Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Data entry form (Personal) (1 page)	03/02/1998	b(6)
001b. letter	Sandra Thurman to Inmate living with AIDS re: AIDS cure (Personal) [partial] (1 page)	05/20/1998	b(6)
001c. letter	Inmate living with AIDS to Sandra Thurman re: AIDS cure (Personal) [partial] (1 page)	03/17/1998	b(6)
001d. envelope	re: Inmate living with AIDS to Sandra Thurman (Personal) (1 page)	03/19/1998	b(6)
002. packet	re: Researcher's personal cure for AIDS (124 pages)	11/30/1997	b(6)
003. letter	Sandra Thurman to Military personnel living with HIV (Personal) [partial] (2 pages)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:
Correspondence - Sandra L. Thurman - Outgoing - 5/98 [2]

2018-0764-F
jm2107

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]

EAST CAROLINA UNIVERSITY

April 22, 1998

Alumni Relations
Division of Institutional Advancement
Taylor/Slaughter Alumni Center

919-328-6072
919-328-4369 Fax

Michael J. McShane
104 Gibbon Street
Alexandria, VA 22314

Dear Michael:

On behalf of the ECU Alumni Association, as well as the university's faculty, staff, and student body, I am pleased to write with the news that you have been chosen one of our Outstanding Alumni Award winners for 1998. Please accept my sincere congratulations.

The Outstanding Alumni Award is a singular honor given by ECU to acknowledge those of our alumni whose character and achievements typify the high standards we wish to instill in all our students. Michael, you've been such an exemplary representative of the university through the years, and we consider you the very model of an ECU graduate. A simple review of your accomplishments made our decision so easy to make. We're very proud to count you among our own, and we hope, with this award, that you will come to recognize just how much we appreciate all you've done to elevate the profile of our beloved university.

For your information, the award will be formally presented during the festivities surrounding our annual Homecoming Weekend this fall, October 10, 1998. Please mark your calendar now so that we can plan on having you on-hand to receive this much-deserved honor. If you would be so kind, please confirm with our office at your earliest convenience your plans to attend the awards ceremonies on that weekend, as your attendance will make the weekend a very special one for the entire University community.

Again, Michael, thank you so much for all you've been and done to make ECU the outstanding institution it is today. We all look forward to seeing you here in Greenville later this year.

Sincerely,

J. Phillip Horne
Associate Vice Chancellor

Congratulations Carlin!
They truly didn't
know how very well—
but let's have a drink
to celebrate anyway
Sandy

Greenville,
North Carolina
27858-4353

THE WHITE HOUSE

WASHINGTON

April 13, 1998

Warm greetings to everyone marking the tenth anniversary of the Design Industries Foundation Fighting AIDS.

It is a very American idea that we meet our challenges not through big government or as isolated individuals, but as members of a true community, with all of us working together. DIFFA's compassionate efforts to help those living with AIDS are making a lasting contribution to this fine tradition of service.

Hillary and I attended a DIFFA event in 1989 at the Robinson Auditorium in Little Rock. The performance of Heart Strings marked the first time a broad representation of our community had come together around the issue of AIDS. DIFFA's ability to bring communities together continues to distinguish it among the thousands of other important organizations that have rallied to meet the challenges of this devastating disease.

I commend DIFFA's dedicated leaders, volunteers, and supporters for devoting your time, talents, and energy to bring hope and help to those living with AIDS and to their families. You have rightly earned the respect and abiding gratitude of all those you serve.

Best wishes for a memorable anniversary.

Bill Clinton

PHOTOCOPY
WJC HANDWRITING

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Data entry form (Personal) (1 page)	03/02/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:
Correspondence - Sandra L. Thurman - Outgoing - 5/98 [2]

2018-0764-F
jm2107

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]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	Sandra Thurman to Inmate living with AIDS re: AIDS cure (Personal) [partial] (1 page)	05/20/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:
Correspondence - Sandra L. Thurman - Outgoing - 5/98 [2]

2018-0764-F
jm2107

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]

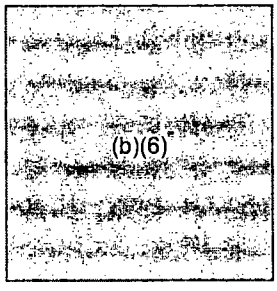
C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

May 20, 1998



[0016]

Thank you for writing to the Office of National AIDS Policy. We appreciate your efforts on behalf of people living with HIV/AIDS. Our office mainly concentrates on working with the policies that affect HIV/AIDS individuals; however, you will find it beneficial to contact the National Institutes of Health in Bethesda, Maryland.
Thank you again for your continued efforts in fighting this epidemic.

