Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Boris Szanto and Leonid Waisser to Sandra Thurman re: Electromagnetic HIV treatment (Personal) [partial] (1 page)	04/09/1998	b(6)
002. letter	Concerned citizen to Sandra Thurman re: Personal views (6 pages)	06/28/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 6/98 [Folder 1] [2]

2018-0764-F
jm2072

RESTRICTION CODES

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

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

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

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

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

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10881	Christopher	Harris	6/5/98	Thank You

☐ 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
Council on Foundations	1828 L St., NW Ste. 820	

Sender's City	Sender's State	Sender's Zip
Washington	DC	20006

COUNCIL ON FOUNDATIONS
1828 L STREET NW WASHINGTON, DC 20036-5168
(202) 466-6512 · FAX (202) 785-3926

June 2, 1998

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

Dear Ms. Thurman:

On behalf of the staff and Board of Directors of the Council on Foundations, I want to thank you for serving as a presenter and providing information, ideas and insights to participants at the Council's 49th Annual Conference in Washington, D.C. Your willingness to share your experience with conference attendees, who represent a wide array of foundations and corporate giving programs, has helped to advance the quality of grantmaking throughout the U.S. and in many other countries.

Attendees have shared their comments with us both informally and in written evaluations. Many have indicated that this was one of the most substantive and engaging conference programs ever and that the conference was an important opportunity to reflect on their profession. They found that the sessions were timely and provocative and that they offered practical new ideas that will strengthen their grantmaking programs. Your contribution was a crucial element of this success.

I encourage you to share any comments or suggestions you might have regarding your session, the planning process, the support you received from the Council or any other aspect of the conference. The 1999 Annual Conference Committee will find your perspective invaluable as they plan next year's program. Please feel free to direct your comments to me or to Andy Carroll, Program Coordinator of the Annual Conference.

Again, my sincere thanks for contributing so much to the Council's conference in Washington.

Sincerely,

Christopher Harris
Vice President, Emerging Issues and International Programs

Unofficial Translation

Dr. Sandra Thurman
Director
Office of National AIDS Policy
The White House

June 4, 1998

Dear Dr. Thurman:

I would like to thank you for the detailed exchange of views that we had on May 21, 1998 at the Ministry of Science and Technologies of the Russian Federation regarding national policy in AIDS control.

As you may have been assured Russian scientists and specialists are very active in conducting research aimed at the development of effective AIDS treatment and prevention methods.

With this letter I reaffirm that the Ministry of Science and Technologies of the Russian Federation is ready to provide assistance in fostering Russia - US cooperation in this area with the meaning that joining up the efforts of scientists and specialists of our countries will enable us to effectively use intellectual resources and funds including those from the federal budget.

In our opinion the interactions between interested institutions could proceed within the framework of the Science and Technology Committee of the Russia - US Commission on Economic and Technology Cooperation. If the US side agrees the Russian component of the Science and Technology Committee will support the proposal of adding an item concerning cooperation in this area to the agenda of the next Committee's meeting. At that meeting we could also discuss perspectives and agree on a scientific collaborative program, as well as make arrangements regarding the legal base.

I would appreciate your comments basing on which we could proceed to practical measures in the development of Russia - US cooperation in this area.

Sincerely,

V.A. Kniazhev
Deputy Minister

Copy: Dr. Kerri-Ann Jones, OSTP

FOIA Number: 2018-0764-F

Clinton Presidential Records
Foreign Language Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff to identify the location of a document written in a foreign language

---

Foreign Language Marker

Collection: Clinton Presidential Records

Subgroup: National AIDS Policy Office

Series:

Subseries:

Document Title re: Russian Science and Technologies Ministry

Language: Russian

Folder Title Correspondence - SLT - Incoming - 6/98 [Folder 1] [2]

OA/ID: 19406

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10941		Wilson	6/17/98	capitalist tools

☐ Response Required?

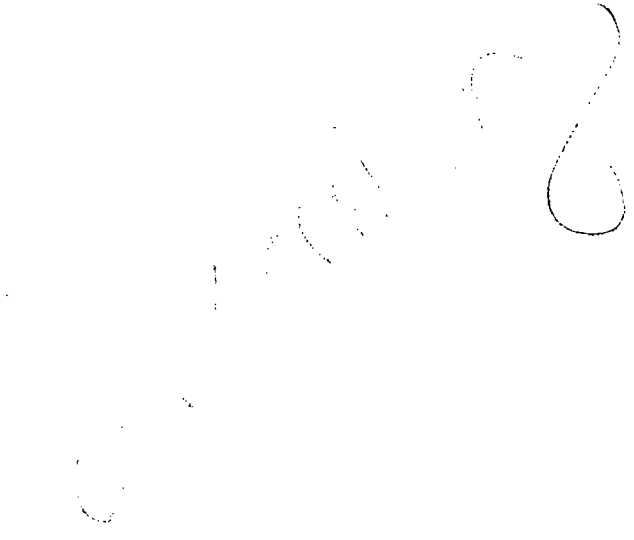
Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To

Notes

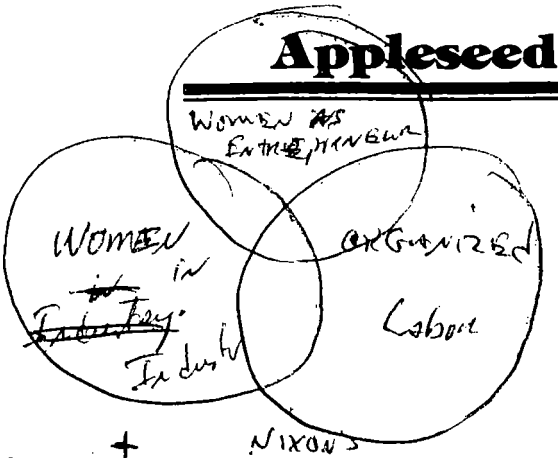
Sender's Organization	Sender's Street1	Sender's Street2

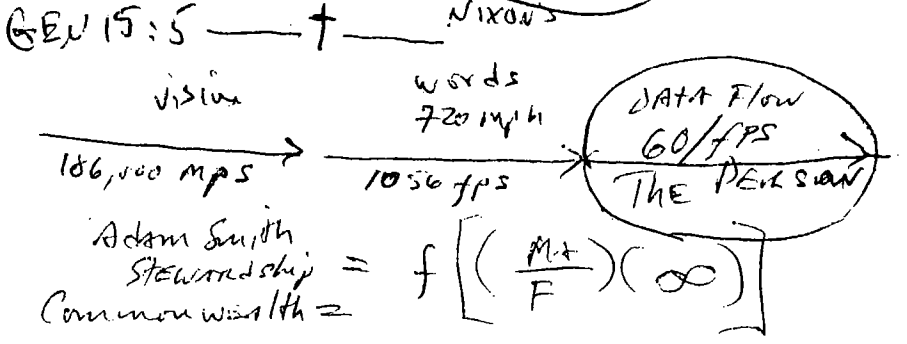
Sender's City	Sender's State	Sender's Zip



It is not necessary to believe in God in order for interest to compound everytime the sun rises.
Compound interest is a platonic ideal which can be used as a capitalist tool.

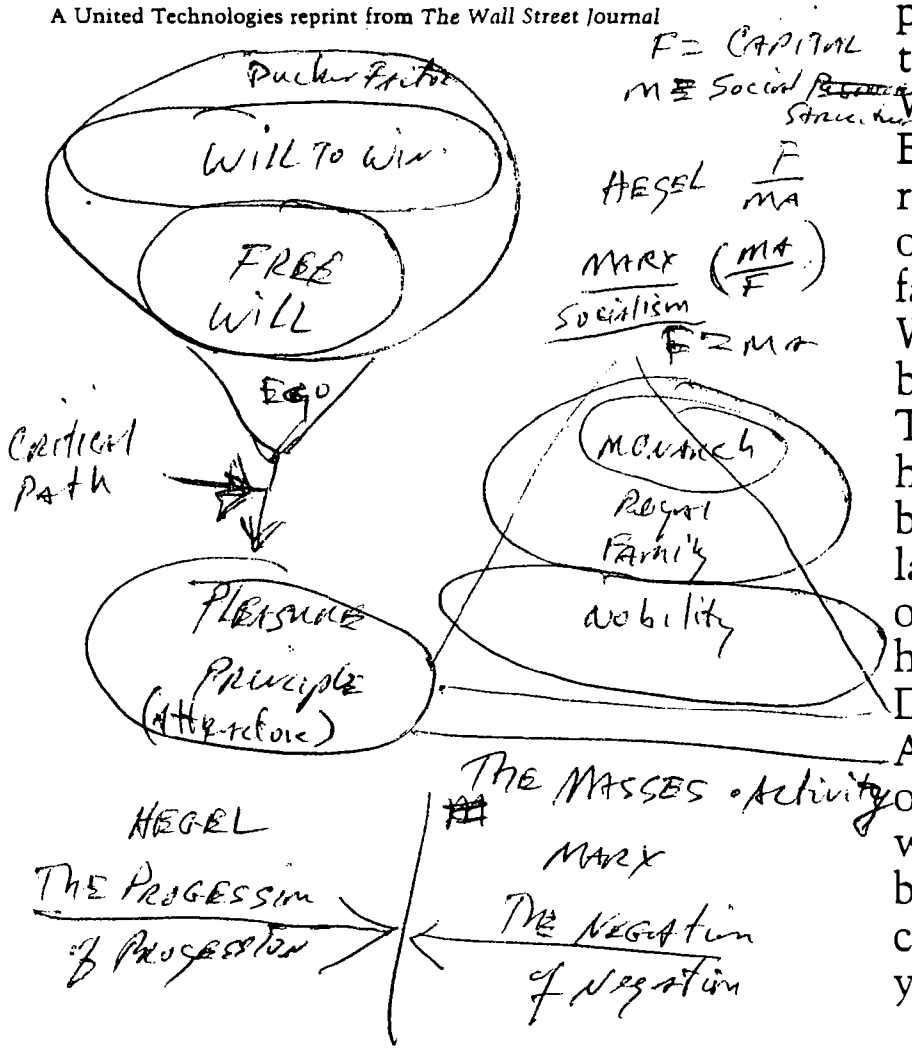
Appleseed Enterprises





Keep It Simple

A United Technologies reprint from *The Wall Street Journal*



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."

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

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10940		Wilson	6/17/98	General McCaffrey

☐ 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

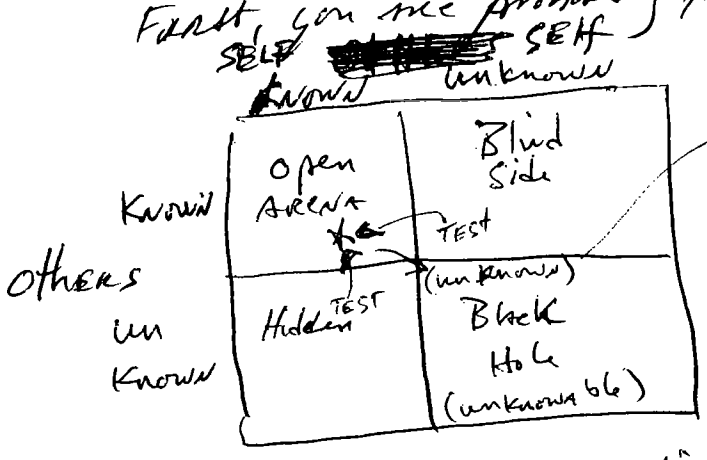
Sender's City	Sender's State	Sender's Zip

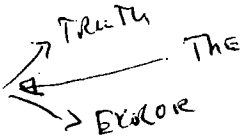
Sandy Thurman
10 June 1998

Let me try to explain something about Gen. McAffey which may help you achieve your ends elegantly & with full respect for him & your values. This is all stuff I use in Jumpstart Training and you have probably encountered it yourself.

I was in Army brat and my dad was exactly like McCaffey & John McCain and Colin Powell & a whole generation of soldiers who fought an unbelievably brutal war and I, for one am grateful for their sacrifice & devotion to duty. Nevertheless, I have thought long and hard about the differences between my dad and me, mostly to understand myself. And the three differences can be generalized to the differences between military and businessmen, as specific cognitive models. There are other value systems and experience and all that, but it all can be fairly simply described. To wit:

First, you are probably familiar with the Johari Window

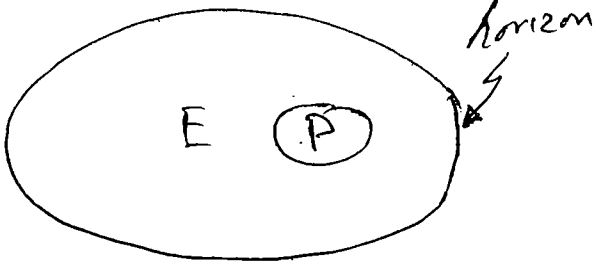




This, of course, is one model of the Dialectic, Thesis, antithesis, synthesis being a process which expresses between the Self and Others

The Blindside is the essential source of new data & validation It is also a universal point of vulnerability in the Person, removed in the phrase "keep your ass covered" or "CYA".

