FOIA Number: 2018-0764-F

FOIA MARKER

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Folder Title:
Correspondence - Sandra L. Thurman - Outgoing - 4/98

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Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Data entry form (Personal) (1 page)	04/21/1998	b(6)
001b. letter	Sandra Thurman to Inmate re: Cure for HIV (Personal) [partial] (1 page)	04/24/1998	b(6)
001c. letter	Inmate to Sandra Thurman re: Cure for HIV (Personal) [partial] (1 page)	04/09/1998	b(6)
002. letter	John Roberts to President Clinton re: Cure for AIDS (Personal) (7 pages)	04/14/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:
Correspondence - Sandra L. Thurman - Outgoing - 4/98

2018-0764-F
jm2105

RESTRICTION CODES

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

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

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

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

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

THE WHITE HOUSE

WASHINGTON

April 15, 1998

Dear HIV/AIDS on the Frontline Conference Participants:

On behalf of President Clinton, I am pleased to welcome you to the 11th Annual HIV/AIDS on the Front Line Conference in Costa Mesa, California. While I cannot be there with you, I want to offer my support for the work that each of you is doing on a daily basis, working to ensure more healthy and productive lives for people with living with HIV and AIDS

The work you do is difficult, and often thankless. I want you to know that while you are here learning and sharing, we too are doing all that we can to make sure that the services needed by people with HIV are able to be provided. President Clinton has proven his commitment to addressing the challenges that HIV presents, not only through increased funding of prevention, services and research, but also through his personal leadership. No President before has been so public about his support of people with HIV disease and their concerns and has backed it up with the funding that is necessary to turn policy into action.

Our greatest motivation stems from individuals like you, those who tirelessly labor to ensure that people with HIV are provide the care and treatment that they need. Knowing that you are on the front lines is important. Thank you for your devotion, your courage, and your energy.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

April 8, 1998

Thomas J. Peterson
Coordinator of Public Policy
AIDS Services Foundation Orange County
James R. "Bud" Waren, M.D. Center
17982 Sky Park Circle, Suite J
Irvine, CA 92614-6408

Dear Mr. Peterson:

Thank you for the letters that you and 55 other individuals sent to President Clinton which express your deep concern with disability entitlement reform.

As you may know, the President recently issued an Executive Order on "Increasing Employment of Adults with Disabilities". This Executive Order requires the establishment of an "National Task Force on the Employment of Adults with Disabilities", chaired by the Secretary of Labor and co-chaired by the Chair of the President's Committee on Employment of People with Disabilities. The Task Force is charged with creating a coordinated and aggressive national policy to bring adults with disabilities into gainful employment at a rate that is as close as possible to that of the general population.

As someone who has been an advocate for people living with HIV and AIDS for over a decade, both outside and inside of government, I remain committed to ensuring that these critical issues will be addressed.

Letters such as yours and those of your colleagues are essential to ensuring that public policy makers are aware of the issues faced by people living with HIV disease. Please know that your voice is being heard here in Washington. The points you make are well taken and will help to focus the debate.

Again, thank you for your concern and please give my regards to your dedicated colleagues fighting on the front lines at the AIDS Services Foundation in Orange County.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

April 8, 1998

Thurman Letters 28 Nov

Thomas J. Peterson
Coordinator of Public Policy
AIDS Services Foundation Orange County
James R. "Bud" Waren, M.D. Center
17982 ~~17892~~ Sky Park Circle, Suite J
Irvine, CA 92614-6408

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Again, thank you for your concern and please give my regards to your dedicated colleagues fighting on the front lines at the AIDS Services Foundation in Orange County.

Sincerely,

Sandra L. Thurman

Sandra L. Thurman
Director
Office of National AIDS Policy

Thomas J. Peterson
Coordinator of Public Policy
AIDS Services Foundation Orange County
James R. "Bud" Waren, M.D. Center
17892 Sky Park Circle, Suite J
Irvine, CA 92614-6408

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Letters such as yours and those of your colleagues are essential to ensuring that public policy makers are aware of the issues faced by people living with HIV disease. The points you make are well taken and will only help to focus the debate.

I hope that my schedule will allow me to meet with you while you are in Washington, D.C. during AIDSWATCH '98. Ms. Sarah Holewinski of my staff will be in touch with you if this is possible.

Again, thank you for your letters and comments.

Sincerely,

Sandra L. Thurman
Director, Office of National AIDS Policy

N:\THURMAN\LETTERS\98APRIL\PETERSON.WPD

AIDS Services Foundation Orange County

Main Office
James R. "Bud" Waren, M.D. Center
17982 Sky Park Circle, Suite J
Irvine, CA 92614-6408

714 253-1500

January 21, 1998

President Bill Clinton
THE WHITE HOUSE
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Clinton:

I am enclosing herewith 55 letters which have been written by people who are concerned with disability entitlement reform. These letters were obtained through the advocacy efforts of our organization, which delivers care and services to people living with HIV and AIDS in Orange County, California.

As indicated in these letters, we ask that your administration take action to remove the systemic disincentives within the federal disability entitlement programs. This effort will not only encourage those previously disabled and partially disabled who seek to return to workplaces and offices throughout America, it will provide a national focal point for recognizing the courageous individuals who seek to be self-reliant, independent, ambitious citizens. We support these individuals and their efforts wholeheartedly, as do most Americans.

We wish to thank your administration for its support of legislation and appropriations which are crucial to the delivery of care and services for people living with HIV. I want to thank you, on behalf of the hundreds of thousands of Americans such as myself who are living with HIV, for showing compassion and concern in the face of this disease. And above all, thank you for uniting with AIDS Services Foundation in the fight against AIDS. We join with you in supporting the reform of the nation's disability entitlement system.

Sincerely yours,

Thomas J. Peterson
Public Policy Coordinator

AIDS Services Foundation Orange County

Main Office
James R. "Bud" Waren, M.D. Center
17982 Sky Park Circle, Suite J
Irvine, CA 92614-6408

714 253-1500
852-1185

January 23, 1998

Tuesday 12 [illegible] 15th

Ms. Sarah Holinski
OFFICE OF NATIONAL AIDS POLICY
808 17th Street, Suite 820 NW
Washington, DC 20006

Dear Sarah:

I am enclosing herewith a copy of the letter I sent to President Clinton this past week. I included in the package to the President 55 letters from our office which support efforts at reforming the federal disability entitlement system.

I have also enclosed a letter to Director Thurman from our office which describes this effort. You suggested that I include a draft response to assist your office in generating an acknowledgment. I have included both of these documents with this letter.

Thank you for being available to my office and the clients of AIDS Services Foundation. I look forward to meeting you when I am in Washington for ***AIDS*WATCH '98** on May 4th and 5th, 1998.

Sincerely yours,

Thomas J. Peterson
Coordinator of Public Policy

January, 1998

President William Jefferson Clinton
THE WHITE HOUSE
Washington, DC 20505

Dear President Clinton:

Under your leadership, more than 10 million Americans are benefiting from an unprecedented expansion of the American economy. Although this expansion may seem broad based, the community of Americans who are living with disabilities are unable to share equally. Systemic disincentives within the Social Security disability entitlement programs have kept productive, ambitious, able-bodied Americans from re-entering the workplace. I challenge you to extend the benefits of this economic expansion to Americans with disabilities by reforming federal entitlement programs and removing the return-to-work disincentives contained within them. In accepting this challenge, you will be assisting 1 million Americans with disabilities in obtaining employment over the next five years. You will also be utilizing an overlooked resource of capable, self-reliant Americans who are looking to return to workplaces and offices throughout the nation.

Evidence from recent studies and General Accounting Office reports cite the fear of losing health care, together with its long term services, prescriptions, medications and medical technology benefits, as the primary barrier to re-employment. In addition, the financial disincentives to work, the lack of choices of service providers, the complexity of SSA Work Incentives, and the lack of employment opportunities all conspire to prevent partially disabled or recovering individuals from working.

I ask you to use your leadership in 2 ways to assist 1 million Americans with disabilities over five years to return to work.

> **First,** make a reference in your 1998 State of the Union Address about the need to reform federal entitlement programs to remove back-to-work disincentives.
>
> **Second,** direct the Commissioner of the Social Security Administration, the Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury to work with the Senate Finance Committee and the House Ways and Means Subcommittee on Social Security to enact legislation in early 1998 to eliminate systemic financial, health care, employment and training, and all other barriers to employment contained within federal entitlement programs.

You have proven leadership in the area of entitlements reform. Your leadership in accepting this challenge will help 1 million Americans with disabilities participate fully in the American dream and will help them realize the promise of the accessible bridge to the 21st century. Thank you for accepting this challenge.

Sincerely,

Signature		
Printed Name		
Street Address		
City	*State*	*Zip Code*

entitlement system that needs repair. People living with HIV and AIDS -- along with many others with disabilities -- deserve the opportunities afforded to all Americans. Please express these concerns to Health and Human Services Secretary Shalala, to the members of the President's Council on AIDS, and to leaders in the Congress. It will take the hard work and cooperation of everyone to accomplish this reform. I assure you that the results of this effort will benefit this nation and its citizens well into the 21st century.

Thank you for considering this request and for extending friendship to ASF. We look forward to seeing you in this area in the coming months.

Sincerely yours,

Thomas J. Peterson
Public Policy Coordinator

DRAFT

Example of acknowledgment letter from Director Thurman

Dear Mr. Peterson:

This is to thank you and your many colleagues for expressing their concerns about the issue of disability entitlement reform. I am as concerned as you are that we fix a disability program that seems to disregard individuals' efforts at regaining their independence. The back-to-work movement among people living with HIV and AIDS is a direct by-product of some of the recent successes in HIV treatment. I believe that it is absolutely crucial at this time that we recognize and reward the courageous efforts of a community of people living with HIV and AIDS. History demands that we take prompt, bold action on the issue of disability reform.

(Insert information that may relate to other current legislative or policy issues about HIV.)

Please be assured, Mr. Peterson, that your message has been heard in Washington. Above all, please convey to the clients of AIDS Services Foundation that this office remains committed to providing access to care and treatment for people living with HIV and that we join you in the fight against AIDS. Thank you for working on behalf of Americans living with HIV.