Sincerely,

Sandra L. Thurman

Sandra L. Thurman
Director
Office of National AIDS Polciy

3-17-98

Dear Sandra Thurman,

I have discovered the cure to Herpes, H.I.V. and other viruses. It is completely safe and will purge the body of all viruses. I had Herpes and H.I.V. for 13 years and I tested everything I could think of. Then I found it. You can say that I came upon the cure to viruses by the scientific process of elimination, but I prefer to believe that it was God showing me his tender mercy. Anyway, let me give you some information about my cure. The first thing that happened when I started taking it was that within a few days I stopped getting heart burn. I never suffered with heart burn again and I had been plagued with it the whole time I was infected. So I knew something was happening. As you should know H.I.V. hits every couple of months or so and when it does one of the symtoms is the formation of a cluster of blisters on the outside uper portion of one of the legs.

Now during the first 5 months of taking my cure the H.I.V. viruse hit twice, but only one blister formed instead of a cluster of them. Also the other symtoms, like headache, diarea, fatigue were not as severe as they normally should have been. Then it did not hit again for 8 months. When it hit this time a large cluster of blisters hit with a vengeance, but the other symtoms that normally accompany the viruse when it hits were oh so slight that they were hardly noticeable. Also the cluster was accompanied by a certain amount of welting and an insane amount of iching. Then two weeks latter it hit again with abnormal welting and iching, but the blisters were barely able to form. Then two weeks latter it hit again with iching and a slight welting, but this third time the blisters were not able to form and that was the end of my H.I.V. infection.

Now let me explain how it went in regaurd to the herpes viruse.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001c. letter	Inmate living with AIDS to Sandra Thurman re: AIDS cure (Personal) [partial] (1 page)	03/17/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:
Correspondence - Sandra L. Thurman - Outgoing - 5/98 [2]

2018-0764-F
jm2107

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]

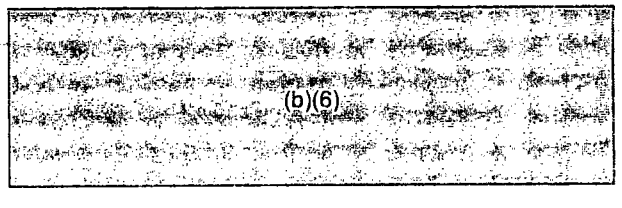
C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]

Like H.I.V. the herpes viruse hit me every couple of months or so for 13 years with pretty much the same (flu like symtoms) except that the cluster of blisters formed on the Penis. after I started taking my cure the herpes viruse hit every two months or so for 10 months with only one, two, or three blisters forming instead of the normal cluster. Then for about 4 months it dosen't hit. Then it hits 3 times in a row, two weeks apart and then that is the end of the herpes. I have informed you that I've done it. I've sent you this information hoping that you will be able to determine That I know what I'm talking about. If you want more information about my cure, let me know, be specific and please let me know what I should do next. Thank you

[oolc]



Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001d. envelope	re: Inmate living with AIDS to Sandra Thurman (Personal) (1 page)	03/19/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:
Correspondence - Sandra L. Thurman - Outgoing - 5/98 [2]

2018-0764-F
jm2107

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]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. packet	re: Researcher's personal cure for AIDS (124 pages)	11/30/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:
Correspondence - Sandra L. Thurman - Outgoing - 5/98 [2]

2018-0764-F
jm2107

RESTRICTION CODES

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

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

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

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

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

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10831	Thomas	Menino	5/21/98	Policy Critique

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To

Notes

Letter from the Mayor of Boston concerning CDC policy of HIV Surveillance

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

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

THE WHITE HOUSE

WASHINGTON

May 22, 1998

Honorable Thomas M. Menino
Mayor, City of Boston
Boston City Hall
One City Hall Plaza
Boston, MA 02201-1001

Dear Mayor Menino:

The President has asked that I respond to your letter of May 12, 1998 regarding HIV surveillance.