The model below expressed Lewin's Behavior is a function of the Person (P) and the Environment (E) ($B = f(P, E)$)



This is the mathematics of Topology, the same thing the military uses to make maps

Z-Pulse Theory
Cascade Structures

Deficit Restructuring

International Industrial-Aerospace Policy

Tithe-based Tax Structures — Surplus Generator

Plus: Bush 0% Tax Payment Thresh...

DEC w/ Deficit Reduction Trend

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

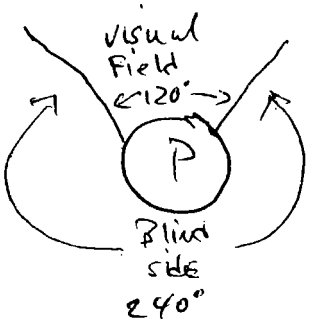
Printed for the use of the Committee on Ways and Means

Pp. 1650 - 1659

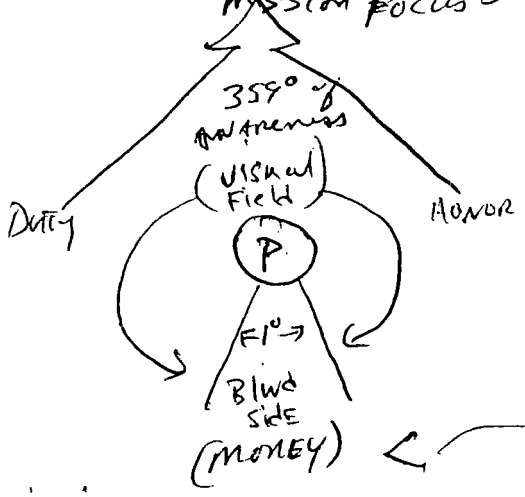
READING LIST

Jump Start Training

We all start out with a certain zone of awareness which can be metaphorically compared to the visual field.



Without going into the processes involved, the military training and education is consciously designed to reduce the Blind Side as small as practical. This is made possible by the "Mission" as a constraint



The Military Consciousness

Priorities: Mission
Men
Self

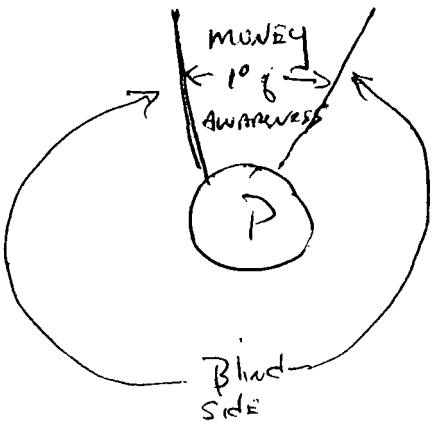
And one of the things the military value system funds to shuffle into the Blind Spot is money

The military, as a community, is essentially a socialist society.

One of the phrases you will hear from retired military, after about two years on the civilian economy, is "Money isn't everything"

And, of course, what retired military has encounted is a society (or a part of society) where money is the only thing.

Business school, law school & MBA's tend to produce exactly the opposite of the Military Consciousness



The Business Consciousness

Priorities: Self
Money

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

Jump Start Training

Tithe based TAX STRUCTURES - Surplus GENERATOR

DeConcini Deficit Reduction Trust

PLUS: Bush O/ Tax Payment Diversion

Now, when the military consciousness becomes involved in activity interdependent with the Business Consciousness in some mutual task, the military mistakes the Business focus on money as being the same as the military's mission focus.

The short version is, it's not. And the soldier on active duty doesn't have any useful perspective to be able to see the difference between their value system & the civilians (including Businessmen) Reliably. Senior officers, on active duty, think naturally like Republicans, but their personal values are generally far more liberal than the people they generally Identify with and tend to associate with after retirement. Additionally, the relatively independence that their retirement lends them tends to buffer the fundamental conflict between their personal values and those of their civilian associates.

This is why John McCain got into trouble with the Keating 5. McCain (and McAffrey) really have no reliable way to gauge the fundamental dishonesty the business world tolerates. John McCain is making the same mistake with the Tobacco bill that he made with the Keating 5. And Gen. McAffrey is making the same mistakes with the WAR on Drugs that Grant made after the White House with his choice of business associates.

Now, for a variety of Reasons connected with Robert McNamara & JFK, McAffrey is also making the same mistakes in judgement that were made in the conduct of the war up until the moment Gen Giap strolled into the collective Blind Spot of the US Army and created the military theater which has become to be known as Tet '68.

Unfortunately, Clinton seems to share McAffrey's blind spot on the WAR on Drugs. Clinton has been a good president and he has been exactly what America needed in '92 and still needs. But both he & his wife share an intellectual arrogance born of a singular narrowness of perspective. They aren't focused on money (Hillary is a Sensible business person) but they have a similar narrowness of perspective. And the danger lies in the inappropriate alignment of their blind side in the service of their ambition.

JWilson

Z-Pulse Theory
Cascade Structures

Deficit Restructuring

International Industrial-Aerospace Policy

Tithe-based Tax Structures — Surplus Generator

DeConvergent Deficit Reduction Trend

Plus: Bush 0% Air Bument Directive

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

Jump Start Training

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10952	Sandra	Thurman	6/18/98	revised agenda & draft

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			GU law Center	

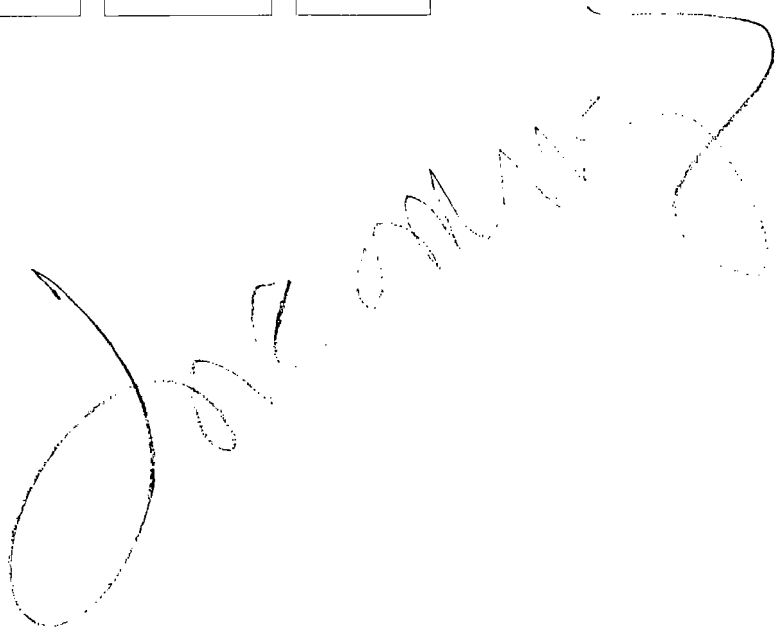
Action Completed	Action Date	Addressed To

Notes

Discussion Draft by Jeff Levi for June 19 Roundtable. Revised Agenda.

Sender's Organization	Sender's Street1	Sender's Street2

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



HIV LAW & POLICY STUDY

Health policy and legal protections for persons with HIV

A Project of the Federal Legislation Clinic, Georgetown University Law Center

Project Director
Timothy M. Westmoreland

Project Staff
Chai R. Feldblum
R. Scott Foster
Althea Gregory

June 17, 1998

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

Dear Ms. Thurman:

Enclosed please find a discussion draft of the document prepared by Jeff Levi for the June 19th Roundtable on "After Bragdon v. Abbott: Issues and Options in Public Health Policy." We apologize for the late date on which you are receiving this document. I have also enclosed a revised agenda for the event.

If you have any questions about the Roundtable, or need any special assistance, please let me know. Otherwise, we look forward to seeing you on Friday.

Sincerely,

Scott Foster

Scott Foster

Federal Legislation Clinic
111 F Street, NW, Suite 340, Washington, DC 20001
Tel. (202) 662-9595 ◆ Fax (202) 662-9682 ◆ e-mail: fedlegis@law.georgetown.edu
www.law.georgetown.edu/clinics/flc

A project supported by the Henry J. Kaiser Family Foundation, Menlo Park, CA

HIV LAW & POLICY STUDY

Health policy and legal protections for persons with HIV

A Project of the Federal Legislation Clinic, Georgetown University Law Center

Project Director
Timothy M. Westmoreland

Project Staff
Chai R. Feldblum
R. Scott Foster
Althea Gregory

AFTER BRAGDON V. ABBOTT: ISSUES AND OPTIONS IN PUBLIC HEALTH POLICY

AGENDA FOR ROUNDTABLE JUNE 19, 1998

Georgetown University Law Center
600 New Jersey Avenue, NW
Room 588

8:30 a.m.	CONTINENTAL BREAKFAST
9:00 a.m.	*Welcome and Overview* -- Tim Westmoreland
9:10 a.m.	*Summary of Papers Commissioned for May Roundtable on "How Disability Discrimination Laws Apply to People with AIDS in an Era of More Effective Therapies"* -- Chai Feldblum and Larry Gostin See Discussion Drafts and Summaries of: *1)Definition of Disability Under Federal Anti-Discrimination Law: Implications for People with AIDS and HIV Infection*, by Chai Feldblum; *2)Health Coverage for People with HIV/AIDS*, by Anne Lewis; *3)Discrimination in the HIV/AIDS Epidemic: A Fifty-State Survey of Anti-Discrimination Laws*, by Larry Gostin and David Webber; and *4)Potential Outcomes of the Disability Issue in Bragdon v. Abbott*, by Ben Klein (one page document).
10:15 a.m.	BREAK
10:30 a.m.	*Potential Effect of Bragdon v. Abbott on HIV/AIDS Public Health Policy* -- Jeff Levi (See Discussion Draft of *After Bragdon v. Abbott: Issues and Options in Public Health Policy*)
11:30 a.m.	Response to Potential Public Health Effects raised by Abbott * Federal Level * State Level * Community Advocacy (Government officials and AIDS advocates will be invited to respond)

(CONTINUED ON REVERSE SIDE)

Federal Legislation Clinic
111 F Street, NW, Suite 340, Washington, DC 20001
Tel. (202) 662-9595 ◆ Fax (202) 662-9682 ◆ e-mail: fedlegis@law.georgetown.edu
www.law.georgetown.edu/clinics/flc

A project supported by the Henry J. Kaiser Family Foundation, Menlo Park, CA

Georgetown University Law Center
600 New Jersey Avenue, NW
Room 344

1:00 p.m.	BREAK FOR LUNCH
1:15 p.m.	WORKING LUNCH on complexities of outreach and early treatment access: * Low-income people * Racial and ethnic minorities * IV drug users * Women (Roundtable participants will be invited to respond)
2:30 p.m.	BREAK
2:45 p.m.	***Preparing a Strategy and Timeline for Dealing with Public Health Issues raised by Abbott*** -- Tim Westmoreland, moderating
4:45 p.m.	ADJOURN

After Bragdon v. Abbott:

Issues and Options in Public Health Policy

Jeffrey Levi
Center for Health Policy Research
George Washington University

DRAFT....DO NOT QUOTE, CITE OR REPRODUCE

The unfortunate assumption of this paper is that the Supreme Court's ruling in Bragdon v. Abbott will in some way seriously erode the protections of the Americans with Disabilities Act for people living with HIV infection. That assumption is based less on a learned reading of the Court and more on a belief that preparing for the worst is the wisest strategy.

The degree to which the Court limits the ADA's protections will make a difference in terms of *legal* strategies that must be pursued in the future. But *any* decision, no matter how narrow, that *appears* to limit protections will have dramatic implications for the public health far beyond its direct effect. This is due to the fact that so much of the public health response to HIV is dependent on the cooperation and support of those living with or at risk for HIV, through interventions such as voluntary testing, partner notification, and participation in prevention programs. That cooperation has been inspired in no small part by the perception that the ADA's protections will mitigate the risk of discrimination that might result from revealing one's HIV status or risk factors. Any diminution of that protection, no matter how limited, could undermine this fragile balance of trust between the HIV affected community and the public health community.

This paper is meant to provoke thought and discussion, not offer definitive solutions (fortunately). It also might be criticized for painting a relatively grim picture. But that helps to assure that the full extent of a potential loss will be considered and, indeed, the underlying situation facing people with HIV or at risk for HIV is also grim. What follows, then, is an attempt to suggest the answers to two questions:

(1) What are some of the potential public health implications of an adverse Supreme Court decision?

(2) What are some of the potential public health responses or solutions to an adverse Supreme Court decision?

Public Health Implications:

The stigma associated with HIV and AIDS has long been recognized as a major factor in both the public's response to this epidemic and the response of those at risk for or living with HIV/AIDS.[1] Whether the Court rules narrowly or broadly in Abbott, any decision that is interpreted as a defeat for advocates for people living with HIV will have dramatic implications for the perception and reality of HIV-related stigma. The fear of discrimination that has been such a motivating factor for people at risk for HIV will be further legitimized.

From a public health perspective, a cascade of ill-effects could follow – all of which, I believe, could occur even with a very narrow (but negative) decision, since so much of these implications have more to do with the perception or fear of stigma and discrimination rather than the routine reality of discrimination and stigma.

