CORR - Incoming
3/99

N O R A
NATIONAL ORGANIZATIONS RESPONDING TO AIDS

March 5, 1999

The Honorable Albert Gore, Jr.
Vice President of the United States
Old Executive Office Building
Washington, DC 20501

Dear Mr. Vice President:

On behalf of the National Organizations Responding to AIDS (NORA), a coalition of over 175 health, labor, religious and professional advocacy groups that represent a broad consensus on HIV and AIDS-related issues, policy, and funding levels, we are writing to alert you that the 106th Congress has introduced several bills to permanently ban the direct or indirect use of federal funds for needle exchange programs. Needle exchange is one very important component of a comprehensive prevention strategy and has the ability to both prevent HIV transmission and help move people into alcohol and drug treatment as well as other needed health services.

The legislation Congress has introduced this session threatens quality programs that are connected to comprehensive care, and would have a devastating impact on state and local communities working to prevent transmission of HIV through needle exchange. This new legislation (similar to the funding restrictions imposed on the District of Columbia last year) goes beyond current law and may threaten other sources of federal funding for entities that operate needle exchanges. The new bills challenge the ability of local communities to determine the best public health interventions and contradict the Administration's decision last year that "the best course of action is to have local communities choose to implement their own programs and use their own dollars to fund needle exchange programs..."

We ask you to move swiftly and ensure that all Administration officials understand the severity of this legislation, and that they speak with one voice in opposing it. The confusion which followed the April 1998 decision to defer to states on the issue of needle exchange must not be repeated. Mixed messages from senior officials now will only serve to undermine the positive steps actually taken. The proposed legislation will provide

NORA
A coalition convened by AIDS Action Council
1875 Connecticut Ave., NW
Suite 700
Washington, DC 20009
202 986 1300
202 986 1345 fax

important opportunities for the Administration to discuss the science of needle exchange. It will be critical for all members of the Clinton/Gore Administration - including General Barry McCaffrey - to support the President's determination that needle exchange programs are a life-saving prevention intervention, and that state and local communities must be allowed to implement them if they so choose. To allow individuals in your Administration who personally oppose these programs to undermine and contradict the scientific determination made by your top public health official is not acceptable. Clear and consistent support for that determination will go a long way towards countering the tendency to let politics, rather than public health, drive public debate on this issue.

Thank you for your consideration of this critical request for assistance. If you have any questions, please feel free to contact Jane Silver, Director of Public Policy at the American Foundation for AIDS Research (AmFAR) and a member of the NORA Executive Committee at 331-8600.

Sincerely,

Miguelina Maldonado
Co-Chair

David Harvey
Co-Chair

cc: John Podesta
Sandra Thurman

THE WHITE HOUSE
Washington, DC

OFFICE OF THE STAFF SECRETARY

Fax Transmittal Sheet

To: Sandra Thurman

Fax Number: 456-2439 **Telephone Number:** 456-2439

From: Sean Maloney

Subject: Designation of PResidential Mission to Africa

Date: 3/18/99

Number of Pages (including cover sheet): 2

Message:

(If all pages are not received, please call (202) 456-2702)

THE WHITE HOUSE

WASHINGTON

March 12, 1999

'99 MAR 12 AM11:55

ACTION

MEMORANDUM FOR THE PRESIDENT

FROM: Sandra Thurman

CC: Maria Echaveste
Virginia Apuzzo

SUBJECT: Designation of Presidential Mission to Africa

Purpose

To request your approval of a Presidential Mission to Africa led by Sandra Thurman and to include Members of Congress, community leaders, the Administration, and media.

Background

This past World AIDS Day, December 1, you joined Secretary Albright, USAID Administrator Atwood, and ONAP Director Thurman to announce $10 million in emergency funding for AIDS orphans. This focus was predicated on a USAID report which estimated that the number of children orphaned by AIDS would exceed 40 million by the year 2010 (90% of which are in southern Africa). In addition, you requested that Ms. Thurman lead a delegation to southern Africa to assess the problem of AIDS orphans in that region, to heighten public awareness of their plight, and return with recommendations for future action.

Ms. Thurman is proposing a seven-day trip to include stops in South Africa, Uganda, and Zambia both to observe areas where the needs of children orphaned by AIDS are at a crisis level, as well as to visit other areas where US-funded programs are helping to address the problem.

This mission will provide an important opportunity for Members of Congress to see first-hand the magnitude of this problem, to build an appreciation of the effective role that US-funded programs can have, and to observe other community-based responses worthy of future support.

Recommendation

That you designate the trip to southern Africa led by ONAP Director Thurman, March 27 to April 5, a Presidential Mission.

Approve Bill Clinton

Disapprove _____

62437

237111

6407

THE WHITE HOUSE

WASHINGTON

'97 OCT 1 PM1:14

October 1, 1997

ACTION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL BERGER
JOHN HILLEY

SUBJECT: Designation of Presidential Mission to Africa

Purpose

To request your approval of a Presidential Mission to Africa led by Representative Rangel.

Background

Representative Rangel is one of the co-sponsors of the Africa Growth and Opportunity Act currently before Congress and supports your Partnership for Economic Growth and Opportunity in Africa. He is proposing a ten-day trip to Ethiopia, Uganda, Cote d'Ivoire, Mozambique, Zimbabwe and Mauritius from December 5-15 to highlight some of Africa's economic success stories and to promote support for the bill and your initiative amongst African leaders and American participants. He also hopes to engage Africans on the efforts the U.S. is making to leverage similar efforts with Denver Summit partners. Individuals have not yet been invited but will include representatives from Congress, the Administration and the private sector.

We think the mission would help raise the profile of your trade and investment initiative and may increase momentum in Congress in support of the bill. It would also highlight steps we are taking under your initiative that do not require legislation.

RECOMMENDATION

That you designate the trip to Africa led by Representative Rangel, December 5-15, a Presidential Mission.

Approve _____

Disapprove _____

cc: Vice President

AIDS & RELIGION IN AMERICA

March 25, 1999

To: **Convocation Participants**

From: **Ken South**

Subject: **Next Steps on Convocation**

The months since the *AIDS & Religion in America Convocation* have seen steady progress on follow-up and next steps to your work at the event.

- Those who were invited, but did not attend the convocation, received an initial "Next Steps" report soon after the convocation, together with lists of invitees and participants.

- Over 500 religious and secular media representatives received the Convocation Program and Resource book to help them see members of the faculty as resources for future stories on "AIDS & Religion".

- The "Next Steps" committee made up of members of ANIN's board and staff met in January to review the evaluations and the recommendations from your small groups.

- ANIN's board of directors reviewed these results its March meeting.

As part of these next steps the board of directors has asked us to send to you this list of recommendations that came from the groups on Religion/Government/ Media and AIDS community for your information and review.

If you have any additional comments on these recommendations, we would be pleased to add them to the mix. The board is continuing to work with staff to take next steps in using these recommendations to find the resources to address many of these issues.

Thank you again for your attendance and valuable participation at the Convocation. We will continue to keep you posted on our progress on the steps which you helped initiate there, as together we continue the battle against this pandemic.

THE UNITED METHODIST CHURCH

WASHINGTON EPISCOPAL AREA
BALTIMORE-WASHINGTON CONFERENCE

March 3, 1999

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

Dear Ms. Thurman:

Thank you for sharing some of your busy schedule to meet with me on Wednesday, March 3, 1999.

One suggestion did surface regarding a possible meeting of selected religious leaders with President Clinton. Prior to the event, each invited person would be asked to submit a brief statement denoting the involvement of their denomination/faith group in addressing the HIV/AIDS crises nationally and globally. A report reflecting a compilation of the data would serve as a foundation for the event.

Your convictions and energy around this issue are commendable.