I want to assure you that we are working closely with the Centers for Disease Control and Prevention and the Secretary of Health and Human Services to review any policy changes regarding HIV and AIDS surveillance systems. We will fully consider the concerns you have raised, seeking to balance the need for more timely information on the progression of the HIV/AIDS epidemic with very real concerns about confidentiality and barriers to testing and care.

I also want to congratulate you on your fine choice for Public Health Commissioner for the City of Boston. John Auerbach has earned great respect among his colleagues across the country. Boston is very fortunate to have his leadership, supported by former Massachusetts Commissioner of Public Health David Mulligan.

Thank you for taking the time to express your concerns about HIV surveillance. Please be assured that we will do our best to insure that any policy change is respectful of the diversity of needs across the country.

Very truly yours,

Sandra L. Thurman
Director
Office of National AIDS Policy

SLT/TAS

CITY OF BOSTON • MASSACHUSETTS

OFFICE OF THE MAYOR
THOMAS M. MENINO

May 12, 1998

President William Jefferson Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Clinton:

I am writing to express my concern about the Centers for Disease Control's intention to issue guidelines recommending that all states adopt a name-based HIV surveillance system. While I fully support the development of HIV surveillance systems to track more accurately the scope of the HIV epidemic, I feel that the CDC should not attempt to force states to implement only name-based systems. As the Mayor of Boston in a state currently developing a non-name-based system, I would like to request that the CDC be charged with promoting a more balanced approach.

Our public health officials must be free to choose their own HIV surveillance system based on the needs of their communities and their best public health judgment. States have always been free to determine which diseases should be reported and the manner in which they should be reported. State self-determination has long been the hallmark of our nation's public health efforts and disease surveillance strategies.

Specifically, I respectfully request that any CDC guidelines offer states support and flexibility to develop HIV surveillance systems, employing name- or non-name based systems, in keeping with state self-determination and autonomy. Federal resources must be distributed equitably to support a range of state determined surveillance systems.

Thank you for your attention to this very important matter.

Sincerely,

Thomas M. Menino
Mayor of Boston

CITY OF BOSTON • MASSACHUSETTS

OFFICE OF THE MAYOR
THOMAS M. MENINO

May 12, 1998

Health and Human Services Secretary Donna E. Shalala
Hubert H. Humphrey Building, Room 615F
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Shalala:

I am writing to express my concern about the Centers for Disease Control's intention to issue guidelines recommending that all states adopt a name-based HIV surveillance system. While I fully support the development of HIV surveillance systems to track more accurately the scope of the HIV epidemic, I feel that the CDC should not attempt to force states to implement only name-based systems. As the Mayor of Boston in a state currently developing a non-name-based system, I would like to request that the CDC be charged with promoting a more balanced approach.

Our public health officials must be free to choose their own HIV surveillance system based on the needs of their communities and their best public health judgment. States have always been free to determine which diseases should be reported and the manner in which they should be reported. State self-determination has long been the hallmark of our nation's public health efforts and disease surveillance strategies.

Specifically, I respectfully request that any CDC guidelines offer states support and flexibility to develop HIV surveillance systems, employing name- or non-name based systems, in keeping with state self-determination and autonomy. Federal resources must be distributed equitably to support a range of state determined surveillance systems.

Thank you for your attention to this very important matter.

Sincerely,

Thomas M. Menino
Mayor of Boston

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

Solar Building
Room 2C07
Ph: 301 496-0637
Fx: 301 402-3211
E-mail:cd17u@nih.gov

May 12, 1998

Dr. Robert J. Tashjian
President
American Chinese Veterinary Medical Frontiers, Inc.
29 Prospect Street
West Boylston, MA 01583

Re: Preliminary Studies supported by the National Institute of Allergy and Infectious Diseases (NIAID) and the National Cancer Institute (NCI) for Program Project (PO1) Grant to be later submitted on the Mechanisms and Protective Immunity Studies of the Chinese Equine Infectious Anemia (EIA) Live Attenuated Vaccine.

