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Kate Shindle

Miss America 1998

May 19, 1999

Sandy Thurman, Director
Office of National AIDS Policy
The White House
1600 Pennsylvania Avenue
Washington DC

Dear Sandy,

As you know, since giving up my title as Miss America 1998, I have been making my best effort to stay aggressively involved in the fight against AIDS. It has been my privilege these past few months to serve as the national spokesman for the National AIDS Fund, a Pedro Zamora Fellow with AIDS Action, and a speaker and advocate for everyone else I have the opportunity to reach. I always say that one of the best things about having been Miss America is that commitment to the platform issue doesn't have to end when someone else is walking the runway in Atlantic City with a crown on her head.

In an ongoing effort to stay informed, I came across an issue which I think you'll find extremely disturbing. At this point, I'm gathering as much data as I can. Based on what I've explored so far, though, I feel that it is imperative that the AIDS-services community become active as soon as possible. Otherwise, we may find our respective campaigns hit from an unexpected direction within a matter of weeks. Although you are not the only person receiving this letter, you are on a *very* short list of individuals I know and trust and hope will help me brainstorm ways to tackle this problem (and it's not all that cloak-and-dagger; give me a call if you'd like to know who the others are).

In March, the New York Times ran an article which echoed the fears and speculations of many within the health-care industry. Intended as an investigation of the problem of latex allergy, the piece instead further complicated an issue which has led to a great deal of unfounded hysteria. In recent months, a major movement has been taking place to selectively ban the use of latex. Operating under the faulty assumption that a great number of Americans have serious, life-threatening allergies to natural rubber latex, some states have even gone so far as to propose legislation which would eliminate the use of latex gloves among health care workers. Yes, you read that correctly.

Here are the facts. Natural rubber latex (NRL) allergy does exist. Most allergic reactions come in the form of contact dermatitis, a simple and short-lived rash. However, accusations about latex allergy continue to fly, ranging from claims about widespread anaphylactic shock to a recent New York Times article reporting that there have been NRL-related fatalities due to glove use. This past month, OSHA issued a Technical Information Bulletin filled with incorrect and alarmist information. This Bulletin will likely incite latex-related panic among the American public.

343 West Erie Street, Suite 440
Chicago, IL 60610

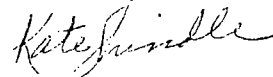
tel 312-440-3900
voice 312-683-5213
fax 312-440-3909

The implications for the AIDS movement are obvious. After twenty years of activism, the last thing the AIDS-services community needs are excuses for people to avoid barrier protection. We've gotten to the point where we take for granted that universal precautions are in place in the health care field. However, not only does this endanger our efforts to promote safer sex (how long will it take for the average college student to forego the use of a condom if he incorrectly believes his health to be in danger?), it could also put patients and professionals in danger. Without going on for several pages about this issue, I cannot stress enough the fact that the unfounded hysteria about latex allergy is beginning to explode. As mentioned above, there are states considering legislation to eliminate the use of latex gloves, even though about 40,000 other consumer products contain latex as well. *More frightening is the fact that more than one state has proposed specific legislation that could be interpreted as banning the sale of latex condoms.* I have enclosed a sample piece of legislation, along with compelling testimony from former Surgeon General Koop, for your review.

We must get this issue on the AIDS movement's radar screen as soon as possible. If left unchecked, this scare could conceivably undo the past several years of prevention education. Similar scares have had devastating impacts on industries ranging from cellular phones to electric blankets to Alar. Once the threat is implanted in the public consciousness, the line between fact and fiction becomes much less important. And this issue is obviously much more complex than one which simply involves a manufacturer's financial gain or loss.

The latex industry is currently mounting an aggressive campaign to undo the damage which may have already been done. I think we have the power to help. I would appreciate any input you have, and would be happy to provide you with more information if you'd like. Please call me at home, 847-328-7099 or send a fax to 847-328-7500.

Sincerely,

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

Kate Shindle

Kate Shindle

Miss America 1998

May 27, 1999

Sandy Thurman, Director
Office of National AIDS Policy
The White House
1600 Pennsylvania Avenue
Washington DC

Dear Sandy,

I just realized that the letter I sent to you dated May 19, may not have included the enclosures that I referred to. I have enclosed a sample piece of legislation attempting to ban latex products in the health care setting along with testimony from Surgeon General Koop.

Please call me if you have any questions at 847-328-7099.

Thank you.

Sincerely,



Kate Shindle

Enclosures

S5508 MARCHI

STATE OF NEW YORK

5508

1997-1998 Regular Sessions

IN SENATE

June 17, 1997

Introduced by Sen. MARCHI -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

AN ACT to amend the public health law, in relation to the use by health care providers of certain latex products as a prophylaxis

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Section 206 of the public health law is amended by adding a
2 new subdivision 17 to read as follows:

3 17. The commissioner shall promulgate rules and regulations prohibit-
4 ing the use by any health care provider of any latex product coated with
5 a preparation in the form of fine particles of talc, cornstarch or other
6 mineral as a prophylaxis.

7 § 2. This act shall take effect on the one hundred twentieth day after
8 it shall have become a law; provided, however, that any rules and regu-
9 lations necessary for the timely implementation of this act on its
10 effective date shall be promulgated on or before such date.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets
[-] is old law to be omitted.

LBD11136-02-7

THE STATE OF NEW YORK
BILL TEXT

NEW YORK 221ST ANNUAL LEGISLATIVE SESSION

ASSEMBLY BILL 9541

STATE OF NEW YORK
9541

IN ASSEMBLY
MARCH 3, 1998

INTRODUCED BY M. OF A. CONNELLY, MCENENY, CLARK, SIDIKMAN --
MULTI-SPONSORED

BY -- M. OF A. BEA, COOK, EVE, LAFAYETTE, MATUSOW, MORELLE, ORTIZ,

1997 NY A.B. 9541

VERSION: Introduced

VERSION-DATE: March 3, 1998

SYNOPSIS:

SCHIMMINGER -- read once and referred to the Committee on Health AN ACT to amend the public health law, in relation to the use by health care providers of certain latex products as a prophylaxis

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY,
DO ENACT AS FOLLOWS:

Section 1. Section 206 of the public health law is amended by adding a new subdivision 17 to read as follows:

THE COMMISSIONER SHALL PROMULGATE RULES AND REGULATIONS PROHIBITING THE USE BY ANY HEALTH CARE PROVIDER OF ANY LATEX PRODUCT COATED WITH A PREPARATION IN THE FORM OF FINE PARTICLES OF TALC, CORNSTARCH OR OTHER MINERAL AS A PROPHYLAXIS.

Section 2. This act shall take effect on the one hundred twentieth day after it shall have become a law; provided, however, that any rules and regulations necessary for the timely implementation of this act on its effective date shall be promulgated on or before such date.

SPONSOR:
Connelly

STATEMENT OF

**C. EVERETT KOOP, M.D., Sc.D.
U.S. SURGEON GENERAL 1981-1989**

BEFORE THE UNITED STATES HOUSE OF REPRESENTATIVES COMMITTEE ON EDUCATION AND THE WORKFORCE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

There is an inherent threat to public safety when one federal agency competes with another in addressing a regulatory issue in a myopic, uncoordinated or haphazard manner. I personally witnessed this situation when I was Surgeon General in the early days of the AIDS epidemic. I am greatly concerned that public safety could now be jeopardized by the current handling of natural rubber latex glove regulation.

Latex gloves, like all latex medical devices, are currently regulated by the U.S. Food and Drug Administration. Since September 30, 1997, the FDA has required that labels warning of latex sensitivity be placed on all natural rubber-containing medical devices. The Occupational Safety and Health Administration and other agencies must not be allowed to invade the province of the FDA to regulate medical devices, especially when the resulting lack of coordination poses a serious threat to the health and safety of the American public. Mixed messages have already appeared because of such an ill-advised approach. For example, the CDC has long warned that oil-based creams and lotions can degrade the barrier quality of latex.

In addition to OSHA, in 1997, the National Institute of Occupational Safety and Health, or NIOSH, has also issued an alert which recommended the use of oil-based hand creams and lotions in direct contradiction to the CDC's warning. Although NIOSH later rescinded this recommendation, you can see how the healthcare community could be confused. In fact, the 1997 alert is still being circulated by some state agencies. The point is that fundamental barrier protection was imperiled by NIOSH's shortsighted efforts to combat latex allergy. This example of "throwing the baby out with the bathwater" underscores why it is critical to have a unified and coordinated regulatory approach to the issue of latex sensitivity without losing sight of the far greater problem of halting the spread of deadly infection.

Latex gloves are crucial to healthcare workers and their patients in the fight against pathogenic organisms, including human immunodeficiency virus and hepatitis B and C. Thanks to the use of billions of latex gloves, millions of people live with almost total assurance that medical care they receive will not permit transmission of deadly viruses. Whenever latex gloves are used, both patient and healthcare worker are protected from infection.

A very small percentage of the population experiences some level of allergic reaction to latex. Put in perspective, as of August 1997, the FDA had received about 1,650 reports of possible allergic reactions to latex gloves even though more than 100 billion gloves were used. None of the reports involved death and the vast majority of reports involved minor reactions such

as skin irritations. In contrast, by the end of 1988, over 46,000 people, 700 of them children, had died of AIDS in just the U.S. The situation is not improving. In 1997 alone, again just in the U.S., over 10,000 people died from hepatitis and another 16,000 died from AIDS.

Numerous studies about latex allergy have been conducted. The most complete and comprehensive study of latex sensitivity to date is the third National Health and Nutrition Examination Survey conducted by the CDC's National Center for Health Statistics, known as "NHANES III". The study is the largest U.S. government sponsored study of its kind and included the testing of 40,000 randomly selected subjects at 88 locations nationwide over a three-year period. NHANES III showed that latex allergy is really no different from other common allergies. Over 90 percent of people have no evidence of an allergy to latex.

Perhaps the most important data from this study are that healthcare workers are no more sensitive to latex than the population at large. These data make sense considering that as many as 40,000 common objects contain latex, including auto tires, children's toys, and condoms. These findings are also corroborated by other published studies.

In the past few years, confusion bordering on hysteria has caused latex gloves, especially powdered gloves, to come under attack. This hysteria, reminiscent of the hysteria surrounding AIDS in the early years, has caused healthcare workers in particular to become unduly frightened about developing latex sensitivity and allergy because of their glove use at work.

OSHA has fueled this hysteria by interjecting itself into latex glove regulation. It has circulated a draft hazard information bulletin throughout the healthcare industry that, if heeded, would literally eliminate powdered gloves from the work place. On February 17, 1999, OSHA released a technical information bulletin which, just short of an outright ban, strongly discourages the use of latex gloves by all healthcare workers, and encourages use of powder-free and low-protein gloves by workers who continue to wear latex gloves. Similar recommendations have been rejected by the FDA and the CDC's advisory committee. OSHA's bulletin is directly at odds with the approaches taken by the FDA and the CDC and ignores the data of the CDC-sponsored NHANES III in favor of private studies.

My concern is that OSHA overlooks the big picture which is that the bulletin's recommendations will undermine the universal precautions taken by healthcare workers by scaring people away from glove use and limiting glove choices. A spin-off of this is that years of teaching condom use in the prevention of sexually transmitted disease could be undermined as well.

Latex sensitivity is a legitimate matter of concern to those who are allergic and is an appropriate subject of government study. I am concerned that agencies such as OSHA are eliminating glove choices in the workplace without any regard to the safety of the vast majority of healthcare workers or their patients who are not allergic to latex. Therefore, I support the regulation of latex gloves by the FDA, the agency that currently regulates latex gloves and all other medical devices.

I served this country as Surgeon General from the onset of the AIDS epidemic and my mission during this time was to promote safety and to protect the public health. I fear that OSHA's initiatives, while well-intended, will jeopardize the safety of the public by discouraging the use of latex as a barrier protection against infectious diseases.

I strongly caution agencies, such as OSHA, from taking independent actions and instead I strongly encourage them to forward their findings, if any, to the FDA, the agency that has been studying latex allergies for the past 30 years.



THE VICE PRESIDENT'S RESIDENCE

Sandy -

Is this something
she should consider?

Therap

May 17, 1999

Mrs. Tipper Gore
Office of Mrs. Gore
Old Executive Office Building
Room 200
Washington, DC 20501

Dear Mrs. Gore:

I am writing to invite you to join us as a keynote speaker at the 1999 United States Conference on AIDS being held in Denver, Colorado at the Adam's Mark Hotel, November 5-8.