We are likely to see, at least in the short term, a decline in the number of people at risk for HIV who learn their status through counseling and testing, for fear that learning one's status will open one to new forms of discrimination. This could mean delayed diagnosis of HIV and thus delayed entry into care and diminished benefit from early treatment interventions. This will exacerbate an already serious problem: that people learn their HIV status relatively late in disease progression. This also means less access to the behavioral counseling associated with HIV testing for those who are positive or

[1] See, for example, "The Impact of Homophobia and other Social Biases on AIDS," A Special Report by the Public Media Center, October 1995; and, Scott Burris, "Driving the Epidemic Underground? A New Look at Law and the Social Risk of HIV Testing," *AIDS & Public Policy Journal,* Summer 1997, pp.66-78.

negative. This highlights the importance of maintaining and perhaps expanding the availability of anonymous testing.

We are likely to see, at least in the short term, a decline in the number of people who seek care once they learn their status. The availability of anonymous testing sites might allow some to learn to their status; but fear of disclosure once they enter the care system might delay seeking treatment. Pursuing medical record confidentiality protections might mitigate this problem. In addition, if the Court legitimizes discrimination in care provision for those with early HIV infection, then even those who wish to obtain care may find it more difficult to access, providing yet another cause of delayed care.

In either case, this means that more people will have undiagnosed and/or untreated HIV disease. Those who are not in treatment may be more likely to spread HIV infection, either because they are unaware of their status or because they are not accessing a reinforced prevention message as part of their care. This is compounded by the additional concern of an individual having undiagnosed and untreated opportunistic infections that may be communicable diseases (e.g., tuberculosis).

If early HIV infection is not protected under the ADA, for those in care the fear of discrimination in the workplace may result in lower adherence levels to complex treatment regimens, since fear of disclosure may cause individuals with HIV to hide the fact that they need to take their medicines. This could result in development of more resistant strains of HIV.

Efforts by health departments and the Centers for Disease Control and Prevention to increase HIV-related surveillance may be stymied by an adverse Court decision. One of

the principal arguments made against HIV names reporting, for example, is the fear of discrimination. This has been dismissed by some proponents of names reporting as unwarranted given the ADA's legal protections (along with state laws). But if the Court restricts in any way these protections (and calls into question the state protections that use the federal definition), public health officials favoring names reporting (or any form of HIV surveillance, for that matter) will be hard pressed to make their case.

Among those at risk for but not infected with HIV, or who do not know their status, continued participation in prevention programs is critical. Participation in these programs has always been hampered, to some degree, by fear of being identified with a stigmatized condition. This may well become a larger factor if there is an adverse decision by the Court.

It may also become difficult to recruit individuals into clinical trials for new HIV-related treatments. With diminished legal protection, individuals may choose to take as low a profile as possible, which includes limiting the number of places where one's status is on file. This may delay our ability to learn about new and promising treatments.

Finally, the willingness of HIV-negative individuals to participate in clinical trials for a preventive vaccine may also decline, due to similar fears of discrimination. Since participation in a trial may render an individual HIV antibody positive, without a firm legal basis for anti-discrimination protection individuals may not be willing to sign up for these trials, which are critical to the public health.

This is not meant to be a complete or comprehensive accounting of the potential implications of an adverse decision. But it should be clear that these should be of grave concern to the public health and scientific communities. And it is those broader

communities – not just the HIV community – that must develop an appropriate and strong response should the Abbott decision limit anti-discrimination protections for people living with HIV.

Public Health Responses:

A. Immediate response to an adverse decision. The public response to the Court's decision will be critical in framing the impact of a negative decision. While the HIV community will want to and need to hear from its leaders about the decision, the bulk of the response (whether the decision is positive or negative) should come from the public health leadership inside and outside government. Political players at all levels should take their lead from public health. For this ultimately must be framed as a public health-related decision, not an HIV or AIDS-related decision. Thus, we should be hearing primarily from health leaders – the Surgeon General and the CDC, not the Office of National AIDS Policy or the Office of HIV/AIDS Policy; state health department directors, not state AIDS directors; the APHA and the AMA, not AIDS Action Council; state Attorneys General, not the Human Rights Campaign. This can be a difficult form of self-censorship, but the immediate response to the decision will frame the perceptions (in the HIV community and the country at large) and the politics (in Congress and state legislatures) of any further steps that might need to be taken in the months ahead.

If the decision upholds the full breadth of the ADA, then the response is relatively simple: this is a victory for public health, and all parties can applaud the Supreme Court for having the vision to stand up for public health.

If the decision is negative, but made on relatively narrow grounds, it will be important both to decry any loss of protection while emphasizing the narrowness of the impact so that this is not perceived as a broad defeat for ADA-related protections for people with HIV. This will be a difficult balancing act, but this is as important particularly in terms of the message heard by those living with or at risk for HIV.

If the decision is broad and negative, the public health leadership must join together in denouncing the decision as the threat to the public health that it is. This will lay a critical foundation for any legislative, administrative or social fixes that must follow, which all must be framed in the context of protecting the public health. Angry rhetoric about an adverse decision that includes charges of AIDS-phobia, homophobia or other forms of stigma may well be true, but will only heighten the political tensions that may undermine an ability to fix the problem in the name of public health. In fact, the AIDS community's response should focus on the public health damage of a negative decision: how this will undermine the AIDS community's prevention efforts and campaigns to encourage people to be tested, hurting society-at-large, not just those with HIV.

It will also be critical for the non-HIV public health leadership to demonstrate to those at risk for HIV that immediate steps will be taken to try to remedy this adverse decision – so that critical public health interventions (seeking testing, care, and prevention services) are not undermined. This means that in the short time between now and the Court's decision, the public health leadership of the federal, state, and local governments and the public health organizations outside government must arrive at a consensus on an agenda that shows that strong and forceful steps will be taken to remedy

the problem. These may include some of the short-term and long-term measures suggested below.

B. Short-term steps. Given the inter-relatedness of many state anti-discrimination laws with the language of the ADA, it will be critical for state officials (especially Attorneys General) to immediately declare that they do not accept the Supreme Court's interpretation of the ADA to necessarily apply to state laws – and that they will take all steps necessary (in court and in legislatures) to clarify that broader intent of their state laws. Health department officials must make clear how such an effort is critical to the success of their anti-HIV public health efforts.

Federal and state health officials must clarify that the Supreme Court's decision requires several steps on their part to regain the confidence of those at risk in public health interventions related to HIV. First, they should announce the expansion of anonymous testing in all jurisdictions (including those that currently restrict it), so that people will not be afraid to take that initial step toward diagnosis. Second, they should withdraw any policy proposals for the institution of names-based HIV surveillance until the legal situation can be clarified.

These public health leadership statements should be endorsed by the President, Secretary Shalala, and the Governors – but it should be clear that they are looking to the non-political health leadership on this issue. It should not be turned into a political issue.

C. Long-term steps: Depending on the nature of the decision, different types of fixes may be appropriate. Clearly, legislative options should be considered, both at the

federal level and at the state level.[2] In both instances, however, it should be remembered that legislation always comes with risks. The trade-offs that may be demanded in exchange for anti-discrimination protections (e.g., HIV-specific laws regarding criminalization of transmission or so-called mandatory partner notification) may not be worth the effort. But if a decision is made that legislative solutions are needed at the state level, the federal health leadership can provide mechanisms to encourage this – from drafting model state anti-discrimination laws to providing financial incentives (through increased federal funding) to jurisdictions with stronger protections, such as making a precondition of federal funding passage of anti-discrimination legislation.

A smaller legislative fix would be related to confidentiality of medical records. Without broad anti-discrimination protections, this becomes a more important issue – and may be a necessary antecedent to convincing people that it is safe to seek care for HIV.

But above all, the public health leadership at all levels of government and those outside government must undertake a campaign to address the underlying cause of why this case even went to court in the first place: the stigma associated with HIV and the behaviors related to HIV. (This is different from using the politics of stigma to denounce a negative Court decision.) Even with allegedly strong legal protections in place, it is stigma that is preventing people from seeking the testing, treatment, and prevention services they need. Only a full-scale social marketing effort that addresses the underlying causes of that stigma (homophobia, attitudes towards sex in general, attitudes toward drug users, etc.) will resolve this problem. It is something that the public health

[2] I will not address the issue of HIV-specific vs. general legislative approaches. This is a complex legal, political, and practical question, one that will be driven at least in part by the nature of the Court's decision.

community should have taken on before, but is more critical now for a multitude of reasons, including: the perceived and real (if the case is lost) fragility of anti-discrimination protections; the fact that even with strong legal protections, it is the social climate that drives behavior more than statutory sanctions and it is negative behaviors that drive people with HIV or at risk for HIV underground; with new treatments, addressing the large number of people who do not know their HIV status and could be benefiting from early intervention is even more important, and part of any anti-stigma campaign should be one that creates a positive climate for HIV testing; the increased likelihood of vaccine trials requires a climate that encourages participation and thus identification with this epidemic; and the continued steady rate of new HIV infections speaks to the need for greater outreach on prevention, participation in which will likely increase as HIV is destigmatized.

This is simply an outline of implications and steps that can be taken if the Court rules unfavorably in the Abbott case. They are meant to stimulate discussion...but discussion that must not be too prolonged, since an immediate and active response to the Court's decision will be critical if the implications of an adverse decision are to be mitigated as much as possible.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10935	Sandra	Thurman	6/16/98	results of HIV prevent'n trial

☐ Response Required?

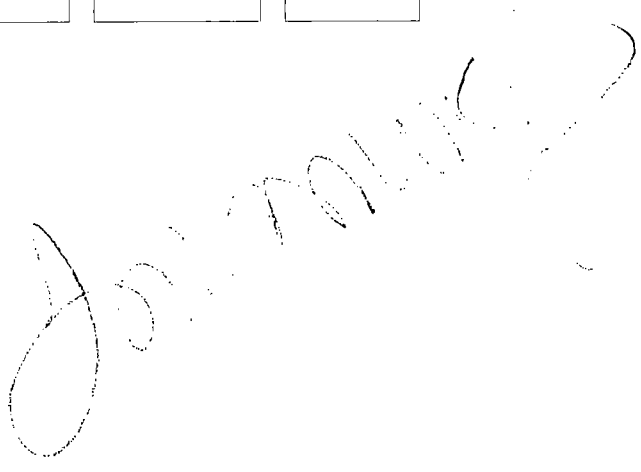
Response Type	Response Date	Responder ID	Responder Name	Action Promised
			NIH News Advisory	

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



NIH NEWS ADVISORY

NATIONAL INSTITUTES OF HEALTH

National Institute of Mental Health

CONTACT NIMH
RAYFORD KYTLE (301) 443-4536

NIMH TO ANNOUNCE RESULTS OF LANDMARK HIV PREVENTION TRIAL

The results of the *National Institute of Mental Health Multisite HIV Prevention Trial*, will be announced at a 1p.m. EST press conference, Thursday, June 18, 1998. The press conference will be held in Wilson Hall in the Shannon Building (Building 1) on the main campus of NIH in Bethesda, Maryland.

Researchers at seven sites in five metropolitan areas recruited men and women from 37 inner-city free health clinics to participate in the study, which focused on reducing HIV-related sexual risk behavior. It is the largest study of its kind ever conducted in the United States.

Speakers will include HHS Assistant Secretary for Health and Surgeon General David Satcher, M.D. (Invited), NIMH Director Steven E. Hyman, M.D., NIMH Division Director Ellen Stover, Ph.D., and steering committee co-chair, Jeffrey Kelly, Ph.D. of the Medical College of Wisconsin. Principal researchers involved in the study will also be available for questions.

The study will be published in the June 19, 1998 issue of *Science*.

Reporters unable to attend can be linked to the press conference through a special 800 number by contacting NIMH by 5 PM EST Tuesday, June 16, 1998. Phone (301) 443-4536.

###

NIH NEWS RELEASE

NATIONAL INSTITUTES OF HEALTH | NATIONAL INSTITUTE OF MENTAL HEALTH

Embargoed for 5 p.m. EST
June 18, 1998

Contact NIMH
Rayford Kytle (301) 443-4536

LANDMARK STUDY SHOWS BEHAVIORAL INTERVENTIONS REDUCE HIV-RELATED SEXUAL RISK BEHAVIOR

The largest randomized, controlled, HIV behavioral intervention study conducted in the United States found that even among persons considered hardest to reach, such interventions can cut high risk sexual behaviors in half and more than double regular use of condoms.

The National Institute of Mental Health (NIMH) Multisite HIV Prevention Trial enrolled 3,706 African-American and Hispanic men and women in 37 inner-city, community-based clinics. Those who attended HIV prevention sessions that focused on motivation and skills to reduce high-risk sexual behaviors reported significant reductions across a range of sexual risk indicators over a one-year period.

The seven-session intervention reduced the incidence of gonorrhea in men by half. Incidence of gonorrhea is an indicator of unprotected sexual behavior.

NIMH Director Steven E. Hyman, M.D., said, "Reducing high risk behaviors is still the best way to prevent new HIV infections. NIMH has identified an effective strategy that could be adopted by public health and community organizations all across America. If these behavioral changes were maintained for even one year, there would be a profound, cost-effective, public health impact in the communities that adopted this program."