Dear Dr. Tashjian:

As a result of meetings with you and your team over the past year, the NIAID and NCI have determined that there is substantial scientific potential in a comprehensive evaluation of the mechanisms and protective immunity of the Chinese Live Attenuated Equine Infectious Anemia (EIA) Vaccine. To facilitate the work on this scientific project, the U.S. Government is providing the amount of $150,000 in total support. This sum is to be used to fund the importation of the biologics through USDA Plum Island Quarantine Facilities and also to provide funds for Dr. Hui Wang to assist with the biologics preparation in China, and to coordinate with Dr. McGuire and Dr. Payne for the preliminary studies.

It is our belief that these studies will generate the necessary preliminary data to drive a larger grant for long term studies of the mechanism of action of this biologic. The NIAID and NCI are interested in understanding the mechanisms of the EIAV-Vaccine so that we may apply the lessons learned in these systems to the development of a vaccine for the Human Immunodeficiency Virus (HIV).

Our primary goal in assisting with this project is the generation of information that will ultimately improve human health. NIAID and NCI do not wish to control this biologic or to release it to any other laboratories, which will be in accordance with the agreements with the ACVMF and with the Harbin Veterinary Research Institute (HVRI). For this reason, NIAID and NCI will not purchase biologics or any material directly from HVRI. The entry of the biologics and vaccine strains into the United States through USDA Plum Island will be in accordance with the agreement between ACVMF and HVRI. However, NIAID and NCI must be assured that the necessary biologics and virus strains enter the United States under the control of ACVMF to provide all necessary materials for these studies.

We look forward to this international collaboration with China and the Harbin Veterinary Research Institute.

Sincerely,

Carl Dieffenbach, Ph.D.
Associate Director
Basic Sciences Program
National Institute of Allergy
and Infectious Disease

BA

THE WHITE HOUSE

WASHINGTON

May 22, 1998

MEMORANDUM FOR DISTRIBUTION LIST

FROM: Sandra L. Thurman, Director, Office of National AIDS Policy
SUBJECT: Presidential Advisory Council on HIV/AIDS Recommendations

At its March 15-18, 1998 meeting, the Presidential Advisory Council on HIV/AIDS (Council) approved and/or adopted some recommendations regarding Federal HIV/AIDS policy and programs. I ask that you help by preparing responses to any of the enclosed recommendations pertinent to your agency's work. Our office will then collect these responses, consolidate them as needed, and forward them to the Council as the Administration's "official response."

The Council provides advice, information and recommendations to the President and Secretary of Health and Human Services regarding programs and policies intended to prevent HIV infection, enhance the delivery of services, advance research on HIV disease and AIDS, and to promote the role of U.S. leadership in international HIV/AIDS efforts. There are three primary subcommittees, Prevention, Research and Services, and it has four specific issue subcommittees that include, Communities for African and Latino Descent, Discrimination, International and Prisons. The President appointed the advisory council in the hope that its diverse membership from around the nation would provide new ideas and insights into improving the government's response to the epidemic.

The next meeting of the Council will be June 15-18, 1998. In order to provide the Council with an update of their recommendations, please have your responses to us no later than Wednesday, June 10. If you need further clarification or information, please contact our office at (202) 456-2437 or Daniel Montoya, Executive Director, Presidential Advisory Council on HIV/AIDS at (202) 395-1445..

Thank you for your cooperation.

Distribution List:

The Honorable Togo West, Secretary of Veterans Affairs
The Honorable Andrew Cuomo, Secretary of Housing and Urban Development
The Honorable William Cohen, Secretary of Defense
The Honorable Alexis M. Herman, Secretary of Labor
The Honorable Janet Reno, Attorney General
The Honorable Franklin Raines, Director, Office of Management and Budget
The Honorable Donna Shalala, Secretary of Health and Human Services