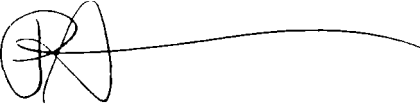
The USCA's mission is to increase community-based response to the AIDS epidemic through education and training, new partnerships, and collaborative efforts. Individuals attending the USCA will learn more about topics such as HIV prevention methods, HIV/AIDS treatment, how HIV affects children and families and other topics that relate to the provision of services of people living with HIV/AIDS. The conference has grown to become the largest annual AIDS conference in the country. We anticipate over 3,000 participants.

We invite you to be a keynote speaker at a Plenary Session being held on Saturday, November 6, 1999. We feel that with you as one of the keynotes, the 3,000 attendees of USCA will leave well informed and inspired to do the important work that awaits us all. NMAC will pay your transportation and housing needs to attend the USCA and be a keynote speaker.

If you have any questions about the conference you may contact Vernell Henry, Director of Conferences at 202-483-6622 extension 345 to discuss your participation in the 1999 USCA.

Thank you for your thoughtful consideration of our invitation to be one of the keynote speakers for what promises to be an outstanding event.

Sincerely,



Paul Akio Kawata
Executive Director

ENTER
PEND

CC: To Philip DeFour

NATIONAL
MINORITY
AIDS
COUNCIL

1411 13TH STREET, NW
WASHINGTON, DC
20009-4432
TEL 202-483-NMAC
FAX 202-483-1135
WEB SITE www.nmac.org
E-MAIL info@nmac.org

Called 6/9. Left message -
Sandy thinks it's a great
idea.

HONORARY CHAIR PATRICIA BELL	BOARD OF DIRECTORS CHAIR DR. BENJAMIN ADDITION RESEARCH & TREATMENT CORPORATION BROOKLYN, NY	SECRETARY DIAN M. GOSWAMI ASIAN PACIFIC AIDS INTERVENTION TEAM LOS ANGELES, CA	AT LARGE MEMBER JONATHAN BAO, J.D. ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM SAN FRANCISCO, CA	THOMAS R. CHESBRO INDIAN HEALTH CARE RESOURCE CENTER OF TULSA TULSA, OK	STAMA GONZALEZ FUNDATION AM. INDIAN NATION NORRIS, AR	JOSEPHINE L. LINDSEY PLANNED PARENTHOOD FEDERATION OF AMERICA WASHINGTON, DC	ODILE MAYES II TREATMENT ACTION GROUP NEW YORK, NY	CRISTINA SARALICU CRISTINA SARALICU ENTERPRISE MIAMI, FL
HONORARY CO-CHAIR DAVID LINDSEY	VICI CHAKA LIFEPOINT HOSPITAL PHOENIX, ARIZONA PHOENIX, ARIZONA	TREASURER PANDORA SINGH PROFESSIONAL SWANSEA, WA	MEMBERS DR. GINA BROWN COLUMBIA PRESBYTERIAN MEDICAL CENTER NEW YORK, NY	AUDREY GASMAN LEAVING ARMS FOUNDATION HOUSTON, TX	JOHN W. HILL, JR. DUNSTON, TX	RICHARD C. JELLMAN TEMPLE UNIVERSITY PHILADELPHIA, PA	THURSDAY RODRIGUEZ ASIAN PACIFIC ISLANDER COALITION ON HIV/AIDS NEW YORK, NY	JOSE TORO-ALFONSO, PH.D. UNIVERSITY OF PUERTO RICO SAN JUAN, PR
			DANIELLE LINDSEY WISCONSIN MILWAUKEE, WI		ELISE JACOBSON TULSA, OK	TERESA LORAN WISCONSIN MILWAUKEE, WI	REBECCA L. RAMOS U.S. MILITARY BOARD JEWELRY ASSOCIATION JEWELRY ASSOCIATION	PASTOR L.L. WHITE MOUNT SINAI FAITH FORUM LORD MINISTRIES PHOENIXVILLE, PA

**AIDS
POLICY
CENTER****For Children, Youth, and Families*****FAX***

918 Sixteenth Street N.W. • Suite 201 • Washington, DC • 20006

Phone: (202) 785-3564 • Fax: (202) 785-3579

TO: Cheryl**FAX:** (202) 456-2439**FROM:** JEFF KULLGREN
jkullgren@aidspolicycenter.org**DATE:** 5/21/99**TOTAL PAGES:** 3**SUBJECT:** AIDS Ceremony

COMMENTS: I apologize if I misspelled your name and that I didn't catch your full name on the phone. Attached is the information we spoke about – please call as soon as possible to discuss edits. I will work on speaking points and a time frame for you.

①

BARBARA LEE
9TH DISTRICT, CALIFORNIA



WASHINGTON OFFICE
CARLOTTA A. W. SCOTT
ADMINISTRATIVE ASSISTANT

DISTRICT OFFICE
SANDRÉ R. SWANSON
DISTRICT DIRECTOR
ROBERTA CLETT BROOKS
ASSISTANT DISTRICT DIRECTOR

COMMITTEES:
BANKING AND FINANCIAL SERVICES
INTERNATIONAL RELATIONS

REPLY TO
OFFICE CHECKED:

Congress of the United States
House of Representatives
Washington, D.C. 20515-0509

11 414 CANNON H.O.B.
WASHINGTON, DC 20515
(202) 225-2661

11 1301 CLAY STREET
SUITE 1000 N
OAKLAND, CA 94612
(415) 763-0370

May 19, 1999

**ATTEND THE RALLY TO MARK
BLACK & HISPANIC CAUCUS HIV/AIDS INITIATIVES!**

Dear Colleague:

We hope you will join us for an event that is being organized as part of Voices '99 -- the annual conference of AIDS Policy Center for Children, Youth & Families. The event is scheduled from 3:30-4:30 PM on Tuesday May 25, 1999 at the Capitol Triangle. Constituents from throughout the United States and members of the national media are expected to attend the event.

The purpose of the ceremony is to call attention to the rising rate of HIV infection in communities of color in the United States and globally. During the ceremony, a mural reflecting the Voices '99 theme, "renewing the commitment" will be dedicated by Xavier Cortada, a nationally known artist from Miami, Florida.

As you know, fighting HIV and AIDS in communities of color in the United States and globally, as well as increasing resources for minority-based AIDS initiatives, remains a high priority for members of the Black and Hispanic Caucuses. We sincerely hope that you will be able to attend the ceremony to lend your voice to the Congressional commitment to these efforts.

For more information and to RSVP, please contact Jeff Kullgren at AIDS Policy Center (202-785-3564). Thank you.

Sincerely,

Barbara Lee
Member of Congress

Donna M. Christian-Christensen
Member of Congress

Members of Congress to Speak at May 25 AIDS Ceremony on Capitol Hill

Contact: Jeff Kullgren of AIDS Policy Center, 202-962-4396

News Advisory:

Members of the Congressional Black and Hispanic Caucuses will unite with AIDS Policy Center for Children, Youth & Families to mark HIV and AIDS initiatives. The Caucuses are calling for increased resources for minority-based AIDS programs, including an increase in federal funding and a declaration of an "AIDS state of emergency" in communities of color.

Keynote speakers include Sandy Thurman, Director of AIDS Policy, The White House, Representative Barbara Lee (D-CA), and Delegate Donna Christian-Christensen (D-VI). Additional Members of the Congressional Black and Hispanic Caucuses have also been invited to deliver brief remarks.

Well-known artist Xavier Cortada will unveil a mural that was created at Voices '99 – the annual conference of AIDS Policy Center for Children, Youth & Families.

Date: Tuesday, May 25, 1999

Time: 3:30 – 4:30 p.m.

Place: Capitol Triangle (near corner of New Jersey Ave. and Independence Ave.), Washington, D.C.



**HUMAN
RIGHTS
CAMPAIGN**

919 18th Street, NW, Suite 800
Washington, D.C. 20006
<http://www.hrc.org>
phone 202 628 4160
fax 202 347 5323

FAX TRANSMISSION

DATE: 5/21/99 10:56 AM

TO: Sandy Thurman

FAX #: (202) 456 - 2438

NUMBER OF PAGES: 7
(including cover)

FROM: Seth Kilbourn
Deputy Director for Health and Family Policy
(202) 216 - 1526 (PH)
(202) 347 - 5323 (FAX)
seth.kilbourn@hrc.org

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MESSAGE:

Sandy: Thought you should see this. I have called over to Marcia Martin, who is looking into the issue (no one over there knows anything about it). I also called the FDA and sent the attached memo to Anne Kendell in the Office of Blood Research and Review where the regulations are being developed. Can you help?

SK



The

Washington Blade

SERVING THE NATION'S CAPITAL SINCE 1969

5-21-99

FDA may develop strict rules on Gay sperm donations

by Peter Frelberg

The U.S. Food and Drug Administration (FDA) is considering promulgating regulations for sperm banks that would ban Gay men from being anonymous donors and make it more difficult for Gay men to father children with a woman they already know, according to a group of activists and sperm bank directors.

In a May 17 letter sent to 300 Gay and alternative publications, the authors of the letter say the regulations under consideration would bar any man who has had sex with another man in the preceding five years from being an anonymous sperm donor.

The FDA proposals would have an impact not only on anonymous donors but also directed donors — men who wish to father a child with a woman they know and who

Continued on page 20

Sperm ban denounced

FDA may prevent Gay men from donating

Continued from page 1

have tested negative for HIV and other diseases — as well as Lesbians, many of whom prefer known donors to be Gay men, according to sperm bank officials.

Currently, there is no requirement for freezing and quarantine of the sperm donation of a directed donor, and fresh (unfrozen) sperm can be used. But the rules being considered would require both Gay and straight directed donors to have their sperm frozen and quarantined for six months, and then be re-tested for HIV before their sperm can be used. According to the letter writers, only one in six men have sperm strong enough to survive the freezing process well enough to be useable for insemination. Applying the proposed test-freeze-quarantine-test rule on directed donors, too, they said, would "effectively prevent" 84 percent of Gay male directed donors "from the possibility of having children." (The sperm of those 84 percent might be made suitable for insemination, noted the letter writers, but only through expensive high-tech methods.) "Under these regulations," the authors say, "heterosexual men may have multiple sexual partners and be acceptable. However, Gay men in a long-term, mutually monogamous relationship would not."

Currently, there are no national regulations governing sperm donors, only guidelines from the Centers for Disease Control and Prevention (CDC). Fertility industry standards, according to the letter's authors, require anonymous donors to be tested for HIV antibodies, after which their sperm donations are frozen and quarantined for six months. Donors are then re-tested for HIV antibodies before their sperm is released for insemination.

The HIV "window period" — the time between the moment HIV enters a person's body and the person's immune system begins to produce antibodies to HIV (and, thus, tests positive on the HIV antibody test) — is one to three months. That, the letter notes, is much less than the six-month quarantine for sperm. If the sperm donor tests negative on both tests, then the retest confirms with considerable certainty that the original sperm donation was HIV-negative.

"In light of the effective screening procedures already in place," the letter says, "and because there is no scientific or medical basis for excluding Gay donors, such a ban would be discrimination."

In a 40-minute interview yesterday with the *Blade*, FDA officials confirmed that a proposal drawn up the agency — and which must be approved by Health and Human Services Secretary Donna Shalala before being announced — would bar men who have had sex with men in the last five years from being anonymous donors.

In explaining why FDA is considering the regulations, Dr. Jay Epstein, of the FDA's Center for Biologics Evaluation, said the incidence of sexually transmitted diseases (STDs), including HIV, is still "very high" among Gay men.

But Epstein asserted, "We do not ban a class of people. We ban individuals who have particular behavior risk histories. There's no categorical labeling of the population. I know people feel that way, but ...

we're focusing on behavioral risk factors that are established in the scientific literature."

Epstein said the FDA believes that a combination of screening — to exclude Gay men and other high-risk individuals, like men who have had sex with prostitutes in the previous five years — followed by testing of sperm donors who have made it through the screening process is the most



Leland Tralman said the directed donor rule would "affect Gay people much more than straight people."

effective way to bar transmission of STDs, including HIV.

"We want the best possible screening and we want the best possible testing," Epstein said.

But the authors of the May 17 letter argue that screening out all Gay men as anonymous donors, including healthy ones, is discriminatory. One signer, Maura Riordan, executive director of the Sperm Bank of California in Berkeley, a nonprofit facility where two-thirds of the clients are Lesbian, says the rules being weighed by the FDA would mirror those of the most restrictive state in the country, New York.