May God continue to bless you in all that you do in God's name.

Grace and Peace,

+Felton Edwin May

FELTON EDWIN MAY, BISHOP
NANCY G. DRAKE, ADMIN. SECRETARY
OFFICE: 202/546-3110
FAX: 202/546-3186
110 MARYLAND AVENUE, NE - Suite 311
WASHINGTON, D.C. 20002-5622

AIDS @ globalhealthcouncil.org
03/22/99 03:31:00 PM

Record Type: Record

To: Daniel C. Montoya, Sandra Thurman

cc:
Subject: White House Africa and HIV Fact-Finding Delegation

22 March 1999

To: Sandra Thurman
Director, White House Office of National AIDS Policy
From: Ron MacInnis
Director, AIDS Program, Global Health Council
Re: Upcoming Africa HIV/AIDS Delegation

Dear Sandy,

I hope you are well and I wish you well as you prepare for your upcoming fact-finding mission to three African countries. I am inquiring on behalf of colleagues at the Global Health Council and at the NORA coalition, as to the extent of NGO involvement in the Africa delegation and in the delegation's in-country visits.

Will there be representatives of US-based non-governmental organizations on the delegation? Are you planning to select any? If you are interested, the Global Health Council and the NORA Coalition could offer suggestions as to individuals who would help complement the delegation.

Will your in-country visits focus mainly on USAID's bilateral initiatives, or will you have the chance to look at community-led efforts and at the specific concerns of those living with HIV/AIDS? Have you put together a program already, and could we be made aware of its details? Once again, the Council and our colleagues at NORA are willing to put you in contact with our counterpart organizations in those countries you are visiting.

As you know, in most African countries, as in the United States, the bulk of effective responses to the HIV/AIDS epidemic is carried out by NGO groups. It is our belief that including US NGO representatives on your fact-finding mission will show our counterpart officials in other countries of the strong relationship between the US government and US NGOs.

It is also my personal belief that the most important statement your delegation could make would be to include the prominent inclusion of an NGO leader from the US who is living with HIV/AIDS. Because of the intense

stigma and discrimination of people living with HIV in most African countries, this would also be an important example for our US national leadership to demonstrate in official visits to Africa - that people living with this virus can be respected and productive colleagues and allies in the fight against AIDS.

While I am sure that you, my colleagues and I are of the same opinion on all of these matters, I would be remiss in not bringing these issues to your attention as you prepare for your trip. I look forward to hearing from you and hope that me and my colleagues can assist you in making this international visit succesful.

Warm regards,

Ron MacInnis

****

The Global Health Council (formerly NCIH)
Global AIDS Program
1701 K Street, NW, Suite 600
Washington, DC 20006
tel: 202-833-5900
fax: 202-833-0075
email: <AIDS@globalhealthcouncil.org>
website <http://www.globalhealthcouncil.org>

Program staff:
Ron MacInnis, Director (ext. 209)
Kim Parvez, Program Assistant (ext. 206)
Kim Green, Program Officer (ext. 215)
Satya Krishna, Special Advisor on South Asia (ext. 203)
Dr. Mike Aidoo, Program Intern (ext. 213)
Marie-Christine Anastasi, Program Intern (ext. 208)
Carol Miller, Director of Advocacy <cmiller@globalhealthcouncil.org> (ext. 207)
****

Great Trip
Now let's work
together to get the
2of done!
Bruce

Sandy -
Thank you so much
for allowing me to
be a part of a wonderful
experience you're doing
great work!
Stephanie

Sandy -
It was a
pleasure being
on your team.
Paul
UNAIDS ?
CDC ?
World Bank ?
WHAT-EVER. :-)

Another pyramid?
Paul

Thanks, Sandy, for
including me in the
trip - it was great,
invigorating,
troubling,
now
back to figuring out
how to deal with these
issues.
Thanks -
Thanks for a great trip!
Anthony Banks
for
Cindy

What Rabies?
What Police?
JIM CARSKADON

We're
Hopin'
we can
make a difference!
Rep.
Rep. Barbara Lee (D-CA)
Rep. Conyers
Rep.

Thanks
Brenda
Reist

Thank you
for this
opportunity!!
It was an
experience

DAVE
DAVIS

Thanks for your leadership!
Nicki Dorb
Ryan

We're Hoppin' mad we have to go ...

Subject: White House delegation to Africa
To: jane.silver@amfar.org, Alacran7@aol.com, MTISBELL@aol.com, PHARRISO@aol.com
MIME-version: 1.0
Content-type: text/plain; charset=US-ASCII
Content-transfer-encoding: 7BIT

FYI -

The White House-sponsored delegation on AIDS in Africa, due to leave for Africa this Saturday will be including no community rep and no PWA on the trip.

The White House says it is not trying to exclude anyone from participating, but the trip was "not designed in a way to have NGO participation".

The Africa trip is designed to "get Congressional leaders on board" (on board for what? asking for smaller increases in global AIDS funding like the White House does?!?) and is to focus on Orphans issues (after all, most of our NGOs are only concerned with gay and other un-PC communities that we wouldn't have anything to offer....).

After stalling for weeks on community representation, the White House AIDS office offered this week that if a community representative "from a major NGO or community AIDS organization" would like to be considered before Saturday by the White House AIDS Office for participation in the delegation, their costs for travel ($7,500) would not be covered by the White House, they must pass all security and other clearances before departure, and they must be "of the caliber to
participate in a presidential delegation."

Another stellar example of the ways the White House is making an effort to include community.

NATIONAL ORGANIZATIONS RESPONDING TO AIDS (NORA)

Fax Memorandum

To: NORA Coalition Members

From: Jeannette Sebes, NORA Coordinator
AIDS Action 986-1300 x3030

Date: May 13, 1999

Re: **Sign-on to this important letter concerning H.R. 1691**

Attached is a letter concerning the Religious Liberty Protection Act (RLPA). This is a timely matter, please read the letter, sign-on, then return this form **ASAP**. Please fax this form back at the latest Monday, May 17 by NOON.

Urgent reply requested!

Please send this fax back to 202-986-1345, at the latest Monday, May 17th by 12PM.

_____ Yes, sign our organization on to this important letter

_____
Organization's name

_____
Contact Name Telephone Number

_____
E-mail Fax Number

Please fax this sheet to Jeannette Sebes at AIDS *Action* f: 202-986-1345
or e-mail your response to : nora@aidsaction.org

May 13, 1999

Dear Representative:

We, the undersigned organizations of the National Organizations Responding to AIDS (NORA) coalition, are writing to you regarding H.R. 1691, the Religious Liberty Protection Act (RLPA). NORA is a coalition of over 175 health, labor, religious, professional, and advocacy groups that represent a broad consensus on HIV and AIDS-related policy, legislation and funding. While most of our organizations do not deal with the issues of religious liberty directly, we are writing to you regarding one specific concern we have regarding RLPA.

Our understanding is that, currently under federal law, individuals may not evade compliance with a neutral, generally applicable state or local civil rights law on the grounds that such compliance would burden their individual religious beliefs. Thus, for example, a landlord or business owner could not refuse to comply with local or state anti-discrimination laws that protected people with AIDS by arguing that such compliance burdened his or her religious beliefs.

As currently drafted, RLPA allows such a defense. It would permit any religious individual, in any state or locality that has a civil rights law, to argue that compliance with such laws burdens their religious beliefs. If such a defense were raised, the government would have to prove that the civil rights law at issue was narrowly tailored to meet a compelling government interest.

We understand the need to establish a high standard to protect religious liberty in this country as a general matter. However, we urge you to exclude civil rights laws from RLPA's coverage. Many state and local civil rights laws prohibit discrimination against people with HIV and AIDS, who continue to be feared and stigmatized, despite the progress we have made in correcting misperceptions about the epidemic and the people affected by it. Please do not support a bill that poses such a grave threat to the strength and validity of state and local civil rights across this country.