AIDS Services Foundation
Orange County

FAX TRANSMISSION

TO: Sarah Holinski	*FROM:* Thomas J. Peterson Public Policy Department AIDS SERVICES FOUNDATION
COMPANY: OFFICE OF NATIONAL AIDS POLICY	*SENDER'S FAX NUMBER:* 714 / 852 - 1185
RECEIVER'S FAX NUMBER: 202 / 632 - 1096	*DATE:* Thursday, April 02, 1998
TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 7	*SENDER'S DIRECT PHONE NUMBER:* 714 / 253 - 1538

COMMENTS:

Hi, Sarah. I found the letters which will permit you to pick up the trail. Thanks for taking this on. I look forward to hearing from your office.

THE WHITE HOUSE

WASHINGTON

April 8, 1998

Thomas J. Peterson
Coordinator of Public Policy
AIDS Services Foundation Orange County
James R. "Bud" Waren, M.D. Center
17892 Sky Park Circle, Suite J
Irvine, CA 92614-6408

Dear Mr. Peterson:

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Again, thank you for your concern and please give my regards to your dedicated colleagues fighting on the front lines at the AIDS Services Foundation in Orange County.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

AIDS Services Foundation
Orange County

FAX TRANSMISSION

TO: Ross Leach	*FROM:* Thomas J. Peterson Public Policy Department AIDS SERVICES FOUNDATION
COMPANY: Office of National AIDS Policy	*SENDER'S FAX NUMBER:* 949 / 852 - 1185
RECEIVER'S FAX NUMBER: 202 / 456 - 2438	*DATE:* Thursday, May 21, 1998
TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 2	*SENDER'S DIRECT PHONE NUMBER:* 949 / 253 - 1538

COMMENTS:

Thank you for your information referrals.

Here's my fax copy of the letter. Sarah Holewinski worked on this matter; perhaps she can help locate the original. Thanks again.

THE WHITE HOUSE

WASHINGTON

April 27, 1998

Kristine Moore, M.D., M.P.H.
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard
Suite 303
Atlanta, GA 30341-4015

Dear Dr. Moore:

Thank you for your letter of March 12 on CSTE's position with regard to HIV reporting.

This is a important issue for HIV epidemiology and the evaluation of HIV prevention efforts in this country. The need for more data on HIV infection is particularly urgent in light of the success of new combination antiretroviral therapy which has dramatically lowered AIDS incidence and mortality during the past two years. As you know, AIDS case surveillance is a model of excellence and HIV surveillance is already conducted in 31 states.

I am aware of the recommendations of your organization, the National Alliance of State and Territorial AIDS Directors and the Association of State and Territorial Health Officials in favor of name-based HIV surveillance. I am undecided as to whether name-based is the only viable method to obtain high quality data for HIV surveillance. I am working with Dr. Helene Gayle at the Centers for Disease Control and Prevention and Dr. Eric Goosby at the Office of HIV/AIDS Policy in the Department of Health and Human Services to reach consensus on the content of the proposed Morbidity and Mortality Weekly Report Recommendations and Reports so that it can be published in the near future.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy
Executive Office of the President
736 Jackson Pl NW
Washington, DC 20503

cc: G. Birkhead H. Gayle
K. De Cock E. Goosby
W. Forrester

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10615	Kristine	Moore	3/16/98	Finalization of Natl Policy

√ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			SThurman	

Action Completed	Action Date	Addressed To

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Cncl State & Territorial Organi		

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

Council of State and Territorial Epidemiologists

National Headquarters

2872 Woodcock Boulevard
Suite 303
Atlanta, GA 30341-4015
Phone: (770) 458-3811
Fax: (770) 458-8516
http://www.cste.org/

Executive Director:
Willis R. Forrester, M.P.A.

Executive Committee

President:
Guthrie S. Birkhead, M.D., M.P.H.
Director, AIDS Institute
New York State Department of Health
Empire State Plaza
Corning Tower Building, Room 412
Albany, NY 12237-0658
Phone: (518) 473-7542
Fax: (518) 486-1315

President-Elect:
Patricia Quinlisk, M.D., M.P.H.
Medical Director/State Epidemiologist
Iowa Department of Public Health
Lucas State Office Building
321 East 12th Street, 4th Floor
Des Moines, IA 50319-0075
Phone: (515) 281-4941
Fax: (515) 281-4958

Vice-President:
David W. Fleming, M.D.
State Epidemiologist
Oregon Health Division
800 Northeast Oregon Street, #21
Suite 730
Portland, OR 97232
Phone: (503) 731-4023
Fax: (503) 731-4082

Secretary-Treasurer
Kathleen F. Gensheimer, M.D., M.P.H.
State Epidemiologist
Maine Department of Human Services
Bureau of Health
157 Capitol Street
State House Section 11
Augusta, ME 04333-0011
Phone: (207) 287-5301
Fax: (207) 287-6865

Members-at-Large:

Rebecca A. Meriwether, M.D., M.P.H.
Louisiana, (1998)

C. Mack Sewell, Dr.P.H., M.S.
New Mexico, (1999)

James Jerome Gibson, M.D., M.P.H.
South Carolina, (2000)

Infectious Diseases Epidemiology:

Kristine L. MacDonald, M.D., M.P.H.
Minnesota, (1999)

Chronic Diseases Epidemiology:

Eugene J. Lengerich, V.M.D.
North Carolina, (1998)

Environmental Epidemiology:

Bruce T. Brackin, M.P.H.
Mississippi, (2000)

March 12, 1998

Ms. Sandra Thurman
Director, Office of National AIDS Policy
Room 820 - 808 17th Street
Washington, D.C. 20006

Dear Ms. Thurman:

I am writing to you on behalf of the Council of State and Territorial Epidemiologists (CSTE) to ask your help in finalizing national policy with regard to reporting of HIV infection. CSTE is a professional organization with over 400 members who are epidemiologists working in state and local public health agencies across the country. For a number of years, CSTE has endorsed improved surveillance for HIV through HIV reporting at the state and local level. At our annual meeting in June 1997, we unanimously reaffirmed our support for HIV reporting and specifically recommended that such reporting be by name (see enclosed position statement).

Reporting of HIV by name is the *only* method of surveillance which can provide the high quality data on the HIV epidemic that are needed to monitor trends in new infections and to plan and evaluate prevention and health care programs. Information on unique identifier systems for HIV surveillance published in the MMWR (1998;46:1254-58, 1271) subsequent to our June 1997 position statement confirm that this alternative to named reporting is not adequate to provide the data that are needed for public health purposes. The CSTE position statement also: (1) calls for strong confidentiality protections for reported HIV cases: (2) indicates that anonymous testing programs are not inconsistent with named reporting: and (3) leaves any linkage of HIV reporting to partner notification activities to local discretion.

We specifically ask that your Office urge the Department of Health and Human Services to publish for comment as soon as possible the draft Reports and Recommendations on HIV reporting that has been developed by the Centers for Disease Control and Prevention (CDC) and which currently recommends HIV name-reporting as the "best practice" in HIV surveillance. We further respectfully request that you give strong support to the recommendations for HIV name-reporting from CSTE, the National Alliance of State and Territorial AIDS Directors (NASTAD), the Association of State and Territorial Health Officials (ASTHO) and other organizations representing public health professionals.

We believe that HIV name-reporting is the *only* effective way to conduct HIV surveillance and ask your Office to show leadership in this area by endorsing these recommendations.

Please let me know if our organization can provide further information.

Sincerely,

Kristine Moore

Kristine Moore, M.D., M.P.H.

Enclosure

1997 CSTE ANNUAL MEETING

CSTE POSITION STATEMENT#ID-4

COMMITTEE: Infectious Disease

TITLE: National HIV Surveillance: Addition to the National Public Health Surveillance System

ISSUE: Surveillance for all persons with HIV is needed to address the increasing limitations of AIDS surveillance. HIV surveillance will be unaffected by delays in disease progression and provides information on the leading edge of the epidemic. Estimates of the total number of known persons living with HIV are central for determining medical care and social service needs. In addition, the HIV prevention community planning process has identified additional data needs for effective prevention planning at state and local levels. There is an increasing role for HIV surveillance data to evaluate the impact and outcomes of prevention programs. As treatment extends the lives of HIV-infected persons, effective HIV prevention strategies are crucial to controlling the HIV epidemic. HIV surveillance data are needed to guide and evaluate these efforts.

POSITION TO BE ADOPTED:

CSTE recommends:

1. All states and territories should implement confidential HIV infection reporting by name from health care providers and laboratories based on methods that provide accurate and representative data for all persons confidentially diagnosed with HIV infection.

2. Unique identifiers other than a name not be used for HIV surveillance activities as evaluations of such systems have not shown a level of completeness comparable to name-based systems. In addition, follow-up to determine disease progression and voluntary patient referrals to prevention and treatment services are more difficult in the absence of patient identifiers.

3. States and territories not view confidential HIV infection reporting and continuation of anonymous HIV testing as incompatible. In states and territories where public health officials and community planning groups deem anonymous HIV testing to be an effective adjunct in the response to the epidemic, the continuation of anonymous testing is appropriate. Steps should be taken to assure that persons testing positive in an anonymous setting be referred for medical care and other supportive services.

4. All states and territories encourage the use of HIV surveillance data at the local/state level in the community planning process to identify local needs and resources and to assist the referral of those in need of medical care, prevention or social services.

5. CDC should identify the core data elements needed to monitor newly diagnosed (prevalent) HIV infection, late stage disease (AIDS), and HIV-related deaths. Surveillance methodology should also include the ability to identify recently infected persons, i.e., persons with primary/acute HIV infection, recent seroconverters or high CD4+ cells. (See Attachment 1, Section I)

6. CDC should provide increased funds and technical assistance to ensure the quality and efficiency of HIV surveillance systems and to facilitate the transition from tracking severe HIV disease (AIDS) to monitoring HIV infection (including AIDS).

7. States and territories should continue to ensure the security and confidentiality of AIDS and HIV surveillance data with ongoing technical support from CDC.

BACKGROUND AND JUSTIFICATION:

All U.S. states and territories currently require confidential reporting of AIDS cases to the local or state health department. Since 1981 more than 580,000 cases have been reported in the U.S. AIDS case reporting has formed the cornerstone of our efforts to monitor the HIV epidemic at the national, state, and local levels. HIV prevention efforts are based to a large degree on demographic and HIV risk behavior information collected through AIDS surveillance. Aside from HIV-related mortality data available through vital statistics, AIDS surveillance represents the only nationwide population-based source of data on the HIV epidemic in the U.S.