"By saying that, even if a man tests negative and his samples are screened and cleared, that we still can't use him," Riordan says, "even if he's participating in mutual masturbation with another man, that doesn't make sense to me."

Kate Kendall, executive director of the National Center for Lesbian Rights, also signed the May 17 letter.

"The folks at the FDA would have to have never read a newspaper in 20 years or be hopelessly ignorant and misguided, to think that excluding Gay men as donors in any way makes a sperm bank any more safe," said Kendall.

Leland Tralman, owner and executive director of Rainbow Flag Health Services and Sperm Bank in Oakland, Calif., and the organizer of the May 17 letter, said the directed donor rule being considered would "affect Gay people much more than straight people." The reason, Tralman said, is that the proposed regulations exempt from quarantine and freezing donations from sperm donors who are sexually intimate with the woman who is to receive the sperm donation.

Continued on page 20

FDA sperm ban denounced

Continued from page 18

Since very few Gay men are sexually intimate with the women they want to donate sperm to, Traiman says, their sperm would have to go through "this freezing and quarantine period, which only one out of six men's sperm survives."

The FDA's Epstein defended the six-month freezing, quarantine, and retesting requirement for directed donors, saying it is not sufficient to rely on sexual histories given by prospective donors, even if that donor tests negative for HIV when he first donates sperm.

"Say you are a Gay man," he says. "You donate for your known Lesbian friend. The problem may be that the partner of the semen donor has had an affair; this may be unknown to the sperm donor." The donor could test negative, but that could be because the test is given in the "window period."

Traiman and others maintain that the fact that the donor and recipient know and

The FDA, Epstein asserts, has "understood and sought to address the concerns of the Gay male and Lesbian community. We do not think the six-month quarantine [for directed donors] is scientifically unsound, or that it creates an unreasonable burden."

Christopher Anders, the ACLU's legislative counsel in Washington, says that in the April *Federal Register* the FDA gave a target date of June 1999 for formally proposing regulations that will include suitability of sperm donors.

Anders says the FDA has long been examining ways to regulate the sperm bank process. He says it is premature to comment on any possible FDA proposal.

"This is an extremely early stage in the rulemaking process," Anders says. "The FDA has not put out a proposed rule yet; when they do, there will be plenty of time for health care groups, for Gay/Lesbian groups and anyone else ... to comment."

"Agencies are very often very willing to say they didn't get it right the first time," Anders says. "We'll be working, as will a lot of people, to encourage them to get it right."

But the letter signers are trying to head off the FDA before the proposal is published. "At that point, it's already kind of late in the game," says Kim. "The key is to really have the public involved before something gets set in stone for comment."

Even without national regulations, there are only two sperm banks in the country that accept Gay men as donors, activists say: Traiman's for-profit facility, which primarily serves Lesbians wishing to get pregnant, and the Sperm Bank of California, where an estimated two thirds of the 300 to 400 women who come through the doors each year are Lesbian.

A major reason why most sperm banks bar Gay men, Traiman says, are the CDC's 1994 recommendations. These guidelines state that "regardless of their HIV antibody test results," men who have had sex with another man in the preceding five years should be excluded from donating organs or tissues, including sperm.

Among the states, only New York flatly bans Gay men as sperm donors, according to Riordan, although Maryland also places restrictions. But because New York women are such a large potential client pool, many sperm banks are licensed by New York and agree not to accept any Gay men as donors, says Riordan.

That policy, says Kendall of the National Center for Lesbian Rights, has made it very difficult for Lesbian couples — many of whom want to use Gay men as donors — to use a Gay male directed donor through a facility where the sperm is tested, frozen and retested.

"They end up using fresh sperm or sperm from a known donor who was not able to go through the testing," entailing "perhaps some risk," says Kendall.

Like other sperm banks, the 17-year-old Sperm Bank of California went along until a few months ago with New York's ban on Gay donors. But Riordan says the state has now agreed that as long as she doesn't ship Gay donors' sperm samples to New York, she can keep her New York license, which she says "is seen as prestigious in the industry." ▼



Maurea Riordan of the Sperm Bank of California said that the FDA's rules would mirror those of New York state.

trust each other and that the donor tests HIV-negative affords sufficient protection against HIV transmission and is reason enough for the FDA to refrain from intruding into the private family planning arrangements of the two people.

But Epstein disagrees.

"We have to make tradeoffs," said Epstein. "The tradeoff here is that we're protecting hundreds of thousands of women, probably against a fairly low risk ... but the risk is not zero, and it can be significantly lowered by quarantine and retest."

In addition to Traiman, Riordan, Kendall, the letter was signed by Robert Kim of the American Civil Liberties Union of Northern California and Jennifer Pittman, policy and program associate at the Gay and Lesbian Medical Association.

Once the FDA proposal is published in the *Federal Register*, the public will have the opportunity to comment before the regulations are adopted. Epstein said the agency would be "open" to making changes, but he said he did not know when the regulations would be published.

"If you have data that supports arguments, we tend to be more swayed [by data] than we are by opinions."

05/20/1999 13:48 4153928442

NCLR

PAGE 02

From: Leland Traiman To: Kate Kendall

Date: 5/13/99 Time: 1:33:30 PM

Page 2 of 3

May 17, 1999

Robert Kim, Staff Attorney
American Civil Liberties Union of Northern California
1663 Mission Street, Suite 460
San Francisco, CA 94103
bkim@aclunc.org

Jennifer Pittman, Policy & Program Associate
Gay and Lesbian Medical Association
549 Fulton Street, Suite 107
San Francisco, CA 94102
jpittman@glma.org

Leland Traiman, R.N./F.N.P., Executive Director
Rainbow Flag Health Services & Sperm Bank
543 A 30th Street
Oakland, CA 94609
leland@gayspermbank.com

Kate Kendall, Esq., Executive Director
National Center for Lesbian Rights
870 Market Street, Suite 570
San Francisco, CA 94102
kendell@nclrights.org

Maura Riordon, Executive Director
Sperm Bank of California
2115 Milvia Street, 2nd floor
Berkeley, CA 94704
maura@thespermbankofca.org

Dear Editor,

The Food and Drug Administration (FDA) is trying to prevent gay men from having children.

At its Human Tissue Seminar on April 8, 1999 the FDA announced proposed regulations which would make it illegal for gay men to be sperm donors, block medical assistance for infertility and almost eliminate the possibility of having biological children. Outlining the regulations was the FDA's chief architect of the proposal, Ruth Solomon, M.D., Director of the Human Tissue Program, Office of Blood and Research and Review, Center for Biologics Evaluation and Research (CBER) of the FDA.

The regulations, due to be finalized by the end of 1999, will do two things. First, gay men would be banned from being anonymous sperm donors. Under these regulations heterosexual men may have multiple sexual partners and be acceptable. However, gay men in a long-term mutually monogamous relationship would not. Current fertility industry standards require anonymous sperm donations to be frozen and quarantined for six months, then donors are retested for HIV before their sperm is released for inseminations. The HIV window period; the time after infection until an HIV antibody test is positive, is one to three months. In 14 years of using the HIV antibody test, the Centers for Disease Control (CDC) could only point to one case of a man who appeared healthy and went beyond this window period. He did not turn positive for 2 years. He was heterosexual and specialized tests conclusively showed he was infected by his wife who was infected by an extra-marital relationship. (Morbidity and Mortality Weekly Report 1996; 45: 181-185). In light of the effective screening procedures already in place and because there is no scientific or medical basis for excluding gay donors, such as ban would be discrimination.

Secondly, it would force directed donors, men who wish to father children with a woman they already know, to freeze their sperm, quarantine it for 6 months and be retested for HIV before their sperm is used for insemination. Given the fact that only 1 out of 6 men (16%) have sperm that survives the freezing process well enough to meet the World Health Organization's minimum standard of fertility, this second rule will effectively prevent 84% of gay men from the possibility of having children. The only way that some of these 84% who have minimal survival after freezing may use their sperm is by expensive and invasive high tech fertility methods. The price for these methods range up to \$12,000 per attempt with very low success rates. Health insurance rarely covers this and most will not have the money for such expensive and otherwise unnecessary procedures.

The FDA denies they are discriminating on the basis of sexual orientation. They do acknowledge that they exclude "men who have had sex with other men in the last five years" (MSM). "Now, that does not discriminate against gay men per se, but I can see how someone might interpret it that way," is a standard response.

05/20/1999 13:48 4153928442

From: Leland Trainman To: Kate Kendall

NCLR

Date: 5/13/99 Time: 1:33:30 PM

PAGE 03

Page 5 of 5

On May 7, 1996 Tom Spira, M.D., Assistant Chief for Medical Science for the CDC, said, "I would not, categorically, want to exclude them (gay men) since we have appropriate testing. If you do so, I believe, you gain a false sense of security." Charles Schable, Chief of the AIDS Diagnostic Laboratory at the CDC, said, "If one is freezing the sperm and retesting the donor after six months the only reason to apply that criterion (MSM) to semen donors is homophobia." Both men stressed that they were speaking for themselves and not the CDC as the CDC has a policy advising against gay donors (MSM). Letters from the CDC admit they have no scientific evidence to support their policy but are simply following the "advice of a consultant panel."

The FDA does not have to come up with new sperm banking regulations at all. A California Health Department Subcommittee has completed work on proposed regulations, not yet enacted, which follows scientific evidence, protects public health and does not discriminate. California has already enacted a Health and Safety Code (Division 2 - Chapter 4.2 Section 1644.5), which specifically allows the use of fresh or frozen sperm for directed donation as long as the donor has been appropriately screened and the woman has been appropriately counseled about her risks. These two documents are a package that insures both our health and our rights. Dr. Solomon ignored the "California Plan" in devising the FDA's regulations.

The FDA's regulations would override California laws and would be a program of mass sterilization by regulation. They will deprive lesbians of the choice of having children with gay men. Banning gay men from being donors perpetuates the myth that AIDS is a gay disease. To protest these proposed regulations and to support the "California Plan" please write to the Department of Health and Human Services which oversees both the FDA and the CDC.

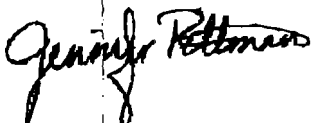
Secretary Donna Shalek
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775
e-mail: hhs@mail@os.dhhs.gov

Please send us a copy of your letters at: leland@gayspermbank.com

Sincerely,



Robert Kim, Staff Attorney
American Civil Liberties Union of Northern California



Jennifer Pittman, Policy & Program Associate
Gay and Lesbian Medical Association



Leland Trainman, R.N./F.N.P., Executive Director
Rainbow Flag Health Services & Sperm Bank



Kate Kendall, Executive Director
National Center for Lesbian Rights



Maura Riordan, Executive Director
Sperm Bank of California



HUMAN
RIGHTS
CAMPAIGN

919 18th Street, NW
Washington, D.C. 20006
phone 202 628 4160
fax 202 347 5323

MEMO

DATE: May 21, 1999

TO: Anne Kendall

FROM: Seth Kilbourn, Deputy Director for Health and Family Policy

SUBJECT: FDA Regulations on Sperm Donation

Attached is the article, appearing in today's *Washington Blade*, regarding the proposed regulations on sperm donation. I have also included a letter from several organizations in California about their understanding of the issue. It is this letter that led to the story in today's paper.

I also want to clarify who I am and what led to my phone call this morning. The Human Rights Campaign (HRC) is a national gay and lesbian civil rights organization, with over 300,000 members around the country. Our advocacy work includes gay and lesbian health issues such as HIV/AIDS policy. The gay and lesbian community will look, in part, to HRC (and me in particular) to address this issue. It is for that reason that I am requesting information from your office.

I have also called my HHS contacts in the Secretary's office to ask about these regulations, but they do not have any information. Before deciding what to do and how to respond to the article and the multiple calls I have received from HRC members, I wanted to verify and clarify the purpose and content of the proposed regulations.

Thank you for responding so quickly to my phone call. I appreciate your help.

facsimile
TRANSMITTAL

*called /
said it was
fine.*

to: Sandy Thurman

fax #: 456-2439

re:

date: May 20, 1999

pages: 1 + cover sheet

Please let me know if language conform to our policy. Excerpt from US Governors speech at African Development Bank Meetings (AfDB).

We want to generate interest in AIDS among African Finance Ministers. Please let me know if not consistent with our policy.

Thank you.


Dan Zelikow

From the desk of...