Sincerely,

NEAC
National Episcopal
AIDS Coalition

March 15, 1999

Ms. Sandy Thurman
736 Jackson Place
Washington, D. C. 20503

Dear Sandy:

I am writing to you on behalf of the Forward in Faith Conference Committee.

As you know, we are planning a NEAC Conference to be held in San Francisco March 23-25, 2000. The tracks and Board member leaders that have been defined are: Spirituality - Richard Younge, Social Justice Ministry - Peter Lee, and Education/Prevention & TAP, Elizabethe Payne. We are in the process of locating people from the Bay Area to work with those Board people as co-conveners of each track which will lead to further defining the tracks with regard to workshop and/or panel participants, topics, etc.

This letter to you is an invitation/request. We would be thrilled if you would consider giving the keynote address, at the Awards Luncheon at 12:30 p.m., Saturday March 25, 2000.

I am not sure where you may be on the over all planning, but for your information, after initial conversations last spring, it was felt that due to meeting room constraints and potential construction at Grace Cathedral, we would hold the opening Even Song 5 p.m. Thursday, 3/23 and the closing Eucharist 5 p.m., Saturday 3/25 at the Cathedral, and the meetings on Friday and Saturday will be held at Holiday Inn, Golden Gateway, at the corner of Van Ness and California Streets. They gave us a good room rate and there are a variety of meeting rooms available.

Please consider this request and let me know if you would be able to be a part of the Conference in this capacity. You know we would deeply appreciate your presence.

In Christ's Name,

Harriet

Harriet G. Langfeldt, Co-Chair
744 East 20th St.
The Dalles, OR 97058
541/298-1864
email: harriet@gorge.net

the Chickasaw Nation

Bill Anoatubby
Governor

Charles W. Blackwell
Ambassador to the United States of America

Office of the Ambassador: 230 East Capitol Street, NE / Washington, DC 20003 / (202) 546-6654 / FAX (202) 546-6665

Diane Allensworth, Branch Chief
Program Development and Services
Division of Adolescent School Health
Centers for Disease Control
4770 Beuford Hwy, NE
Mailstop K31
Atlanta, GA 30341

March 10, 1999

Dear Ms. Allensworth:

As the Chickasaw Nation Ambassador and as the singular American Indian member of the President's Council on HIV/AIDS, I have been working with the CDC and other federal agencies for over two years to combat the spread of HIV/AIDS in Indian Country. I am vitally aware of the importance of HIV/AIDS prevention education for the American Indian community particularly with our youth.

As you know, the Office of Indian Education Programs in the Bureau of Indian Affairs has an outstanding program, the Circle of Life Curriculum, which was created in response to the growing number of HIV/AIDS cases on Indian reservations. This program has reached out to numerous Indian school communities and must continue to do so to prevent the spread of this disease among our young people who are, indeed, at highest risk. I know this only too well from my research and service on the President's Council.

Additional funding for the Circle of Life Curriculum through your existing MOU is crucial for the continuation of this indispensable activity. In Indian Country there is obviously an inadequate amount of discussion surrounding sexually transmitted diseases and the possibilities of unprotected and risky sexual behavior. As Indian parents, leaders, and policy-making officials we must be mindful of the cultural sensitivities surrounding certain matters related to private sexual behavior. With this in mind, I am most impressed that the Circle of Life Curriculum educates our children with an emphasis on health, behavior, and lifestyles. However, at the same time recognizing traditional ties and exhibiting cultural respect just as we do in our homes and family circles.

Utilizing this program to it's maximum potential is necessary as it can educate our children on healthy behaviors and prevent further death. The first step in prevention is education and with the Circle of Life Curriculum already being presented and practiced, it seems sensible and urgently necessary to continue to provide additional funding. This will allow the Office of Indian Education Programs to provide more training for education and

National Headquarters: Post Office Box 1548 / Ada, OK 74821 / (580) 436-2603
NADG@EROLS.COM

health professionals; the reporting of needed materials; and in-service summer training sessions.

I am informed that currently there are numerous requests from BIA Indian School officials for more presentations of the Circle of Life Curriculum which now must necessarily be denied due to the fact that funding has expired. Current funding did not allow this program to be presented beyond mid-March. It would be a travesty to let this program expire. Now, rather, we should be expanding it further.

Again, I must emphasize that adequate funding for HIV/AIDS prevention education is essential in decreasing the rate of infection on Indian reservations and for increasing the awareness, knowledge, and understanding of the devastating effects of this fatal disease. On behalf of my children, my grandchildren and all our Indian youth, CDC's continued financial support would be appreciated. I urge your action. Thank you.

Sincerely,

Charles W. Blackwell

Charles W. Blackwell

cc/ Secretary Gover
Governor Anoatubby
Dr. Satcher, Surgeon General
Dr. Trujillo, Indian Health Services
White House AIDS Office
Dr. Sebastian-Morris, BIA Education

The World Bank
Washington, D.C. 20433
U.S.A.

JAN PIERCY
U.S. Executive Director

March 19, 1999

Ms. Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Place, N.W.
Washington, D.C. 20503

Dear Ms. Thurman:

I would like to invite you to attend a meeting on "**Accelerating an HIV/AIDS Vaccine for Developing Countries: Issues and Options for the World Bank**" on Wednesday, April 7, 1999, 2:30 to 4:30 pm, at World Bank headquarters in room MC 13-603. This consultation will serve as a preparatory meeting for U.S. government agency representatives to share their views, in advance of an international consultation meeting on April 13, at the World Bank European Office in Paris. This consultation is being organized with the support of my office and will be chaired by Geoffrey Lamb, Director for Trust Funds and Cofinancing within the World Bank.

The World Bank, with its mandate to promote economic growth and reduce poverty in the developing world, has a vital interest in preventing the spread of HIV/AIDS and mitigating its economic and social impact. Since 1986, the World Bank has lent nearly US $765 million for HIV/AIDS in 79 projects in 48 countries. Progress has been achieved in both HIV prevention and mitigation of its impact; the World Bank will continue to invest in preventing spread of the deadly HIV virus, strengthening health systems to provide better preventive and curative care, and bringing AIDS into the policy dialogue with partner governments. The World Bank is a partner in UNAIDS, a joint effort to combat AIDS involving a broad range of UN agencies, including WHO, UNICEF, UNDP, UNFPA, and UNESCO.

As one component within its overall strategy to fight AIDS, World Bank staff are now exploring whether the Bank could play a role in encouraging further development of an HIV/AIDS vaccine suitable for the needs of the developing world. As you know, such a vaccine does not yet exist, though there has been some progress in research and development. An **AIDS Vaccine Task Force** was formed last year within the Bank to assess the current level of research and development and to explore whether the private sector perceives there is a market in the developing world for an HIV/AIDS vaccine. The Task Force is working closely with other partners, including UNAIDS and the International AIDS Vaccine Initiative (IAVI).

The Task Force would like to brief you on their findings to date and the broad range of potential instruments and mechanisms they are developing as possible options for the World Bank. They would like to hear your views about the effectiveness, feasibility, and appropriateness of these options at this early stage, before they develop any firm proposals for World Bank Management or the Executive Board.

Let me stress that at this point, there are no formal proposals, and hence no formal U.S. position on these issues. The main objective of this and other consultations is to narrow down the range of possibilities, based on the advice and views of partners.

Enclosed is a fax response form, as well as a short briefing note. A discussion paper will be mailed to you after March 25.

Sincerely,

Jan Piercy
U.S. Executive Director

I regret that we have not had a chance to meet — I hear such great things about your work. If we can ever be of assistance from here, please call.

