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Correspondence - Sandra L. Thurman - Outgoing - 8/97

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GLMA / AAPHR
211 Church St, Suite C, San Francisco, CA 94114 · ph: 415-255-4543 · fax 415-255-4784
Founded in 1981 as the American Association of Physicians for Human Rights

VIA FAX

To:	Sandy Thurmond
Organization:	
Fax Number:	202-632-1096
Phone Number:	-1090
From:	**Benjamin Schatz, JD**
Date:	8-7-97
# Of Pages To Follow:	6

Comments: Here are the notes on the February meeting between ONAP + the various federal agencies that discriminate (except the Job Corps folks.)

Please keep me posted about how things are proceeding. Thanks! Hang in there, dear. XOXO, Ben

NOTES OF FEBRUARY 7, 1997 MEETING WITH FEDERAL AGENCIES RE: MANDATORY HIV ANTIBODY TESTING POLICIES AND PROCEDURES

The meeting was held at the Office of National AIDS Policy and was convened by Patsy Fleming. The focus of the meeting was on mandatory HIV antibody testing: which Federal agencies perform such testing and why. Federal agencies reporting at the meeting were:

- Defense Department
- State Department
- USAID
- Peace Corps

Dr. Helene Gayle, of the Federal Centers for Disease Control and Prevention, also participated in the meeting.

All of the agencies represented at the meeting perform mandatory HIV antibody testing.

Defense Department

1. Basic policy on mandatory testing developed in 1985 and sustained since then following policy reviews. The policy was developed after a recruit whose HIV positive status was unknown to the military was given a vaccination. The initial policy affected new recruits only; later expanded to include all active personnel.

2. The Department wanted the mandatory testing policy to be consistent with policies on other diseases.

3. Rationale for testing policy: see attached hand-out.

4. New applicants who test positive are referred to their local public health agency for follow-up.

5. Currently, less than 1,000 HIV positive individuals are on active duty.

6. "Difficult" issues:

   - should all active duty HIV positive individuals be retired/separated from duty?

- the policy limiting overseas deployment of HIV positive personnel
- effectively limits their career advancement. No study has been done
- on the career advancement of HIV positive individuals vs. HIV negative
- individuals. It was suggested at the meeting that such a study be conducted.

State Department

1. Within the Foreign Service, a medical clearance is needed for overseas assignment. Such clearance includes an HIV antibody test. A process to appeal a denial of worldwide clearance is available. No HIV positive individual has sought a waiver from the medical clearance requirement.

2. Estimate of the number of people who have tested positive: less than 100.

3. Counseling is available to those who test positive. The Department is very sensitive to issues of confidentiality, according to the Medical Director.

4. Rationale for mandatory testing:

   - potential exposure to high disease areas.
   - potential assignment to areas with poor health care systems.
   - maintain safety of "walk-in blood banks."