The use of AIDS surveillance data to monitor the HIV epidemic has important limitations. AIDS represents the most advanced stage of HIV disease which in the absence of effective antiretroviral treatment develops on average more than 10 years after initial HIV infection. Thus, AIDS surveillance is not a sensitive method of detecting emerging epidemic trends and provides an imprecise estimate of the overall burden of the HIV epidemic. Furthermore, recent advances in HIV therapy will increasingly limit the utility of AIDS surveillance data. The recent introduction of protease inhibitors and potent combination antiretroviral therapies has resulted in dramatic clinical improvement among many persons with HIV infection. Preliminary reports suggest that these new treatments greatly slow and may even reverse the progression of HIV disease. Dramatic declines in AIDS-related deaths have already been reported throughout the U.S. and in many regions of the country declines in newly reported AIDS cases are occurring. Early treatment is likely to extend the length and quality of life and may also reduce infectiousness and secondary transmission. AIDS surveillance is inadequate for assessing the impact of these effective and expensive new therapies on the course of the epidemic.

An important concern expressed by community agencies and some public health departments is the possible adverse impact of reporting on the willingness of at-risk persons to seek HIV testing services. Given this potential the continued availability of publically funded anonymous testing should be considered. Also, the recent introduction of commercially available home collection kits for anonymous HIV testing will provide widespread opportunities for anonymous testing in rural as well as urban settings.

HIV surveillance need not necessarily be linked to partner notification activities. Support for voluntary partner notification activities should be developed in the broader context of community planning (or other advisory processes).

Twenty-nine states currently require HIV case surveillance of adults and adolescents and/or children who test positive for HIV antibody and report these data to the Centers for Disease Control and Prevention (CDC). HIV/AIDS case surveillance is conduced by reporting patient and provider names to authorized personnel of state\local health departments. Both Florida and New Mexico have recently passed rules or legislation to initiate HIV surveillance and have targeted implementation dates in late 1997 or early 1998.

In some states that have considered HIV surveillance, community concerns about confidentiality of these data have led to consideration of reporting with non-name identifiers. In two states (Texas and Maryland) HIV surveillance is conducted using numeric codes instead of patient names. Both states have encountered substantial barriers in implementing these systems. Inaccurate and incomplete coding of unique identifiers has led to an inability to accurately link to existing databases limiting the utility of this approach as an effective surveillance method.

In 1989, 1991, 1993, 1995, CSTE adopted resolutions encouraging states to consider implementation of HIV case surveillance.

GOALS FOR SURVEILLANCE:

Local/State/National goals:

a. Obtain a minimum estimate of the number of HIV infected persons

HIV case surveillance is useful because it provides a minimum number of persons known to be HIV-infected in a given area. This will provide for, planning purposes, the best local estimate of the number of persons for whom services may be required. This minimum estimate would provide a more appropriate means for distribution of federal, state and local funds for services.

b. Monitor more recent epidemic infection trends

HIV case surveillance provides data regarding persons who acquired HIV more recently than those reported with AIDS. Among cases reported from 1994 through 1996 in states with HIV reporting, a higher proportion of persons with HIV compared to AIDS were women (29%:19%), African American (56%:46%) and between 13-24 years of age (17%:5%). In addition, an estimated 3,000 to 4,000 persons reported annually in HIV surveillance states have evidence of recent infection, based on CD4 count >700 cells/l, documented seroconversion within 18 months of their HIV diagnosis, or young age (under 24 years). These cases represent over one quarter of recently infected persons in these states. These data may be useful for developing timely targeted prevention interventions to reduce HIV transmission, evaluate HIV counseling and testing programs, and evaluate access to and use of HIV treatment services.

c. Evaluate prevention interventions

HIV surveillance may also be used to target and evaluate specific HIV prevention interventions such as the recommended procedures to reduce the risk of perinatal HIV transmission. For example, a recent CDC analysis found that by September 1995, states with HIV surveillance were able to identify 49% of children who were born to infected mothers in 1993 compared to only 5% of children in states with AIDS reporting alone. These states can most effectively evaluate Public Health Service recommendations for reducing perinatal transmission and counseling and voluntary testing of pregnant women, and monitor changes in rates of perinatal transmission in the most timely way.

d. Epidemiologic profiles for community planning

States conducting HIV surveillance have presented HIV data together with AIDS surveillance data in their epidemiologic profiles for community planning. Community planning groups in areas without HIV reporting have expressed interest in data reflecting more recent transmission patterns. States with HIV surveillance have used male to female ratios in HIV data, which may reflect more current transmission patterns than AIDS data, for calculations of prevalence based on the Survey of Childbearing Women. However, with discontinuation of the Survey of Childbearing Women, HIV surveillance data may become more widely used for estimating prevalence in these states.

e. Referrals to care and services

HIV case surveillance may also be used to provide a basis for offering voluntary referrals to appropriate prevention and treatment programs for HIV-infected persons. In more recent years, some states such as South Carolina, Missouri, Minnesota, and New Jersey are also offering medical and social service referrals for persons reported with HIV infection.

f. Improve efficiency and completeness of reporting

HIV reporting has the added potential benefit of enhancing the efficiency, and thereby reducing the cost, of the current AIDS surveillance program by allowing for a more laboratory-based system of case finding and reporting. A laboratory-based system of reporting of HIV-positive test results and CD4+ T-lymphocyte counts <200 cells/uL would allow fuller and more timely characterization of the epidemic in the U.S.

METHOD FOR SURVEILLANCE:

Surveillance for HIV would be incorporated into existing AIDS surveillance activities by state and local health departments and would be enhanced through laboratory-based case finding and reporting. Reporting by hospital-based infection control practitioners and health care providers would be required.

HIV surveillance should be simple and include a core set of data elements essential for disease monitoring and should be sufficiently similar to AIDS surveillance to provide an integrated flow of information. Data should be available to estimate the number of new HIV diagnoses, HIV and AIDS prevalence and HIV related deaths. Surveillance methods should include laboratory-based case finding and reporting to enhance efficiency and completeness of reporting. Surveillance systems should be flexible enough to keep up with changes in clinical practice and new diagnostic methodologies. The reporting of HIV by hospital-based infection control practitioners, clinicians, health maintenance organizations and other public and private providers of HIV care should be encouraged. HIV surveillance should use the traditional public health practice of including the name with the collected information to assist efforts to eliminate duplicate reports, conduct follow-up epidemiologic investigations and provide voluntary referrals to link clients to services as deemed appropriate.

In addition to core data collection, supplemental surveillance studies should be preformed to address more complex issues such as access to medical care, drug assistance programs, drug resistance, and effectiveness of prevention and treatment interventions. The impact of treatment on risk behaviors and potential infectiousness also need to be determined. These data may be collected through approaches such as representative sampling, sentinel surveillance or projects that target special populations or geographic areas (See Attachment 1, Section 2).

Accordingly, security and confidentiality are of paramount concern for HIV surveillance systems. All programs should periodically review security and confidentiality protections in place and take steps to improve these protections.

CASE DEFINITION:

Human Immunodeficiency Virus (HIV) Infection

Laboratory Criteria for Diagnosis:

Repeatedly positive test for antibody to HIV confirmed by western blot or IFA or specimens that are positive by PCR, viral load testing or viral isolation by culture or other FDA-approved HIV diagnostic or confirmatory tests.

Clinical Criteria for Diagnosis:

1993 CDC Revised AIDS case definition

PERIOD FOR SURVEILLANCE: Permanent

COORDINATION WITH OTHER ORGANIZATIONS:

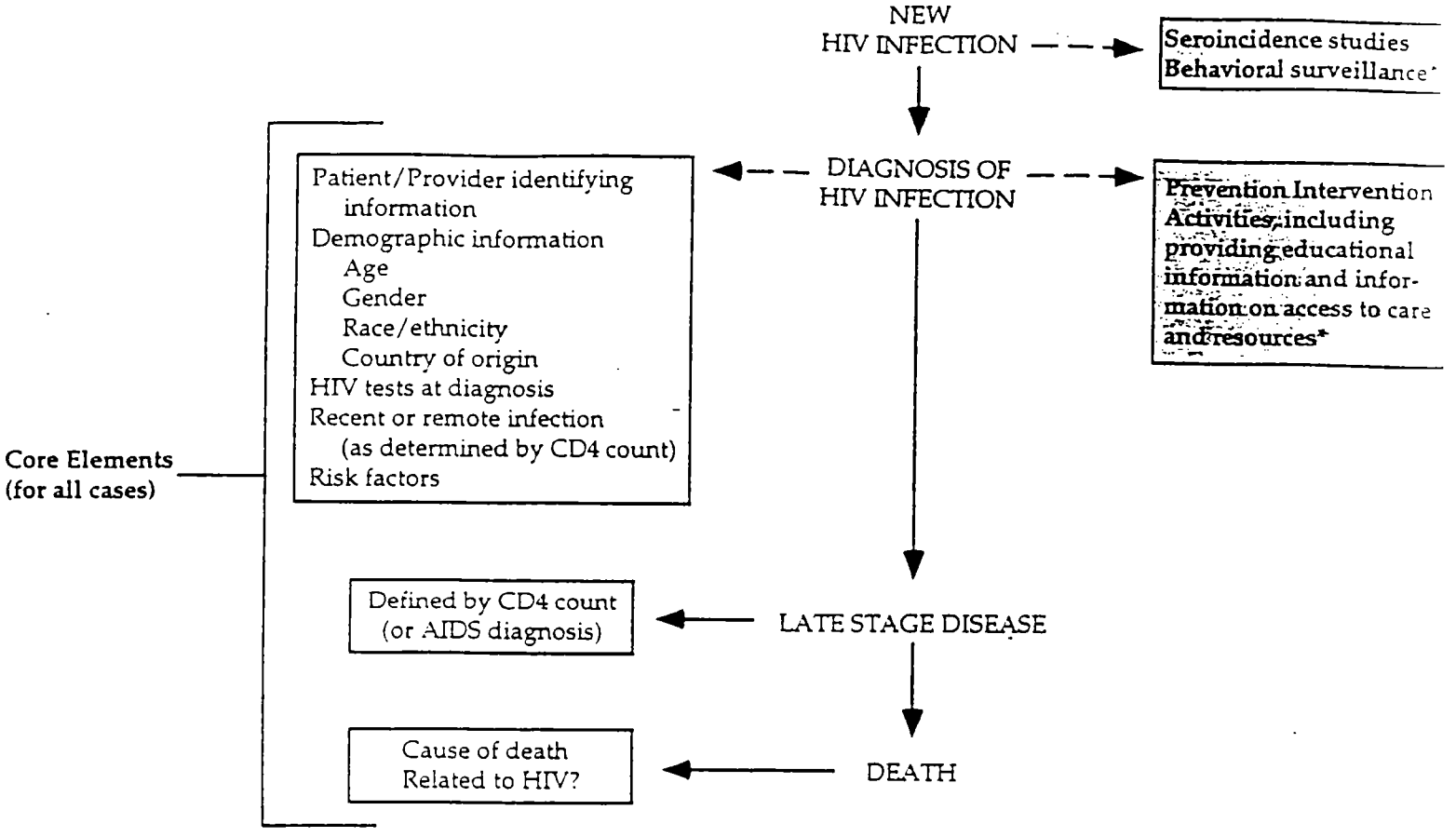
Agencies for Response:	National Alliance of State and Territorial AIDS Directors (NASTAD) Centers for Disease Control and Prevention (CDC) Health Research and Services Administration (HRSA)
Agency for Information:	Association of State and Territorial Health Officials (ASTHO)

CONTACT:

Kristine MacDonald, M.D., M.P.H.
Acute Disease Epidemiology
Minnesota Department of Health
717 Delaware Street, S.E.
Minneapolis, MN 55440
(612) 623-5415 (tel)
krism@mdh-dpc.health.state.mn.us

FRAMEWORK FOR NATIONAL HIV SURVEILLANCE

I. CORE HIV SURVEILLANCE



*Not part of core surveillance, but aspects of an integrated system for monitoring the HIV epidemic and providing prevention services, along with special studies or sampling of issues identified below.