Researchers in seven sites in five metropolitan areas recruited participants from three distinct populations at risk of acquiring HIV and other sexually transmitted diseases (STDs): men and women in public STD clinics and women attending public primary health care clinics. Virtually all of the participants were African American or Hispanic; most were single, unemployed, and treated previously for STDs, and all were at high behavioral risk for HIV. Rates of HIV infection and AIDS are higher among racial and ethnic minority populations, especially African Americans, who represented 45% of

(MORE)

new AIDS cases in 1997. Heterosexual transmission is rising rapidly, especially among ethnic minority women. The Clinton Administration has made elimination of racial disparities in health status a top priority.

The study is unique among trials of group HIV prevention interventions in its examination of change in self-reported sexual risk practices, such as consistent use of condoms, as well as in objective indicators provided by reviewing participants' STD clinic charts.

NIMH initiated the Multisite HIV Prevention Trial in 1990 in response to directives from Congress to develop a risk reduction intervention based on current best practices in HIV prevention, and to test its efficacy with understudied and disadvantaged populations at multiple sites across the U.S.

The research is published in the June 19, 1998 issue of Science. The seven sites were:

- Columbia University, New York City
- Rutgers University, New Brunswick, New Jersey
- Emory University, Atlanta, Georgia
- The Johns Hopkins University, Baltimore, Maryland
- The Medical College of Wisconsin, Milwaukee, Wisconsin
- UCLA, Los Angeles, California
- UC-Irvine, Irvine, California

The study was coordinated by NIMH and the Research Triangle Institute in Durham, North Carolina.

NIMH is one of the 18 institutes that make up the National Institutes of Health (NIH). NIH is part of the Department of Health and Human Services.

###

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11006	Peter	Piot	6/26/98	latest findings in HIV/AIDS

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

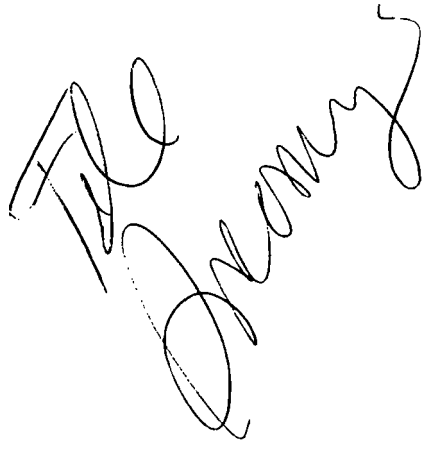
Action Completed	Action Date	Addressed To
		Sandra Thurman

Notes

Latest findings concerning the spread of HIV/AIDS in Report on the Global HIV/AIDS Epidemic

Sender's Organization	Sender's Street1	Sender's Street2
UNAIDS		

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



UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK
Joint United Nations Programme on HIV/AIDS

The Executive Director

Reference:

Dear PCB Member,

As you know, global surveillance of HIV/AIDS and STDs is an important priority for UNAIDS and we are conducting this surveillance as a joint effort with WHO. I am therefore pleased to present to you our latest findings concerning the spread of HIV/AIDS in the enclosed Report on the Global HIV/AIDS Epidemic. The data in this report have been compiled by the UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance in collaboration with national AIDS programmes as well as with other experts and institutions. This report provides more detail than has been previously published about the global epidemic, the evolving picture in the different regions, and the situation in individual countries at the end of 1997.

This report will be released in Geneva on Tuesday, 23 June 1998 in advance of the 12th World AIDS Conference. The report has been produced in English, French and Spanish. Please note that the report is not to be distributed before its official release on Tuesday, 23 June at 11.00 GMT. It is extremely important that this embargo is respected in order to ensure good media coverage internationally.

We hope that this report will be useful to you and your national partners in determining your response to HIV/AIDS. We will keep you informed of other materials that we are now preparing for the conference, as well as the media events in which we will be participating.

With best regards.

Peter Piot

20, avenue Appia • CH-1211 Geneva 27 • Switzerland • Tel: (+4122)791.4510 • Fax: (+4122)791.4179 • e-mail UNAIDS@UNAIDS.ORG

THE WHITE HOUSE

WASHINGTON

June 4, 1998

Les Leighton
3221 Granada Pl #135
Sarasota, Fl 34231

Dear Mr. Leighton:

The President has forwarded to me your letter of March 13 regarding HIV reporting.

As you know, this is a complicated issue and one which does not lend itself to simplistic solutions. I believe that the potential misuse of HIV data by politicians and the lack of complete studies of the impact on access to testing and care are serious concerns regarding names-based surveillance systems. Further, I am not yet convinced that we have done all that can be done to fairly support the development of approaches that use a unique identifier (a number) for HIV reporting.

I believe that we should stay focused on the need for accurate, timely data; that we need to recognize the limitations of either unique identifier or names-based surveillance systems to provide a full picture of HIV infections. Finally, I share the perspective of many professional epidemiologists and prevention experts in supporting the continued availability of anonymous testing sites for those that choose to use them.

Your input is appreciated, and will be part of the discussions within the Administration on how best to support States in improving our understanding of the spread of this terrible epidemic.

Very truly yours,

Sandra L. Thurman
Director
Office of National AIDS Policy

Todd R.
Okay?
Fine ltw

June 4, 1998

Les Leighton
3221 Granada Pl #135
Sarasota, Fl 34231

Dear Mr. Leighton:

The President has forwarded to me your letter of March 13 regarding HIV reporting.

As you know, this is a complicated issue and one which does not lend itself to simplistic solutions. I believe that the potential misuse of HIV data by politicians and the lack of complete studies of the impact on access to testing and care are serious concerns regarding names-based surveillance systems. Further, I am not yet convinced that we have done all that can be done to fairly support the development of approaches that use a unique identifier (a number) for HIV reporting.

I believe that we should stay focused on the need for accurate, timely data; that we need to recognize the limitations of either unique identifier or names-based surveillance systems to provide a full picture of HIV infections. Finally, I share the perspective of many professional epidemiologists and prevention experts in supporting the continued availability of anonymous testing sites for those that choose to use them.

Your input is appreciated, and will be part of the discussions within the Administration on how best to support States in improving our understanding of the spread of this terrible epidemic.

Very truly yours,

Sandra L. Thurman
Director
Office of National AIDS Policy

Return to Todd W.

N:\THURMAN\LETTERS\98JUN\LEIGHTON.WPD

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10715	Sue	Smith	4/20/98	Casework Referral

✓ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
Written response				

Action Completed	Action Date	Addressed To

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Director, Agency Liaison ONA		

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

Todd Weber
per Karen Hagerty
Then forward a copy to
Sue Smith @ the
White House

3221 Granada Pl. #135
Sarasota, Fl. 34231
March 13, 1998

The Honorable William Jefferson Clinton
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500

Dear Mr. President:

Allow me to introduce myself. My name is Les Leighton. I Realize that this will mean nothing to you, however, please take the time to read this letter.

For three and a half years now, I have had the pleasure of being associated through volunteer work, with a great group of people at an Aids Service Organization called Aids Manasota, Inc. For about two years or so, I have been what is called a peer counselor. It was unique in the fact that I was HIV negative. Last year, I tested positive.

This was actually no big deal to me as (1) I knew about the disease process and (2) I know how to stay healthy.(By the statement, "No big deal," I mean that I would rather not be HIV + , but I am not going to allow it to destroy me.) Anyway, my only real fear was that other people in my professional life would find out my HIV status. You see, I currently work in the health care field and that is one of the biggest paranoid arenas today.(ie; needlesticks, blood exposure, etc.) Then, I thought to myself, this is okay because Florida does not report names of persons with HIV disease, just AIDS cases.

Immagine my surprise when in July of 1997, Florida started reporting names of persons with HIV disease!

Since my HIV antibody test came back positive, I have become Peer Counsel Coordinator and a member of the board of directors at Aids Manasota. Now that I am in the public eye as much as I am HIV status disclosure is no longer an issue for me personally.

As a counselor, I work with both HIV+ and HIV- persons. Please indulge me as I tell you about both.

The persons that I speak with that are negative, come to me seeking education on the disease, the different antibody tests available, risk factors, and who will have access to the test results. The big thing they want to retain is their anonymity. (The whole point behind anonymous testing, right?) You have no idea how many times I have heard the following statement. "If anyone can find out that I have had an Aids test, I won't have one done."

When dealing with someone who is HIV+,(mostly the newly diagnosed) I hear basically the same thing. They want no one to know of their infection. "I can't let my family know I have this, it would kill them." Or....."they will disown me." "If I tell anyone about this, I won't have any friends." "If they find out where I work, I won't have a job."

While most of these issues can be resolved with time and/or our laws today, why should we put these people through this stress when it can be avoided? These and

other fears are well founded. Many advances have been mad with medicines to extend the lives of people infected with this virus. It saddens me though that we have not made that much headway with ignorance and discrimination. We still have not conquered the stigma associated with HIV/AIDS. Society as a whole is paranoid.

If this decision is left at a state level, then this letter will not affect you. However, if you go for a federal aspect, I urge you to have numbers and not names. Yes, perhaps there is a need to track the infection rate of HIV disease, but not with names. If names are reported, people will stop getting tested, and they won't seek the medical attention that they will need. If this happens, not only will more people suffer, but the disease will spread even more than what it already has.

Thank you for your time and your consideration in this matter.

Respectfully,

Les Leighton
Peer Counsel Coordinator

THE WHITE HOUSE

WASHINGTON

June 3, 1998

Dr. Boris Szanto
TEIN Limited
H-1202 Budapest
Hungary

Dear Dr. Szanto:

Thank you very much for your letter regarding electromagnetic treatment of HIV infected individuals.

Our office mainly concentrates on working with the policies that affect HIV/AIDS individuals; however, you will find it beneficial to contact the National Institutes of Health in Bethesda, Maryland.

Thank you again for your continued efforts on behalf of people living with HIV/AIDS.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10727	Boris	Szanto	4/21/98	Request for Co-operation

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

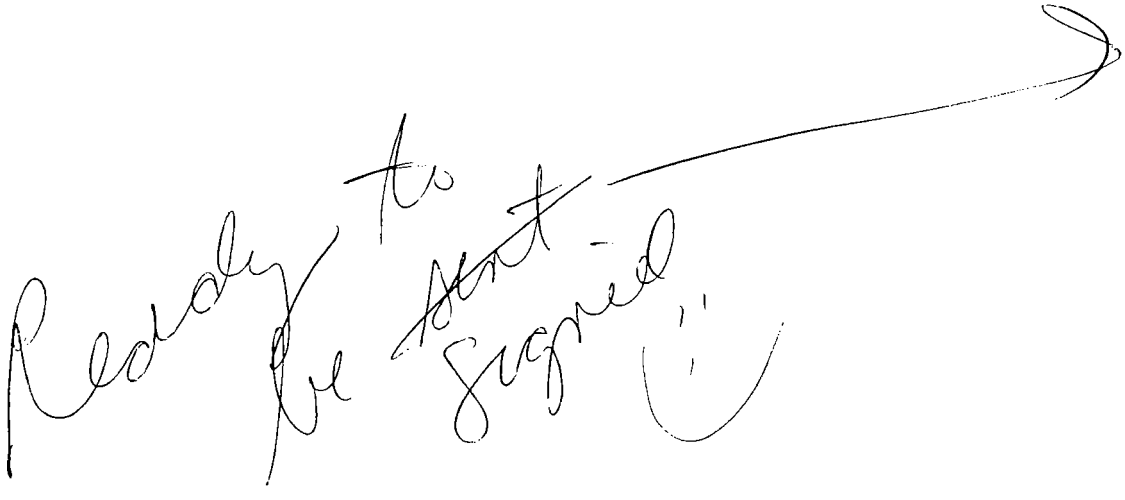
Action Completed	Action Date	Addressed To

Notes

Here's a humdinger for you Sarah...
Tks, Ross

Sender's Organization	Sender's Street1	Sender's Street2
Tein Limited		

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



June 3, 1998

Dr. Boris Szanto
TEIN Limited
H-1202 Budapest
Hungary

Dear Dr. Szanto:

Thank you very much for your letter regarding electromagnetic treatment of HIV infected individuals.

Our office mainly concentrates on working with the policies that affect HIV/AIDS individuals; however, you will find it beneficial to contact the National Institutes of Health in Bethesda, Maryland.

Thank you again for your continued efforts on behalf of people living with HIV/AIDS.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

June 3, 1998

Dr. Boris Szanto
TEIN Limited
H-1202 Budapest
Hungary

Dear Dr. Szanto:

Thank you very much for your letter regarding electromagnetic treatment of HIV infected individuals. ~~We appreciate your efforts on behalf of people living with HIV/AIDS.~~
Our office mainly concentrates on working with the policies that affect HIV/AIDS individuals; however, you will find it beneficial to contact the National Institutes of Health in Bethesda, Maryland.

Thank you again for your continued efforts ~~in fighting this epidemic.~~ on behalf of people living with HIV/AIDS.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Boris Szanto and Leonid Waisser to Sandra Thurman re: Electromagnetic HIV treatment (Personal) [partial] (1 page)	04/09/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 6/98 [Folder 1] [2]

2018-0764-F
jm2072

RESTRICTION CODES

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

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

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

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

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

TEIN LIMITED
technology transfer & innovation management

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

Budapest, 9 April, 1998

Dear Mrs. Thurman,

Re.: *electromagnetic treatment of HIV infected individuals*

The efforts you and your colleagues make in the field of politics to find new ways to stop HIV infection are known far behind the borders of US. That is why we have decided to send you a brief information on the decade long research in the field of non-conventional electromagnetic radiation, which permits to instigate "informatively" the process of virus replication and the processes alike.