USAID and the Peace Corps

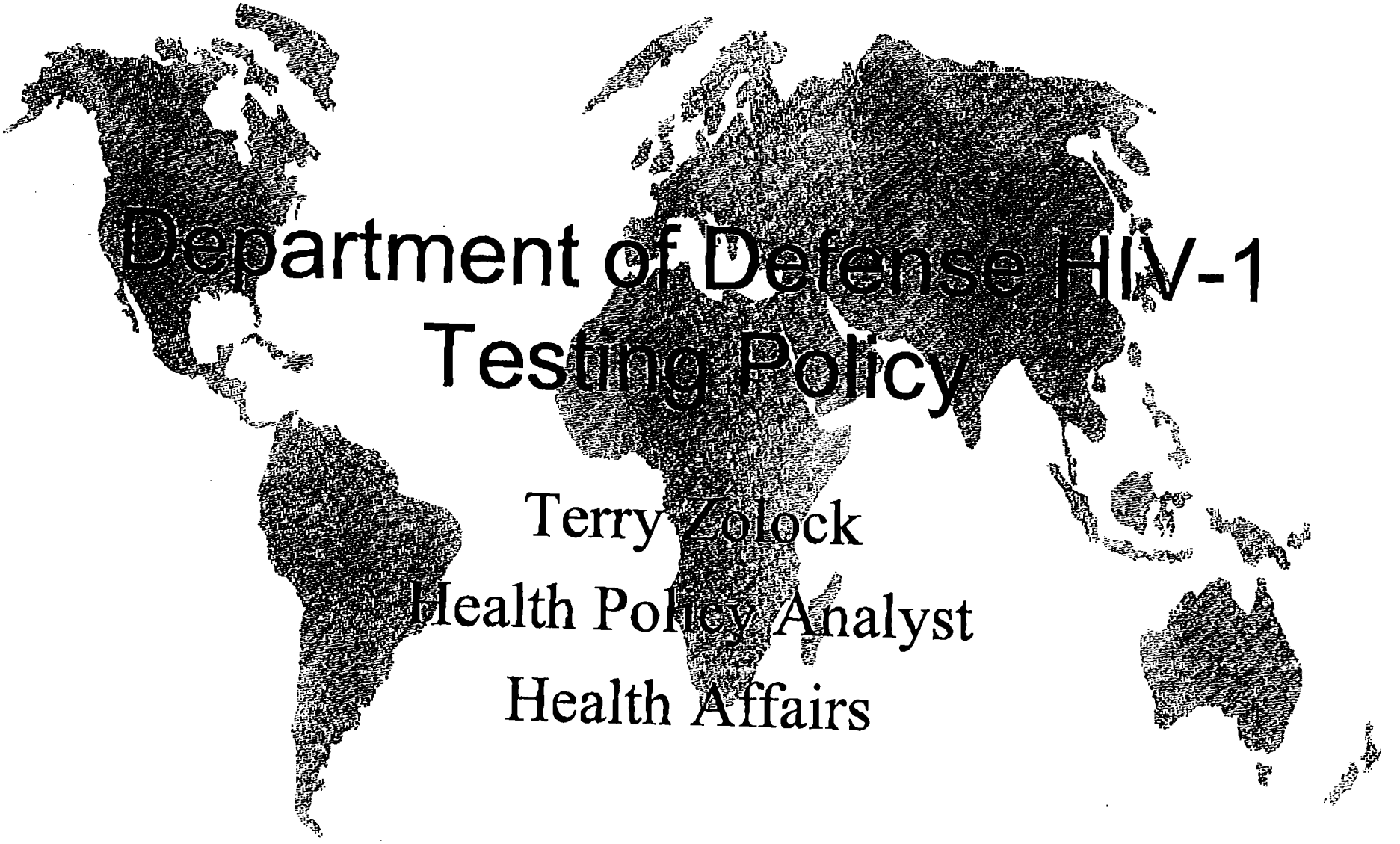
1. Both agencies' policies on mandatory testing are similar to the State Department's policy.
2. For USAID, any testing of local employees is done on a embassy-by-embassy basis.

3. The Peace Corps does not test stateside employees. HIV antibody testing began in 1987. To date, no one has tested positive.

At the conclusion of the meeting, Ms. Fleming noted the need for continued review of mandatory testing policies, in light of the advances in the medical treatment of HIV infection.

Prepared by Ronald Johnson.