II. SUPPLEMENTAL HIV SURVEILLANCE (RANDOM SAMPLING OR SELECTED POPULATIONS/GEOGRAPHIC AREAS)

Clinical/Treatment Issues:
- Development of opportunistic infections/cancers
- Viral load data
- Treatment response
- Development of resistance to antiviral agents
- Impact on survival

Access Issues:
- Infection prophylaxis
- Treatment access
- Insurance/reimbursement
- Access to other services

Social Issues:
- Impact of treatment on behavior
- Impact of prevention intervention activities
- Other issues

MEMORANDUM FOR BRUCE REED

FROM: Sandra L. Thurman
Director, Office of National AIDS Policy
(202)456-2437

Re: **Senate Democrats up in 1998**

It has come to my attention that you have raised concerns about the impact of our needle exchange policy on the re-election of Senators Boxer, Murray, and Mosley-Braun. Here are a few things to consider in that regard.

Oppostion to needle exchange has been largely driven by the House, not the Senate. While opponents tried to gin this issue up during the Satcher confirmation hearings (before the Labor Committee on which Sen. Murray sits), the issue was never raised during the hearings or in the pages and pages of follow-up questions. While Senator Ashcroft raised needle exchange on the floor, he quickly realized that it was not an issue that resonated with people and moved on.

Senator Specter has been a leader on this issue. He pushed the Appropriations Conference Committee last year to maintain the Secretary's authority and has a positive track record on AIDS. If this issue rises again, it will once again fall to him. He is up in 1998, has met with the Philadelphia needle exchange program, and promised to continue his help. Other Republican moderates in both the Senate and the House have been supportive and could be organized.

Senator Hatch created the scientific trigger for use of federal funding for needle exchange along with Senator Kennedy nearly a decade ago. Helms was trying to ban funding of needle exchange and Hatch-Kennedy offered a substitute that provided for the scientific determination. It is likely that with Varmus and Fauci solidly on the program we can get support from people like Hatch, Frist, and others with a solid public health background and a healthy respect for the NIH.

As for the three women Senators you mentioned in particular:

Boxer: Given the visibility of this issue in California, it seems likely that Boxer stands to gain more if the AIDS and health communities are happy with the Administration's action than if they are disgruntled. California currently operates twenty needle exchange programs, including a very large program in LA supported by Republican Mayor Riordan. In addition, much of the research on the effectiveness of needle exchange programs has been done by the Univeristy of CA. Finally, while Rep. Riggs did not oppose the House amendment to ban funding for needle exchange, other CA Republicans such as Reps Campbell, Horn, and Thomas did. Now that Riggs is trying to demonstrate his active interest in the lives of women, children, and families, we may just get his vote should this issue come around again.

Mosley-Braun: Illinois too operates six needle exchange programs, including two very large and successful programs in Chicago. The Chicago Tribune has editorialized twice on this issue, including a very harsh criticism of the Administration's inaction and its deadly effect on children in Chicago and elsewhere. Given the broad based support for needle exchange among mainstream health organizations located in Chicago, it would be easy to help Senator Mosley Braun put together a Chicago event designed to give her plenty of cover. Both the AMA and the Academy of Pediatrics are headquartered in Chicago and are ardent supporters of needle exchange. In addition, the support, of the Congressional Black Caucus, the NAACP, the National Council of Negro Women, and the National Black Police Association give her added cover in the black community.

Murray: The eleven needle exchange programs currently operating in WA are very popular among both Democrats and Republicans. During debate on Ryan White, Helms offered a needle exchange amendment and Senator Gorton came to floor to vigorously defend the effective program in Tacoma, WA. Sen. Gorton again demonstrated his support for needle exchange by backstopping Senator Specter's efforts to maintain the Secretary's authority in the Appropriations Conference this past year.

Again, I feel strongly that this issue can be effectively managed in the Congress once Varmus, Fauci, et al. officially say that science is in. Those whose help we want should NOT hear about this on the television or read about it in the paper. They should receive information from HHS or the White House as soon as it is available for release. [See attached congressional outreach list of friends on the Hill that should be informed as part of the roll-out.]

Attachment
Congressional Outreach

House

Leadership -- **Gephardt,** Gingrich
Appropriations/**L-HHS** -- *Porter,* **Young, Obey, Pelosi**
Commerce/Health -- Bilirakis, **Ganske, Brown, Waxman**
Caucuses -- **Waters, Becerra, Norton, Johnson**

* Republicans who voted NO on Hastert and who could potentially be organized to send a "Dear Collegue" accompanied by the science and position statements by the AMA, etc.

Campbell (San Jose, CA)
Cooksey (Alexandria, LA)
Foley (Palm Beach, FL)
Frelinghuysen (Morristown, NJ) -- Appropriations
Ganske (Des Moines, IO) -- Commerce, Health
Greenwood (Bucks City, PA) -- Commerce, Health
Horn (Long Beach, CA)
Houghton (Jamestown, NY)
Johnson (New Britain, CN)
Kolbe (Tucson, AZ) -- Appropriations
Leach (Cedar Rapids, IO)
McCrery (Shreveport, LA)
Morella (Rockville, MD)
Shays (Bridgeport, CN)
Thomas (Bakersfield, CA)
Young (St. Petersburg, FL) -- Appropriations (L/HHS)

Senate

Appropriations -- **Specter, Harkin**
Labor -- **Jeffords,** *Frist,* **Kennedy**
Others -- *Hatch,* **Gorton**

Key

bold = supporters of needle exchange
italics = likely supporters of needle exchange

THE WHITE HOUSE

WASHINGTON

April 13, 1998

James R. McDonough
Director, Strategy
Office of National Drug Control Policy
750 17th Street NW
Washington, DC 20503

RE: Needle Exchange Correspondence Dated April 10, 1998

Dear Mr. McDonough:

I very much appreciate your sharing the perspective of ONDCP regarding the issue of needle exchange (letter dated April 10, 1998), and your impressions of the program in Vancouver. However, many of the conclusions and statements that were made perpetuate erroneous and incorrect interpretations of scientific studies.

The science is clear and convincing.
It is stated that, "the science is uncertain" and "insufficient." I strongly disagree. In fact, Dr. Varmus, the Director of the NIH, recently reconfirmed before Congress that the science was adequate to support a certification by the Secretary that needle exchange programs reduce HIV infection without encouraging illegal drug use. Nevertheless, I thought we had agreed to let the Secretary of HHS, with support from the public health experts, make these "scientific determinations."

ONDCP continues to cite studies of NEPs done in Montreal and Vancouver as evidence that they don't work. We have expressed our concern regarding the manner in which those studies have been cited, and have been subsequently joined (in an op-ed in the *New York Times*) by the authors of those studies. While both initially show a higher incidence of HIV infection among participants in the NEPs than the general population, it is because these programs specifically target those at highest risk for HIV infection. Even among this hard-to-reach population, the Vancouver NEP now shows a reduction in HIV infection. Arguing the adequacy of the science in opposition to virtually every major medical and public health organization and journal weakens the credibility of this Administration.

Public health benefits outweigh the risks.
There is no evidence that HIV transmission rates are declining, as is stated. We do know that injection drug users, their partners, and their children are increasingly impacted by this epidemic--as many as 55 to 82 new infections every day. According to the scientists, NEPs reduce HIV infections without encouraging illegal drug use. Therefore, the public health benefits clearly outweigh any theoretical risks. Clearly, an effective HIV prevention strategy with no encouraging effect on illegal drug use should be an option for those health officials who deem it to be appropriate. As for drug prevention, I wholeheartedly agree that much more needs to be done and welcome the leadership of ONDCP in this area.

Needle exchange and drug treatment are wholly compatible and mutually supportive.
I agree that "needle exchange programs should not be funded instead of treatment." This has never been under consideration by this Administration. Quite the contrary, we have joined ONDCP in emphasizing the critical importance of increasing drug treatment services. The Congressional funding restriction currently under review by this Administration pertains to funds currently available to states and localities for HIV prevention, not drug treatment.

We will continue to work with HHS and ONDCP to support more drug treatment funding. It is worth noting that several cities with successful needle exchange programs such as Philadelphia, Baltimore, and San Francisco have been able to double their drug treatment budgets since their NEPs began.

Federal funding, and the federal imprimatur on the science, are absolutely critical.
While some state and local governments are demanding the option to use their federal HIV prevention funds for needle exchange programs, others are awaiting a public health determination by the Federal government before proceeding. Certifying that needle exchange programs are efficacious in reducing the spread of HIV without encouraging illegal drug use is a critical message to those state and local communities struggling with this issue. They are simply looking for leadership on this issue, and it is our responsibility to provide that leadership.

Congress will not abandon its investment in AIDS care, research, and prevention because needle exchange programs are funded.
We are not aware of any Member of Congress that has even suggested that AIDS funding for care, research, and prevention be reduced or abandoned in order to fund needle exchange programs. In establishing the criteria under which it felt needle exchange programs could be funded, Members of Congress indicated that they understood that needle exchange is an important but single strategy that must be seen as part of a comprehensive plan designed to deal with two complex epidemics.