Daniel M. Zelikow
Deputy Assistant Secretary
International Affairs
Asia, the Americas and Africa

Department of the Treasury
1500 Pennsylvania Avenue, NW
Washington, DC 20220

(202) 622-7222
Fax: 622-2536

maternal mortality and child mortality rates in Africa are among the highest in the world. Literacy and education rates are shockingly low in some countries, especially among girls. Moreover, Africa is suffering a brain-drain as capital and investment continue to shy away from countries which cannot guarantee a viable work force. **[WHAT IS THE OTHER COUNTRY -- PLEASE PROVIDE COPY OF ENTIRE LIST]**

We should consistently remind ourselves of our basic mandate for the African Development Bank Group. We want it to focus primarily on issues of poverty reduction, investment in health, investment in education, and broadly speaking, investment in people. Investment in people is the Bank Group's primary job and the common goal of all its activities. **[CLEAR AIDs SECTION ELSE WHERE IN USG?] Dan/Helen?**

At this moment, I want to echo the world's profound sorrow and concern about the ravages of the AIDs epidemic in Africa and restate our determination to bring substantial ingenuity and resources to bear on this problem. Diseases such as AIDs and malaria are not only an enormous human tragedy, but economic ones as well.

We must continue our determination to work urgently on pandemic disease through bilateral channels and all our relevant international institutions. On AIDs especially, it is important that the IFIs continue to help governments build capacity to cope with the disease while providing guidance to country teams to address the subject in all projects.

4562439.

What can we do as finance officials? I think that one thing we as finance ministers can do with respect to AIDs is to make sure that our governments are focused on preventing the spread of the disease by ensuring that we provide adequate resources to educate and equip the public to avoid its spread. If we do not do this, the future economic and financial costs in terms of lost production and health can overwhelm an economy.

James Allan Maytum

C/. Jacinto Labaila, 21, pta. 12
46007 VALENCIA
JMAYTUM@IBM.NET

Tel. (96) 378 69 93
Moviline 908 06 29 56

31/05/1999

Dear Ms. Thurman:

I write to you to bring to your attention a situation that you and the President might well be totally unaware of. Are you aware that the United States of America has a candidate representing our Country on the final nomination list to receive the UNESCO Memory of World Register recognition Award this June in Geneva?

I am talking about one of America's greatest contributions to humanity, AEGIS.COM. It is rapidly becoming the World's HIV/AIDS "on line" Archive and is located physically in San Juan Capistrano, California and run by Rev. Mother Mary Elizabeth of the Sisters of Saint Elizabeth of Hungary.

You can find the Internet site of UNESCO with the AEGIS.COM nomination at:

<http://www.unesco.org/webworld/mdm/1999/index.html>

It is the candidate representing the United States of America that I bring to your attention.

If I may take a moment more of your time Ms. Thurman, I would also like to bring to your and Mr. President's attention the real, reality that AEGIS.COM exists and is reaching World recognition NOT because of the enormous response and support provided by the Government, rather in spite of the total lack of support and recognition by the USA. AEGIS.COM has come to stand eye to eye with Foundations, Museums, etc., all totally Government funded from around the entire world.

Ms. Thurman, I'm proud to be an American. I as one American am still proud of William Jefferson Clinton and honestly can not believe that Mr. Clinton can be aware of some of the rather ugly realities that AEGIS.COM faces as an Organization and how desperately it needs Mr. Clinton's help.

I believe Mr. Clinton cares about America and Americans, and I know if aware he would try to find a way to help and support this initiative so uniquely American. The endless generosity that the United States of America has always represented in its giving selflessly to improve others, was, is and hopefully will always be what "being an American" is all about. And AEGIS.COM is "America" at its best.

How often I have heard that the brave new World that awaits all of us in the next millennium will be built on knowledge, information and awareness. The Internet will most assuredly be the media used. AEGIS.COM is representing the United States of America right now in that "brave new future" and I just wanted to make myself assured that my President was aware of the situation.

I thank you for your time and attention.

Sincerely,

A handwritten signature in black ink, reading "James A. Maytum". The signature is fluid and cursive, with the first name "James" being the most prominent part.

5/20/99

IT WAS BROUGHT TO MY
 *ATTENTION THIS A.M. THAT "POZ"
 MAGAZINE WROTE AND
 PUBLISHED AN ARTICLE THAT
 ATTACKS THE PRESIDENT.
 MANY WITHIN THE COMMITTEE
 OF TEN THOUSAND ARE MORTIFIED!
 BLOOD CANNOT AND
 SHOULD NOT BECOME "PARTISAN"
 POLITICS. THIS "WOUND"
 NEEDS HEALING TO BEGIN..
 FOR FEELING OF TEMPERMENTS
 WITHIN THE COMMUNITY, I
 WOULD SUGGEST LOGGING ON
 TO : hemophilia Support@webdepot.com
 I TRIED TO SEND A WEALTH (PREVIOUSLY)
 OF INFO AS TO WHERE THIS
 STUFF "COULD" GO BASED ON
 "RUMBLINGS" AROUND THE WORLD.
 MY BIBLE SAYS I'M TO SUPPORT
 MY LEADERS BUT I DON'T KNOW
 IF THEY'RE LISTENING :.

GOD'S BLESSINGS & MY PRAYERS
 -ANGIE HENDRICKSON
 WISCONSIN

*JOHN RIDER C.O.T.T. PEER ADVOCATE
 1-800-582-3803 CALL HIM

P.S. I'm VERY TIRED... AND IT'S
 LONELY OUT HERE -

21st CENTURY SCIENCE & TECHNOLOGY

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x6

File - article
in fall.

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May 3, 1999

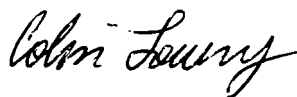
Cheryl Bauerly
Office of National AIDS Policy
736 Jackson Pl.
Washington, DC 20503

Dear Ms. Bauerly,

I look forward to interviewing Ms. Thurman, and giving her the opportunity to describe her trips to Africa, and her perspective on what needs to be done here and abroad to stop the AIDS epidemic. We have covered the AIDS crisis since the mid-1980s, and have focussed on scientific research, and questions of health policy.

I enclose the current issue of our magazine, and copies of two articles I wrote on the subject of HIV. The article "Epidemics spread as economies crumble" appeared in the weekly magazine *Executive Intelligence Review*, which I and the staff of 21st Century write articles for on a contract basis. The article on the research behind developing an AIDS vaccine appeared in 21st Century Science & Technology last spring. If you would like to see back issues of the magazine, it is available at the Library of Congress.

Sincerely,



Colin Lowry

Sarah T. Holewinski

05/07/99 12:25:16 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:

Subject: Meeting Tuesday, May 11, 10:30 a.m., Sandra Thurman

----- Forwarded by Sarah T. Holewinski/OPD/EOP on 05/07/99 12:25 PM -----



"Global Health Council / Global AIDS Program"

<AIDS@globalhealthcouncil.org>

05/07/99 12:03:41 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc: thurman_s@A1.eop.gov, Todd A. Summers/OPD/EOP, Montoya_dc@A1.eop.gov, Sarah T. Holewinski/OPD/EOP

Subject: Meeting Tuesday, May 11, 10:30 a.m., Sandra Thurman

TO:

Terje Anderson, NAPWA

Mary Lyn Field / Pam Norrick, ICRW

Rebecca Firestone / Megan Gottemoeller, CHANGE

Jeff Jacobs / Lisa Cox, AIDS Action

Amy Slemmer, Mother's Voices

Hi friends,

We have scheduled an impromptu but important meeting with the NORA International Working Group co-chairs and two reps from the NORA executive board with the Director of the White House Office on National AIDS Policy Sandra Thurman on Tuesday, May 11 at 10:30 a.m. at the ONAP office, 736 Jackson Place.

The meeting is for us to present our NORA International Appropriations strategy to the White House AIDS Office and fill them in our activities over the past several months: in advocacy on the Hill and in oversight meetings with USAID.

In addition, this is a chance for us to learn about the White House follow-up to the recent Congressional Delegation to three African countries that was headed by Sandra Thurman.

We're thankful that the ONAP office is interested in working closely with us as we head into the heart of Appropriations season. Look forward to seeing you at the meeting. Please RSVP to Kim Green or myself.

Have a great weekend,

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)

Message Sent To:

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mfield@icrw.org
rfirestone@genderhealth.org
mgottem@genderhealth.org
JJacobs@aidsaction.org
lcox%aidsaction.org.cmiller@ncih.org
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PAMNORICK@aol.com
ASlemmer@aol.com

*Renwa
sent
Fax.*

Karen Mulhauser

Mulhauser and Associates
1730 Rhode Island Avenue, N.W., Suite 712
Washington, D.C. 20036
(PH) 202-463-0180, (FAX) 202-463-0182
kmulhauser@consultingwomen.com
FAX MEMO

TO: Sandra Thurman
ORGANIZATION: Director, National AIDS policy, The White House
FAX: 456-2439
RE: June 30 reception for the Ark Foundation of Africa
PAGES: 9
DATE: 5-7-99

Attached are copies of the letters that were sent to Mrs. Clinton and Mrs. Gore requesting their participation at the June 30 reception. If there is anything you can do to urge their involvement, it'd be greatly appreciated.

We have also sent invitations to about 100 Members of Congress to join an honorary committee and to about 300 individuals to be on a host committee that will circulate invitations.

We'll see if we can generate any awareness and any support. Please feel welcome to offer any advise or suggest any individuals who should be invited to attend or be on the host committee.

Karen Mulhauser

Mulhauser and Associates
1730 Rhode Island Avenue, N.W., Suite 712
Washington, D.C. 20036
(PH) 202-463-0180, (FAX) 202-463-0182
kmulhauser@consultingwomen.com
FAX MEMO

TO: Melanne Verveer
ORGANIZATION: Office of the First Lady
FAX: 456-6244
RE: An invitation to speak
PAGES: 5
DATE: 5-7-99

Melanne, the attached letter is from one of my latest clients. The Ark Foundation of Africa is focusing its attention to providing support for the children of East Africa who are orphaned by AIDS. As I learn more about how much worse this problem has become, I remember my deep hope that Mrs. Clinton will find a way to devote her time to speaking out for the people of the developing world.

That said, is there any chance she might be able to participate in this gathering on June 30? I am approaching MANY people asking them to sign on as Host Committee or Honorary Committee members. Much of this is to get people aware of, and maybe talking about the issue, but if Mrs. Clinton could participate, there is no doubt that people would pay attention.

I am also sending a similar letter to Mrs. Gore, hoping that one or the other of them can join us.

Thank you, and please do not hesitate to call if you have questions.

The Ark Foundation of Africa

1505 North Capital Street, N.E., Washington, D.C. 20001 Tel: 202-832-5420 Fax: 202-636-4244

May 7, 1999

Mrs. Hillary Rodham Clinton
The White House
Washington, DC 20500

Dear Mrs. Clinton:

I am aware of, and appreciate, your concern for the serious problems throughout sub-Saharan Africa caused by the dramatic and increasing spread of HIV and AIDS. We are grateful for the public awareness you bring to so many of the issues that effect the lives of the people of Africa. Because of your deep concern and your thoughtful approach to informing others about these issues, we hope you will consider our invitation to participate in a reception to benefit the children of East-Africa who are orphaned by AIDS.

I want to alert you to the work of the Ark Foundation of Africa, AFA, and request your participation in our June 30 fundraising and visibility reception. As a woman from Uganda during the peak of war in my country, I founded AFA in Kenya in 1986. I now administer AFA from the United States where it is registered as a 501 (c)(3) organization. Started as an organization to improve the quality of life of Africans through educational and community economic development programs, we have now come to realize that these programs are almost meaningless unless we can halt the spread of HIV and AIDS.

We continue to support and implement self-help initiatives through which villagers conceive, design, implement, and participate in evaluating their own development efforts, but AFA now has its primary focus on the prevention of HIV and AIDS. We support the children who are orphaned by AIDS, many of whom have no idea why all of the parents in their villages have died, let alone how the disease is spread.

We hope you will agree to speak at the June 30 reception which will be at the Duke Ellington School of the Performing Arts located at 35th and R Streets, NW. The evening will be a combination of entertainment, including songs by Elly Wamala, a famous Ugandan singer and others, as well as information about the crisis. Your involvement and description of your recent trips to Africa would be a valuable addition to the program.

The evening will begin with a reception at 6:30, followed by a program of alternate entertainment and speaking. We could schedule your participation at your convenience.