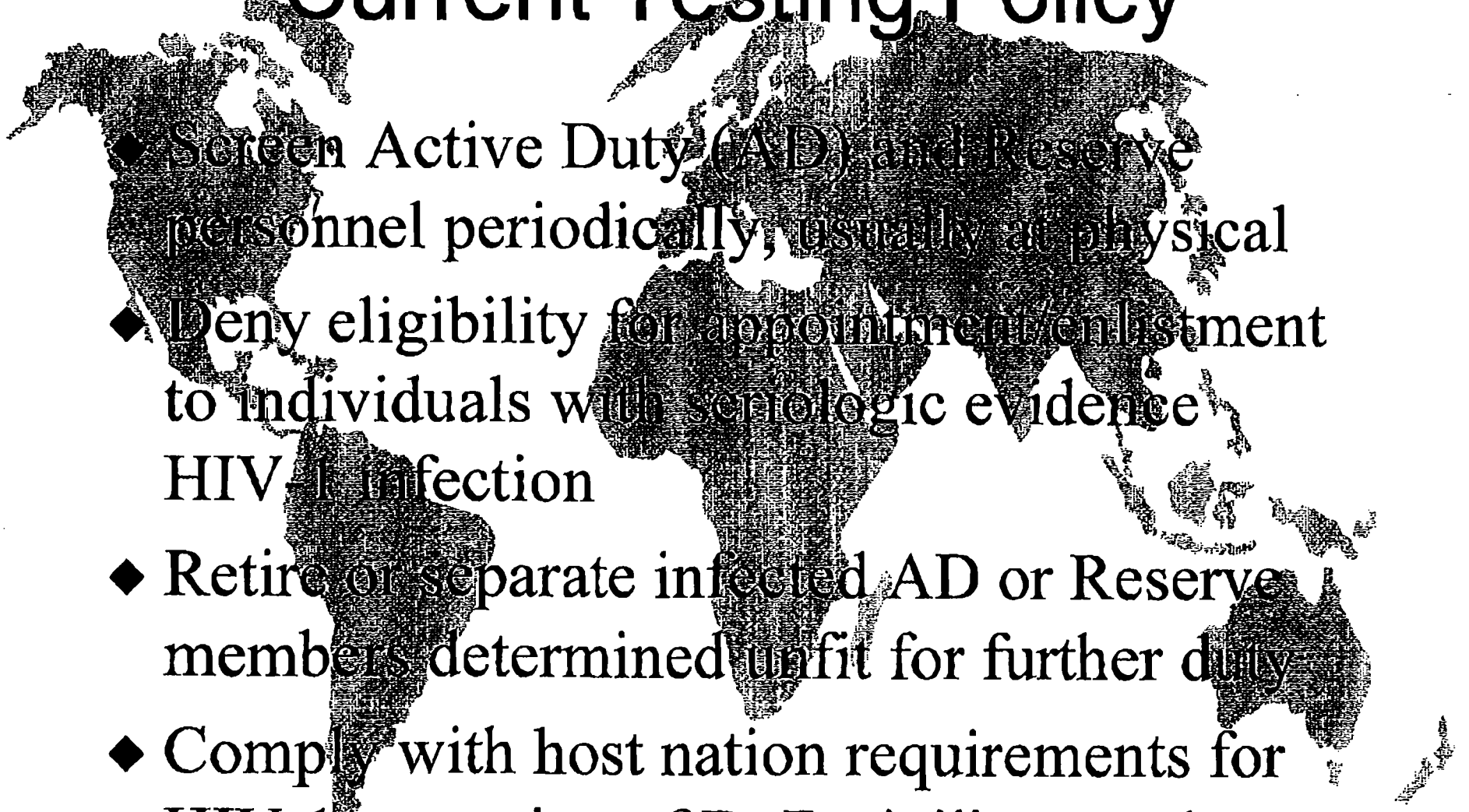
2-7-97



Department of Defense HIV-1 Testing Policy

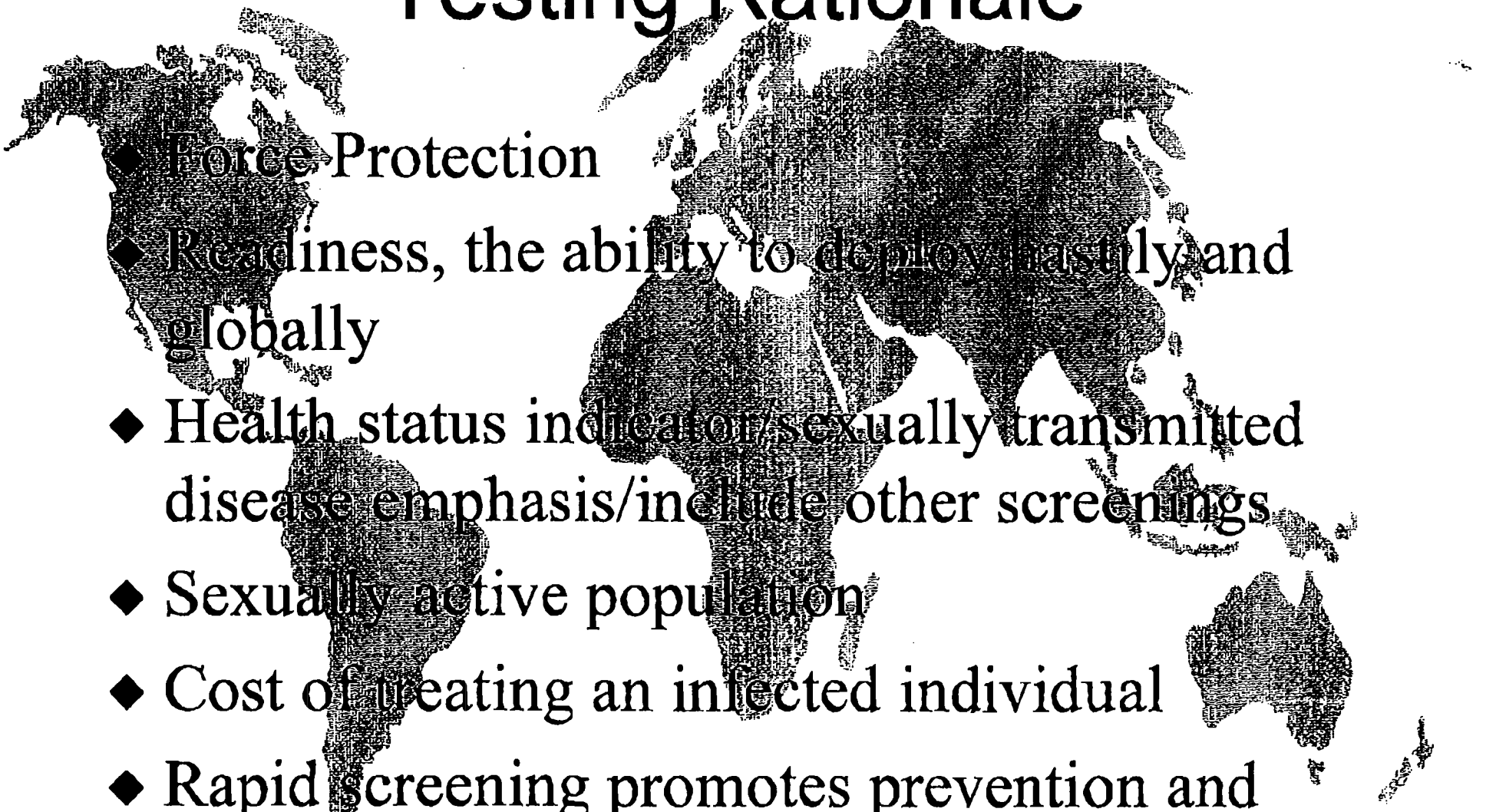
Terry Zolock
Health Policy Analyst
Health Affairs