The "HE-generator" (named after H magnetic and E electric vectors) is a discovery made 10 years ago in Russia in the field of electromagnetic fields (patent pending, USSN 08/586909 based on PCT/HU93/00043). Since then its influence on living creatures has been investigated and certified by approbation in a number of possible fields of application, but the main topic we wish to draw your attention at is the treatment of AIDS.

The partial results achieved in this field are also due to the application of methods of ancient Tibetian medicine, principles of which were transformed into a diagnostic computer, as well as into an electro-impulse therapeutical device. The acupuncture treatment of control systems of the organism (not described by Chinese medicine) helped to cure the AIDS patients.

We consider our results still only partial, because in spite of the fact that the HIV virus can be killed (it can be demonstrated by weekly made quantitative PCR analysis of provirus DNA, quantitative analysis of P-24 in cell and plasma, alteration of CD-4, etc) and provirus DNA, P-24 parameters could be brought to 0, CD-4 increasing to its normal level, not all of treated patients could have been saved. May be it is because most of

altogether 21 patients cured by this method 5 years ago were in D-3 and even in D-4 stage of illness. 9 of them died in 6-9 months after treatment, due to grave deficiencies their immune system has suffered. On the other hand, 12 of patients are not just alive up to the date, they are healthy to the extend they did not need to visit their doctors during the last 3 years.

It is clear that this success in AIDS treatment is not yet complete, but we believe the results speak for themselves and are already mature and promising enough to suggest a gathering of an international team of qualified professional clinicists with the purpose to check the patients already cured and investigate the effect of HE-treatment.

Please find enclosed a short summary of HE-treatment activity performed. In case you find it interesting we will be glad to submit all the documents, protocols, conclusions made by WHO expert, etc., we have. Unfortunately not all of them are available in English language and their appearance is rather poor, but most of the job was performed in circumstances of drastic political and economic changes without substantial financial background and our very small private venture has no possibility for the time being to bring the documents into a more representative form. We only hope the essence they mirror is clear enough.

We fully realize the unusual features of our project and therefore would like to continue and accomplish these experiments after consultation with you and the prominent HIV/AIDS specialists of the World.

We would highly appreciate your kind opinion and proposition regarding promotion and further development of our project.

Sincerely yours

Dr. Boris Szanto
Dr. habil in Techn. Sc.
managing director

Dr. Leonid V. Waisser
PhD in Techn. Sc.
S & T manager

TREATMENT BY HE-IRRADIATION

by
Leonid Waisser, PhD

Based on recognition that the systems of a living organism are more effectively instigated by informative affect, a 10 years complex investigation of the influence of HE irradiation, as well as the possibility of its modulation programming has been carried out. Total expenditure of these examination including construction of the Mainframe exceeded 15 million USD.

The research has been accomplished in 8 basic directions in collaboration with 19 academic research institutes, as well as 2 specialized laboratories. Some of the chapters were discussed by 6 members of Academy of Sciences and 25 Doctors of Science. Tests were accomplished in cooperation with 124 firms and agricultural farms in 8 countries.

I. chapter: In investigation of HE irradiation of plants on the territory 200 thousand hectares particularly participated the following institutions:

1. Institute of Chemical Physics, Russian Academy of Sciences.
2. Agricultural Institute (VASHNIL).
3. Timiriazev Institute of Plant Physiology, Russian Academy of Sciences.
4. State Institute of Agriculture, SGA, Odessa.

Firms:

1. Ciba Geigy, Switzerland.
2. Babolna, Hungary.
3. Quality Champignons, Ungarisch-Deutsches Unternehmen.

as well as 121 industrial and agricultural firms in Russia, Ukraine, Kazahstan and Uzbekistan.

II. chapter: In investigation of HE irradiation impact on health and infected In-Vitro cells particularly participated the following institutions:

1. National "Frédéric Joliot-Curie" Research Institute of Radiation Biology and Radiation Hygiene, Budapest.
2. Herzen Oncological Scientific Research Institute, Moscow.
3. Scientific Research Institute of Medical Radiology, Medical Academy of Sciences, Moscow.
4. Ivanovsky Institute of Virology, Medical Academy of Sciences, Moscow.
5. Virology Laboratory, IPI Institute, Moscow State University.
6. Department of Haematology, University of Cambridge, UK.

III. chapter: In investigation of HE irradiation impact on correction of genetic faults particularly participated the following institutions:

1. Scientific Research Institute of Human Morphology, Medical Academy of Sciences, Moscow.

IV. chapter: In investigation of direct and remote HE irradiation impact on behavioural reactions particularly participated the following institutions:

1. Institute of Biophysics, Medical Academy of Sciences, Moscow.
2. Scientific Research Institute of Pharmacology, Medical Academy of Sciences, Moscow.
3. Military institutes.

V. chapter: In investigation of HE irradiation impact on treatment of human and animal virus diseases particularly participated the following institutions:

1. Scientific Centre of Obstetrics, Gynaecology and Perinatalogy, Moscow, Ministry of Health.
2. Herzen Oncological Scientific Research Institute, Moscow.
3. Ivanovsky Institute of Virology, Medical Academy of Sciences, Moscow.

4. Moscow Scientific Research Institute of Roentgenography and Radiology, Medical Academy of Sciences, Moscow.

VI. chapter: In approbation of human diagnostic computer and contact treatment device with application of principles of Tibetian medicine particularly participated the following institutions:

1. Moscow Scientific Research Institute of Roentgenography and Radiology, Medical Academy of Sciences, Moscow.
2. Russian Institute of Medical Appliances, Ministry of Health.
3. Soviet-British Joint Venture "BET", Moscow.
4. Kavecky Institute of Oncology, Ukraine.
5. Yamamoto Acupuncture Rehabilitation Institute, Budapest.

This human diagnostic computer with application of principles of Tibetian medicine, as well as the contact treatment device have been officially approved for medical practice in Russia and Hungary.

VII. chapter: Influence upon chemical and physical processes; field transformation of properties of certain substances onto liquids.

Program in Military Institutions

VIII. chapter: Development of technical outfits and its theoretical base

Institute of Geochemistry, Academy of Sciences, USSR
Physical Institute, Academy of Sciences, USSR
Military Institutions.

The possibility of **AIDS treatment** has been reported to the following institutions:

1. It was orally presented in 1993 upon invitation by National

Health Institute, after which Food and Drug Administration offered a grant for clinical tests in USA.

2. It was also orally presented in 1994 in Stanford University, USA. Professor Remington, professor Israilewsky and others attended the meeting and encouraged this kind of research activity.

3. The delegation of Hitachi Medical Co. led by director of institution went thoroughly into the Mainframe of HE radiation. The delegation acknowledged that the Mainframe functions as a self-developing synthetic intellect.

RESULTS of APPLICATION of the HE-IRRADIATION
(short summary)

by
Leonid Waisser, PhD

I. Investigation of the HE-irradiation effects on plants, their growth and self-protection capability against harmful external affects, as well as on quality of their seeds and fruits revealed potentiality of regulation of these processes. Particularly significant was the possibility to increase the harvest and growth of plants' green and dry masses by 20% -70%, while the plants' stability as well as quality of their fruits and seeds improve substantially. By the meanwhile the possibility of extermination of putridity bacterium. coccus, etc., has been also revealed. This finding opened a promising way for utilisation of this technology in storage technology, as well as for uncontamination of premises.

II. The In-Vitro and later In-Vivo experiments demonstrated first of all the capability of the HE-irradiated cell to change itself in positive way. Professor György Köteles, Deputy General Director of Hungarian National "Frédéric Joliot-Curie" Research Institute of Radiation Biology and Radiation Hygiene, Budapest, noticed that under the influence of HE-radiation the cell membrane somewhat stiffens, acquiring augmented resistance.

In certain regime of HE-irradiation essential reduction of activity of AIDS and sarcoma viruses has been observed. Moreover, the possibility of influence exerted upon the process of virus replication has also been revealed. Combined with increase of cell's vitality in all experiments with AIDS virus, this effect showed that the irradiated cells gave birth to a new generation of cells the virus was not able to destroy, while control cells presented an inclination toward their total extermination. Virus activity in this process dropped considerably. In case of AIDS this effect was confirmed by a simple In-Vitro experiment performed by Dr. Abraham Karpas, Department of Haematology, University of Cambridge, UK. The electronic microscopy of this population of viruses performed by Institute of Virulogy, Moscow, revealed a notable quantity of emerged viruses without or with

damaged RNA. The effect of direct influence on inflicted cells has been recognised in case of oncological viruses too, and demonstrated in case of sarcoma and leukosis.

However, the magnitude of the effect is the function of regime, duration and frequency of HE-irradiation. The earliest experiments on rats and viruses indicated authentically that radiation brings about little effect in the first stage of the process of disease, but considerably extends life of those with disease already developing. In the next series of tests with 7 days vaccinated rats and 4 days HE-irradiation (3 hours/day) a much greater effect has been observed, when the tumour has been torn away in 86-108 days by organisms of 28% of rats, fibrous tumours have been isolated in case of 21% of rats.

Conclusion made from these results asserts a double effect achieved by HE-radiation:

on the one hand, deficient virus and errors brought into its replication process;

and on the other hand, strengthening the cell's self-protecting ability and powerful activating of various safeguard mechanisms of immune and other systems.

III. HE-irradiation has also been tested on genetics. It has been observed in classic experiments with eggs of tritons that damaged chromosomes, if treated by HE-radiation, persistently restore themselves by 18-26%, eliminating otherwise characteristic for tritons genetic deflections, which induce development of tumours. The "corrected" tritons developed themselves quicker than the control ones, and were free of any defects.

<u>These investigations permitted to set forth the next course of the experiments: examination of volunteer patients</u>.

IV. At first stage patients with tumorous thyroid glands, victims of Chernobyl catastrophe, were investigated. Altogether 9 patients were treated: 4 of them received 1 course of medical treatment (10 days), 2 received 3 courses (30 days), and 3 received 4 courses (40 days).

As it was demonstrated, among those who received 1 course of

treatment in case of 2 patients clinical function of thyroid gland was restored and in case of other two patients remained unchanged, its ultrasonic check up did not show any sign of positive dynamics.

Among those who received 3 courses of treatment in case of one patient a positive dynamic of thyroid function was demonstrated by ultrasonic assessment simultaneously with function restoration: tumorous blot decreased in size by 3 mm, the blot's echogenity altered, its indistinctness became perceptible. In spite of stable restoration of his thyroid function, second patient developed clinical euthoriozis. Since tumorous blot increased in size, the surgical operation was recommended, despite the fact that gland's function did not show any symptom of malignancy.

Among those who received 4 courses of treatment in case of all the patients a positive dynamics was shown by ultrasonic examination and size decrease along a stable restoration of thyroid function, as well as indistinctness and transformation from reduced echogenity to isoechogenity was observed. It means, a direct link between positive result and duration of treatment has been detected. Professor Voronecky registered also the fact that the treatment was well endured by patients and no unfavourable supplement reactions were observed.

In 1992 the 3 stage investigation of volunteer AIDS patients has begun.

In December 1992 the treatment of first 6 patients has been set forth. Two of them interrupted their courses and were replaced by other two patients. 6 volunteers have arrived in March 1993 from USA. In June 1993 another volunteer (Russian) patient has arrived from Italy. Treatment of 8 more volunteer patients has begun in February 1994 in Austria.

Altogether 21 volunteer AIDS patients have received their full courses of treatment. By the time their treatment have started, 2 of them were inflicted more than 12 years, 4 patients had 4-5 years old infection but were in D-4 stage, 2 patients were in the beginning stage (2 years), and the rest were in stage D-3.

Each patient received a 4 week long treatment, with 1 day

suspension after every 7 days. The treatment consisted of 30-40 minutes long irradiation by HE-generator, as well as 30 minutes long correction treatment of specific bioactive points on patient's body being stirred by electric impulses. A 30 minutes long diagnostic of general state of the organism was performed every day by specific computer diagnostics of BET Co.

The patients' blood samples have been examined before treatment and weekly during the treatment. Later it has been examined monthly and quarterly during a half of year and a year respectfully, and once in 3-4 months during the next 2 years.

A common full immunological and biochemical analyses have been accomplished by Scientific Centre of Obstetrics, Gynaecology and Perinatalogy, Moscow, up to the determination of erytrocite coagulation ability, quantitative P-24 level analysis in the cell and in the plasma, antibody count in ELISA, as well as semi-quantitative DNA PCR analysis. Quantitative tests for the level of P-24 antigen in the cell and in the plasma following destruction of the immune complexes, as well as antibody count in ELISA have been doubled by Ivanovsky Institute of Virology, Moscow. The same institute performed Western-blotting with densitometry, as well as quantitative DNA PCR analysis. The cultivation of the viruses in case of several patients has been performed with the purpose to control the virus activity.

In all the cases, except the last 2, during 4 weeks treatment P-24 antigen was excreted completely from the cell and the plasma, and was not detected in the free form. Those patients who initially did not have P-24 antigen in plasma, started to excrete this antigen from cells during the first and second week of treatment and later on they completely excreted it from plasma. It is important to notice that when the improved HE-generator was used, the patients who underwent treatment in January-May 1994, the process of distortion of virus replication and excretion of P-24 antigen were faster than with the older model of HE-generator.