What Congress has demanded is that this Administration provide direction and leadership on reducing the number of new infections so that the human and financial hemorrhaging can be stemmed.

Allowing state and local communities the option to use their HIV prevention funds for needle exchange programs in no way undermines our drug-control program.
Hypodermic syringes are not the cause of illegal injection drug use any more than matches are the cause of illegal marijuana use. However, the sharing of hypodermic syringes is directly contributing to the spread of deadly blood-borne diseases in this country. Needle exchange programs quite simply allow for the exchange of used syringes for clean ones, not handing them out on the street corner. Moreover, the scientific studies clearly show that NEPs are reaching hard-core drug users that are otherwise unreachable and offer our best and perhaps only chance of encouraging their acceptance of drug treatment.

Supporting NEPs sends a message to America that we care about our children.
The sharing of needles is the largest factor in the spread of HIV among children. NEPs offer the best hope of significantly reducing the number of babies born with HIV. That is why the Academy of Pediatrics is such a strong supporter of NEPs. Giving local communities the option to use their funds for needle exchange programs sends the message that we care about these children and their mothers. It is also a statement that we believe treatment works, and that we want drug users to stay alive so that they can avail themselves of the benefits of treatment.

NEPs are an integral component of programs that serve disadvantaged neighborhoods drowning in illegal drug use.
These communities are already in crisis not because of NEPs, but because of drugs, crime, poverty, violence, and AIDS. In these communities, NEPs are often the only link people have to a way out of this pernicious cycle of addiction and despair. Again, needle exchange programs increase the need for drug treatment services, health care, housing, jobs, and other services. In many cases, they have proven to be a tremendous opportunity for a range of successful interventions with a population that has heretofore remained extremely difficult to reach.

To argue that NEPs "attract addicts from surrounding areas" supports their expansion, not their restriction. Only because the programs are scarce are drug users forced to travel to different communities to get clean needles. It is certainly also true, as your staff observed in Vancouver, that it is the ready availability of illegal drugs that attracts addicts, not needles.

The bottom line is that the science is there to support the Secretary's determination. This Administration has a moral obligation to do everything it can to stop the spread of this terrible disease. Giving states and local communities the option to use their federal HIV prevention funds for needle exchange programs is an essential step if we are ever to stop this epidemic.

While on occasion we might struggle to find common ground, I greatly appreciate your dedication to stopping the devastating impact that drug use and HIV/AIDS have on our nation. I look forward to continuing to work with ONDCP to address these difficult issues.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

cc: Erskine Bowles
Rahm Emanuel
Bruce Reed

THE WHITE HOUSE

WASHINGTON

April 8, 1998

John Moser
Executive Director
Jay County AIDS Task Force, Inc.
P.O. Box 1233
Portland, IN 47371

Dear Mr. Moser:

I am extremely sorry that I will not be able to attend Jay County AIDS Task Force's AIDS Awareness Week activities being held in conjunction with students at Jay County High School. Unfortunately, pressing issues required that I stay in Washington, D.C. so that I could be "at the table" to ensure that the voice of people with AIDS is heard loud and clear.

While I am very excited about the recent reports of a decrease in AIDS deaths occurring across the United States, I am very disturbed by the fact that we have not seen a similar decrease in new HIV infections. Today, more than 25 percent of the new HIV infection cases are in America's young people -- our future. More and more of these cases are being reported in rural areas. We have no less an obligation to ensure that people in rural areas receive the prevention information, as well as the care and treatment that they need, as any other group of Americans. Issues such as access to treatment, discrimination, shortage of health care professionals, transportation issues, and coordination of services all affect your ability to provide the services which are necessary.

I am a firm believer that community-based organizations such as yours are in the best position to address these issues and meet the needs of people living with HIV infection, as well as to take a leadership role in preventing new infections. I commend the Jay County AIDS Task Force for its efforts and want to say how proud I am of the leadership role the Task Force has taken in educating students and individuals living in rural areas about the importance of HIV and AIDS.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

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March 27, 1998

John W. Moser
Executive Director
Jay County AIDS Task Force, Inc.

Dear Mr. Moser:

Thank you for your invitation to visit Jay County, Indiana. How HIV/AIDS touches those lives of rural America is equally as important as how it affects those in urban areas of our country.

I am very sorry that I will not be able to visit Indiana during April 6-8, 1998. As you may know, right now is an extremely critical point for the issue of federal funding for needle exchange. Unfortunately, this demands that I be here in Washington, D.C. for discussions and decisions. This does not in any way reflect my priority to visit Jay County, or how much I value your personal commitment, involvement, and dedication.

I sincerely hope to be able to visit Jay County very soon, and look forward to meeting you and the students at Jay County High School.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

v: Thurman
98April/MOSER

Jay County AIDS Task Force, Inc.

P.O. Box 1233
Portland, IN 47371
(219) 997-6788

AIDS HelpLine and Information
1-800-997-6790

December 23,1997

Ms.Sandra L. Thurman, Director
Office of National AIDS Policy
The White House
Washington, DC. 20500

Dear Ms. Thurman:

Just a brief note to let you know that we in Jay County, Portland, Indiana are still very much in want of your presence here in April 1998. I have talked with many of the students at Jay County High School who are helping me plan this year's AIDS AWARENESS WEEK and they are looking forward to having you here. Don't forget that people living with AIDS in rural Indiana have a whole different life than those living in easily accessable cities!

I do hope that you will make your decision to a scheduled commitment to us in the very near future. The event days are once again April 6-8,1998. I would prefer to have you speak on the 8th, but will work with your schedule for any of those days. I am planning a special luncheon for you with people from all over the State of Indiana and as you well know my Senators and Representatives are very much in support of your appearance here in rural Indiana.

I have to have invitations printed, meals to plan and a proper venue needs to be obtained for you. I also contact media,etc. Please respond quickly.

Sincerely,

John W. Moser

John W. Moser, Person living with AIDS
unpaid Executive Director
Jay Co. AIDS Task Force, Inc.

only LOVE can TRANSFORM

THE WHITE HOUSE

WASHINGTON

September 24, 1997

John W. Moser
Executive Director
Jay County AIDS Task Force, Inc.
P.O. Box 1233
Portland, IN 47371

Dear Mr. Moser:

Thank you for your invitation to speak at Jay County High School during its 1998 AIDS Awareness Week. Your commitment to educating both young people and members of rural communities is admirable, and I share your heartfelt enthusiasm. Senator Richard Lugar wrote a letter to me on your behalf expressing his belief that your efforts are an important element in combating the AIDS epidemic in Indiana, a belief with which I agree.

I am aware of Patricia Fleming's visit to Jay County and look forward to following her lead. Unfortunately, I cannot yet formally commit to any appointments in Spring 1998. I will certainly keep your event in mind as April draws near, but I will have to wait until early Spring before giving you a final answer. I apologize for the inconvenience.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

cc: Senator Richard Lugar

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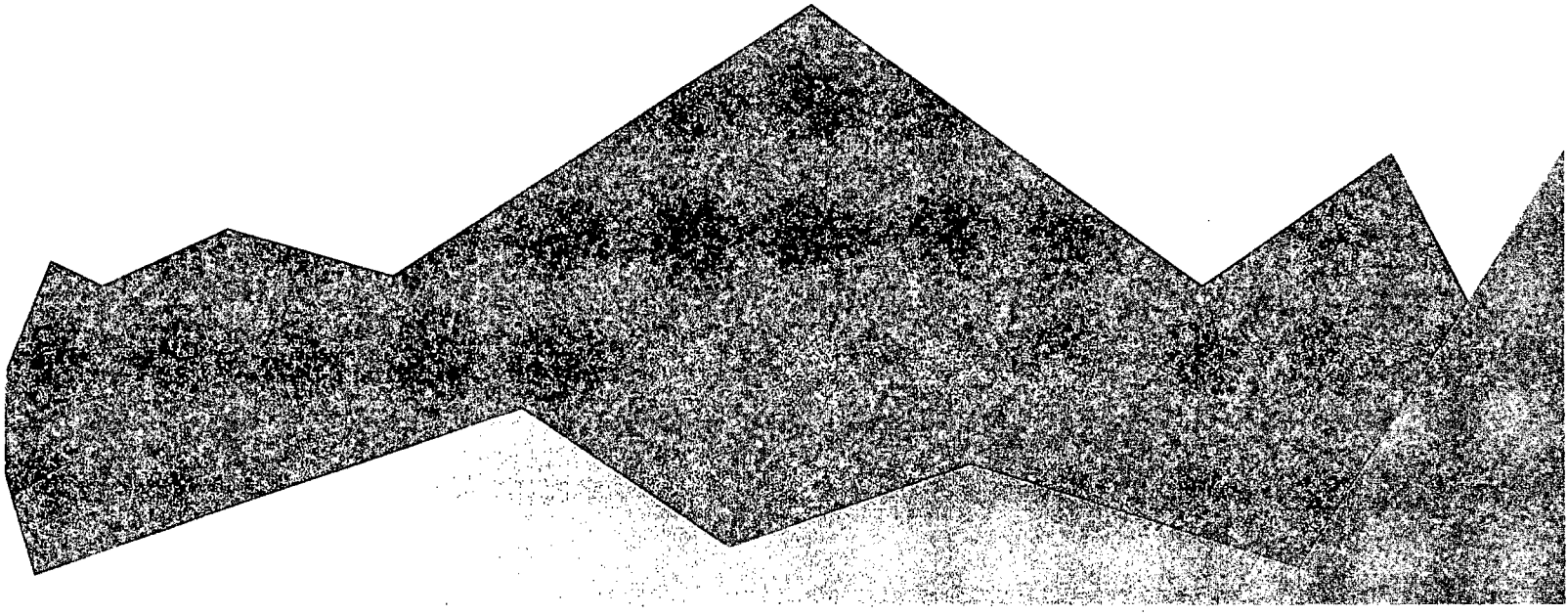
First Invitational Conference on HIV and AIDS in Rural California



Consensus Statement and Recommendations

THE WHITE HOUSE
WASHINGTON

April 23, 1998

Mr. Paul Kawata
Executive Director
National Minority AIDS Council
1931 13th Stree NW
Washington, DC 20009-4432

Dear Paul,

Enclosed please find a signed photograph of you and the President taken at the radio address on the Race and Health Initiative. I thought you might appreciate it as a keepsake!

Thank you for all of your good work!