Letters are going out now to create a Host Committee of concerned individuals who will invite their friends and colleagues to the event, and other letters are being sent to Members of Congress asking them to be on an Honorary Committee. We see this event as an important

opportunity to inform people in this country about the serious problem affecting the entire continent of Africa. Here, people are beginning to believe the problem of HIV and AIDS is almost solved and are almost totally unaware of how serious the issue is in Africa and elsewhere. We hope that this event will help Americans understand the need to support prevention efforts in Africa so these countries are able to move forward in the next century as active participants in the global community.

We are working with Mulhauser and Associates to have a successful and effective reception. If we are successful, we will raise enough money to prevent some children from becoming infected with HIV. If we are also effective, we will raise the awareness among people in the United States about our need to support programs like those implemented by the Ark Foundation of Africa.

If you have any questions about AFA, please do not hesitate to contact me at 202- 832- 5420. If you have questions or suggestions about the June 30 reception, please contact Karen Mulhauser at 202-463-0180.

Sincerely,

A handwritten signature in cursive script that reads "Rhoi Wangila". The signature is written in dark ink and is positioned below the word "Sincerely,".

Rhoi Wangila
Executive Director

cc Sandra Thurman

Karen Mulhauser

Mulhauser and Associates
1730 Rhode Island Avenue, N.W., Suite 712
Washington, D.C. 20036
(PH) 202-463-0180, (FAX) 202-463-0182
kmulhauser@consultingwomen.com
FAX MEMO

TO: Mr. Clark Ray
ORGANIZATION: Office of Mrs. Gore, the White house
FAX: 456-6298
RE: Requesting Mrs. Gore's participation on June 30
PAGES: 5
DATE: 5-7-99

Attached is an invitation on behalf of the Ark Foundation of Africa, requesting Mrs. Gore's participation in a reception to raise awareness to the thousands of children in Africa who are orphaned by AIDS. Thank you for bringing it to her attention and please do not hesitate to contact me if you have any questions.

The Ark Foundation of Africa

1505 North Capital Street, N.E., Washington, D.C. 20001 Tel: 202-832-5420 Fax: 202-636-4244

May 7, 1999

Mrs. Tipper Gore
The White House
Washington, DC 20500

Dear Mrs. Gore:

I want to alert you to the work of the Ark Foundation of Africa, AFA, and request your participation in our June 30 fundraising and visibility reception. As a woman from Uganda during the peak of war in my country, I founded AFA in Kenya in 1986. I now administer AFA from the United States where it is registered as a 501 (c)(3) organization. Started as an organization to improve the quality of life of Africans through educational and community economic development programs, we have now come to realize that these programs are almost meaningless unless we can halt the spread of HIV and AIDS.

We continue to support and implement self-help initiatives through which villagers conceive, design, implement, and participate in evaluating their own development efforts, but AFA now has its primary focus on the prevention of HIV and AIDS. We support the children who are orphaned by AIDS, many of whom have no idea why all of the parents in their villages have died, let alone how the disease is spread.

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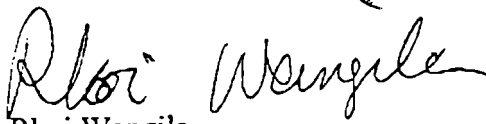
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We are working with Mulhauser and Associates to have a successful and effective reception. If we are successful, we will raise enough money to prevent some children from becoming infected with HIV. If we are also effective, we will raise the awareness among people in the United States about our need to support programs like those implemented by the Ark Foundation of Africa.

If you have any questions about AFA, please do not hesitate to contact me at 202- 832- 5420. If you have questions or suggestions about the June 30 reception, please contact Karen Mulhauser at 202-463-0180.

Sincerely,

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

Rhoi Wangila
Executive Director

cc Sandra Thurman

YOU ARE INVITED
TO A RECEPTION
AND TO LEARN ABOUT
The Ark Foundation of Africa

Where: The Duke Ellington School
35th and R Streets, NW
Washington, DC

When: Wednesday, June 30, 1999

Entertainment: Elly Wamala, famous musician and
singer from Uganda

Speakers, refreshments and more!

The Ark Foundation of Africa was started in 1986 by Rhoi Wangila, of Uganda. She developed programs in Uganda, Kenya and Tanzania to help vulnerable groups, such as children, the unemployed, women, and youth who are affected by wars and HIV/AIDS.

AFA supports self-help initiatives of the poor and encourages and supports participatory development by which villagers conceive, design, implement and evaluate their own development efforts.

A major AFA effort today is to help the children of East-Africa who are orphaned by AIDS. AFA provides scholarships and educates children how to prevent the spread of HIV/AIDS.

**Please join us and learn how you can help AFA help
children and communities in East-Africa.**

For more information about the Ark Foundation, or the June 30 event and how to become a member of the Host Committee, please contact:

Rhoi Wangila, AFA Executive Director
(P) 202-832-5420, (F) 636-4244

Karen Mulhauser, event organizer
(P) 202-463-0180, (F) 463-0182

The Ark Foundation of Africa

1505 North Capital N.E. Washington D.C. 20001 Tel 202-832-5420 Fax 202-636-4244

Mission

The Mission of AFA is to improve the quality of life of Africans that are vulnerable to poverty, unemployment or AIDS by providing training and education towards self sustenance.

History

The Ark Foundation was founded in 1986 by Rhoi Wangila, who could not ignore the plight of the thousands of Africans that were suffering due to war, poverty and disease. Armed with her first-hand knowledge of the problems that plague Africa and a willingness to make a difference, Wangila began travelling throughout East Africa to teach women how to support themselves through micro-enterprise. Ark's projects continued to diversify, and now include the building and funding of rural schools, job training, health education and scholarships for disadvantaged youth. The rapid spread of the AIDS virus in sub-Saharan Africa has prompted AFA to shift its focus to the prevention of HIV and AIDS, through education and awareness efforts focussed on the vulnerable youth population. The Ark Foundation has been registered as a 501(c)(3) non-profit organization in the District of Columbia since 1991.

Ark Foundation AIDS Projects

- **AIDS in Plain Language:** With over 2 million HIV victims aged 13 to 25, it is essential that widespread efforts are made to educate the youth about the consequences of AIDS. "AIDS in Plain Language" was planned by the youth of Kitemu, Uganda with seed money from AFA. More than 45 teenagers meet twice a week to discuss frankly the issue of AIDS and how it can be prevented. They also organize monthly community meetings to discuss AIDS with adults in surrounding villages, which hundreds of people attend. AFA is continuing to work with these youth to promote increased communication and education about AIDS and its prevention.
- **AFA Scholarship Program:** Presently there are thousands of orphaned children in Eastern Africa alone who have lost their parents to war and AIDS. These children have been left without a source of income to support themselves. The AFA scholarship program provides financial and emotional support to these children by paying for their education, shelter and clothing. By ensuring that these orphaned children stay in school and make progress towards self-sustenance, AFA gives them a second chance at life. They are also educated about the issue of HIV and AIDS, so that they do not suffer the same fate as their parents. Over 125 students in Uganda, Kenya and Tanzania have received scholarships in 1998, and AFA plans to increase this number exponentially in 1999.

Additional Projects

AFA also has programs that support the building of rural schools, the start up of micro-credit enterprises and establishment of clean sanitation facilities in several villages in Uganda, Kenya and Tanzania. However, in some areas, until the spread of HIV is halted, other humanitarian and development assistance programs are meaningless.

FACSIMILE COVER PAGE

Date: 5/3/99
Time: 12:44:50
Pages: 8

To: Sandy Thurman
Company: White House
Fax #: 456-2438

From: Vince Wheeler
Title: Engineer
Company: VW 3
Address: P O Box 16055
Beverly Hills, CA 90209-2055
USA
Fax #: 888-8724
Voice #: 888-8725

Message:

Ms Thurman

Attached is a copy of a letter that I am giving to members of Congress.

Reference page 7 (next to last page of this fax) CD 4 count of 130 an 550 in the

Abstract in short only 2 of 19 (2 are women and do not show up in the count of 17)

MAY NOT have active AIDS. What is the difference between the 2 and the 17 (19)?

My pager is now working in DC ((800) 913 7550 enter area code and phone # * and

Extension if necessary) can we meet again between today and WES.

I will meet with (almost) any one, at ANY TIME and in ANY PLACE on the AIDS questions.

Vince

VINCE WHEELER
p.o. Box 16055
Beverly Hills, California 90209-2055

April 30, 1999

The Honorable Barbara Boxer
Senator, United States Senate
112 Hart Senate Building
Washington, D.C. 20510
VIA FAX: (213) 894-5012

Re: Meet with you/your staff conc: AIDS WATCH '99 (Wash. D.C.)

Dear Senator:

Thank you for your acknowledgment of our uniformity of purpose, and for your steadfastness in the recent constitutional insult by way of impeachment. Flattered, yes, but impressed by your personal *thank you*, I request some time with your staff during my upcoming visit to Washington, May 1 through May 5. I bring novel information and the opportunity to deepen affinities within politically significant organizations here in Los Angeles.

For myself, I have sought reemployment by the federal government relying on statutorily-guaranteed rehiring priorities; like many others, in practice, I have encountered a certain generalized inertia endemic in bureaucracy combined with a specific willingness to frustrate a clear (and hard-won) legislative intent to move closer to the ideal in federal employment. I'm also involved with HIV/AIDS issues and groups; while this dread assault (personally and institutionally) may seem a unique challenge, my perspective tends to convince the problems here are *really* mere garden-variety prejudice and/or turf-based resistance. And that these HIV/AIDS issues are a suitable model (even computer-model) for *any* set of *de facto* unresolved issues before the federal government except for one thing: the cost of inaction is necessarily either the bankruptcy of the government or the mutilation of that portion of our system of justice that concerns itself with government-as-defendant.

The so-called "Ryan White Act" is up for reauthorization; that will happen. Astonishingly, perhaps, the new set of relations arising therefrom have

Let Sen. Boxer/3-30-99/Page 2

proceeded routinely, owing to an unprecedented spirit of sacrifice. One percent of the allocation is directed to data collection, analysis and evaluation. This has been so straightforward, and so routine, that remarkable facts have been generated and released without spin, varnish, or gloss. The scale of significance of these facts, I surmise, has not been appreciated either because of ignorance of the facts, or their perceived inanity deriving from the ingenuousness of their means of disclosure.

And that's what I want to talk about, keeping in mind the AIDS issues, while serious in themselves to the point of disaster, will be treated as a model for (or herald of) the discontinuity between act and intent at the government-citizen interface. That . . . disparity, if it survives threshold barriers of "standing" or "timeliness", etc., and to the extent juries may be considered a fundamental right, just flat *mandates* enormous losses to the government – finally, and demonstrably, to *us*.

"The other shoe" – the hungry "8 billion-pound gorilla" in our living room has been invited, among other locales, from our prisons. In the past, whether by design or not, proving "causation", as an element of individual lawsuits, has been impeded because of the lack of a right to AIDS testing before and after introduction of a subject to an incarceration facility. This has been changing. Now then, consider as a sterile "official" object: the anticipation of rape in American penal institutions – a sufficient universal, for example, in the estimation of a late-night-TV comedy writer, that a joke can be mounted thereon merely by the admixture of "Bubba", the cell-mate.

In fact, the American Imagination is so convinced of the *institutionalization* of prison rape, it amounts to a rebuttable presumption a young person, any person, *will* be raped soon after admission. Hearings at the Congressional level will doubtless disclose the existence, popularly at the prison-administration level, of the understanding that three-strike life imprisonment for "victimless" crimes has been advanced as a prophylactic against suit for life-curtailement (and the unavailability of medication) sequel of AIDS infection. **Right now** the people of the State of California have presumptively manifested their willingness to more than decriminalize the use of marijuana; incarcerated infectees, *but for* the finite intransigence of certain elected officials, assemble at the docket. Completely apart from medical considerations, this bomb ticks. The moral equivalent of martial law will be the only remaining option if the spirit of sacrifice so pervasive in the CAEAR context is not successfully implemented in larger parameters.

Let Sen. Boxer/3-30-99/Page 3

Did you know: AIDS-infected prisoners are especial *targets* of rape? Well, prison staff will testify as much. Sick? Well, yes, of course. But consider! For years (forever?) the universally-accepted *institution* of American penal rape has been winked at. And this sickness has gone untreated despite a revolution in ideas on prison architecture, purpose, and mode of administration. How sick is that? How incipient the infection as it attacks, as soon we will quietly be forced to acknowledge it, the moral bulwark of "our institutions"? Fittingly, our attention will be fixed on the institution we *least* were willing to regard, as the disease raged (in our name).