Practically all the patients, who underwent the treatment, had a temporary increase of the titre of specific antibodies; in some of the patients the primary increase was two times the original amount but later the titre decreased 10-20 times until it

reached close to 0. This fact indicates the absence of antigenic stimulation. The important fact is that even in those cases where the quantity of the titre of antibodies did not change for a long time, the spectre of the titre did change intensely (within 5-7 days), and the regulations between antibodies to the specific HIV antigens changed intensely and as a rule was accompanied by the widening of the spectre of specific antibodies. These changes could indicate the activation of immune system function during and after the course of the treatment.

Detailed examination of the quantity of provirus DNA in the cell by the PCR method demonstrates significant reduction of provirus DNA level, in a certain number of cases - down to 0.

The cultivation of the virus in the number of Russian patients demonstrated that after the treatment the activity of the virus significantly decreases in all the cases. Later the virus loses its antigenetics and becomes transformed into a virus-like particle and it becomes impossible to cultivate this virus.

From all that had been said the following preliminary conclusion could be drawn:

The programming field exposure consistently destroys the process of the virus replication in the host cell, activates the defense of DNA in the host cell and probably a number of receptors (this needs further examination). That leads to complete cessation of antigen production, to the withdrawal of the provirus DNA out of the cell, and it becomes no longer necessary to generate specific antibodies.

Influence of the programmed field significantly increases the viability of the immune system and accelerates its response. It is evident because of the speed of the antibodies' composition change, qualitative changes of the titre, and also from clinical signs.

However, it is important to note that only two questions are answered, while the doctor faces three in treating AIDS patients:

1. The positive aspect is found in the destruction of the virus in the body and as to the modification of immune system functioning.

2. The other problem arises as a result of the pathological changes in the cells as well in the functioning of the organs

already affected by the HIV virus.

3. Infections that accompany the HIV are another complicating factor. Although the developed method disturbs and destroys the process of replication of the other viruses as well, the body continues to suffer from the large number of toxins, that were in the blood as a result of the destruction of cells and insufficient functioning of filtering organs - liver, kidney.

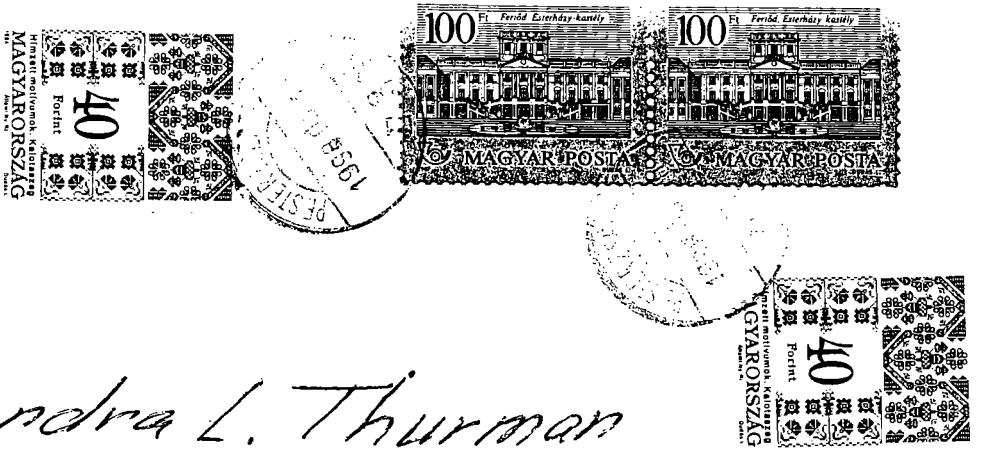
4-5,5 years after treatment it is clear enough that despite the ceased virus activity in case of several patients other serious diseases have developed which undermined their organism. 9 of 21 patients have died in the first year after treatment due to different diseases. Two of them died of cancer, another two of total dysfunction of intestinal cilia, one of haemophilia, one of infection, a years old fistula between rectum and vagina (the corrective operation has been refused) two of influenza, and one has died in car accident.

The remaining 12 patients till now feel themselves very well. During the last 2,5-3 years most of them do not visit their physicians at all, because they have no reasons, no complains to turn to doctors. This is true with one exception: one of the patients contracted by meantime an infection, which was quickly noticed and cured. After that the patient regained her good status. Most of these patients have agreed to face a thorough examination by a special commission, i.e in their case the absence of AIDS virus can be controlled any time.

There are promising possibilities to increase the effect of HE-treatment further. Therefore, it would be beneficial very much to repeat all the necessary clinical tests under the full control of WHO in the framework of an international AIDS programme with participation of proficient clinicists.

Send letter of thanks
(a very nice one) Say that
we deal w/ policy + that
he should try sending this
to NIH (check to see if he
has already in the letter)

TEIN Ltd
Dobos u. 67
H-1202 Budapest
Hungary



Mrs. Sandra L. Thurman
Director
National AIDS Policy Office
~~736 Jackson Place~~
~~808 17th Street~~
~~8th Floor~~
Washington
DC ~~20006~~ 20503
USA

LÉGIPOSTA
PAR AVION

20006/3310

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

June 4, 1998

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

Dear Ms. Thurman.

Thank you very much for being part of our Healthy People 2000 progress review team this week. After the session and repeatedly when I returned to Atlanta, numerous people complimented our group on the dynamic discussion. The key points that we discussed before the briefing were communicated very effectively. Your personal contribution to the dialogue with Dr. Satcher was extremely helpful.

I hope that you are as pleased as I am with the session...and again, thank you for making time to join us for the STD review.

With best personal regards,

Judy

Judith N. Wasserheit, M.D., M.P.H.
Director
Division of STD Prevention
National Center for HIV, STD and
TB Prevention

A special thankyou for making time for this. Hopefully you will be able to join us this Fall for the next National STD Action Forum meeting. J.

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?

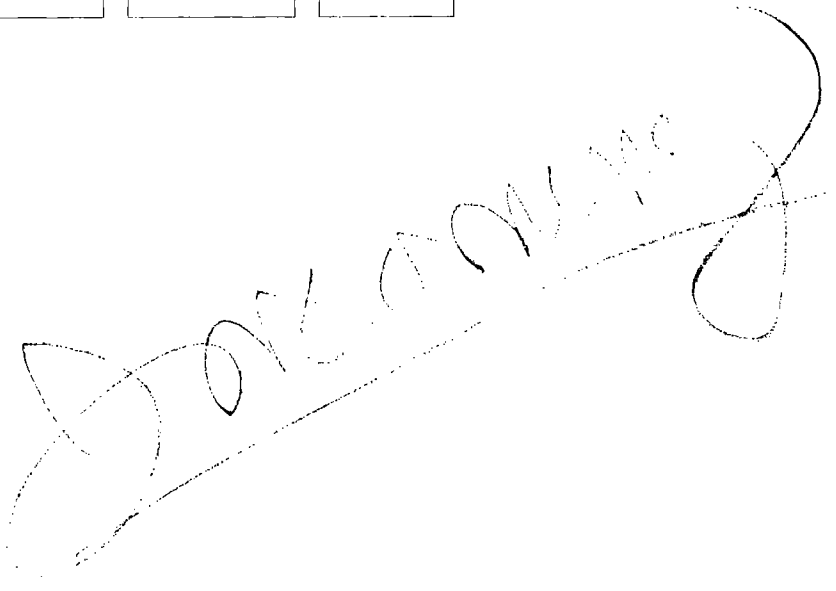
Response Type	Response Date	Responder ID	Responder Name	Action Promised
			Dep't of Health and Human Se	

Action Completed	Action Date	Addressed To

Notes

Sender's Organization	Sender's Street1	Sender's Street2

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



DEPARTMENT OF HEALTH & HUMAN SERVICES
BUREAU OF PRIMARY HEALTH CARE

Public Health Service

Health Resources and Services Administration
Bethesda, MD 20814

The Honorable Sandra Thurman, R.N.
Director
National AIDS Policy Office
808 17th Street, N.W.
8th Floor
Washington, DC 20006

Dear Honorable Thurman:

I want to take this opportunity to thank you for your recent presentation at the National Health Service Corps' (NHSC) 25th Anniversary Conference in Washington, D.C.

The evaluations and responses to the conference have been very positive; much of this success can be attributed to you and your fellow facilitators who provided stimulating and informative atmosphere for the conference attendees.

Enclosed are copies of the evaluations from your session which I hope that you will find helpful. I would appreciate any additional feedback that you have regarding the conference. Evaluations, in combination with your feedback are helpful in planning for the future of the NHSC and future meetings.

Once again, on behalf of the NHSC and conference attendees, I thank you for your participation and assistance in making the recent conference so successful.

If you have any questions, please do not hesitate to call me at (301) 594-4140.

Sincerely,

Tira D. Robinson
25th Anniversary Coordinator
National Health Service Corps

Enclosures

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	4
	Organized	1	2	3	4
	Responsive to audience	1	2	3	4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

_____

_____

_____

Additional comments:

_____

_____

_____

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	(3)	4
Overall effectiveness of training/sessions	1	2	(3)	4
The information presented was relevant to my situation	1	2	3	(4)
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	(3)	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	(3)	4
The level of individual/group participation was appropriate	1	2	3	(4)

Please indicate any additional aspects of this topic you would like to have covered in the future.

_____

_____

_____

Additional comments:

_____

_____

_____

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3 4
	Organized	1	2	3 4
	Responsive to audience	1	2	3 4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

_____

_____

_____

Additional comments:

_____

_____

_____

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	3	(4)
The information presented was relevant to my situation	1	2	3	(4)
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	(4)
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	3	(4)

Please indicate any additional aspects of this topic you would like to have covered in the future.

excellent lectures, very motivating and informational,

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS FACILITATORS: The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. DATE: April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	3	(4)
The information presented was relevant to my situation	1	2	3	(4)
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	(4)
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	(3)	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

update is important to continue

Additional comments:

Handouts excellent & new knowledge

Speakers very knowledgeable

Excellent presentations

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS FACILITATORS: The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. DATE: April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	4
	Organized	1	2	3	4
	Responsive to audience	1	2	3	4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	4
	Organized	1	2	3	4
	Responsive to audience	1	2	3	4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

Ed I came late so I'm not sure. But I would have liked to hear more about treatment combination therapies. Which are more effective as compared to others.

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	(3)	4
The information presented was relevant to my situation	1	(2)	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	(2)	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	3	(4)

Please indicate any additional aspects of this topic you would like to have covered in the future.

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS FACILITATORS: The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. DATE: April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	(3)	4
The information presented was relevant to my situation	1	2	3	(4)
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	(4)
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	3	(4)

Please indicate any additional aspects of this topic you would like to have covered in the future.

More information on treatment or resource materials, it seems to change everyday. Is there a way to keep up with the changes in medication regiments

Additional comments:

Excellent!

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	3	(4)
The information presented was relevant to my situation	1	2	3	(4)
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	(4)
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	3	(4)

Please indicate any additional aspects of this topic you would like to have covered in the future.

more specific information on Treatment.

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	3	(4)
The information presented was relevant to my situation	1	2	(3)	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	(3)	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	(3)	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS FACILITATORS: The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. DATE: April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	3	(4)
The information presented was relevant to my situation	1	2	3	(4)
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	(4)
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	3	(4)

Please indicate any additional aspects of this topic you would like to have covered in the future.

_____

_____

_____

Additional comments:

_____

_____

_____

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf *DATE:* April 24, 1998
The Honorable Sandra Thurman, R.N.
Jesse Milan, J.D.

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	4
	Organized	1	2	3	4
	Responsive to audience	1	2	3	4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

_____

_____

_____

Additional comments:

_____

_____

_____

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS FACILITATORS: The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. DATE: April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	4
	Organized	1	2	3	4
	Responsive to audience	1	2	3	4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf *DATE:* April 24, 1998
The Honorable Sandra Thurman, R.N.
Jesse Milan, J.D.

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	4
	Organized	1	2	3	4
	Responsive to audience	1	2	3	4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

_____

_____

_____

Additional comments:

_____

_____

_____

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	4
	Organized	1	2	3	4
	Responsive to audience	1	2	3	4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

_____

_____

_____

Additional comments:

_____

_____

_____

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS FACILITATORS: The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. DATE: April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	4
	Organized	1	2	3	4
	Responsive to audience	1	2	3	4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

_____

_____

_____

Additional comments:

_____

_____

_____

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	(3)	4
Overall effectiveness of training/sessions	1	2	(3)	4
The information presented was relevant to my situation	1	2	(3)	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	(3)	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	3	(4)

Please indicate any additional aspects of this topic you would like to have covered in the future.

_____

_____

_____

Additional comments:

_____

_____

_____

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS FACILITATORS: The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. DATE: April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	(3)	4
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	(3)	4
Overall effectiveness of training/sessions	1	2	(3)	4
The information presented was relevant to my situation	1	2	(3)	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	(3)	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	(3)	4
The level of individual/group participation was appropriate	1	2	(3)	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	3	(4)
The information presented was relevant to my situation	1	2	3	(4)
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	(4)
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	3	(4)

Please indicate any additional aspects of this topic you would like to have covered in the future.

very good - but would like more thorough, scientific discussion of HIV epidemic

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS **FACILITATORS:** The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. **DATE:** April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	3	(4)
The information presented was relevant to my situation	1	2	3	(4)
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	(4)
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	3	(4)

Please indicate any additional aspects of this topic you would like to have covered in the future.