Best regards,

Fax Response Form

Preparatory Meeting for US Government Agency Representatives

In Advance of the
International Meeting on
Accelerating an HIV/AIDS Vaccine for Developing Countries:
Issues and Options for the World Bank
Paris - Tuesday, April 13, 1999

The World Bank
1818 H Street, N.W.
Washington, D.C. 20433
Conference Room: MC-13-603
Wednesday, April 7, 1999
2:30 – 4:30 p.m.

Please Respond by March 31, 1999

_____ I will attend the April 7th meeting

_____ I will not be able to attend the April 7th meeting

_____ Please keep me informed of the work of the World Bank AIDS Vaccine Task Force

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Return Fax to:
Nancy MacCollum-Arnold
Fax: (202) 477-1790
Phone: (202) 473-7230
E-Mail: nmaccollum@worldbank.org

A call for Action to Accelerate Development of an AIDS Vaccine for Poor Countries

The impact of AIDS on economic development

More than 30 million men, women, and children worldwide are infected with HIV or suffering from AIDS. Nine out of every ten infections are in developing countries, where AIDS is having a huge development impact. The vast majority of those infected are adults in their economically most productive years. Life expectancy in the hardest hit countries has declined by 10-20 years, wiping out the hard-won gains in health of the last decades. Every day, 16,000 more people are infected.

AIDS vaccine development is ignoring the needs of poor countries

The best hope for controlling the disease is a vaccine. But expenditure on R&D for an AIDS vaccine is minimal--less than $300 million per year--and virtually all is being spent on vaccines suitable for the HIV strains, health delivery systems, and economic conditions of industrialized countries.

What can the World Bank and the international community do?

The technology for an AIDS vaccine has huge potential benefits for the poorest countries where the development impact has been greatest. While the basic science for a vaccine already benefits from large public subsidies, the testing and development of vaccine products is generally done by the private sector. However, the private sector may not have sufficient incentives to develop an AIDS vaccine that can be used in poor countries.

The two major routes for promoting more rapid development of an AIDS vaccine are, first, direct financial support of research and development ("push" activities), and, second, ensuring future vaccine markets and reducing other impediments to attract greater investments ("pull" activities). On the first of these approaches, the World Bank is a major contributor to the International AIDS Vaccine Initiative (IAVI), which directly subsidizes R&D for an AIDS vaccine for developing countries. On the second approach, the Bank has launched activities to answer three key questions that will help the international community to formulate new instruments to promote private investment in an AIDS vaccine for developing countries:

- ***Why isn't private industry investing more in an AIDS vaccine?***

A three-month study of pharmaceutical companies and potential producers of an AIDS vaccine has been completed and provides estimates of how much is currently being spent on developing an AIDS vaccine for developing countries; the relative importance of market conditions and other factors to increased investment; and the potential response to different incentives that the international community might propose.

- ***What is the potential demand for an AIDS vaccine in developing countries?***

A background study will be launched to estimate the potential demand for an AIDS vaccine in developing countries. This will be followed by case studies in 3-4 developing countries with different HIV infection levels and different economic circumstances. Policymakers and private sector representatives in those countries will assess how many doses of an HIV vaccine the public and private sector would likely purchase, under different assumptions about its price, safety, efficacy, and ease of administration.

- ***What new financial or institutional instruments are feasible for promoting private investment in R&D for an AIDS vaccine for developing countries?***

A World Bank AIDS Vaccine Task Force is exploring and evaluating different ways of providing greater incentives to industry to invest more in research and development of an AIDS vaccine for developing countries. A combination of approaches may be necessary. These include:

-- Financial instruments or other institutional mechanisms for "guaranteeing" a developing country market that would finance purchase of an AIDS vaccine for developing countries, should a suitable vaccine at a low enough price be developed. Examples might include a trust fund, promissory notes, contingent lending instruments, or combinations of these.

-- Public commitments by the international community to purchase or lend money for purchase of an AIDS vaccine in developing countries, backed up by expanded financing of purchase of existing vaccines for other illnesses.

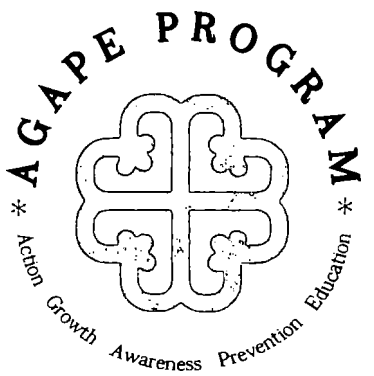
Time frame

The studies will be completed and the results widely disseminated by the spring of 1999. Discussions among the Task Force members, UNAIDS, IAVI, developing countries, and the international donor community of the potential effectiveness, feasibility, and desirability of alternative instruments to generate faster development of an AIDS vaccine will begin in the fall of 1998 and continue through 1999, bringing to bear the results of the studies of industry and demand.

For more information, contact:

Geoffrey Lamb, Director, Trust Funds and Co-financing
Martha Ainsworth, co-chair, AIDS Vaccine Task Force
Amie Batson, co-chair, AIDS Vaccine Task Force

TFC/JK-Z
3/19/99



Antioch Cleveland Clinic AIDS Partnership (ACCAP)

Antioch Baptist Church
The Cleveland Clinic Foundation
The AIDS Task Force of Greater Cleveland
The American Red Cross Greater Cleveland Chapter
Bristol-Myers Squibb
Agouron Pharmaceuticals, Inc.

The Members of the Antioch Cleveland Clinic Partnership

cordially invite you to join them and

Reverend Dr. Marvin A. McMickle

to the Dedication and Ribbon Cutting for

The AGAPE Program

Tuesday, April 20, 1999
11 a.m. - 1 p.m.
Antioch Baptist Church

8869 Cedar Avenue (corner East 89th & Cedar)

Reception to Follow Ceremony

Parking is available at the corner of East 89th & Cedar Avenue
(East and West Sides of the Church Building)

Please RSVP 445-6600 by April 14, 1999

The Antioch Baptist Resource Center

8869 Cedar Avenue * Cleveland, Ohio 44106
Telephone (216) 791-0638 * Facsimile (216) 791-0651

GANNETT
NEWS SERVICE

CAESAR ANDREWS
Editor

March 24, 1999

Sarah Holewinski
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Sarah:

Thanks for shepherding the Gannett News Service invitation through and getting such a quick response from Sandy Thurman.

I was pleased to meet Ms. Thurman and hope she had a great time at Gridiron.

Sincerely,

Caesar Andrews

CA:mm

1000 WILSON BLVD., ARLINGTON, VA 22229-0001
(703) 276-5898

GANNETT
NEWS SERVICE

CAESAR ANDREWS
Editor

Fax to: 202/456-2439

mmurphy@gns.gannett.com

Sandy Thurman, Director
White House Office of National AIDS Policy

Dear Director Thurman:

Gannett News Service is delighted you have accepted our invitation to the annual Gridiron Club Dinner, scheduled for Saturday, March 20.

The white-tie event will be held at the Capital Hilton, 1001 16th St. NW, at the corner of 16th and K. The reception starts at 5:30 p.m.; dinner is at 7 p.m. in the Presidential Ballroom, second floor.

This is one of Washington's premier social and political events each year, featuring satirical skits by Gridiron Press Club members and, usually, humorous commentary by President Clinton. A wide range of Washington officialdom attends.

GNS is a national news organization providing Washington-based coverage to 75 newspapers owned by the Gannett Co., including USA Today. The news service reports on congressional and other national matters, including health issues.

Thanks for your gracious consideration of our invitation. I look forward to meeting you Saturday at the Capitol Hilton. Programs will be distributed before dinner, and will list me and the table number for Gannett and its guests. Please proceed to that table.