Current Testing Policy



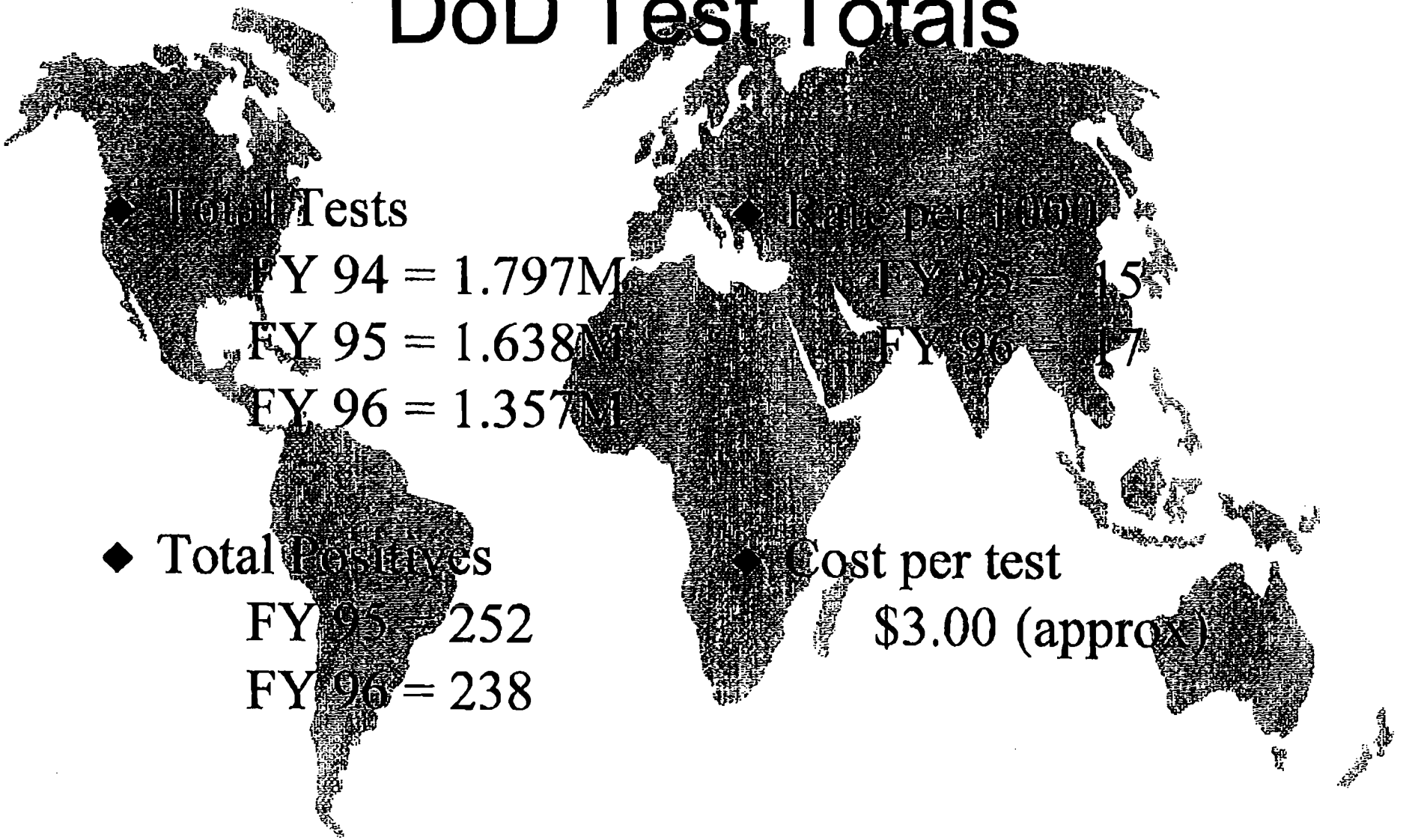
- Screen Active Duty (AD) and Reserve personnel periodically, usually at physical
- Deny eligibility for appointment/enlistment to individuals with seriologic evidence HIV-1 infection
- Retire or separate infected AD or Reserve members determined unfit for further duty
- Comply with host nation requirements for HIV-1 screening of DoD civilian employees