With warm regards,

Sandy

THE WHITE HOUSE
WASHINGTON

April 23, 1998

r. Daniel Zingale
:ecutive Director
'DS Action Council
75 Connecticut Avenue, NW
ashington, DC 20201

:ar Daniel,

Enclosed please find a signed photograph of you and the
:sident taken at the radio address on the Race and Health Initiative.
ıought you might appreciate it as a keepsake!

Thank you for your extraordinary effort, particularly over the
st few weeks! You have been a great advocate for those living with
V/AIDS.

With warm regards,

Hugs + kisses —

Sandy

THE WHITE HOUSE
WASHINGTON

April 23, 1998

Mr. Ernest Hopkins
Director of Federal Affairs
San Francisco AIDS Foundation
10 United Nations Plaza
San Francisco, CA 94102

Dear Ernest,

Enclosed please find a signed photograph of you and the
President taken at the radio address on the Race and Health Initiative.
I thought you might appreciate it as a keepsake!

Thank you for your extraordinary work over the years. You
have been a great advocate for those living with HIV/AIDS. ——
and a great friend ☆

With warm regards,

Sandy

THE WHITE HOUSE
WASHINGTON

April 23, 1998

Phyllis Greenberger
ety for the Advancement of Women's
Health Research
L Street NW, Suite 625
hington, DC 20036

Phyllis,

Enclosed please find a signed photograph of you and the
ident taken at the radio address on the Race and Health Initiative.
ught you might appreciate it as a keepsake!

Thank you for your extraordinary work over the years. You
been a great advocate for those living with HIV/AIDS.

With warm regards,

Sandy

THE WHITE HOUSE
WASHINGTON

April 23, 1998

Mr. A. Cornelius Baker
Executive Director
National Association of People With AIDS
1413 K Street NW
Washington, DC 20005

Dear Cornelius,

Enclosed please find a signed photograph of you and the President taken at the radio address on the Race and Health Initiative. I thought you might appreciate it as a keepsake!

Thank you for your extraordinary work over the years, and particularly over the last few difficult weeks! You have been a great advocate for those living with HIV/AIDS.

With warm regards,
& much love —

Sandy

THE WHITE HOUSE
WASHINGTON

April 23, 1998

tcher
retary for Public Health
th and Human Services
lence Avenue SW
DC 20201

her, David —

sed please find a signed photograph of you and the
en at the radio address on the Race and Health Initiative.
ı might appreciate it as a keepsake!

ς you for your extraordinary work over the years, and
ıver the last few difficult weeks! You have been a great
those living with HIV/AIDS.

ruly looking forward to working with you more closely in
we seek to bring an end to this terrible epidemic.

With warm regards,

Sandy

THE WHITE HOUSE
WASHINGTON

April 23, 1998

Dr. Margaret Hamburg
Assistant Secretary for Public Health
Dept. of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Peggy,

Enclosed please find a signed photograph of you and the President taken at the radio address on the Race and Health Initiative. I thought you might appreciate it as a keepsake!

Thank you for your extraordinary work over the years! You have been a great advocate for those living with HIV/AIDS.

I am truly looking forward to working with you more closely in the future as we seek to bring an end to this terrible epidemic.

With warm regards,

Sandy

P.S. looking forward to getting together soon —

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR KEVIN THURM

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

CC: Dr. Eric Goosby
Dr. Helene Gayle

Date: April 24, 1998

Re: **CDC Messages on HIV Name Reporting**

I need your help with this HIV name-reporting issue. It feels like we have been having the same conversations with the epidemiologists over and over again, and yet the message that continues to come out is that the Administration is pushing for names-based reporting. I have been getting calls from both community members and Congressional staff complaining that CDC's expression of bias towards names reporting is making it difficult to have objective conversations at the state level.

Most recently, an AP wire story and CDC's own daily news summary articulated CDC's desire for a national names-based HIV surveillance system (see attached). My understanding was that HHS was to review and approve policy, not CDC.

Todd has talked to Dr. Gayle both about keeping the message clear and about the need to come to resolution quickly on a policy statement so that the R and R can be completed. We agree that the lack of a statement is allowing for this kind of misunderstanding. Nevertheless, until a policy has been decided, it is not appropriate for CDC staff to be positing--either on or off the record--that names-based reporting is the only way to get quality HIV surveillance data.

As I have told you, I believe that CDC has an obligation to establish the minimum standards for the quality of data derived from an HIV surveillance system. However, it ought to be up to the states to determine the systems utilized to obtain those data. I thought that this debate was on the need for quality data, not on the systems used to get the data. We must also place <u>equal</u> emphasis on the need for confidentiality of any data collected.

I would appreciate it very much if you would help me set up a meeting with Drs. Gayle and Goosby to discuss this, and ask that until the policy is approved, that CDC staff refrain from statements that put us in the corner on this issue.

HIV Infection Rate Remains Steady
The Associated Press

By CHELSEA J. CARTER

ATLANTA (AP) - Despite a historic drop in AIDS cases and deaths in the United States in the last few years, the rate at which people are becoming infected with HIV has held relatively steady, the government said Thursday.

The Centers for Disease Control and Prevention said that many people are not heeding warnings about unsafe sex and drug use.

``It shows the need for sustained prevention. What we have seen is that with every generation, you have to start at the beginning," said Terry Hammond, a CDC spokeswoman.

Using statistics from the 25 states that report infection rates, the CDC estimated a 2 percent decline from 1995 to 1996 in the number of new HIV cases diagnosed among people 13 or older.

AIDS deaths, meanwhile, dropped 21 percent in 1996 and were down an additional 44 percent in the first half of 1997, according to figures previously released by the CDC.

``This is a case of the glass is half full," said Cornelius Baker of the National Association of People with AIDS. ``People are living longer. That's great. But with a steady infection rate, it means the epidemic isn't going away."

People diagnosed with HIV are not considered AIDS cases until they actually develop symptoms of the disease. So delaying the onset of AIDS and prolonging the lives of AIDS patients can reduce the number of AIDS deaths even while there's little change in the rate of new HIV cases.

``We're not seeing good news in the fact that we are not seeing a substantial decline," in the HIV infection rate, said Dr. Patricia Fleming, a CDC researcher.

The CDC estimated that HIV cases between 1994 and mid-1997 dropped slightly among men but increased among women.

The study also showed HIV infections among young people overall had leveled

off, but minorities now make up a greater portion of that group. Of the 7,200 cases of HIV reported among 13- to 24-year-olds, 63 percent were black and 5 percent Hispanic.

Ms. Fleming warned that not all states were required to report infection rates. The new figures don't include California and New York, so the true national infection rate could be higher or lower, she said. **The CDC wants all states to create a name-based HIV reporting system.**

``You need to know about the front end of the epidemic if you're trying to find out what's going on with the disease," said Eve Mokotoff, chief of the HIV/AIDS epidemiology unit at the Michigan Department of Community Health in Detroit.

Michigan is among the states that require their clinics and hospitals to report the names of people infected with HIV.

AP-NY-04-23-98 1656EDT

INFORMATION FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION
****

"Diagnosis and Reporting of HIV and AIDS in States With Integrated HIV and AIDS Surveillance--United States, January 1994-June 1997"
Morbidity and Mortality Weekly Report (04/24/98) Vol. 47, No. 15, P. 309

The Centers for Disease Control and Prevention reports that while AIDS cases has declined significantly in recent years, there has not been an accompanying decline in newly diagnosed HIV cases. In a survey of 25 states, 72,905 individuals over the age of 13 were diagnosed with HIV or AIDS between January 1994 and June 1997. Of the 52,690 in whom HIV was the initial diagnosis, 14 percent were between the ages of 13 and 24 years, while 3 percent of the 20,215 new AIDS cases were in this age group. These figures reflect the need to target HIV prevention efforts to this age group, the CDC said, particularly the reduction of high-risk sexual behaviors among adolescent and young women and men who have sex with men. The report notes that many of the new HIV cases occurred among African-Americans, women, young men who have sex with men, and Hispanics. While race or ethnicity is not risk factor for HIV, it may be an indicator of predictive factors for increased risk, such as low income or higher rates of drug use. The CDC reports that there are about 140,000 people infected with HIV in the survey area. **The report suggests that name reporting of HIV-infected patients would increase epidemiological follow-up and help complete data surveillance.** It is estimated that 200,000 people are infected with the virus (without AIDS) in states without HIV name reporting.

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR LT. MCCAIN, PRESIDENTIAL FOOD SERVICE CORP.

FROM: Sandra L. Thurman, Office of National AIDS Policy

RE: Request for White House Staff Mess, Catering Function

DATE: April 27, 1998

I would like to request the White House Staff Mess to provide catering service for the following scheduled event:

The Office of National AIDS Policy is hosting a meeting with leading researchers in vaccine development on May 12, 1998 in the Old Executive Office Building, Conference Room 472 from 9 - 11 AM.

We are expecting 10 people and would like to serve coffee. We will not need any staff from the Mess to assist us. My Staff Mess account can be billed for this service.

Any questions regarding the event or services needed may be directed to my assistant Sarah Holewinski at extension 5-1441.

Thank you so much!

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Data entry form (Personal) (1 page)	04/21/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:
Correspondence - Sandra L. Thurman - Outgoing - 4/98

2018-0764-F
jm2105

RESTRICTION CODES

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

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

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

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

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

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	Sandra Thurman to Inmate re: Cure for HIV (Personal) [partial] (1 page)	04/24/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:
Correspondence - Sandra L. Thurman - Outgoing - 4/98

2018-0764-F
jm2105

RESTRICTION CODES

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

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P3 Release would violate a Federal statute [(a)(3) of the PRA]
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RR. Document will be reviewed upon request.

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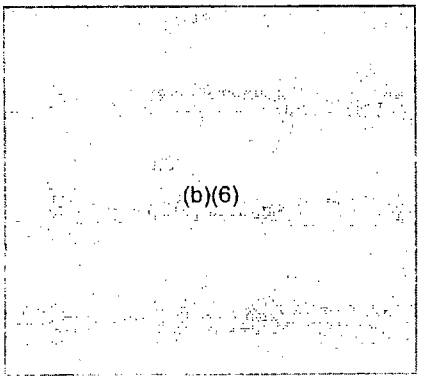
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE

WASHINGTON

April 24, 1998



[0016]

Thank you for your letter regarding the current state of HIV and AIDS dated April 9, 1998.