Sincerely,

Caesar Andrews

CAESAR ANDREWS

cc: Sarah Holewinski

1000 WILSON BLVD., ARLINGTON, VA 22229-0001
(703) 276-5898

Top people then:
Dr Chapman (CDC)
Barry McCaffrey
Chairman, John Conley
UP Public Relations
Mimi Feller
Range of others

GANNETT
NEWS SERVICE

CAESAR ANDREWS
Editor

March 25, 1999

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

Dear Sandy:

I enjoyed meeting you Saturday and was happy you could partake of the Gridiron spectacle.

I hope your trip to Africa is a great success. By the time you return, I will know if the April 8 arrival ceremony works for me. If not, I'll take you up on a future offer.

Best regards,

Caesar Andrews

CA:mmm

1000 WILSON BLVD., ARLINGTON, VA 22229-0001
(703) 276-5898

Bristol-Myers Squibb Company
655 15th Street, N.W., Suite 300 Washington, DC 20005 202 783-0900

March 30, 1999

Ms. Sandra L. Thurman
National AIDS Policy Director
Office of National AIDS Policy
736 Jackson Place, N.W.
Washington, DC 20503

Dear Ms. Thurman:

I am writing to request a meeting with you to discuss Bristol-Myers Squibb Company's new HIV/AIDS Project in Sub-Saharan Africa. Accompanying me will be Executive Vice President Kenneth Weg and former Congressman Ronald Dellums. Should your schedule permit, we would like to talk with you for approximately 30 minutes on either Tuesday or Wednesday, April 13 or 14.

If you are able to accommodate my request, please contact my assistant, Tracy Fuller, at (202) 783-8650 to arrange a time.

Thank you.

Sincerely,

David E. Warr
Associate Director, Tax & Trade Policy

DEW/tyf

March 25, 1999

Dear Sandy,

It was great to see you.

Please send me an e-mail at rkoster@pananet.com so I'll have an email address for you.

Best,

Dick Koster

JHPIEGO CORPORATION

An affiliate of Johns Hopkins University

International Education and Training in Reproductive Health

March 31, 1999

Dr. Sandra Thurmond
Director
White House office of AIDS Policy
736 Jackson Place
Washington, DC 20503

Dear Dr. Thurmond:

The March 13th edition of the British medical journal, *The Lancet,* as its lead cover story with accompanying editorial commentary, reviewed the scientific screening method that a simple, less expensive test than Pap smears now offers hope for women in developing countries (and population subgroups in this country) at risk for cervical cancer. The study was conducted by JHPIEGO and the University of Zimbabwe.

We are delighted to report that the news release on this 'prevention' breakthrough from the Johns Hopkins Office of Communications and Public Affairs produced exceptional worldwide newspaper and television coverage. The story was aired in 18 television media markets including MSNBC and ABC News in the United States and the British Broadcasting Corporation (BBC), the Associated Press in the UK, and Voice of America abroad. A partial list of the wire services that picked up this story include Reuters Health, Medical Tribune News Service, UPI, AP, New York Times News Service, Press-Enterprise, and Scripps Howard News Service. Some of the newspaper coverage includes *The Los Angeles Times, The New York Times, Newsweek,* and many more.

Thanks to an in-kind contribution from Burrell's Information Services, we will soon be in receipt of the full breadth of total media coverage that this story attracted. Given your obvious interest in helping to solve some of the health problems related to women in developing countries, I am enclosing a smattering of articles for your review.

Women are dying of diseases that have no remedy and yet cervical cancer *can* be treated but remains the leading cause of female cancer deaths in developing countries. Now there is the potential for wide scale access to screening in developing countries and also appropriate and acceptable treatment and followup services. Your advocacy presents an opportunity for moral leadership and will occupy a lofty place on the world's public and political agenda.

Sincerely,

Maureen McManus
CECAP Development Advisor

Brown's Wharf • 1615 Thames Street, Suite 200 • Baltimore, MD 21231-3447 USA
Telephone: (410) 955-8558 • FAX: (410) 955-6199 • http://www.jhpiego.jhu.edu

"All the News That's Fit to Print"

The New York Times

Washington Edition
Washington and Baltimore: Pleasant with ample sunshine. High 57. Tonight, clear and not as chilly. Low 40. Tomorrow, mostly sunny and unseasonably warm. High 71. Details, page A28

VOL. CXLVIII .... No. 51,463 TUESDAY, MARCH 16, 1999 ONE DOLLAR

Screening Method for Cervical Cancer

By NANCY BETH JACKSON

Cervical cancer, curable if detected early, kills more women in the developing world than any other cancer for the lack of a simple, inexpensive and effective screening method. But researchers in Zimbabwe believe they have found just that, in vinegar, a trained eye and a flashlight.

Reporting in the current issue of The Lancet, researchers said they simply swabbed a woman's cervix with acetic acid (vinegar) and a minute later looked to see if some cells had turned white, an indication of the presence of precancerous lesions caused by the human papilloma virus.

The technique itself is not new. Doctors used it before — and sometimes even after — more sophisticated testing became widely used in industrialized nations. In those countries, screening for cervical cancer is done by examination of the cells of the cervix after a Pap smear has been taken.

But in less developed countries, this kind of screening may not be available. Researchers estimate that only 5 percent of women in developing countries are routinely screened for cervical cancer, compared with 70 percent in industrialized nations.

"What makes the screening program really successful is not the test itself but the ability to cover a lot of people with the test," Dr. Paul D. Blumenthal, an author of the Lancet paper and an associate professor of gynecology and obstetrics at Johns Hopkins University. "It provides immediate results in hard-to-reach populations whether in a developing country or in rural or center-city settings in the industrial world."

Worldwide, cervical cancer kills 200,000 women each year, mainly in Africa, Asia and Latin America, said the researchers. In the United States, the disease led to 4,900 deaths last year.

In the two-phase, cross-sectional study by the University of Zimbabwe and a nonprofit reproductive health center affiliated with Johns Hopkins, 10,934 women were screened by nurse-midwives in 15 primary-care clinics around Harare, the capital. Visual assessments and Pap smears were done in both phases. In the first phase, if the visual assessment suggested an abnormal condition, the woman received a colposcopy (a microscopic examination). In the second phase, all women had the colposcopy. The acetic acid test detected more than 75 percent of potential cancers, although false-positives in visual assessments were high in the second phase.

American researchers see little application for the simpler screenings here, though pockets of women may not be screened.

Dr. Diane Solomon, senior investigator at the National Cancer Institute, said, "Most people who advocate the low-tech approach, advocate it in areas where there is not the infrastructure of cervical cytology. But I would not like to see a two-tiered cervical screening system here with low-tech for people who can't afford high-tech."

Dr. Thomas Carr Wright Jr., director of gynecological pathology at Columbia Presbyterian Hospital, who is working with a similar project in South Africa, regards the study "as another test to put in our packet" but believes the emphasis in the United States should be on reducing the cost of the more sophisticated type of screening.

The human papilloma virus is sexually transmitted and is sometimes associated with H.I.V. infections. The Zimbabwe researchers note that cervical cancer is developing at increasingly younger ages and at a greater rate as H.I.V. virus damages immunity. The papilloma virus grows slowly and may appear as warty lesions long after exposure.

THE JHU GAZETTE

March 22, 1999 The newspaper of The Johns Hopkins University Volume 28, No. 27

Vinegar offers dependable, inexpensive test for cervical cancer

BY KAREN INFELD

JHMI

An inexpensive, easy test that changes the color of precancerous tissue could be used to screen women for cervical cancer and its precursors in geographic areas where Pap smears may not be available, according to a study of African women by researchers at Johns Hopkins and the University of Zimbabwe.