Testing Rationale



- Force Protection
- Readiness, the ability to deploy hastily and globally
- Health status indicator/sexually transmitted disease emphasis/include other screenings
- Sexually active population
- Cost of treating an infected individual
- Rapid screening promotes prevention and safe blood supply

DoD Test Totals



- Total Tests
  - FY 94 = 1.797M
  - FY 95 = 1.638M
  - FY 96 = 1.357M
- Rate per 1000
  - FY 95 = 15
  - FY 96 = 17
- Total Positives
  - FY 95 = 252
  - FY 96 = 238
- Cost per test
  - $3.00 (approx)

* Attn. Drugs

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

FOR IMMEDIATE RELEASE
Wednesday, August 6, 1997

Contact: Bob Weiner/Andrew Williams
(202) 395-6618

COMMENTS BY WHITE HOUSE DRUG POLICY DIRECTOR BARRY R. MCCAFFREY, PREPARED FOR RELEASE IN CONJUNCTION WITH RELEASE OF THE NATIONAL HOUSEHOLD SURVEY

We should be encouraged by the end of the five-year rise in juvenile (12-17) use of marijuana and the leveling-off of underage drinking and smoking.

- However, drug use by our school children remains unacceptably high. Fifty percent of our children will have used an illegal drug by the time they finish high school. We need a focused prevention effort to drive this figure down. That is the major objective of our proposed $175M youth-oriented anti-drug campaign.

The rise of marijuana use among 18-25 year-olds probably reflects the aging of the teenage cohort that used marijuana in increasing numbers the past five years.

- The continuing use of drugs by this age group underscores our belief that use of alcohol, cigarettes, or marijuana by teenagers dramatically increases the chance of suffering drug abuse or dependency problems as an adult.

Changes in use by youth indicate important transitions in a drug's popularity.

- Drug epidemics tend to follow a natural course. Drug use tends to start within a limited sub-population.

New drug epidemics tend to start among older, more established drug users.

- That's why we should be alarmed by rising heroin use rates among 18-25 year-olds. Heroin is gaining a solid foot-hold in mainstream America. It is also cheaper and purer than ever.

We can't just focus on <u>drug use</u>, we must address the <u>consequences of drug use</u>.

- We've got a classic good news, bad news situation when it comes to drug-use consequences:
  - Drug-related medical emergencies in the first half of 1996 – as measured by the <u>Drug Abuse Warning Network</u> (DAWN) Survey released last month showed that total drug-related episodes <u>declined 15 percent</u> between 1995 and 1996, from 271,700 to 230,900. However, they remain near record-high rates of half a million a year.

This survey represents just one of the significant estimates of the nation's drug abuse problem.

- Other important measures of drug use include the University of Michigan *Monitoring the Future* Survey (a better barometer of drug use by our youth) and the *Drug Use Forecasting* (DUF) survey.
- This Household Survey misses major segments of the population (the Armed Forces, college dorms, the transient, homeless, and those in prisons and jails).

We know that this survey undercounts the number of chronic drug users, especially heroin users.

- Its estimate of 216,000 regular users of heroin is about a third of the estimated number of chronic users (600,000).

- We need better measuring devices to learn more about the estimated 3.6 million chronic drug users. This month ONDCP will be releasing the first comprehensive survey of chronic users in a major city – a first step in this important effort.