But rehabilitation of Rehabilitation is not my expertise, as I have said, it is merely a model, an archetype. In happy symmetry, I have been tasked (I am an engineer whose experience has increasingly required computer CAD (among other object-oriented data-based modelling protocols) skills) to develop models whose intended function is to represent the AIDS virus (in its normal operation) and organic and synthetic anti-viral agents in their operative theaters, by Dr. Peter Anton of U.C.L.A. The exercise compels one to develop metaphors useful at the most profound level of insight at once with the most rudimentary powers of inference. Thus, even the homeliest of your fellows (interested in conspicuous cost-avoidance) may be brought into the mix. Heh, heh. In any case, I bring it up for what it may promise regarding my capacity to communicate.

And that's what I look forward to: communication with you or your staff during our visit (AIDS watch), May 3-5. I am available at my nationwide Pager: 800-913-7550; my fax number: (310) 888-8724; my answering machine: (310) 888-8725, but, in any case, my pager (please, having paged, enter your area code **and** remaining phone number followed by * and extension no., if any).

Finally, my 'everything-else' attorney, Douglas Leigh-Taylor, at (310) 876-1465 at all times of day and night, is available to transmit to me any and all information.

In any case, I'll be dropping by your good offices during my visit.

Yours truly,

Vince Wheeler

PETER A. ANTON, M.D.,

UCLA DIVISION OF DIGESTIVE DISEASES
2734 MRL, P.O. BOX 957019
LOS ANGELES, CA 90095-7019

FAX COVER SHEET

DATE:	4/27/99	TIME:	10 ³¹ 4
TO:	Vince Wheeler	PHONE:	310 888 8725
		FAX:	310 888 8724
FROM:	Dr. Peter Anton, UCLA Division of Digestive Diseases	PHONE:	310-794-7195
		FAX:	310-206-8824
RE:		E-MAIL:	panton@med1.medsch.ucla.edu
CC:			

Number of pages including cover sheet: 4

Message

Vince - Hope these help.

Thanks again

Peter

6th Conference

on Retroviruses and Opportunistic Infections

Official Abstract Form

Complete this form and submit for receipt by 5:30 pm (EST) October 13, 1998. Abstracts submitted by facsimile will not be accepted. A font no smaller than 10 point is required. Complete the checklist and sign the back of this form before submitting abstract.

Indicate the category here →
(consult back of this form for list of categories)

D

Begin typing the title here, →
after the block
(initial capitals only)

Type authors' names
(in all capital letters, first initials and last names;
place an " after the presenting author's name)

Type authors' affiliations
(institution, city, and state only; see abbreviations on
the back of this form)

Type the text of the abstract

☒ Check here if you are a fellow or graduate student
and interested in being considered for a travel grant
(recommendation letter must accompany your
abstract; see page 2 for details)

Key Words:

Mucosa

Key Word 1

Co-receptors

Key Word 2

Gastrointestinal

Key Word 3

Please indicate the names of the 2 authors
designated to register during the early registration
period (November 6-20) for invited speakers and
abstract presenters (if abstract is accepted):

Michael A. Poles, MD

Presenting Author

Peter A. Anton, MD

Co-presenting Author

Mail abstract to:

Retrovirus Conference Secretariat
Westover Management Group
211 N. Union St., Suite 100
Alexandria, VA 22314
telephone: 703-684-4876

Mucosal Mononuclear Cells (MMCs) are More Infectable with HIV *in vitro* than Peripheral Blood Mononuclear Cells (PBMCs)
M. Poles*, J. Elliott, D-P. Shi, J. Giorgi, L. Hultin, I. Chen, P. Anton UCLA
AIDS Institute, UCLA School of Medicine, Los Angeles CA

We quantified the expression of CCR5 and CXCR4 on gut mucosal and blood CD4+ cells and compared their susceptibility to infection by HIV-1. **Methods:** MMCs were isolated from 4 endoscopic mucosal biopsies from the rectosigmoid of 6 healthy HIV (-) subjects. PBMCs were isolated from blood. From a 7th seronegative patient MMCs and PBMCs were isolated and infected with HIV-1 NL4-3 pseudotyped with M- or T-tropic envelope. **Results:** Flow cytometry showed that 15% of circulating CD4+ cells expressed CCR5 compared to 67% of gut mucosal CD4+ cells (4.8-fold difference $p = 0.0058$). On a per-cell basis, we found that mucosal cells expressed a 3.1-fold greater number of CCR5 receptors ($p = 0.0035$). Over 90% of mucosal CD4+CCR5+ cells expressed CD45RO+.

Expression of CXCR4 on CD4+ cells did not differ between compartments (57% on PBMCs vs. 64% on MMCs $p = 0.33$). To determine if these findings correlate with increased susceptibility to HIV infection, p24 production 3 days after infection with either T-tropic or M-tropic HIV was quantified. Infection with an equivalent amount of M-tropic virus resulted in an 8-fold increase in p24 production from MMCs compared to PBMCs (3971 vs. 504 ng/ml) and a 3.5-fold increase (571 vs. 161 ng/ml) after infection with T-tropic virus.

Conclusions: Mucosal CCR5 expression is increased compared to PBMCs. Over 90% of these CCR5+CD4+ mucosal cells are memory cells. This results in greater *in vitro* infection of MMCs by M-tropic HIV compared to PBMCs. Despite equal CXCR4 expression gut mucosal cells are more susceptible to T-tropic HIV infection than PBMCs.

Corresponding Author Information:

Peter A. Anton, MD

UCLA

Division of Digestive Diseases

2734 MRL, 675 Circle Dr. S., POBox 957019

Los Angeles, CA 90095-7019

panton@med1.medsch.ucla.edu

Official Abstract Form

6th Conference on Retroviruses and Opportunistic Infections

Complete this form and submit for receipt by 5:30 pm (EST) October 13, 1998. Abstracts submitted by facsimile will not be accepted. A font no smaller than 10 point is required. Complete the checklist and sign the back of this form before submitting abstract.

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D

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after the block
(initial capitals only)

Type authors' names
(in all capital letters, first initials and last names;
place an * after the presenting author's name)

Type authors' affiliations
(institution, city, and state only; see abbreviations on
the back of this form)

Type the text of the abstract

☒ Check here if you are a fellow or graduate student
and interested in being considered for a travel grant
(recommendation letter must accompany your
abstract; see page 2 for details)

Key Words:

Mucosa

Key Word 1

Viral Load

Key Word 2

Tissue (GI)

Key Word 3

Please indicate the names of the 2 authors
designated to register during the early registration
period (November 6-20) for invited speakers and
abstract presenters (if abstract is accepted):

Michael A. Poles, MD

Presenting Author

Peter A. Anton, MD

Abstract Author

Mail abstract to:

Retrovirus Conference Secretariat
Westover Management Group
211 N. Union St., Suite 100
Alexandria, VA 22314
telephone: 703-684-4876

HIV-1 is Detectable in Mucosal Biopsies in Patients with Undetectable Plasma Viral Loads
M. Poles¹, J. Elliott¹, S. Brown⁴, D-P. Shi¹, S. Chiong², K. Hege³, I. McGowan⁴, H. Lenz², I. Chen¹, P. Anton¹. ¹UCLA AIDS Institute, UCLA School of Medicine, Los Angeles CA, ²USC School of Medicine, Los Angeles CA, ³Cell Genesys Inc., Foster City CA, ⁴AIDS Research Alliance, Los Angeles CA.
Gut mucosal biopsies from 17 HIV (+) patients with undetectable plasma viral loads were assessed for HIV RNA to determine if virus can be detected and quantified in this lymphoid site when plasma levels cannot be used as a clinical index. This abstract reports the baseline observations of a year-long study.
Methods: 17 subjects. HIV(+) for >3 years on HAART and having undetectable plasma HIV-1 RNA viral load (NASBA: <400 copies/ml) were evaluated (mean CD4 count: 474.7 cells (range 15-1100 SD=316.7)). RNA was extracted from a single rectosigmoid biopsy (mean weight: 10mg, average yield = 25 µg/biopsy). HIV RNA was quantified using HIV LTR-specific primers by RT-PCR (assay sensitivity = 10 copies). Total RNA recovery is >95%.
Results: 15 of 17 patients with undetectable plasma viral load (88%) had detectable HIV in a single mucosal biopsy. Identical results occurred when a 2nd biopsy from the same site and same time was analyzed. Assay variation of the same extracted RNA run 120 days apart was <0.2 log; intra-subject variation between the 2 biopsies was <0.3 log. In biopsies from these 15 patients the mean number of copies of HIV-1 LTR per µg of total RNA was 215.8 (range 44-768 SD=190.2). There was no correlation between the CD4 cell count and mucosal viral load (r = -0.1146). 2 subjects with undetectable plasma viral HIV RNA also had no detectable mucosal viral load (blood CD4 cell counts of 130 and 550).
Conclusions: HIV RNA is detectable in the mucosa of patients with undetectable plasma viral load. Mucosal HIV quantification may represent an important clinical tool in evaluating treatment efficacies and compartmental factors in patients with undetectable plasma viral loads.

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Los Angeles, CA 90095-7019

(310) 206-5797 (310) 206-8824

panton@med1.medsch.ucla.edu

Quantitative assessment of tissue viral burden using a single intestinal biopsy.

P Anton¹, J Elliott¹, M Poles¹, SH Mao¹, HJ Lenz², I McGowan¹, K Hege³, D Ando³, ISY Chen¹. 1. UCLA AIDS Institute, Los Angeles, CA; 2. USC School of Medicine, Los Angeles, CA; 3. Cell Genesys, Foster City, CA. USA.

Background/Purpose: Intestinal mucosa contains most of the body's lymphoid tissue with the epithelial and mucosal layers consisting of large numbers of activated, memory T cells. These cells are thought to be highly vulnerable to infection by HIV and a major site of persisting viral replication and developing drug resistance, especially in those with incomplete plasma suppression. Endoscopically-acquired mucosal biopsies are extremely safe, and a minimally invasive means of obtaining lymphoid tissue, on a repeated basis, for quantitation.

Methods: Rectosigmoid biopsies (8mm open span) were obtained from 3 quadrants at a standardized level of 30 cm in seronegative and seropositive subjects and snap-frozen. Biopsies weigh an average of 10mg. A known copy number of HIV-1 LTR sequences were added to biopsies from seronegative subjects to comparatively quantitate the loss of HIV RNA during homogenization, extraction and amplification. RNA and DNA were extracted from the same sample and amplified using the Perkin-Elmer RT-PCR kit with primer pairs recognizing a portion of the HIV-1 LTR sequence. Results are reported in terms of number of copies per μg RNA.

Results: Homogenization and extraction resulted in approximately 5% decrease in RNA detection. The average biopsy yielded 25 μg RNA, of which usually 1/100 was used for quantitation. Spiking experiments of known number of copies of HIV-1 LTR in seronegative biopsies were detectable in the 10^1 to 10^2 copy number range. Seropositive samples from 3 separate quadrants at the same level showed similar results in each biopsy (100 to 300 copies/ μg RNA) with a 0.2 log SD. Detectable tissue levels of HIV RNA (10^2 to 10^3 per μg RNA) were observed in single biopsies from subjects with detectable and undetectable plasma viral loads.

Conclusions: Endoscopic biopsy of intestinal mucosa is a safe, useful technique for measuring tissue viral load. These results can be obtained from a single biopsy. Based on present conditions, the threshold of detection in our assay is 10 copies of HIV RNA/PCR reaction (10^3 copies per biopsy). When performed at a standardized level of 30 cm (easily reachable by the sigmoidoscope), results were replicable with a 0.2 log₁₀ SD.

Tissue viral burden is presently being assessed in a trial of 18 subjects with undetectable plasma viral loads. Data analysis is being finalized in a trial of anti-HIV T cell gene therapy comparing HIV RNA tissue levels with concomitant changes in plasma viral load over a two week period. Our results indicate that single endoscopic intestinal biopsies may prove to be a useful technique for quantitation of tissue viral burden in clinical trials of HIV-infected patients with undetectable plasma viral loads.

Acknowledgment: NIH AI 28697, MACY'S Foundation, Cell Genesys.