Results of the study, published in the March 13 issue of the British journal *The Lancet*, showed that nurse-midwives who wiped a patient's cervix with acetic acid (vinegar) and then visually inspected the area accurately detected more than 75 percent of potential cancers among the study participants. Tissue harboring precancerous lesions turns white when exposed to vinegar. The test identified almost twice as many cases of disease as did Pap smears.

A simple screening test such as this is urgently needed, the authors say, because only 5 percent of women in developing countries are routinely screened for cervical cancer compared to up to 70 percent in industrialized nations. Cervical cancer—a sexually transmitted disease caused by the human papilloma virus—is the leading cause of female cancer deaths in parts of Africa, Asia and Latin America, killing 200,000 women each year.

"In most developing world countries, cervical cancer screening programs are small-scale or nonexistent," says Paul D. Blumenthal, an author of the paper and an associate professor of gynecology and obstetrics at Hopkins. "Even in countries where Pap smear-based screening is available, it is often done only in urban settings or in the private sector, which serves a relatively small proportion of the female population.

"This technique easily could be used by health care workers in areas with limited resources. The test is safe, affordable and effective and can help health care workers make an on-the-spot decision as to whether the patient may need further attention, including treatment—an important factor in regions where women may live far from medical facilities and cannot be easily followed once they leave," Blumenthal says.

During the first phase of the two-part study, nurse-midwives screened 8,731 African women for cervical cancer at 15 primary care clinics in Zimbabwe using both the vinegar/visual inspection method and Pap smears. The women ranged in age from 25 to 55 and were not pregnant. Although all were sexually active, fewer than 15 percent had ever been screened for cervical cancer. Colposcopy (high-powered magnification) and, when necessary, biopsy were used to confirm abnormal results or to verify the few women controls who tested negative.

In the second phase, 2,144 women received the visual inspection, a Pap smear and the reference test in the same day. In this phase, visual inspection correctly identified about 77 percent of the 207 serious precancerous or cancerous cases in this group. Visual inspection yielded a number of false positives, but researchers say improved training may reduce this problem in the future.

The study was supported by JHPIEGO, an affiliate of the university committed to international reproductive health interventions in areas with limited resources, with funding from the United States Agency for International Development. Other authors from Hopkins and JHPIEGO were L. Gaffikin, J. McGrath and H. Sanghvi.

FINAL

THE SUN

March 12, 1999 Baltimore, Maryland 50 cents

Swab of vinegar could provide test for cervical cancer

Hopkins study may help reduce a leading cause of death for poor women

By JONATHAN BOR
SUN STAFF

A swab of vinegar could provide a simple, inexpensive way to screen women for early signs of cervical cancer, the leading cause of cancer death among women in poor countries where Pap smears are not available.

Reporting on a study in Zimbabwe, doctors from the Johns Hopkins School of Medicine and the University of Zimbabwe said the test could lead thousands of women each year to life-saving treatments.

"This really offers the promise of prevention," said Dr. Paul D. Blumenthal, a Hopkins gynecologist who directed the study. "If you can just find the patients before they have cervical cancer you can virtually ensure that they will not die of cervical cancer."

In the study, nurse midwives wiped a patient's cervix with vinegar and waited to see if any area turned white, a change that often signals a pre-cancerous lesion or a malignancy. The technique is based on a long-time practice in the United States, in which gynecologists observing the cervix under magnification use acetic acid to confirm a positive Pap smear.

Acetic acid is the principal ingredient in vinegar. The study is described in this week's issue of *The Lancet*, a British journal.

Public health authorities say an inexpensive screening tool is urgently needed in parts of Africa, Asia and Latin America, where cervical cancer is the leading cancer killer among women. It causes about 200,000 deaths each year in those regions, compared with 5,000 deaths in the United States, where Pap smears are widely taken.

The disease often is caused by a sexually transmitted virus that produces genital warts, benign growths that can turn cancerous.

Midwives were able to detect more than three-quarters of the cancers among 11,000 women in the study. But they also turned up a large number of "false positives" — results that seemed worrisome but actually were not. Improved training, said Blumenthal, could reduce this problem in the future.

"This is much less costly and less complex to implement, especially in places that don't have a lot of resources to spend on medical care," said Dr. Beverly Winikoff of the Population Council, a nonprofit group devoted to reproductive health.

"Pap smears require someone to take the smear correctly and to send it to a lab in good condition. Then, the lab has to read it properly, find the woman and bring her back to get treatment. With this test, you know right away."

Even with improved detection, countries would still have to find ways to provide affordable treatment.

"That's our next challenge," said Blumenthal. "In this country, we can do radical surgery and radiation. But radical surgery is hard to come by in developing countries, and radiation is virtually nonexistent."

Việt Nam News®
SUNDAY

ISSN : 0868 - 3069 November 8, 1998 No. 2603 (342) Price VND4000

PAGE 14

Cervical cancer is on the rise in Việt Nam, but early diagnosis and treatment can guarantee a full recovery for all women, says *Healthy, Wealthy and Wise.*

Healthy, Wealthy, Wise

Cervical cancer is curable

Cancer cases are on the rise in our country. While modern hi-tech methods of diagnosing and treating it have emerged, our country has not fully utilised the new scientific methods. Women face a serious threat to their life because of the cancers in high percentage are cervical cancers. But cervical cancer is now almost 100 per cent curable provided it is diagnosed early and treated promptly. Gone are the days when the diagnosis of a cervical cancer meant a death sentence.

The narrow, lower portion of the uterus called the cervix is susceptible to cancer on many counts. Since the cervix opens into the vagina (birth canal), which leads to the outside of the body, its cancer can spread fast to other areas. When cervical cancer spreads, it usually travels through the lymphatic system, which produces and stores infection-fighting cells. Cervical cancer can also spread through the bloodstream.

Very early cancer of the cervix involves only the top layer of cervical cells and does not invade deeper layers of cervical tissue for many months. It is the earliest form of cervical cancer that can be detected easily and treated fully.

Although very early cancer of the cervix (called carcinoma in situ) develops most often in women between the ages of 30 and 40, it can occur in younger and elder women. Invasive cervical cancer is dangerous because its reach includes the cervix, nearby tissues and organs. It occurs most often in women between the ages of 40 and 60, though it can be seen in younger and older women as well. You can prevent invasive cervical cancer if you go in for a pelvic examination and Pap Test regularity. A pelvic examination is a physical examination of the uterus, vagina, ovaries, fallopian tubes, bladder and rectum. The Pap Test is a simple, painless test to detect abnormal cells in and around the cervix. The doctor collects a sample of cells from the cervix and upper vagina with a wooden scraper or cotton swab and places the sample on a glass slide and sends to a medical laboratory for evaluation.

Treatment of cervical cancer may involve surgery, radiation therapy, or chemotherapy. Surgery may remove only a small area of abnormal tisue, or it may remove the cervix, uterus, or other nearby tissues.

Radiation therapy (also called X-ray therapy, radiotherapy or irradiation) uses high-energy rays to kill cancer cells. Radiation may be given from a machine located outside the body (external radiation therapy) or from radioactive material placed inside the body (brachy therapy). Chemotherapy is the use of anti cancer drug to treat cancer. Sometimes, various combinations of these methods are used.

Young women, suffering from early cancer of the cervix (carcinoma in situ), who wish to have children are given the treatment of conization. Those women who have completed their family and do not want more children are treated with total hysterectomy, i.e., removal of the cervix and uterus. Sexual desire and the ability to have intercourse are not affected by hysterectomy.

Exact causes of cervical cancer are still not fully known to the world. But improved methods of detection and treatment are contributing significantly to an increase in survival rates for women with cervical cancer.