Encouraging findings include:

- Cocaine-related episodes declined slightly between 1995 and 1996, from 74,200 to 65,500. Of note, cocaine-related episodes among 18 to 25 year olds decreased 24 percent between 1995 and 1996, from 11,800 to 8,900.

- Heroin-related episodes also declined slightly between 1995 and 1996, from 36,100 to 32,700.

- Methamphetamine-related episodes dropped by more than half (59%). This is the second consecutive drop in meth emergencies.

Our principal conclusion is that when America focuses on its drug use problem, both drug use and its consequences can be driven down quickly.

As summer ends and our kids go back to school, all of us, must focus on the task of protecting our 68 million children from illegal drugs, alcohol, and tobacco. A good first step is a candid conversation at the kitchen table.

- Effective drug prevention programs begin at home and are reinforced by in-school and after-school efforts.

- It's easier to prevent drug use than to reverse a drug use problem. That's why the federal government is increasing spending on drug prevention efforts by 21 percent ($518M) and proposing a $175M anti-drug campaign.

Summary of Survey Results

- **Overall drug use remains level.** There were 13 million current users of illicit drugs in the overall household population in 1996, or 6.1 percent of the population. The rate of overall drug use is unchanged from the 6.1 percent reported in 1995.
  - There has been an overall decline in past month use of illicit drugs among 12-17 year olds. The 1996 rate of 9 percent is down from 1995's 10.9 percent.

- **Marijuana continues as the most frequently used illegal drug.** In 1996, an estimated 10.1 million individuals used marijuana on a past month basis, or 4.7 percent of the population, about the same as in 1995.
  - The growth in marijuana use among youth age 12-17 that occurred since 1992 seems to have stopped -- the results for 1996 show marijuana use leveling for this age group at 7.1 percent (down from 8.2 percent in 1995). This is the first time since 1991-1992 that the rate of marijuana use has declined. We also believe that risk perception among this age group has stabilized.
  - Among the 18-25 age group, however, marijuana use increased from 12.0 percent to 13.2 percent.

- **Heroin use is increasing, especially among those under the age of 25.** The number of initiates into heroin use was 141,000 for 1995, a record level for as far back as HHS's data covers (1969). Also, within the household population the number of past month users of heroin increased from 196,000 in 1995 to 216,000 in 1996.

- **Cocaine use is still down substantially from 1985's peak but we can't drop our guard.** In 1985, there were 5.7 million past month users. Cocaine use has remained relatively flat since 1992. More recent data indicates cocaine use may be rising again. In 1996 there were 1.75 million past month users, compared to 1.45 million for 1995, 1.38 million for 1994, and 1.40 million in 1992 and 1993. Past month use of cocaine declined among 12-17 year-olds from 0.8 percent in 1995 to 0.6 percent in 1996. However, initiation rates for this age group (10.6 new cases per 1,000 youths) are close to 1984's record of 10.4 per 1,000).

Preliminary conclusions:

- **There is still a drug crisis among America's youth.** While progress is being made against marijuana use, there is a worsening situation with respect to other drug use and youth attitudes about drug use. This year's household survey makes a strong case for the *1997 National Drug Control Strategy's* emphasis on demand reduction, and the importance of the media campaign. Prevention of drug use by the 68 million Americans under the age of 18 must be the focus of our national drug control effort.

- **We've got to reverse the growing heroin problem.** The issue of emerging heroin use is particularly problematic and deserves more national attention.

- **The Household Survey is not a very good indicator of drug use among chronic, hard-core drug users, as many of these users are not members of households.** Within the household population, however, there are signs of increasing addiction rates. This argues for more treatment both within and outside the criminal justice system.

- **This survey focuses on use. Drug policy must also concern itself with the consequences of drug use.** The *1996 Drug Abuse Warning Network* (DAWN) report released last month showed that total drug-related episodes declined 15 percent between 1995 and 1996, from 271,700 to 230,900. Encouraging findings were:

- **Cocaine-related episodes declined slightly between 1995 and 1996,** from 74,200 to 65,500. Of note, cocaine-related episodes among 18 to 25 year olds decreased 24 percent between 1995 and 1996, from 11,800 to 8,900.

- **Heroin-related episodes also declined slightly between 1995 and 1996,** from 36,100 to 32,700.

- **The levels of episodes for cocaine and heroin remain at historic highs for these two drugs.**

- **Methamphetamine-related episodes dropped by more than half (59 percent) between 1995 and 1996, from 9,800 to 4,000.** This is the second half-year drop in a row. In the second half of 1995, methamphetamine-related episodes fell to 6,400. This downward trend mirrors the trend for methamphetamine reported in the recently released 1996 Drug Use Forecasting (DUF) report.