_____

_____

_____

Additional comments:

_____

_____

_____

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	3	(4)
The information presented was relevant to my situation	1	2	3	(4)
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	(4)
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	3	(4)

Please indicate any additional aspects of this topic you would like to have covered in the future.

forum could have been expanded (longer - well informed Speakers - enjoyed presentations

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	3	(4)
The information presented was relevant to my situation	1	2	3	(4)
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	(4)
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	3	(4)

Please indicate any additional aspects of this topic you would like to have covered in the future.

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	4
	Organized	1	2	3	4
	Responsive to audience	1	2	3	4

very knowledgeable

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	(3)	4
	Organized	1	2	(3)	4
	Responsive to audience	1	2	(3)	4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	(3)	4
Overall effectiveness of training/sessions	1	2	(3)	4
The information presented was relevant to my situation	1	2	3	(4)
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	(4)
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS FACILITATORS: The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. DATE: April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	(3)	4
The information presented was relevant to my situation	1	2	(3)	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	(3)	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	(3)	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

_____

_____

_____

Additional comments:

_____

_____

_____

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	(4)
	Organized	1	2	3	(4)
	Responsive to audience	1	2	3	(4)

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	(4)
Overall effectiveness of training/sessions	1	2	3	(4)
The information presented was relevant to my situation	1	2	3	(4)
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	(3)	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	(4)
The topic seemed appropriate and timely	1	2	3	(4)
The level of individual/group participation was appropriate	1	2	3	(4)

Please indicate any additional aspects of this topic you would like to have covered in the future.

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	4
	Organized	1	2	3	4
	Responsive to audience	1	2	3	4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

Additional comments:

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS **FACILITATORS:** The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. **DATE:** April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	4
	Organized	1	2	3	4
	Responsive to audience	1	2	3	4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

_____

_____

_____

Additional comments:

_____

_____

_____

Thank you.
Your input is valuable to us!

EVALUATION FORM

SESSION: Overview on HIV/AIDS *FACILITATORS:* The Reverend Ted Karpf, The Honorable Sandra Thurman, R.N., Jesse Milan, J.D. *DATE:* April 24, 1998

Please circle your responses using the following scale, and make additional comments in the space provided.

Facilitators:	Knowledgeable	1	2	3	4
	Organized	1	2	3	4
	Responsive to audience	1	2	3	4

	Strongly Disagree Poor	Disagree Fair	Agree Good	Strongly Agree Excellent
Overall effectiveness of the facilitators	1	2	3	4
Overall effectiveness of training/sessions	1	2	3	4
The information presented was relevant to my situation	1	2	3	4
The training provided me with knowledge and skills that I will apply to my job/training.	1	2	3	4
The facilitators demonstrated knowledge of the subject matter	1	2	3	4
The topic seemed appropriate and timely	1	2	3	4
The level of individual/group participation was appropriate	1	2	3	4

Please indicate any additional aspects of this topic you would like to have covered in the future.

Additional comments:

Thank you.
Your input is valuable to us!

NORTHWEST AIDS FOUNDATION

June 19, 1998

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

RE: HIV Surveillance Guidelines

Dear Secretary Shalala:

As the largest AIDS service organization in Washington State, the Northwest AIDS Foundation wishes to express its grave concerns regarding the Centers for Disease Control and Prevention's (CDC) unpublished, draft guidelines for HIV case surveillance. Although the Foundation recognizes the need for improved and expanded HIV case reporting, we strongly oppose the use of a name-based system. We urge you to intervene to ensure that the CDC's guidance allows states to self-determine what form of HIV case surveillance best meets their individual needs and to guarantee equitable financial and technical support to states which choose an alternative system.

Following our initial review of the proposed guidelines, the Northwest AIDS Foundation believes that the CDC has misrepresented several important aspects of this debate. These include: the need for names in HIV case reporting; the agency's unwillingness to assist states in the development of alternative surveillance systems (particularly in the case of Maryland); and the potential negative impact of name-based testing on HIV testing and care. These omissions are of great concern to the Foundation and indicate the CDC's intention to undermine state flexibility in the implementation of a change in Public Health Service policy.

Several studies, including CDC-sponsored research, have found that gay and bisexual men are more likely than other populations to be deterred from HIV testing and care if their names are reported to public health officials. Recent figures show that men who have sex with men continue to constitute as much as 80 percent of AIDS cases in Washington. Any HIV surveillance system which disproportionately drives gay and bisexual men away from testing and/or care services would be unacceptable and contrary to sound public health efforts in our state.

Included with this mailing are copies of letters from Washington State Senators Slade Gorton and Patty Murray. These letters clearly outline our Senators' wish that the CDC not inhibit or stifle our state's efforts to develop a surveillance system which best meets its unique needs. At this time, the Northwest AIDS Foundation is developing a proposal to be presented to the State Board of Health recommending a specific unique identifier system for adoption in our state. The proposal will include input from various stakeholders, including private and public agencies.

127 Broadway East Suite 200 Seattle, WA 98102-5786 phone 206•329•6923 TDD 206•323•2685 fax 206•325•2689

PATTY MURRAY
WASHINGTON

COMMITTEES:
APPROPRIATIONS
BUDGET
LABOR AND HUMAN RESOURCES
SELECT COMMITTEE ON ETHICS
VETERANS' AFFAIRS

United States Senate

WASHINGTON, DC 20510–4704

May 1, 1998

The Honorable Donna Shalala
Secretary
Dept. of Health and Human Service
615 Hubert H. Humphrey Bldg.
200 Independence Ave., SW
Washington, D.C. 20201

Dear Secretary Shalala:

RE: HIV Surveillance and State Self-Determination

Dear Secretary Shalala:

I am writing to express my concerns regarding the Centers for Disease Control and Prevention's intention to issue a "best practices" guideline for HIV surveilence. Washington State is currently developing its own surveillance system, as a result it is essential that CDC allow states to explore alternatives to name-based reporting and provide equitable financial and technical support to states that choose such alternatives. State self-determination is a hallmark of our nations public health efforts and should be respected in this process.

Signifigant concerns have surfaced in Washington regarding the negative impact named HIV reporting may have on the willingness of at-risk individuals to be tested and access care services. The Governors Advisory Council on HIV/AIDS voted overwhelmingly to endorse a unique identifier or other non name-based system for the purpose of HIV surveillance. Governor Gary Locke has convened an HIV surveillance Implementation Task Force to develop a surveillance system which addresses privacy and confidentiality concerns while meeting CDC standards for access to federal funds. States should not be

2930 Wetmore Avenue
Suite 903
Everett, WA 98201–4107
(425) 259–6515

2988 Jackson Federal Building
915 2nd Avenue
Seattle, WA 98174–1003
(206) 553–5545

W. 601 1st Avenue
Suite 506
Spokane, WA 99201–3817
(509) 624–9515

140 Federal Building
500 W. 12th Street
Vancouver, WA 98660–2871
(360) 696–7797

402 E. Yakima Avenue
Suite 390
Yakima, WA 98901–2760
(509) 453–7462

SLADE GORTON
WASHINGTON

730 HART SENATE OFFICE BUILDING
(202) 224-3441

COMMITTEES

APPROPRIATIONS

BUDGET

COMMERCE, SCIENCE, AND TRANSPORTATION

ENERGY AND NATURAL RESOURCES

INDIAN AFFAIRS

United States Senate

WASHINGTON, DC 20510-4701

June 2, 1998

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW
Washington, DC 20530

Dear Secretary Shalala:

I am writing regarding the Centers for Disease Control and Prevention's intention to issue a "best practices" guideline for HIV surveillance. As Washington State is currently developing its own surveillance system, I hope that the CDC will allow states to explore alternatives to the guidelines and will provide equitable financial and technical support to states that choose such alternatives. State self-determination is a hallmark of our nation's public health efforts and should be respected in this process.

As you know there is considerable controversy regarding how best to conduct HIV surveillance. While some public health officials endorse name based reporting, many of my constituents in Washington have expressed concern about the negative impact named HIV reporting may have on the willingness of at-risk individuals to be tested and access care services. Governor Gary Locke plans to convene an HIV Surveillance Implementation Task Force to develop a surveillance system which addresses privacy and confidentiality concerns while meeting CDC standards for access to federal funds. HIV surveillance is vital to a quality public health system; states should not be penalized for addressing HIV surveillance in a manner which best addresses their unique needs, concerns and circumstances.

While the CDC's "best practices" guideline for HIV surveillance may serve as a useful tool for many states, I hope that they are developed in a manner which does not inhibit or stifle alternative efforts. I look forward to hearing from you on this important matter.

Sincerely,

Slade Gorton
United States Senator

10900 N.E. FOURTH STREET
SUITE #2110
BELLEVUE, WA 98004
(425) 451-0103

11120 GRAVELLY LAKE DRIVE SW
SUITE #8
TACOMA, WA 98499
(253) 581-1646

130 FEDERAL BUILDING
500 WEST 12TH STREET
VANCOUVER, WA 98660
(206) 696-7838

697 U.S. COURT HOUSE
W. 920 RIVERSIDE AVENUE
SPOKANE, WA 99201
(509) 353-2507

BOX 4083
401 EAST YAKIMA AVENUE
YAKIMA, WA 98901
(509) 248-2051

3915 W. GRANDRIDGE BLVD
SUITE M
KENNEWICK, WA 99336-2125
(509) 735-7550

Personal

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

July 7, 1998

Sandy –

Dear Ms. Thurman:

Enjoyed our recent meeting and found it very productive. As we discussed, I would like you to formally participate in the Interagency Demand Reduction Working Group. The goal of the IDRWG is to bring together selected drug control agencies to provide a forum for sharing information and policy perspectives on an interagency basis. Know that you will bring particular expertise and knowledge to this fine group.

The next meeting of the full IDRWG is on Friday, July 24 from 10:30 AM - Noon here at ONDCP. Look forward to seeing you then. Thanks for your continued leadership.

Best wishes,

Barry R. McCaffrey
Director

Ms. Sandra Thurman
Director
National AIDS Policy Office
736 Jackson Pl.
Washington, DC 20503

We look your leadership throughout the DRG process.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	Concerned citizen to Sandra Thurman re: Personal views (6 pages)	06/28/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 6/98 [Folder 1] [2]

2018-0764-F
jm2072

RESTRICTION CODES

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

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

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

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

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

SF AIDS FOUNDATION

SAN FRANCISCO AIDS FOUNDATION 995 MARKET STREET, SUITE 200, SAN FRANCISCO, CALIFORNIA 94103
VISITORS' ENTRANCE: ONE 6TH STREET AT MARKET

June 26, 1998

Dear Colleague:

Enclosed please find information on HIV surveillance and reporting that we thought you might find useful in the coming months as this issue continues to be discussed and debated in Sacramento and Washington, D.C.

Most HIV advocates, including the San Francisco AIDS Foundation, strongly oppose mandatory reporting of HIV infection by name because of the potential for such systems to deter individuals from HIV testing and treatment. Several studies have shown that this deterrent effect is particularly strong among those groups at highest risk for HIV infection in California, including gay men. The results of these studies are summarized in the enclosed fact sheet entitled, "Mandatory Names Reporting of HIV Infection Is a Deterrent to Testing and Medical Treatment."

Because of the public health concerns raised by names reporting, AIDS advocates nationwide are urging the adoption of a non-names based HIV reporting system that protects patient confidentiality by reporting positive test results to public health officials through the use of a unique identifier or code, rather than by name. In addition to California, states that have implemented such systems, or are in the process of considering these alternatives to names reporting include Maryland (which has been very pleased with the data they have obtained from their unique code system), Massachusetts, Hawaii, Washington and Connecticut. This mailing also includes a copy of "An Activist's Guide to Unique Identifiers," which was written by Anna Forbes, an AIDS and health policy consultant from Philadelphia.

Here in California, a group of advocates and public health officials, which includes the AIDS Foundation, AIDS Legal Referral Panel, Project Inform, AIDS Project of the East Bay and the City and County of San Francisco, have formed the California HIV Surveillance Coalition. This group is now working with Assemblywoman Carole Migden (D-SF) on state legislation that would create an HIV Surveillance Task Force to develop an HIV case reporting system that is non-names based. The most current version of this legislation is enclosed. We are hopeful the bill will be passed by the Legislature and will ultimately be enacted by Governor Wilson.

In related news, San Francisco Mayor Willie Brown, Jr. recently convened a two-day, national consultation on the issue of non-names based HIV reporting. Representatives of various states throughout the country that are considering alternatives to names reporting attended the meeting. The goal of the meeting was to assist the City of San Francisco in developing a reporting system that could potentially be a model for California or other states to consider. Local members of that body will continue to meet in the upcoming months to help design a system that potentially could be field-tested in some settings in the City.

As states and localities continue to consider this issue, we are hopeful that the U.S. Department of Health and Human Services (HHS) will ensure that any federal guidelines issued on this topic allow states to implement reporting systems that best meet individual state's needs. The AIDS Foundation recently sent a letter to HHS Secretary Donna Shalala, which is enclosed, encouraging her to ensure that federal guidelines provide states with maximum flexibility and equal support to implement alternative systems. Please feel free to use the enclosed letter as a model for a similar letter from your own organization or community planning body. In addition, the United States Conference of Mayors recently passed a resolution, authored by Mayors Willie Brown, Richard Riordan (Los Angeles), and Thomas Menino (Boston), urging HHS to issue guidelines that offer states flexibility in developing their HIV surveillance systems. A copy of this resolution is also enclosed.