I assure you that this Administration has been and will continue to be committed to combating the HIV/AIDS epidemic in this country and across the world. As you well know, far too many Americans become infected with the HIV virus every year and we are working harder than ever to find a cure.

I personally thank you for your own commitment to help stem this epidemic.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001c. letter	Inmate to Sandra Thurman re: Cure for HIV (Personal) [partial] (1 page)	04/09/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:
Correspondence - Sandra L. Thurman - Outgoing - 4/98

2018-0764-F
jm2105

RESTRICTION CODES

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

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April, 9, 1998

Dear Sandra Thurman:

I am writting you to inform you, that I have discovered the cure to Herpes, HIV, and other viruses. This is my second letter to you. In my first letter to you, I gave you a substantial amount of information about my cure to viruses. I am preparing a more comprehensive and informative letter regarding my cure to viruses and my peculiar situation with the courts. I will send you a copy of that when I am certain that you have the authority to handle this matter. The California Department of Corrections prohibits the solicitation of money by an inmate, however if you contact any of the following list of people you can obtain some information about the conditions that must be agreed to before I hand over the cure to viruses. This is only a few of the many people that I have informed about my discovery. I chose them for you to contact because I have recieved the most positive and informative correspondence from them. Please ask who ever you contact to send you a copy of my original letter dated March, 18, 1997. I am anxiously awaiting your reply. Thank you.

Sincerely,

(b)(6)

[0016]

Barbara Boxer
Hart Senate Office Building
Suite 112
WASHINGTON, D.C. 20510-0505

Sam Farr
House of Representatives
Washington, D.C. 20515-0517

Wally Herger
House of Representatives
Washington, D.C. 20515-0502

Patrick F. Gilbo
American Red Cross
National Headquarters
Jefferson Park
8111 Gatehouse Road
Falls Church, VA 22042-1203

Dr. Harold E. Varmus
Director
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Donna E. Shalala
Room 615F Hubert H. Humphrey BUILDING
200 Independence Avenue
Washington, D.C. 20201

Meredith J. Watts
Attorney at Law
P.O. Box 14346
San Francisco, CA 94114

THE WHITE HOUSE

WASHINGTON

April 27, 1998

John S. Roberts
Post Office Box H
Hobart, IN 46342

Dear Mr. Roberts:

Thank you for your letter regarding the current state of HIV and AIDS dated April 15, 1998.

I assure you that this Administration has been and will continue to be committed to combating the HIV/AIDS epidemic in this country and across the world. As you well know, far too many Americans become infected with the HIV virus every year and we are working harder than ever to find a cure.

I personally thank you for your own committment to help stem this epidemic.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10728	John	Roberts	4/22/98	Cure for HIV/Cancer

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To

Notes

Sarah, Bob thinks that this type of material should be forwarded to the Nat'l Inst. of Health.
...Ross

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

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

April 15, 1998

President Clinton
Attention: Sandra Thurman
Director,
National Aids Policy Office
200 Independence Avenue, S.W.
Room 736 G
Washington, D.C. 20201

David Satcher, M.D., Ph.D.
Surgeon General
Parklawn Building
5600 Fishers Lane
Room 18-66
Rockville, Maryland 20857

Dear Ms. Thurman and Dr. Satcher,

The attached April 14 letter and my April 10 letter which I mailed to both of you a few days ago represent my final thoughts (I think) about Aids, Cancer, Alcohol and Smoking Abuse.

In my April 10 letter I stated:

> " I am publicly proclaiming a cure for both Aids and Cancer.
> I will retract this statement only if proved wrong by Washington, D.C."

Ms. Thurman and Dr. Satcher, will you please order the National Institutes of Health to implement immediately a four month clinical trial utilizing 2-Methylthiazolidine-4-carboxylic acid (L-MTCA) to see if this 'cough inhibitor' can inactivate HIV, the Aids virus.

Dr. Satcher, will you please order the National Institutes of Health to implement immediately a four month clinical trial utilizing Thiazolidine-4-carboxylic acid (Thioproline) & vitamin C (Ascorbic acid) & magnesium & zinc & manganese to see if these 'ingredients' can cure cancer.

Ms. Thurman and Dr. Satcher, if you are unwilling to issue these orders, will you please provide me with the reasoning behind your decision.

Yours truly,

John S. Roberts

John S. Roberts
Post Office Box H
Hobart, Indiana 46342
219-763-1933

Copies to -

President Clinton, Attention: Bob Nash
Senator Richard G. Lugar, Indiana
Susan Powter, Attention: John Mooney,
Simon and Schuster, New York City
Mrs. Mary Ann Nickoloff, Science Teacher,
Lake Ridge Middle School, Gary, Indiana

Post Script: Ms. Thurman and Dr. Satcher, I expect to receive your responses by May 1.

j.s.r.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	John Roberts to President Clinton re: Cure for AIDS (Personal) (7 pages)	04/14/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:
Correspondence - Sandra L. Thurman - Outgoing - 4/98

2018-0764-F
jm2105

RESTRICTION CODES

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

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VITAMIN B6

February 8, 1998

Audrey Manley, M.D., M.P.H.
Acting Surgeon General
5600 Fishers Lane
Room 18 - 66
Rockville, Maryland 20857

Dear Dr. Manley,

Attached are two letters of mine to the 'Reader's Digest'.

The need for zinc in the diet of a habitual drinker of alcohol is abundantly clear.

If data which I obtained from 'The Internet' is true, the need for vitamin B-6 in the diet of a habitual drinker of alcohol is abundantly clear; the following is found on page 56 of my 116 pages of research:

" I am the first person in the history of science and medicine to become aware of this relationship -

1. From The Internet: 'Pyridoxal phosphate (Vitamin B-6) is normally protected from degradation by its binding to the amine group of lysine residues of proteins, including serum proteins and hemaglobin. Acetaldehyde may, by binding preferentially to these residues, displace pyridoxal phosphate and result in its increased destruction, and in abnormally low levels of this co-enzyme.'
2. From LET'S GET WELL, 1972, by Adelle Davis: 'Pancreatitis. The pancreas, a long, slender organ that secretes insulin and digestive enzymes, lies below and to the left of the stomach. An inflammation of this organ, pancreatitis, has been produced by diets deficient in vitamin B-6, protein or certain amino acids, and by giving various drugs or chemicals...' p157
3. Roberts' conclusion: In other words, if you are an habitual drinker of alcohol you better include in your diet an above average amount of vitamin B-6; if you don't, you could develop pancreatitis; the reason for this is that the poisonous part of alcohol, acetaldehyde, unnaturally depletes the body's supply of vitamin B-6; without this vitamin, the pancreas will tend to swell.

Is full-time alcoholism caused by a dietary deficiency of vitamin B-6?"

VITAMIN B6

I have also attached a page upon which I included the passages from LIFE EXTENSION which describe Dr. Herbert Sprince's findings; these passages describe research which was completed in 1974.

LIFE EXTENSION does not highlight Dr. Sprince's research of 1975; in that year he discovered another nutrient afforded rats 100% protection against a lethal dose of acetaldehyde; the name of that nutrient is N-Acetyl Cysteine('NAC').

NAC has demonstrated another valuable property which has ready application in the field of medicine - it is the only compound known to be an effective antidote to an overdose of acetaminophen (Tylenol); see 'The New England Journal of Medicine', Volume 319, December 15, 1988, Number 24, pages 1557-1562.

Outside of this fact, although Richard Passwater, Ph.D., and Martin A. Majchrowicz have highlighted it on 'The Internet', nobody in the general public knows much about NAC. Few 'Health Food' stores stock it.

Alcohol/Acetaldehyde - the two are inseparable; NAC affords 100% protection against the toxicity of acetaldehyde.

GLUTAMINE

Susan, everyone, both drinkers and non-drinkers alike, should read your analysis of the deleterious effects which Sugar, White Flour and Caffeine have upon the body.

And Susan, congratulations again. You have lassoed the beast by discovering a natural way to assuage your agony without resorting to alcohol.

Susan, I have attached to this letter a picture of your book. People who drink should be aware that your book is the source to consult to learn how to alleviate the torture of the craving for alcohol if, in the future, they should ever be cursed by this woeful malady.

Susan, I now wish to study L-glutamine. As I said on my page 2, these words of yours inspired me:

> "L-glutamine: One of the many amino acids found in proteins, l-glutamine has an incredible reputation among recovering alcoholics. Many report that taken supplementally, the free form (that is, when it is alone and not part of proteins) of l-glutamine can stop the cravings for alcohol within minutes." Page 192

Encyclopedias, reference books and dictionaries say this: (underlining is mine)

> "glutamine, n. a crystalline amino acid found in many plants and animals."

> "glutamine, an organic compound (amide) derived from glutamic acid, and an abundant constituent of proteins. Although chemically an amide, glutamine is generally characterized as an amino acid. First isolated from gliadin from wheat (1932), glutamine is widely distributed in plants; e.g., beets, carrots, and radishes. Important in cellular metabolism in animals, glutamine is the only amino acid capable of crossing readily the barrier between blood and brain and with glutamic acid is thought to account for about 80 percent of the amino nitrogen ($-NH_2$) of brain tissue. It is one of several so-called nonessential amino acids; i.e., animals can synthesize it and do not require dietary sources. Animals can synthesize it from glutamic acid."

> " Incidentally, glutamine serves a second role in that, in the kidney, it may be hydrolyzed with the reformation of ammonia which is excreted in the urine in exchange for sodium ions, a process which is invaluable in conserving the acid-base balance of the animal."

> " A derivative of the amino acid, glutamic acid, known as glutamine, is worthy of special comment since it is concerned in both the excretion of nitrogen by the kidney and the regulation of the acid-base balance of the body."

> "glutamine. The monoamide of aminoglutaric acid. It is present in the juices of many plants and is essential in the hydrolysis of proteins."

> "glutamine. The monoamide of glutamic acid, occurring occurring in the juices of many plants and in some animal tissues; it is an important carrier of urinary ammonia and is broken down in the kidney by the enzyme glutaminase."

This is what various reference sources have to say about glutathione -

"...glutathione, a combination of two amino acids - cystine and glutamic acid - that acts as an oxygen carrier between the air and food materials of tissues;.."

"glutathione. A tripeptide of glutamic acid, cysteine, and glycine. Found in small quantities in active animal tissues; takes up and gives off hydrogen; fundamentally important in cellular respiration."