- **The number of marijuana-related episodes fell only slightly between 1995 and 1996, from 24,500 to 21,900.**

- **Bottom line -- overall drug-related episodes declined.** As with the DUF data, it is probably too early to say whether the decline in methamphetamine episodes means that the epidemic has been averted.

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

AUGUST 11, 1997

FOR PLANNING PURPOSES

Contact: Mike Hegarty/Brian Morton
(202) 395-6618

WHITE HOUSE NATIONAL DRUG POLICY DIRECTOR BARRY R. McCAFFREY TO VISIT THE SOUTHWEST BORDER STATES OF TEXAS, NEW MEXICO, ARIZONA AND CALIFORNIA, THE WEEK OF AUGUST 25-29, 1997

Barry R. McCaffrey, Director of the Office of National Drug Control Policy, will visit the Southwest border states of Texas, New Mexico, Arizona and California beginning Monday, August 25, and concluding on Friday, August 29, with his return to Washington, D.C.

Director McCaffrey will visit this area to examine first-hand how the federal government can better respond to the drug threat along the entire border.

Media opportunities will be available at each location. A detailed schedule will be released later.

Director McCaffrey will be in the following cities on these days:

MONDAY, AUGUST 25
El Paso, Texas
Las Cruces, N.M.

TUESDAY, AUGUST 26
Laredo, Texas

WEDNESDAY, AUGUST 27
Tucson, Ariz.
Nogales, Ariz.

THURSDAY, AUGUST 28
San Diego, Calif.

FRIDAY, AUGUST 29
San Diego, Calif.

THE WHITE HOUSE

WASHINGTON

August 11, 1997

Ms. Bonnie Pfeifer
Founding Director
DISHES Project, Inc.
441 Lexington Ave. Suite 1202
New York, NY 10017

Dear Ms. Pfeifer:

Thank you for the letter of congratulations on my recent appointment. It is with great excitement, and a sense of awesome responsibility, that I embark upon this challenge to help steer the course of this nation's AIDS policy.

I salute the good work that DISHES has done on behalf of those living with HIV and AIDS, and look forward to working with you in the future.

Best of luck in the work you do, and thanks again for your kind offer of support.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

August 11, 1997

Virginia G. Galvin, M.D., M.P.H.
Director
Cobb County Board of Health
1650 County Farm Road
Marietta, GA 30060-4009

Dear Ginny:

Thank you for your kind letter of congratulations on my recent appointment, as well as your faith in me. I am excited about my new position and look forward to making great strides in the fight against HIV/AIDS.

It is always nice to hear from someone whose encouragement and offer of support are truly sincere. I expect that next time you're in Washington, you'll call so that we can chat! A friendly face is always welcome around here.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

August 11, 1997

Timothy G. Jellison
Vice President
National Endowment For AIDS Research
1317 Church Street
San Francisco, CA 94114-3911

Dear Mr. Jellison:

Thank you for sending me information related to the National Endowment for AIDS Research. As you are well aware, your campaign to raise money to fund AIDS-related medical research is extremely important and will undoubtedly speed the development of a cure.

I look forward to working with you in the future as we work to end this terrible epidemic.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

August 11, 1997

Carl Schleicher, Ph.D.
Director
Foundation for Blood Irradiation, Inc.
1315 Apple Avenue
Silver Spring, MD 20910

Dear Mr. Schleicher:

Thank you for your letter of congratulations and the commitment Foundation for Blood Irradiation, Inc. has shown to people living with HIV/AIDS. As you are well aware, the epidemic has become characterized by alarming rates of infection, and the need for safe and effective treatments is greater than ever.

Again, thank you for your letter, and keep up the fight.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

August 21, 1997

Sandra R. Hernández, M.D.
Director of Health
City and County of San Fracisco
Department of Public Health
101 Grove Street
San Francisco, CA 94102

Dear Sandra,

Thank you so much for the kind note of congratulations on my recent appointment. This is certainly an awesome challenge, and a wonderful opportunity to help end this epidemic.

Next time you're in Washington, I hope you'll give me a call so that we can catch up! Thank you for your encouragement and offer of support.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR BARRY R. MCCAFFREY

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

Date: August 25, 1997

Re: Press Office Communications

I received from your office a copy of a press release of last week dealing with the issue of needle exchange. I was concerned that we had not had an opportunity to take a look at it prior to its release. I would greatly appreciate it if you would instruct your press staff to work with our office on issues relating to HIV and AIDS, as ours will with your office on issues relating to drug abuse and related issues. I think the closer we can coordinate our messages the better it will be for all concerned.