We hope that you find the enclosed information useful in your own advocacy on this important issue. If you would like further information about any of these documents or about HIV surveillance in general, please feel free to contact the Public Policy Department at (415) 487-3081.

Sincerely,

Regina Aragón

Regina Aragón
Deputy Director for Public Policy

Fred Dillon RA

Fred Dillon
State Policy Associate

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.

10 UNITED NATIONS PLAZA
SAN FRANCISCO, CALIFORNIA 94102-4901
(415) 487-3000

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

Regina Aragón
Director of Public Policy

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

The United States Conference of Mayors

Resolution No. 38

Submitted By:

The Honorable Willie L. Brown, Jr.
Mayor of San Francisco

The Honorable Thomas M. Menino
Mayor of Boston

The Honorable Richard Riordan
Mayor of Los Angeles

HIV SURVEILLANCE SYSTEMS

1. **WHEREAS**, the Centers for Disease Control intends to issue guidelines recommending that all states adopt a name-based HIV surveillance system; and

2. **WHEREAS,** we support the development of HIV surveillance systems, but believe that state public health officials must be free to choose their own HIV surveillance systems based on the needs of their own communities and the best judgement of state and local public health officials; and

3. **WHEREAS,** states self determination has long been the hallmark of our nation's public health efforts and disease surveillance strategies; and

4. **WHEREAS,** legitimate concerns exist regarding the deterrent effect of names reporting on voluntary testing and treatment among high risk populations.

5. **NOW, THEREFORE, BE IT RESOLVED** that the Centers for Disease Control must be directed to conduct well-designed, published scientific research on surveillance systems and names reporting; and

6. **BE IT FURTHER RESOLVED** that the Center for Disease Control should issue guidelines that offer states flexibility to develop HIV surveillance systems, supporting the development of name- or non-name based systems, and only after such scientific research is completed; and

7. **BE IT FURTHER RESOLVED** that federal resources must be distributed equitably to support a range of state determined surveillance systems.

Projected Cost: Unknown

An Activist s Guide to Unique Identifiers

By Anna Forbes, MSS

In its recent position paper "Monitoring of the HIV Epidemic," NAPWA expresses guarded support for HIV case reporting "only using unique or coded identifiers that insure privacy and confidentiality of the individual."

So what are these unique identifiers people are talking about? How do they work? Since just about any code can be cracked, why should I trust them to protect my privacy?

These are the very legitimate questions I'll try to address in this article.

Unique identifiers (UIs) are nothing new. We use them every day in the form of telephone numbers, zip codes, credit card numbers, product serial numbers, etc. Any number or letter-number code that has a one-to-one correspondence to a given person, thing or location is a UI. Your telephone number, for example, only rings in your house. When people call you, they don't have to be concerned that the phone will ring in someone else's house (assuming that they dial correctly) because your phone number corresponds with your phone on a one-to-one basis.

For HIV case reporting, we need a UI that has a couple of other important characteristics. Specifically, it needs to use common data elements, be reproducible and have a low duplication rate.

Aaaaaghhh.....techno-speak!!!
What does all that mean?

Relax. Remember, you are the people who taught yourselves how drugs work (and don't work) in the body. This is nowhere near as difficult as that.

DATA ELEMENTS are the chunks of information that UIs are made out of. Maryland has a UI system for HIV case reporting, for example, in which the data elements are the last four numbers of a person's Social Security number plus his/her birth date and codes indicating race and gender. The testing provider arranges these data elements in a specific way to produce a twelve-digit UI code. The code gets attached to the person's blood sample before it goes to the lab for HIV testing.

Now, we have public data elements and private data elements. Public data elements are pieces of information about you that show up in public records all the time, such as birthdate, race, gender, Social Security number, etc. Every time you turn around, someone is requiring you to list that information on a form and then entering it from the form into a database. The information pieces that shows up at the Department of Motor Vehicles, birth and death registries, Social Security registries, etc. are public data elements.

Private data elements, on the other hand, are pieces of information that don't show up in public databases. They're also called "keys". The private word, initials or set of numbers you use to access your account when you go to an automatic teller machine is a good example of a key. You control it. Even if somebody steals your bankcard, he or she can't get into your account without your private key. More about these later.

When you select common data elements to use in a UI system, you're looking for pieces of information that everyone has, that don't change over time and that people don't mind giving at HIV test sites. This can be trickier than it sounds. Maryland chose to use last four digits of the Social Security number, for example, not realizing the extent to which people either didn't know their Social Security number, didn't have one or didn't want to give it out. In retrospect, the Maryland folks believe that their system (which works well, overall) might work even better if they hadn't selected this particular data elements.

Having a REPRODUCIBLE UI is important because, without it, people tested more than once will be assigned a different UI each time they are tested. This results in undetectable duplications -- people listed in the HIV registry more than once -- which throws off the accurate epidemiological picture we are trying to obtain of how many people are living with HIV and in what populations. This is also why random or sequential numbers don't work. They can be used to count the number of tests done but can't count the number of individuals tested with any accuracy.

LOW DUPLICATION RATE means that is very unlikely that two people will be assigned the same UI. Duplication can't be eliminated entirely (even name reporting has some duplication) but it can be reduced by using a good UI system. SOUNDEX (frequently used as a UI system even though it's not technically a UI) has a duplication rate of approximately ten to twenty percent --- too high by most people's standards.

By contrast, the Unique Record Number System (designed by HRSA, the federal entity that administers the Ryan White Care Act) has a duplication rate of only .02% - .04% -- an acceptable rate in most people's books. The duplication rate you get depends on the data elements you select and the rules you establish (also called the algorithm) for creating the UI.

This sounds really complicated. Do UIs actually work? Is anyone using them?

YES! They are being used successfully in a number of settings to protect health-related information (not to mention being used constantly in the banking/business side of life). Maryland is already using them for HIV case reporting and Massachusetts has announced its intention to pilot a UI for its HIV surveillance. However, Texas was not happy with the performance of its UI and is considering adopting name reporting. They are considering this mainly because their system is desperately underfunded and because they've had a low level of "buy-in" by providers and local health departments.

Maryland's UI system is also underfunded. But both the Health Department and the consumer/advocacy communities view it as a success. It enables the Health Department to collect and track information without causing testing avoidance or putting the privacy of people living with HIV at risk. Maryland is already using the information it has collected through the UI system to make funding allocation decisions and plan targeted prevention and care programs.

UI-based (as opposed to name-based) HIV case reporting systems are also in place in Australia, Denmark, Belgium and the United Kingdom. And beyond HIV, states also using UIs to protect people's privacy in all kinds of sensitive, health-related situations.

New York state, for example, uses a UI in place of the woman's name on "fetal death certificates" (documentation of miscarriages and abortions). In Massachusetts, the state Health Department uses UIs on the records of people receiving state-funded mental health care. Pennsylvania, similarly, uses UIs in place of names to aggregate information about people receiving services through the state Office of Drug and Alcohol Programs. So there's nothing new or unusual about the idea of using UIs to track health care information.

But can't UIs be cracked? Why should I trust them?

Imagine a big, long line. Put "absolute privacy" on the right end of the line and "no privacy at all" on the left end. All UI systems fall somewhere along that line, between the two extremes. Put Social Security numbers on the left end next to "no privacy at all" because, as we all know, if you have a Social Security number, then practically everybody has it on file. It's a UI but it's not one that guarantees any privacy.

Near the right end you can put UIs that combine a key (private data element) with the public data elements discussed above. UIs made entirely of public data elements fall along the middle of the line.

Computerized encryption systems give you somewhat more security than manual ones because more complex algorithms are harder to crack manually than simple ones. Since a computer can whiz through the process of encrypting (mixing up) the information, it can handle really fancy algorithms that have lots of steps in the same amount of time as it takes a human to carry out a simple algorithm. This means that a computer encrypted UI is less likely to be cracked by someone who is just trying to do it casually (a curious "browser" who somehow gets obtains a list of UIs). Even computer encrypted UIs, however, can be cracked by someone with a computer and access to the UI algorithm.

People tend to assume that computer encrypted UI systems are too expensive, too difficult and would require every HIV testing provider to have a computer on site. But what if you used a centralized, call-activated computer that providers accessed via touch-tone phone? The provider could call up the computer and punch in the necessary data elements using the dialing buttons. The computer at the other end could crunch up the data and read back the UI. How hard is that?

OK, I get that. But what are those UIs all the way on the right about?

They're the ones that are more secure because they include a key (private data element). Here's how they work.

Imagine that you're trying to crack a UI system (Mission Impossible music rises in the background). No matter how good the encryption, any system that uses only public data elements can be cracked. You just need three things:

1) A computer;
2) A secondary data base that has all the necessary data elements in it; and
3) A copy of the algorithm used to produce the UIs.

Your secondary database could be Social Security records, a drivers license registry or anything that shows the data elements required for that particular UI system. You process the secondary database through the algorithm to produce a UIs for each of the names on the secondary database. Then you just cross-match those UIs against the original list of UIs you're trying to crack. Every time you find a match, you've identified a person on the original list of UIs. This is called "cracking by cross matching".

Now (take a deep breath, we're almost out of the technical part), what if the UI system you're trying to crack is one that scrambles a key in along with the public data elements? Remember the key is a private word or number that won't show up in a public record's database. If it's a keyed system, you might as well take off the black ski mask because you won't be able to generate the second set of UIs. The public records database can't provide all the data elements you need to produce the UI because it doesn't include the keys. Incorporating a private key selected or controlled by the consumer effectively jams any effort to crack the UI system by cross matching.

Given all this, you'd think that people committed to privacy would automatically want to use keyed UI systems for HIV case reporting. BUT... because they can't be cracked by cross matching, they also can't be used to cross-match HIV data against other, relevant databases such as:

- The AIDS registry (to prevent having a lot of people listed twice, once on the HIV list and again on the AIDS registry);
- The national death registry (to make sure that people who have died are removed from the HIV registry so that it's current); and even
- The ADAP records (to find out what proportion of people with HIV in your state are in the state's ADAP program).

In both Maryland and Texas, the process described above is exactly how they determine how many of the people in the HIV registry are also in the AIDS registry, the ADAP registry, etc. They produce UIs for everyone in those registries and then cross match those UIs against the HIV registry. But if states use a keyed UI system for HIV reporting, they won't be able to generate UIs for that second database because they'll be missing one of the necessary data elements.

How important is that?

Only you and your state can decide.

What I recommend to states seriously considering this issue is that you form a Working Group that includes people with HIV/AIDS, Health Department personnel, HIV counseling and testing providers and one or more UI experts to serve as technical advisors. Selecting a UI system is like buying a car -- you have to consider and discuss the advantages and disadvantages of a lot of models before choosing what you need and can afford.

The Working Group needs to ask itself these questions:

1) **What data elements don't change over time and are supplied without objection?**

2) **What's the highest level of confidentiality we can agree on?**

Is the state insisting that our UI system has to be one that can be cross-matched against other data bases? Can we come up with a way to get the ancillary information we need while using a keyed UI system for HIV case reporting? Can we agree to "grandparent it in" (i.e. start assigning keyed UIs to everyone with HIV/AIDS with the understanding that, eventually, the AIDS registry and ADAP registries will be made up entirely of people with keyed UIs so we can cross-match at least those registries against the HIV list)?

3) **What's the highest level of confidentiality we can afford?**

Adopting any kind of HIV case reporting system is going to cost money. Maryland is spending about $100,000 per year to process 7500 UI reports of HIV infection. New York State, in comparison, is spending at least $200,000 per year solely to support the five additional staff they had to add to 14,400 name-based reports of CD4 counts below 200. The two systems are comparable in cost.

4) **Is the system we're considering user-friendly enough that providers will comply when required to use it?**

This is a tough set of questions and the Working Group may have to sweat to hammer out an acceptable compromise. Like all good compromise, it will probably make both sides a little unhappy.

You may not get as much privacy protection as you want and the Health Department will have to cope with a system that, let's face it, isn't going to be as easy for them to use as name reporting would be.

Remember that my recommendation is that the UI expert(s) should be there as a technical advisor only. The Working Group should think carefully about the first three questions before

continued on page 10

Unique IDs

continued from page 7

addressing the fourth. Technology should serve people; people shouldn't have to conform to the technology. Once you figure out what you want, it's the UI expert's job to find or create a system that meets your requirements and that is user-friendly enough for providers. Don't let yourself get bulldozed into a system that doesn't work for you.

Above all, don't let anyone tell you that implementing an UI-based HIV case reporting system in your state is impossible. Would you look at a Volkswagen Beetle, decide it's too small, look at a Mercedes, decide it's too expensive and, on that basis, decide that you don't really want a car? Heck, no! You'd just keep shopping!

Finding the right UI system and getting your state to use it may be a labor intensive advocacy process but think about it. Isn't your privacy worth it?

ACKNOWLEDGMENT: With sincere thanks to Walter Cuirle, who taught me practically everything I know on this subject.