Abstract submitted to 2nd International Workshop on HIV Drug Resistance & Treatment Strategies. Lake Maggiore, Italy; June 24-27, 1998

submitted 5/1/98

THE WHITE HOUSE

WASHINGTON

754
MEMORANDUM

TO: *Sandy Hummer*

DATE: *5/4/99*

FROM: Tim Emrich
Presidential Scheduling
184 OEOB/456-5306

ATTACHED:

☐ [?] Please advise on how to respond	☒ For your information	☐ For your action
☐ As you requested	☐ Please call me regarding the attached	☐ Please prepare response per instructions below
☐ For your approval	☐ For Surrogate Consideration	☐ Please prepare Scheduling Proposal

COMMENTS:

It may route again as date approaches!

*Thanks,
Jim*

CC:

THE WHITE HOUSE

WASHINGTON

April 30, 1999

The Honorable Don Knabe
Chairman of the Board
The Honorable Richard Riordan
Mayor, City of Los Angeles
Board of Supervisors, County of Los Angeles
822 Kenneth Hahn Hall of Administration
Los Angeles, California 90012

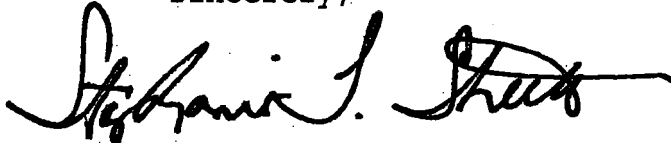
Dear Chairman Knabe and Mayor Riordan:

On behalf of President Clinton, thank you for inviting the President to keynote the 1999 National Conference on Women and HIV in Los Angeles, California.

The White House is presently unable to confirm the President's availability on October 9-12, 1999. You will be contacted when further information becomes available.

Please know that President Clinton appreciates your interest and that your request will continue to receive careful consideration. Should you need further scheduling assistance, please feel free to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie S. Streett", with a stylized flourish at the end.

Stephanie S. Streett
Assistant to the President
Director of Presidential Scheduling

SSS/twe

302465

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DON KNABE

CHAIRMAN OF THE BOARD
SUPERVISOR, FOURTH DISTRICT

April 9, 1999

LOG #754
⑥
CC S. THURMAN
IGA
FILE OCT

The Honorable William Jefferson Clinton
President of the United States
Executive Office of the President
1600 Pennsylvania Avenue, NW
Washington, District of Columbia 20500

Dear President Clinton:

We cordially invite you to be our keynote speaker at the 1999 National Conference on Women and HIV that will be held in Los Angeles, October 9 -12, 1999. Your deep commitment to the health and welfare of persons throughout the world, coupled with your support for prevention and treatment initiatives in the areas of HIV and AIDS, are compelling reasons for our request.

The City and County of Los Angeles jointly support the conference. The conference will host over 4,000 people from diverse communities throughout the United States, Canada and Mexico. It will provide a national women's forum for clinical and prevention researchers, service providers, policy makers, business and community leaders and persons affected by and infected with HIV. Innovative models for prevention of HIV infection and advances in treatment will be presented in an array of symposia, facilitated workshops and sessions.

While some populations have experienced a decline in the number of new AIDS cases, this has not been the case with women. According to the Centers for Disease Control and Prevention, the proportion of AIDS cases for women has nearly tripled from 7% in 1985 to 20% in 1997. Currently, women account for the fastest growing population with AIDS in the United States. Women of color have been disproportionately affected, with rates of infection (one per hundred thousand) substantially higher than that of caucasian women.

We hope that you will lend your voice and the prestige of the Presidency to maximize the impact of the 1999 National Conference on Women and HIV and AIDS.

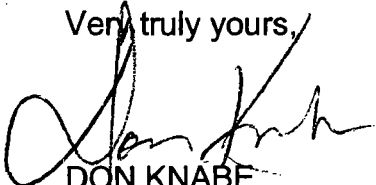
APR 20 1999

The Honorable William Jefferson Clinton
April 9, 1999
Page 2

Your presence and remarks concerning the national agenda for HIV and AIDS prevention and treatment will provide the necessary impetus to bring attention to the seriousness of this major health issue affecting women all over the United States.

If you have any questions or need additional information, please contact the conference representative, Susan J. White, at (703) 683-2573.

Very truly yours,



DON KNABE
Chairman of the Board
Supervisor, Fourth District
County of Los Angeles



RICHARD RIORDAN
Mayor
City of Los Angeles

DK/RR:mw

THE WHITE HOUSE
CORRESPONDENCE TRACKING WORKSHEET

INCOMING

DATE RECEIVED: APRIL 27, 1999

NAME OF CORRESPONDENT: DON KNABE

SUBJECT: INVITES THE PRESIDENT TO BE THE KEYNOTE
SPEAKER AT THE 1999 NATIONAL CONFERENCE
ON WOMEN AND HIV THAT WILL BE HELD IN
LOS ANGELES, OCTOBER 9-12, 1999

		ACTION		DISPOSITION	
ROUTE TO:		ACT	DATE	TYPE	C COMPLETED
OFFICE/AGENCY	(STAFF NAME)	CODE	YY/MM/DD	RESP	D YY/MM/DD
TIM EMRICH		ORG	99/04/27		/ /
	REFERRAL NOTE:				
MICKEY IBARRA		RSI	99/04/27		C 99/04/27
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COMMENTS: IV 991009 991012 CA LOS ANGELES
ADDITIONAL SIGNEE

ADDITIONAL CORRESPONDENTS: 1 MEDIA:L INDIVIDUAL CODES: _____

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

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*ACTION CODES:          *DISPOSITION          *OUTGOING          *
*                      *                      *CORRESPONDENCE:   *
*A-APPROPRIATE ACTION  *A-ANSWERED          *TYPE RESP=INITIALS *
*C-COMMENT/RECOM       *B-NON-SPEC-REFERRAL  *          OF SIGNER *
*D-DRAFT RESPONSE      *C-COMPLETED          *          CODE = A   *
*F-FURNISH FACT SHEET  *S-SUSPENDED          *COMPLETED = DATE OF *
*I-INFO COPY/NO ACT NEC*                      *          OUTGOING  *
*R-DIRECT REPLY W/COPY *                      *                      *
*S-FOR-SIGNATURE       *                      *                      *
*X-INTERIM REPLY       *                      *                      *
*****
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REFER QUESTIONS AND ROUTING UPDATES TO CENTRAL REFERENCE
(ROOM 75, OEOB) EXT-2590
KEEP THIS WORKSHEET ATTACHED TO THE ORIGINAL INCOMING
LETTER AT ALL TIMES AND SEND COMPLETED RECORD TO RECORDS
MANAGEMENT.

5

**NATIONAL INSTITUTES OF HEALTH
OFFICE OF AIDS RESEARCH**
Office of AIDS Research
Building 31, Room 5C08
301-496-0358
Fax: 301-402-7769

*declined
sent
Todd*

FACSIMILE TRANSMISSION

DATE : May 12, 1999

TO: Ms. Sandra Thurman
Director, National AIDS Policy

CC: Mr. Todd Summers
Deputy Director

FROM: Rosemary Gibert/Linda Reck

SUBJ: Tentative Agenda for May 13, 1999 Meeting

TOTAL NO. OF PAGES (including cover sheet): 4 (with cover sheet)

(Note: If total number of pages have not been transmitted, please call (301) 402-2932.)

REMARKS: Please see the attached.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

May 11, 1999

NOTE TO: INVITEES

Attached is the agenda for the upcoming meeting of the NIH International AIDS Research Collaborating Committee, to be held **from 2:00-3:30 on May 13, 1999, at the Lawton Chiles International House (Stone House)**. In addition to Dr. Keusch's discussion of activities with China, Dr. Gary Nabel, the newly-appointed Director of the NIH Vaccine Research Center (VRC) has agreed to discuss the VRC.

Please do not hesitate to contact me for further information. I may be reached at 301-402-8655 or by email at reckl@od.nih.gov. We hope to see you there.

Linda Reck
Senior Policy Analyst
Office of AIDS Research

Attachment

cc:

Dr. Keusch

Dr. Nathanson

Dr. Whitescarver

International AIDS Research Collaborating Committee

May 13, 1999

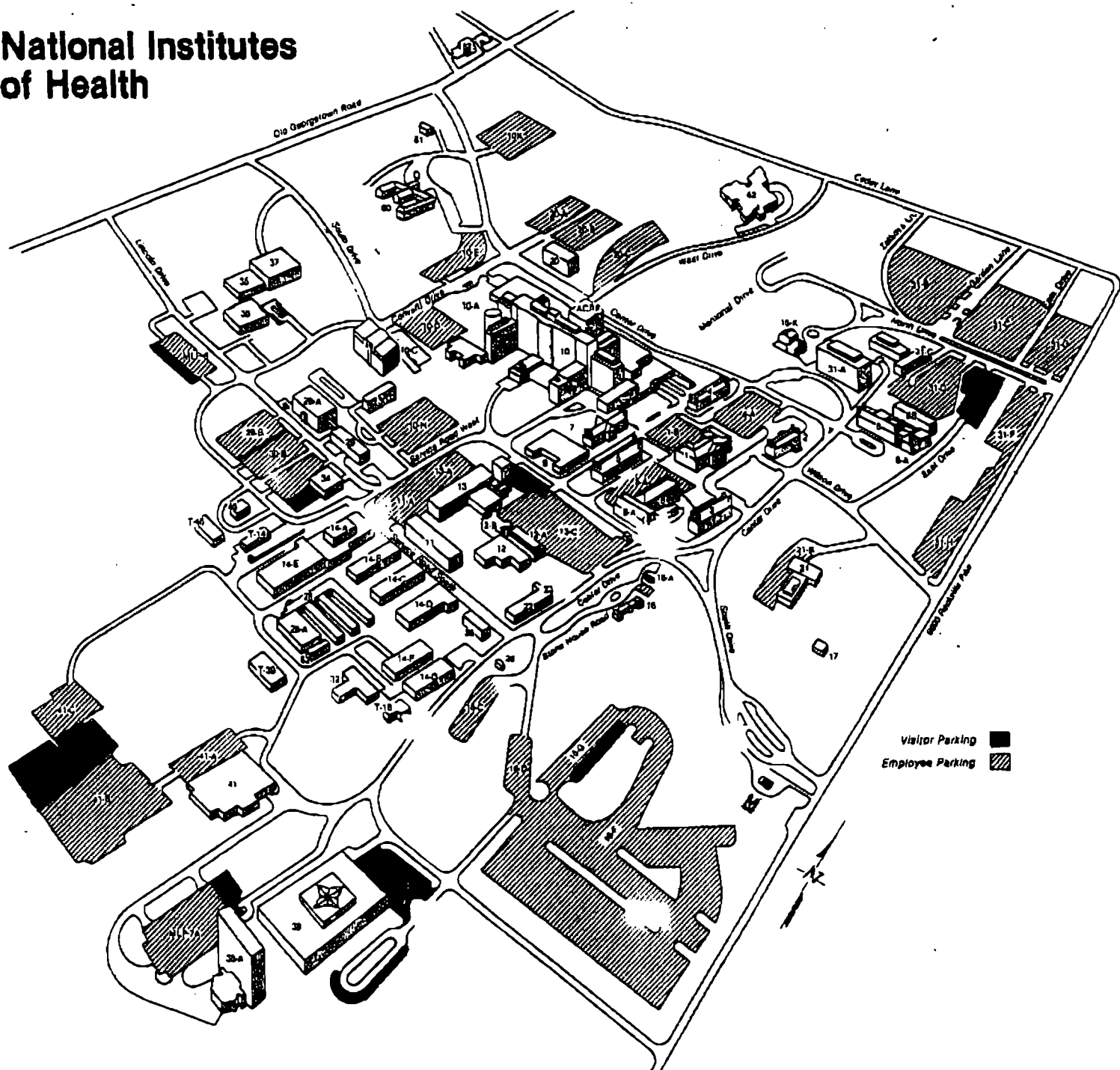
2:00-3:30 p.m.