Your staff can contact either me or Todd Summers, my deputy director. Both of us are available through the signal operator for off-hours emergencies.

Thank you for your help!

THE WHITE HOUSE

WASHINGTON

August 27, 1997

Geneviève M. Clavreul, Ph.D.
P.O. Box 867
Pasadena, CA 91102-0867

Dear Dr. Clavreul:

I received a copy of your letter dated August 25, 1997 to Sandra Thurman and wanted to apologize for our failure to respond to your earlier letters. It in no way reflects our commitment to ending the epidemic.

I would be happy to arrange a meeting with you and Ms. Thurman during your upcoming trip to Washington. It will have to be scheduled in the first part of the week of September 15th because Ms. Thurman will be traveling to Florida on Wednesday.

I will have Sarah Holewinski of our office contact you to arrange a specific time.

Again, I apologize for our lapse in responding to your earlier communications to this office..

Sincerely,

Todd A. Summers
Deputy Director
Office of National AIDS Policy

Geneviève M. Clavreul, Ph.D.
PO Box 867
Pasadena, CA 91102-0867
(626) 398-8585

Ms. Sandy Thurman
Office of National AIDS Policy
808 17th Street NW
8th Floor
Washington DC 20006

August 25, 1997
Via Facsimile

Dear Ms. Thurman:

I write to you today with great concern. I have sent numerous communications and telephone calls to you, and to date have not received a response from either your staff or ***you***. I must say that your behavior and lack of response is inexcusable!

I have made several attempts to schedule a meeting with you. I have been and still am very active in both AIDS care and research, and have requested the opportunity to meet with you. I have grown concern that your failure to even make a courteous response is an ill-omen of your intent to serve the people of this nation who are living with HIV/AIDS, who care for patients living with HIV/AIDS, and who are attempting to discover new treatments and a cure for HIV/AIDS.

I will be in Washington DC to attends meetings from Monday, September 15th until Friday, September 19th. I hope that we will have an opportunity to meet sometime during my stay. Whether or not you are able to meet or speak with me during this time **a response is requested**. As a professional and a ***public servant*** -- this is the very least that is expected of you.

Putting your head in the sand regarding my requests will not make my requests or me "go-away". I have asked for and expect a response from you personally.

Sincerely,

Geneviève M. Clavreul, Ph.D.

cc: President Bill Clinton
Senator Barbara Boxer
Congressman Tom Coburn
Senator Diane Feinstein
Congressman James Rogan
Donna Shalala, Ph.D.
Congressman Henry Waxman

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*** TX REPORT ***
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OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

808 17th Street NW, Suite 820
Washington, DC 20006

Phone: (202) 632-1090
Fax: (202) 632-1096

TO:	Geneviève Clavreul
FAX NUMBER:	(626) 398 5664
FROM:	Todd Summers

THE WHITE HOUSE

WASHINGTON

August 27, 1997

Honorable Mitch J. Skandalakis, Chairman
Board of Commissioners of Fulton County
Fulton County Government Center
141 Pryor Street, SW
Atlanta, GA 30303

Dear Chairman ~~Skandalakis~~ Mitch:

I would like to express my sincere gratitude to you for authorizing the temporary assignment of Jeff Cheek, Associate to the Chairman, Board of Commissioners of Fulton County, to the Office of National AIDS Policy, Executive Office of the President for the period of Tuesday, September 2, 1997 through Wednesday, September 17, 1997.

The experience and information Mr. Cheek can offer to this office will be invaluable to us. His work here at the Office of National AIDS Policy will also benefit the residents of Fulton County and the Atlanta Metropolitan Area.

I truly value your ongoing commitment to the people and programs that serve those living with HIV/AIDS in my hometown of Atlanta. If hope that you won't hesitate to call on me for any assistance I may bring to the good work that you do!

With warm regards,

Sandra L. Thurman
Director
Office of National AIDS Policy

FILE COPY

THE WHITE HOUSE

WASHINGTON

August 21, 1997

Alejandro and Sylvia Escarano
5001 Southwest Sixth Street
Miami, Florida 33134

Dear Mr. and Mrs. Escarano,

I would like to extend my personal regret to you both over the loss of Alex. He was a truly wonderful person who demonstrated great strength and courage in his work to end the AIDS epidemic.

His work with the Pedro Zamora Foundation was so important. I have no doubt that he helped to save many lives by helping others to learn about the danger of HIV.

My prayers are with you in this difficult time.

Very truly yours,

Sandra Thurman
Director, Office of National AIDS Policy