cc: Dr. Claire Broome, Acting Director, CDC
Dr. Nelba Chavez, Administrator, SAMHSA
Dr. Susan Daniels, Associate Commissioner for Office of Disability, SSA
Dr. Lawrence Deyton, Director of AIDS Services, Veterans Affairs
Dr. John Eisenberg, Acting Assistant Secretary for Health
Dr. Earl Fox, Acting Administrator, HRSA
Dr. Michael A. Friedman, Lead Deputy Commissioner, FDA
Dr. Helene Gayle, Director, National Center for HIV,STD,TB Prevention, CDC
Dr. Eric Goosby, Director, OHAP, HHS
Mr. Dan Mendelson, Associate Director of Health/Personnel, OMB
Mr. Daniel C. Montoya, Executive Director, Presidential Advisory Council on HIV/AIDS
Dr. Kathleen Hawk, Director, Federal Bureau of Prisons
Dr. Alan Leshner, Director, NIDA
Dr. Marsha Martin, Special Assistant to the Secretary, HHS
General Barry McCaffrey, Director, ONDCP
Ms. Doris Meissner, Director, Immigration and Naturalization Service
Ms. Nancy-Ann Min DeParle, Administrator, HCFA
Dr. Kenneth Moritsugu, Medical Director, Federal Bureau of Prisons
Dr. Joseph O'Neill, Associate Administrator, HIV/AIDS Bureau, HRSA
Dr. William Paul, Director, Office of AIDS Research
Dr. David Satcher, Surgeon General & Assistant Secretary for Health, HHS
Dr. Michael Trujillo, Director, Indian Health Service
Mr. David Vos, Director, Office of HIV/AIDS Housing, HUD

bcc: Dr. Kevin DeCock, Director, Division of HIV/AIDS Prevention, Surveillance and Epidemiology, NCHSTP, CDC
Mr. John Gregrich, Chief Treatment Branch, Office of Demand Reduction, ONDCP
Dr. David Holtgrave, Director, Division of HIV/AIDS Prevention, Intervention Research & Support, NCHSTP, CDC

PACHA RESOLUTION ON NEEDLE EXCHANGE PROGRAMS

March 17, 1998

WHEREAS we the members of the Presidential Advisory Council on HIV/AIDS have on several occasions advised the President and Health and Human Services Secretary Donna Shalala that the Administration's current policy on needle exchange programs threatens the public health, and directly contradicts current scientific evidence regarding the efficacy of such programs; and

WHEREAS this Administration has yet to put forward a coherent plan to increase access to substance abuse treatment or to combat the spread of HIV among injection drug users and their partners; and

WHEREAS nearly 50% of all new HIV infections, and 44%, 44%, and 61% of all reported AIDS cases among African-Americans, Latinos, and women, respectively, are related to injection drug use; and

WHEREAS the Congress in 1997 reaffirmed Secretary Shalala's authority to make federal funds available for needle exchange programs, provided that she first determine that needle exchange programs reduce HIV transmission and do not encourage drug use; and

WHEREAS no fewer that six federally funded reports (including a 1997 Consensus Report prepared by the National Institutes of Health) and numerous other scientific studies have concluded that the above two criteria have been met; and

WHEREAS the nation's leading public health groups, including the American Medical Association, the American Public Health Association, the National Academy of Sciences, and the Association of State and Territorial Health Officers support needle exchange programs and the elimination of federal funding restrictions; and

WHEREAS 61% of Americans surveyed believe that decisions regarding the use of federal funds for needle exchange programs should be made by local communities and not the federal government; and

WHEREAS it is essential that the nation's health policies be based on sound, scientific evidence rather that on unsubstantiated fears or politics; and

WHEREAS in light of the disproportionate impact of injection drug-related HIV on communities of color in the United States, the Secretary's continuing inaction undermines the credibility of the Administration's stated goal of reducing racial and ethnic health disparities; therefore

IX.L.1

BE IT RESOLVED that, in the interest of the public health, and in our capacity as independent advisors to the Administration, we unanimously express "no confidence" in the Administration's commitment and willingness to achieve the President's stated goal of "reducing the number of new infections annually until there are no new infections"; and

BE IT FURTHER RESOLVED that the Council urges Secretary Shalala to issue an immediate determination declaring the efficacy of needle exchange programs in preventing the spread of HIV while not encouraging the use of illegal drugs.

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

March 18, 1998

IX.C.1.a

The Presidential Advisory Council on HIV/AIDS endorsed the following demands of the African-American Consultants to the Centers for Disease Control and Prevention African-American Initiative. These demands along with the Council endorsement will be transmitted to the President and the Secretary of Health and Human Services.

African-American Demands

1. CDC Director communicate immediately to Secretary Donna Shalala and Surgeon General David Satcher about the HIV/AIDS emergency in the African American community and that the Secretary and the Surgeon General immediately communicate those concerns to President Clinton.