There are more than 100 different types of cancer. All cancers however share a common trait: the uncontrolled growth and proliferation of abnormal or malignant cells. Health cells that make up the body's tissues grow, divide, and replace themselves in an orderly way. This process keeps the body in good shape and repair in a normal manner. When cancer sets in, cells start dividing and growing without any order. Too much tissue is produced and a tumour begins to form. As soon as this tumour is detected and identified as a cancer, treatment can begin with fruitful results.

ĐOÀN VĂN TẤN

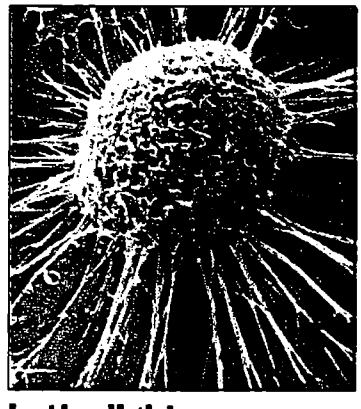
Newsweek
March 29, 1999 : $2.95
www.newsweek.com

HealthBriefs

CANCER

Low-Tech Solution

THE PAP SMEAR SAVES COUNTLESS lives by helping doctors spot and treat nascent cervical tumors. The cost is prohibitive in many parts of the world, but researchers have identified an alternative. A new study shows that when the cervix is swabbed with vinegar, a flashlight will illuminate abnormal cells. In a study of 2,100 African women, researchers from Johns Hopkins and the University of Zimbabwe found that vinegar highlighted 77 percent of dangerous lesions—twice the proportion detected by Pap smears. Despite a higher rate of false positives, the test may have a future in the West.



In the light: *Cancer cell*

PRESS-ENTERPRISE
RIVERSIDE, CA
FRIDAY 167,958
MAR 12 1999

Cervical cancer 9306

New, simple test proves reliable

Researchers in Baltimore and Zimbabwe have found a cheap and reliable test for cervical cancer and its precursors using common household vinegar.

Their study, published in this weekend's issue of the British journal The Lancet, found that midwives who washed a patients cervix with acetic acid — vinegar — and then did a simple visual exam were able to spot more than 75 percent of potential cancers among more than 10,000 Zimbabwean women.

Tissue harboring pre-cancerous lesions turns white when exposed to vinegar. The test identified almost twice as many cases of disease as did Pap smears, although it also produced many false positives.

A simple screening test is badly needed in the developing world, the researchers said, because only 5 percent of women in those countries are routinely screened for cervical cancer, compared to up to 70 percent in industrialized nations.

BOSTON GLOBE
BOSTON, MA
FRIDAY 466,000
MAR 12 1999

Vinegar proposed as Pap alternative

9306

LONDON – Vinegar could be used in the developing world as an inexpensive, safe, and effective screening test for cervical cancer, doctors said today. Researchers from Johns Hopkins University and the University of Zimbabwe said that in countries where the standard Pap smear test is unavailable or unaffordable, vinegar, or acetic acid, could be an alternative. A study of the test on 10,000 women in Zimbabwe showed it to be safe and effective. (Reuters)

TIMES HERALD RECORD
MIDDLETOWN, NY
FRIDAY 87,700
MAR 12 1999

Vinegar can ID cervical cancer

9306

Researchers in Baltimore and Zimbabwe have found a cheap and reliable test for cervical cancer and its precursors using common household vinegar.

Their study, published in this weekend's issue of the British journal The Lancet, found that midwives who washed a patient's cervix with acetic acid – vinegar – and then did a simple visual exam were able to spot more than 75 percent of potential cancers among more than 10,000 Zimbabwean women.

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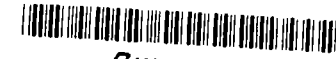
A simple screening test is badly needed in the developing world, the researchers said, because only 5 percent of women in those countries are routinely screened for cervical cancer, compared to up to 70 percent in industrialized nations.

Cervical cancer – which has been linked to the human pappiloma virus, a sexually transmitted disease – is the leading cause of cancer deaths among women in parts of Africa, Asia and Latin America, killing some 200,000 each year.

ANDERSON INDEPENDENT-MAIL
ANDERSON, SC
FRIDAY 42,217
MAR 12 1999



New, simple test for cervical cancer found

9306

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ORANGE COUNTY REGISTER
SANTA ANA, CA
FRIDAY 358,010
MAR 12 1999

Researchers find simpler test for cervical cancer

DISEASE: A visual check using vinegar could help identify women at risk in developing nations.

By LEE BOWMAN
Scripps Howard News Service

Researchers in Baltimore and Zimbabwe have found a cheap and reliable test for cervical cancer and its precursors using common household vinegar.

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Cervical cancer, which has been linked to the human papilloma virus, a sexually transmitted disease, is the leading cause of cancer deaths among women in parts of Africa, Asia and Latin America, killing some 200,000 each year.

"Even in countries where Pap smear screening is available, it is often done only in urban settings or in the private sector, which serves a relatively small proportion of the female population," said Dr. Paul Blumenthal, a co-author of the paper.

In the first phase of the two-year study, nurse-midwives screened 8,731 African women ages 25 to 55 for cervical cancer using both the vinegar method and Pap smears. Although all were sexually active, fewer than 15 percent had ever been screened for cervical cancer. Confirming tests were done on abnormal results or to verify the women who tested negative.

In a second phase, 2,144 women got the visual test, a Pap smear and a reference test in the same day. Although the visual checks found better than three-quarters of the cases in this group, these tests were about 30 percent less accurate in actually identifying disease.

"This technique easily could be used by health care workers in areas with limited resources," said Blumenthal, whose team collaborated with doctors at the University of Zimbabwe.

Los Angeles Times

FRIDAY, MARCH 12, 1999
COPYRIGHT 1999 THE TIMES MIRROR COMPANY
DAILY 2:
AN EDITION OF THE LOS ANGELES TIMES

Simple Cervical Cancer Test Found

CANCER: Less Costly Test

■ Medicine: Method using vinegar could save thousands of lives in Third World countries, researchers report. They say it is as effective as a Pap smear but much less costly.

By THOMAS H. MAUGH II
TIMES MEDICAL WRITER

A simple test using vinegar could provide an inexpensive way to screen for cervical cancer and save perhaps tens of thousands of lives each year in Third World countries, researchers from Johns Hopkins University report in today's Lancet.

Health authorities in several countries, whose residents cannot afford Pap smears, are already planning ways to use the new test.

The test is as effective as a Pap smear but "is much less costly and less complex to implement," according to Dr. Beverly Winikoff of the Population Council. And a big advantage is that the results of the vinegar test—unlike those of a Pap smear—are available immediately, while the women are still in a clinic, she said.

Cervical cancer strikes an estimated 350,000 women worldwide, killing 200,000. That makes it the most common cause of cancer deaths among women in large areas of Asia, Africa and Latin America. It is caused primarily by the papilloma virus, and HIV-positive women are particularly susceptible to it.

The incidence of invasive cervical cancer and death can be reduced 90% or more by screening to detect it while it is in the earliest stages. More than 70% of women in industrialized countries such as the United States are screened at regular intervals with the Papanicolau smear.

"If you can find patients before they have advanced cervical cancer, you can virtually guarantee that they will not die of cervical cancer," Dr. Paul D. Blumenthal of Johns Hopkins said in an interview.

But because of the cost of the Pap smear, only about 5% of women in developing countries receive it. There has therefore been great interest in developing a less expensive way to detect the cell proliferation that is an early sign of the disease.

Blumenthal and his colleagues at Johns Hopkins may have found such a test. All it requires is a nurse-midwife or other trained technician, a light source such as a flashlight, a bottle of vinegar and a simple speculum to help the nurse view the cervix.

Gynecologists have used acetic acid—the primary component of vinegar—for 40 years to help them view the cervix during colposcopy, a procedure in which the cervix is magnified tenfold to fortyfold with a microscope-like device. The acetic acid gives precancerous or cancerous tissue a whitish blush that is easily seen under the magnification, Blumenthal said.

