHEREAS, at its 1997 Annual Meeting the Hawai'i Public Health Association passed a resolution urging Secretary Shalala to lift the ban on federal funding of syringe exchange programs based in part on the findings of the Hawai'i program; and

WHEREAS, more than a half dozen uncontroverted major research studies, including one by the National Academy of Sciences, have shown that well run syringe/needle exchange programs can cut HIV transmission by 33 percent without increasing drug use; and

WHEREAS, on April 20, 1998, Secretary Shalala issued a statement endorsing the efficacy of such programs and acknowledging that they met the criteria Congress had set forth, but refusing to lift the ban on federal funding; and

WHEREAS, despite this stance, Congress is considering legislation to impose a permanent ban on use of federal funding for exchange programs; now therefore

BE IT RESOLVED, that the Hawai'i Public Health Association, on the occasion of its May 8, 1998 Annual Meeting, expresses its concern about Secretary Shalala's decision to withhold federal funding for needle exchange programs and urges her to fully support state and local initiatives and pursue future support on the federal level; and

BE IT FURTHER RESOLVED that the Hawai'i Public Health Association urges Congress not to enact legislation to permanently ban the use of federal funds for needle exchange programs; and

BE IT FURTHER RESOLVED that copies of this resolution be transmitted to the President of the United States, the President of the United States Senate, the Speaker of the United States House of Representatives, the members of Hawaii's Congressional Delegation, the Secretary of Health and Human Services, the Director of the Office of National Drug Control Policy, the Presidential AIDS Advisor, Hawai'i Director of Health, Lawrence Miike and Governor Ben Cayetano.