The Lawton Chiles International House (Stone House)

Tentative Agenda

- **Discussion of Goals and Charge to the Committee** **Dr. Keusch**
- **Report on Activities with China** **Dr. Keusch**
Group Discussion
- **Update on the NIH Vaccine Research Center** **Dr. Nabel**
- **Discussion of Topics for Future Meetings** **Dr. Nathanson**

National Institutes of Health



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Employee Parking ▨

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| 1 Administration | 10 Warren Grant Magnuson Clinical Center (Hospital and Clinic) | 20 Apartment | 37 National Cancer Institute |
| 2 National Institute of Diabetes and Digestive and Kidney Diseases | 11 Boiler, Refrigeration & Incinerator Bldg. | 21 Radiation Safety Branch, DS; Radiopharmaceutical Section, Nuclear Medicine Dept. | 38 National Library of Medicine |
| 3 National Heart, Lung, & Blood Institute | 11A Incinerator Building | 22 Grounds Maintenance Building; Transportation | 38A Walter Hill National Center, Fogarty International Center, National Center For Nursing Research |
| 4 Under Renovation | 12 Division of Computer Research & Technology; Fire House; Garage | 23 Grounds Maintenance & Landscaping Storage | T38 Fitness Center |
| 5 National Institute of Allergy & Infectious Diseases | 12A Division of Research Services; Division of Computer Research & Technology | 25 Chemical Storage | 41 National Cancer Institute |
| 6 National Institute of Child Health & Human Development; National Eye Institute; National Institute of Diabetes and Digestive and Kidney Diseases; National Institute of Arthritis and Musculoskeletal and Skin Diseases | 12B Cafeteria | 26 Chemical Disposal | 46 PEPCO Substation |
| 6A National Institute of Child Health & Human Development & National Eye Institute | 13 Supply Operations Branch; Personal Property Branch; DL: Division of Engineering Services; Design & Construction Br.; Facilities Engineering Br.; Maintenance Engineering Br.; Coordination & Planning; Materials Acquisition & Supply Br.; Shops B.; DEB; Division of Safety; Biomedical Engineering & Instrumentation Br.; DRS; Laundry, CC | 28 Experimental Surgery & Clinical Medicine Sec., VRB, DRB | T48 Chiddister, Inc. |
| 6B National Institute of Child Health and Human Development; National Eye Institute; National Institute of Diabetes and Digestive and Kidney Diseases | 14A,B,C,D,E,F,G Animal & Animal Feeding Building, Veterinary Resources Branch, DRB | 28A Veterinary Resources Branch, Comparative Pathology Section | 48 National Institute of Child Health & Human Development; National Institute of Neurological & Communicative Disorders & Stroke; National Eye Institute; National Institute of Dental Research; National Institute of Alcohol Abuse and Alcoholism; National Institute on Aging |
| 7 National Institute of Allergy & Infectious Diseases | T14 Contractor Storage | 29 CDB - Office of Biologics | Electrical Power Unit |
| 8A National Institute of Diabetes and Digestive and Kidney Diseases | 15K Wilson House, National Institute of Mental Health | 29A CDB - Office of Biologics; National Institute of Dental Research | 60 Mary Woodard Lasker Center for Health Research & Education (The Clinics) |
| 9 National Institute of Mental Health; National Institute of Neurological & Communicative Disorders & Stroke; National Eye Institute | 16/16A Fogarty International Center | 30 National Institute of Dental Research | 61 Cottage |
| | 17 Electrical Power Vault | 31 General Office Building | 62 Children's Inn |
| | 18 Cell Biology and Metabolism Branch, National Institute of Child Health & Human | 32 Greenhouse; National Institute of Mental Health | 62 R.A. Bloch International Cancer Information Center |
| | | 34 Chilled Water Plant | MLP6 Multi Level Parking |
| | | 35 Cafeteria | MLP7 A Multi Level Parking |
| | | 36 National Institute of Mental Health; National Institute of Neurological & Communicative Disorders & Stroke; National | |

**OFFICE OF AIDS RESEARCH
NATIONAL INSTITUTES OF HEALTH
FACSIMILE TRANSMISSION**

DATE: May 6, 1999
TO: Ms. Sandra Thurman
FAX: 202-456-2439
FROM:

**Betty L. Gardner-Hagans
Office of AIDS Research
Building 31, Room 4B62
9000 Rockville Pike
Bethesda, Maryland 20892
Phone: (301) 402-8655
Fax: (301) 402-8638**

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET: 4

**(Note: If total number of pages have not been transmitted, please call
(301) 402-8655)**

REMARKS:



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

MAY 6 1999

National Institutes of Health
Bethesda, Maryland 20892

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

Dear Ms. Thurman:

The global nature of the AIDS epidemic underscores the critical need to ensure that the international HIV research effort is well-informed and coordinated. Toward that end, the National Institutes of Health (NIH) is establishing the International AIDS Research Collaborating Committee to (1) enhance and promote international collaboration in HIV research; (2) develop a coordinated international HIV research effort, including biomedical, behavioral, and social science studies; and (3) provide a forum for information exchange.

We invite you to serve as an *ex officio* member of this committee. The first meeting will be held at the NIH campus on **Thursday, May 13, 1999, from 2:00 until 3:30 p.m. in the Lawton Chiles International House (Stone House/Building 16)**. At this initial meeting, we will discuss the goals of the Collaborating Committee and how it can best serve its membership. In addition, Dr. Keusch has agreed to describe his recent visit to China and his discussions with scientists there. This will provide the opportunity to initiate our discussion of ongoing and potential opportunities for AIDS research in China.

The Collaborating Committee will be co-chaired by the Directors of the Office of AIDS Research and the Fogarty International Center. The membership will include representatives from the NIH institutes with the most substantial international HIV research portfolios and a representative from the NIH bioethics community. *Ex Officio* members will include representatives of relevant DHHS offices and Op/Divs, other federal agencies and departments, (such as the Department of Defense and U.S. Agency for International Development), the White House Office of National AIDS Policy, the National Security Council, the Joint United Nations Programme on HIV/AIDS, relevant UN agencies, the World Bank, and appropriate international organizations. A list of proposed members is attached.

Page 2 - Ms. Sandra Thurman

We hope that you will be able to participate on this committee. In addition, for this and future meetings, you should feel free to have appropriate staff accompany or represent you. Please advise Ms. Linda Reck in the Office of AIDS Research of your participation on this committee. She may be reached at 402-8655 or by email at reckl@od.nih.gov.

We look forward to seeing you or your representative at the meeting and to our productive efforts together.



Neal Nathanson, M.D.



Gerald R. Keusch, M.D.

Attachment

International AIDS Research Collaborating Committee

Co-Chairs

Director, Office of AIDS Research
Director, Fogarty International Center

Members

Director, National Institute of Allergy and Infectious Diseases
Director, National Cancer Institute
Director, National Institute of Child Health and Human Development
Director, National Institute of Dental and Craniofacial Research
Director, National Institute on Drug Abuse
Director, National Institute of Mental Health
Director, Office of Protection from Research Risks
Director, Vaccine Research Center

Ex Officio Members

Office of International Affairs, DHHS
Office of HIV/AIDS Policy, DHHS
Centers for Disease Control and Prevention, DHHS
Food and Drug Administration, DHHS
Department of Defense
U.S. Agency for International Development
U.S. Census Bureau
National Security Council
Office of National AIDS Policy
Office of Science and Technology Policy
World Bank
UNAIDS

UNITED STATES INFORMATION AGENCY

OFFICE OF CONGRESSIONAL AND INTERGOVERNMENTAL AFFAIRS

301 4TH STREET, S.W., ROOM 852, WASHINGTON, D.C. 20547

TELEPHONE: 202-619-6828 FAX NUMBER: 202-619-6876

TO: Sandy

FAX NUMBER:

TEL. NUMBER:

FROM: Tom Stillitano

TOTAL PAGES (including cover sheet):

SUBJECT:

MESSAGES/COMMENTS:

Mr Sweeney will not be gone on Africa trip
however Juliette Lenoir will.

Following is copy of recent Juliette letter to
Dept of Labor re the Africa trip and a copy of one of
the pages sent to DOL for Sec Hernandez briefing book
Have a great trip!

Tom

SENT:

DATE:

001-12-1999 09:53 PM 1.02

American Federation of Labor and Congress of Industrial Organizations



815 Sixteenth Street, N.W.
Washington, D.C. 20006
(202) 637-5000
<http://www.aflcio.org>

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May 11, 1999

Mr. MacArthur DeShazer,
Associate Deputy Undersecretary
Bureau of International Labor Affairs
United States Department of Labor
200 Constitution Avenue
Washington, D.C. 20210

Dear Mr. DeShazer:

VIA MESSENGER

Thank you for your gracious understanding during our meeting last week. We hope that the materials we shared have been of use to you in compiling background for the Secretary's upcoming trip to Africa. As we indicated during the meeting, we welcome the opportunity to contribute to the success of that trip, and to help facilitate the Secretary's goals for her remaining tenure.

As you will see from these additional enclosures, we sought to enhance the package delivered on Wednesday with the addition of materials on the Solidarity Center's programmatic focus in Ghana, a copy of the communication from President Sweeney to Reverend Leon Sullivan regarding the draft Global Principles and selected material on HIV/AIDS.

- ★ On a programmatic note, Sandra Thurman, President Clinton's director of the National Office on AIDS Policy, has been a staunch champion of the devolution of HIV/AIDS education, including through work place-based trade union programs. In particular, she created space for a work place-based HIV/AIDS education program involving the South African Federations and other community-based organizations. This soon-to-be-initiated program will educate workers (and their communities) through their unions, making use of print and electronic media, the local health care system and other out reach opportunities including youth groups. For your information, there is no more active and vocal supporter of HIV/AIDS education and advocacy/outreach programs in Africa than Ms. Thurman.

As always, should you require additional information, please contact us.

Sincerely,

Juliette D. Lenoir
Assistant Director
International Affairs Department

Enclosures a/s.

from briefing materials sent to Sec. Herman
from AFL-CIO

* "AIDS is not an epidemic of a few. This is an epidemic of us all. Hundreds of thousands of Americans have already lost their lives to AIDS. It has stolen some of our brightest and most talented friends and family members in the prime of their lives. And beyond our borders, millions of people struggle against the odds to live long enough to reap the benefits of a cure. We are deeply aware of the responsibility this Administration has to all Americans who are living with AIDS, and to those around the world who turn to us for leadership and hope."

Sandra Thurman, Director
White House Office of National AIDS Policy

Over the past two decades the human immunodeficiency virus (HIV) has spread silently throughout the world, profoundly affecting the lives of men and women, their families, communities and the world. HIV has not respected international boundaries or spared the elite. By the time that researchers understood how HIV spreads, how it can be prevented, and the behaviors that put people at risk, HIV had already infected millions of adults in the industrial and developing world. In the hardest-hit countries in Sub-Saharan Africa, poverty, illiteracy, poor health, low status of women, and political instability fueled its spread. By the time East African health authorities identified the mysterious "slim" disease as AIDS in the early 1980s, HIV had already widely infected those with the riskiest behavior and had a firm foothold in the general population. No country in Africa has escaped the virus, and yet some are far worse affected than others. The bulk of new infections continue to be concentrated in East Africa and especially in the southern part of the continent.

In Botswana, Namibia, Swaziland and Zimbabwe, current estimates show that over one person in five between the ages of 15 and 49 is living with HIV or AIDS. Research is under way to explain differences between epidemics in various countries. Factors that may play a role include patterns of sexual networking, levels of condom use with different partners, and promptness in diagnosing and curing other sexually transmitted diseases (which if left untreated can magnify the risk of HIV transmission through sex as much as 20-fold).

People continue to be at risk for HIV throughout their sexually active lives, and all should benefit from services and information that allow them to reduce their risk of infection. However, efforts to promote safer behavior are especially crucial for young people, who in mature epidemics are those at greatest risk. Prevention efforts also seem to have a greater chance of success among younger people than among people whose sexual habits are well ingrained. However, deteriorating economic conditions, traditional customs and taboos, including ingrained and socially restrictive attitudes toward women and girl children, limited participatory democratic practices and inordinate governmental fear of strong trade unions as partners in socio-economic development, exacerbate the effect of the epidemic. AIDS is clearly taking an immense and growing human toll. The disease is catastrophic for the millions of people who become infected, get sick, and, in stark contrast to the recent hopeful news of treatment breakthroughs, die. It is also a tragedy for their families, who, in addition to suffering profound emotional loss, may be impoverished as a result of the disease. Because AIDS kills mostly prime-age adults, it increases the number of children who lose one or both parents; some of these orphans suffer permanent consequences, due to poor nutrition or withdrawal from school. Numbers cannot begin to capture the suffering caused by the disease. Each infection is a personal tragedy for the nearly 30 million people who have contracted HIV -- for their

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KANSAS CITY, MO 64111

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6th Annual HIV Update Conference for all
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FRIDAY, MAY 7, 1999

Sandy Thurman
Office of National AIDS Policy
The White House 808 17th Street NW #220
Washington DC 20006

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