"Glutathione...It exists in reduced (GSH) and oxidized (GSSG) forms, and it functions in various redox reactions: (1) in the destruction of peroxides and free radicals, (2) as a cofactor for enzymes, and (3) in the detoxification of harmful compounds. In erythrocytes, these reactions prevent oxidative damage by reduction of methemoglobin and peroxides. Glutathione is also involved in the formation and maintenance of disulfide bonds in proteins and in transport of amino acids across cell membranes."

"glutathione, a tripeptide (i.e., containing three amino acids), the chemical name of which is γ-L-glutamyl-L-cysteinylglycine. Widely distributed in nature, it has been isolated from yeast, muscle, and liver. Glutathione has a role in the respiration of both mammalian and plant tissues and protects red blood cells against hydrogen peroxide (H_2O_2), which is a toxic byproduct of many metabolic reactions, by reducing the peroxide to water (H_2O). It serves as a cofactor for various enzymes (biological catalysts); e.g., glyceraldehyde-(my emphasis)3-phosphate dehydrogenase to which it is firmly bound.

"GLUTATHIONE is a sulfur-containing substance found within almost all kinds of living cells. It can protect an animal against radiation damage to some extent, if large dosages are administered almost simultaneously with exposure to radiation. This protective action may be associated with the ready reaction of glutathione with the peroxides that are formed on irridation of the tissues.

Liver and yeast are particularly rich in glutathione, which may reach a concentration in tissues as high as 0.1 or 0.2%. Because of the expense of its chemical synthesis, glutathione is generally obtained by isolation from natural sources. When purified, it is usually obtained as a white, amorphous solid, which is exceedingly soluble in water.

The physiological function of glutathione has been investigated extensively since the discovery of the compound in 1921 by Sir Frederick Gowland Hopkins of Cambridge university. Great interest has centered on the fact that glutathione can affect the activity of a variety of enzymes that are essential for the normal operation of any living cell. The activating effect of glutathione on enzymes is associated with the chemical action of the sulfur group. In glutathione, the sulfur normally is present in a reduced or sulfhydryl (-SH) form.

Enzymes also contain sulfhydryl groups, and often are inactivated by oxidation of these -SH groups to the disulfide (-SS-) form. Glutathione reacts with these -SS- groups to regenerate the -SH groups of the enzyme. The reaction involves a simultaneous conversion of the -SH groups of glutathione to -SS- groups, which are in turn reconverted to the -SH form by the action of an enzyme known as glutathione reductase. Thus,by a cyclic chemical process, the glutathione operates as an agent controlling the activity of enzymes within the cell.

FOOD, page 305: "Unsulfured molasses supplies some B vitamins and minerals. That's good because at least you get some nutritional value for your money. That's why molasses has such a good name. But who uses it other than your 120-year-old grandmother? When is the last time you cooked, baked, or dipped your finger in molasses? Never in my thirty-six years is my answer to that question. Now that I understand the difference in sugars, and since I'm someone who always wants more nutritional value for my money, I'm going to try using it once in a while. Who knows, maybe I'll become a molasses expert, maybe there'll be a molasses book. It's something new for sure, but so was the low-fat stuff until recently, and that worked out well."

FOOD, page 307 -

Barley malt. Same thing.

Molasses. Just look at the list of nutrients in one tablespoon of molasses:

Thiamin-B1	.008 mg
Niacin-B	.919 mg
Vitamin B	.137 mg
Folate	.09 mcg
Pantothenic	.165 mg
Calcium	42 mg
Copper	.1 mg
Iron	.969 mg
Magnesium	49.6 mg
Phosphorus	6.38 mg
Potassium	300 mg
Selenium	13.3 mcg
Sodium	7.56 mg
Zinc	.059 mg
Water	5.31 mg
Calories	54.5
Carbohydrates	14.1 mg
Total Fat	.021 g
Complex Carbs	2.83 g
Sugars	11.3 g

You could hardly say molasses has no nutrients in it!

These are slower absorbers. Think food. More fuel in these sweeteners for your body to grab hold of.

Margaret L. Petito
6008 34th Place, N.W.
Washington, D.C. 20015
202/537-1327

by fax: 2 pages

TO: Ms. Sandra Thurman
Director, Office of National AIDS Policy
The White House
FROM: Maggie Petito
DATE: April 27, 1998

Dear Sandy:

It was indeed a pleasure to see you the other day. Thank you for your hospitality and generous time over lunch to share with Joe D'Agostino and me details of your recent trip to Africa. I am so glad that you were able to visit NYUMBANI. Every visit helps spread the story of our small orphanage and your presence/visit is of course an important event for us.

Thank you also for offering to submit a letter in support of the nomination of Father D'Agostino for the 1998 Hilton Humanitarian Prize. As we discussed, your letter will mean so much. Enclosed please find a sample draft for your consideration and review. As I have no pride of authorship, please feel free to edit or alter as you choose. I would appreciate a copy for our files, if you would be so kind as to share this.

Once again, Sandy thank you. And thank you from all of us for all you do as Director of the White House office on National AIDS Policy. You do serve us all well.

With warm regard,

Maggie Petito

P.S. Sandy - excellent story in the Post!

CONRAD N. HILTON FOUNDATION

100 WEST LIBERTY STREET, SUITE 880, RENO, NEVADA 89501

89501

DIRECTORS
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TELEPHONE
(702) 323-4221
FAX
(702) 323-4150

February 26, 1998

A. D'Agostino
Children of God Relief Institute
P.O. Box 21399 c/o The Sunday Nation Box 49010 (Nbi)
Nairobi
Kenya

Dear A. D'Agostino:

We are pleased to inform you that Children of God Relief Institute has been nominated by Mr. Philo Ikonya for the 1998 Conrad N. Hilton Humanitarian Prize.

The annual one million dollar (U.S.) Hilton Humanitarian Prize was established by the Conrad N. Hilton Foundation to honor a volunteer, charitable or non-governmental organization that has made extraordinary contributions toward alleviating human suffering. As the world's largest humanitarian award, the Hilton Humanitarian Prize ranks as one of the largest monetary prizes in any category. Past recipients of the Prize include Operation Smile and the International Rescue Committee.

Judged by an independent international jury, the Prize is intended to recognize and advance the efforts of the recipient organization, focus attention on the worldwide need for humanitarian aid and call others to action to expand their support. The Prize is consistent with the guiding philosophy of the Foundation, established in 1944 by the late hotel entrepreneur Conrad N. Hilton, to provide aid to the world's most unfortunate and disadvantaged.

The Hilton Foundation commends you for your worthy philanthropic work and congratulates you on your nomination. A member of the Prize staff will contact you should we require additional information about your organization. Otherwise, this year's recipient will be announced at the end of September and we will notify you at that time.

Sincerely,

Carolyn Gaspar
Nominations Manager

SAMPLE DRAFT

April 24, 1998

Ms. Carolyn Gaspar, Nominations Manager
The Conrad N. Hilton Foundation
100 West Liberty Street
Suite 840
Reno, Nevada 89501

Dear Ms. Gaspar:

During my February, 1998 visit to Africa to speak at the United Nations AIDS gathering, I had occasion to spend considerable time with Angelo D'Agostino, S.J., M.D. at the NYUMBANI Orphanage in Nairobi, Kenya he founded and serves yet as medical director for fifty five abandoned children born with HIV/AIDS.

The NYUMBANI Orphanage is a model of a caring orphanage and hospice facility. The children are extraordinarily well cared for and their lives, however lengthy or short they may be, have been given to the commitment that they are fully valued. I found the overall attitude and commitment of the staff to be excellent and actually inspirational.

To be sure, the daily activities, medical and educational efforts are as best possible, given the funds available. Under the vision and direction of "D'Ag", as he is known, these previously abandoned children/foundlings who have suffered loss of all family members through the scourge of AIDS, have a thriving, positive 'home' and facility.

It is my understanding that "D'Ag" has been nominated for your consideration to receive the 1998 Hilton Humanitarian Prize. Please do consider him as the Prize recipient. I believe that he exemplifies the very type of awardee you seek and brings the highest humanitarian ethos before us through his remarkable program.

Please know that Angelo D'Agostino has my full support in nomination to receive the 1998 Hilton Humanitarian Prize for his astonishing care and work in establishing and maintaining the NYUMBANI Orphanage in Nairobi, Kenya. I can think of few others so deserving and urge your consideration.

I also stand willing to provide you with any other details of my visit should your committee find this useful. It would be a pleasure to ascertain that "D'Ag" is duly nominated and in consideration for this justly-deserved award.

In advance, thank you for your consideration and I look forward to hearing from you.
Sincerely,

Sandra Thurman
Director

THE WHITE HOUSE

WASHINGTON

April 1, 1998

Nelba Chavez, Ph.D.
Administrator
Substance Abuse and Mental Health Services Administration
Parklawn Building, Room 12-105
Rockville, MD 20857

Dear Dr. Chavez: Nelba —

I want to thank you for allowing LCDR Brad Austin to serve as the Substance Abuse and Mental Health Services Administration (SAMHSA) agency representative to the Interdepartmental Task Force on AIDS in the Office of National AIDS Policy (ONAP). I know of the difficulty this assignment places upon the Center for Substance Abuse Treatment and I appreciate your willingness to allow LCDR Austin to continue to assist us here.

LCDR Austin has proven to be a valuable asset to this Office, and with your approval, I would like to extend his assignment until the end of Fiscal Year 1998. LCDR Austin will continue to work on several key assignments directly benefiting the mission of this office and SAMHSA, including:

- Coordinating a more effective response to collaborative efforts between the fields of substance abuse treatment, mental health, and HIV prevention efforts;
- Providing expertise to ONAP on substance abuse treatment issues; and
- Continuing collaboration efforts between SAMHSA, HRSA, CDC and NIH on issues concerning the intersection of HIV and substance abuse treatment and prevention; and
- Staffing a key subcommittee of the Presidential Advisory Council on AIDS.

In addition, I would appreciate LCDR Austin's attendance at the World AIDS Conference, Geneva, Switzerland, June 28-July 3, 1998. I expect to head the U.S. delegation to this conference and would appreciate LCDR Austin's presence as a way to support ONAP as well as SAMHSA.

I would appreciate your approval at your earliest convenience indicating your extension of LCDR Austin serving as a Agency Representative and his support at the World AIDS Conference. Please feel free to fax back to me this letter with your response.

I thank you again for your continued commitment to the success of this Office and to addressing HIV/AIDS issues. I appreciate your support.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

For Dr. Chavez's approval:

_____ **Concur** _____ **Non Concur** _____ **Date**

Please fax to ONAP at (202) 632-1090.