The question was whether applying vinegar to the cervix would make the abnormal tissue visible without magnification. The Lancet study demonstrated that it would.

Working with researchers from the University of Zimbabwe, the team used nurse-midwives to screen 8,731 African women for cervical cancer. The nurses took a smear for the Pap test, then swabbed vinegar on the cervix and examined it. All those with positive results on either test, and some who tested normal, then received colposcopy, which is the usual follow-up test for confirming the presence of abnormal tissue.

In the second phase, 2,147 women were given the new test and underwent colposcopy, regardless of diagnosis, to check the accuracy of the new test.

The team reports in Lancet that the new visual test detected about 77% of all abnormal tissues, about the same rate achieved with the Pap smears.

The new assay "meets all the qualities of a good screening test," Blumenthal said. "It's cheap, it has good sensitivity, and it is easy to train people to do it. And everything needed to do it should be available at a family planning clinic."

Blumenthal said that health authorities in Peru, Mexico and India have consulted him and are exploring ways to implement the new test. But he cautioned that testing alone is not sufficient: Positive tests must be followed up with treatment.

In most cases, that can be done fairly inexpensively, he said, using low-technology procedures. The abnormal tissue can be frozen with a cryogenic probe or cauterized with a hot probe. Either way, he said, after the suspicious tissue is destroyed, "it all grows back normal." Chemotherapy and other treatments are used only when the cervical cancer is in an advanced stage.

PATRIOT LEDGER
QUINCY, MA
SATURDAY 79,688
MAR 13 1999

Simple test found for cervical cancer

By LEE BOWMAN 9306
Scripps Howard News Service

Researchers in Baltimore and Zimbabwe have found a cheap and reliable test for cervical cancer and its precursors using common household vinegar.

Their study, published in this weekend's issue of the British journal The Lancet, found that midwives who washed a patient's cervix with acetic acid — vinegar — and then did a simple visual exam were able to spot more than 75 percent of potential cancers among more than 10,000 Zimbabwean women.

Tissue harboring pre-cancerous lesions turns white when exposed to vinegar. The test identified almost twice as many cases of disease as did Pap smears, although it also produced many false positives.

A simple screening test is badly needed in the developing world, the researchers said, because only 5 percent of women in those countries are routinely screened for cervical cancer, compared with up to 70 percent in industrialized nations.

Cervical cancer, a sexually transmitted disease caused by the human papilloma virus, is the leading cause of cancer deaths among women in parts of Africa, Asia and Latin America, killing about 200,000 each year.

Although the vinegar test is not as precise as testing with a cervical smear, it's still a vast improvement over virtually non-existent screening in many countries, said Dr. Paul Blumenthal, a co-author of the paper and an associate professor of gynecology and obstetrics at Johns Hopkins University Medical Institutions.

"Even in countries where Pap-smear screening is available, it is often done only in urban settings or in the private sector, which serves a relatively small proportion of the female population," Blumenthal said.

> "Even in countries where Pap-smear screening is available, it . . . serves a relatively small proportion of the female population."
>
> Dr. Paul Blumenthal, co-author of study

In the first phase of a two-year study, nurse-midwives screened 8,731 African women 25 to 55 years old for cervical cancer using both the vinegar method and Pap smears. Although all were sexually active, fewer than 15 percent of them had ever been screened for cervical cancer. Confirming tests were done on abnormal results or to verify the women who tested negative.

In a second phase, 2,144 women got the visual test, a Pap smear and a reference test in the same day. Although the visual checks found better than three-quarters of the cases in this group, these tests were about 30 percent less accurate in actually identifying disease.

"This technique easily could be used by health care workers in areas with limited resources," said Blumenthal, whose team collaborated with doctors at the University of Zimbabwe. "The test is safe, affordable and effective, and can help health care workers make an on-the-spot decision as to whether the patient may need further attention."

THE NATION'S NEWSPAPER

USA TODAY

NO. 1 IN THE USA . . . FIRST IN DAILY READERS

Study: Vinegar could screen for cervical cancer

Inexpensive technique is key where Pap tests aren't available

By Rita Rubin
USA TODAY

An inexpensive test, which simply requires vinegar and a trained eye, could screen women for cervical cancer in parts of the world where Pap smears aren't available, says a study due out Saturday.

And, says one of the authors, the highly sensitive technique could be used in the United States and other developed countries on women who've had a suspicious-looking Pap smear.

Cervical cancer, which is highly curable if caught early, is the leading cause of female cancer deaths in parts of Africa, Asia and Latin America. It kills 200,000 women each year. In the USA, 4,800 women are expected to die of cervical cancer each year, mainly because of the lack of regular Pap tests.

Nurse midwives used the vinegar technique to screen 10,934 women at primary care clinics in Zimbabwe. Precancerous or cancerous cells turn white when swabbed with an applicator soaked in a solution of acetic acid, the main ingredient in vinegar. For comparison, the nurses also performed Pap smears. Fewer than 15% of the women had ever been screened for cervical cancer.

If either test was abnormal, the women underwent colposcopy, in which high-powered magnification is used to inspect the cervix, and, if necessary, a biopsy. The vinegar test was more likely to pick up precancerous or cancerous cells than the Pap smear.

But it also was more likely to mistakenly identify healthy tissue as being abnormal, researchers write in the British journal *The Lancet*. That could lead to over treatment, notes the study's co-author, Paul Blumenthal, associate professor of gynecology and obstetrics at Johns Hopkins University in Baltimore. "That's a real challenge for us," Blumenthal says. "But we're working in a setting where there's nothing else."

Blumenthal says he uses the technique in his own practice. "I get patients referred to me all the time with an abnormal Pap smear," he says. "I may repeat the Pap smear, but at the same time, I'll splash a little vinegar on the cervix and take a good look." If no tissue turns white, he says, he can be confident in assuring the woman that she's OK.

Visual inspection of the cervix also might be useful in screening women in remote areas, such as Alaska, or transient women, such as migrant farm workers, because it could provide information immediately, says Amie Bishop of the Program for Appropriate Technology in Health, an international nonprofit group based in Seattle. Bishop is overseeing field-testing in Washington state and in Mexico of a device called the AviScope, an inexpensive, portable, lighted scope that can magnify cervical tissue 4.5 times.

The AviScope could help reduce the number of false positives seen with the naked eye, Blumenthal says.

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World Ecology Report

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■ The Cervical Cancer Prevention Program (CECAP) is being launched in the spring of 1999 by, JHPIEGO, an affiliate of Johns Hopkins University which specializes in international education and training in reproductive health. CECAP is developing partnerships, collaborations and linkages with donors, international agencies, women groups and other institutions in a worldwide effort to reduce the incidence of cervical cancer. More than 500,000 women annually develop cervical cancer, a sexually transmitted disease and more than 200,000 annually die. Because the majority of deaths occur in developing countries, JHPIEGO is targeting 20 of the poorest and largest developing countries to benefit over 695 million women with screening to detect the early signs of cervical cancer, treatment and education programs for those women. Funding sources must be educated to the importance of the program and the dramatic results that can come per dollar spent. In the United States and Europe, JHPIEGO through CECAP is launching awareness activities that will highlight this critical public health emergency and bring support for the intervention's efforts. For additional information on the Cervical Cancer Prevention (CECAP) program, please contact JHPIEGO's Research and Evaluation Office by telephone 410-614-0518, fax 410-614-3458 or Internet E-mail (info@jhpiego.org) or write to JHPIEGO, Brown's Wharf, Suite 200, 1615 Thames Street, Baltimore, Maryland 21231-3492, USA. [See Point of View in this issue]