2. The President and Surgeon General declare a *state of emergency* in the African American community concerning AIDS and public health.

3. CDC Acting Director Clare Broom and Surgeon General Satcher develop an *emergency* press strategy and implement same "*to alert the American public on the present state of HIV/AIDS and initiate a new booklet to the American public on AIDS in communities of African descent.*"

4. Within 90 days the Directors of the Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration and Office of Drug Control Policy report to Secretary Shalala a new strategy to interrupt the devastation of drug addition and HIV/AIDS are have on African Americans.

5. CDC Director immediately redirect current resources to address the long standing HIV emergency in among African Americans.

6. The Administration immediately convene an emergency meeting of national black leaders and organizations to develop their own plans(s) for HIV/AIDS and public health in the African American community.

7. Demonstration funding designed to test alternatives to community planning, as well as other program models that meet the needs of the African American community be established immediately.

8. The CDC Director will undertake a specific and extensive external research program to identify those factors that cause and promulgate the diversity in reference to the impact of HIV disease on the African American community.

9. The CDC Director will initiate extensive analysis of the correlation of funding and allocation to communities in relation to epidemiologic trends.

Presidential Advisory Council on HIV/AIDS

March 18, 1998

Passed Recommendation

Not Yet Inputted

LEADERSHIP RECOMMENDATION

IX.L.1a In its ongoing Congressional lobbying related to FY 1999 budget and appropriations, the Council urges the Administration to advocate and fully support increased HIV/AIDS funding levels above those proposed in the President's own FY 1999 budget.

In so doing, the Council urges the Administration's full support for FY 1999 budget and appropriations funding levels proposed by National Organizations Responding to AIDS (NORA), which reflect documented community funding needs across the federal HIV/AIDS portfolio, especially those programs impacting African-Americans, Latinos, Native Americans, and Asian/Pacific Islanders.

IX.L.1b Toward the goal of expanding access to promising new HIV therapies, the Council urges the Administration to consider the critical need for full funding for the ADAP program, as well as for primary medical care and other support services, including housing, which facilitate access to such treatments.

IX.L.1c Considering the goal of reducing the number of new infections, the Council further urges the Administration to support efforts to provide substantial funding increases for prevention programs

IX.L.1d There is a state of emergency because of HIV/AIDS in African-American and Latino communities. Therefore, the Council urges the Administration's full support for meaningful and sufficient funding levels for prevention and care initiatives targeting these communities.

Presidential Advisory Council on HIV/AIDS

March 18, 1998

Passed Recommendation

DISCRIMINATION SUBCOMMITTEE:

IX.D.1

The President should work with Congress to create stronger protections for medical privacy, and should veto any legislation that 1) permits law enforcement authorities access to patient records without having obtained a warrant or meaningful and informed patient consent, or 2) fails to preserve the ability of the states to enact or maintain stronger privacy protections.

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

RESEARCH SUBCOMMITTEE

Achieving the Goal of an AIDS Vaccine

March 18, 1998

Passed Recommendation

Background

Approximately 40,000 people become infected with HIV in the USA each year; worldwide, 6 million new infections occur annually. Although behavioral change to reduce risk of HIV infection is a viable strategy for some, it is clear that this strategy will not work for all. Only a preventive vaccine will ultimately be successful in stopping the AIDS pandemic. Commendably, President Clinton declared the goal, in May 1997, of a successful AIDS vaccine within the next decade. However, the current federal AIDS vaccine effort is stalled in paralyzing scientific debate and bureaucratic delay.

Since late 1995, the Research Committee of the Presidential Advisory Council on HIV and AIDS has devoted significant time and effort to issues concerning the development of an AIDS vaccine. The Committee consulted with numerous experts in AIDS research and vaccinology (Appendix A), and also solicited and received written input from these and other experts (Appendix B).

The scientific issues involved in vaccine development are extremely complex and controversial, and should be addressed by existing Federal agencies. NIH has an essential role to play in elucidating the basic scientific knowledge that underlies vaccine generation. However, this is only one aspect in the complete process of vaccine development. Additional administrative and policy structures will also be required to address the myriad public policy issues which must also be resolved, both nationally and internationally to expedite development of a successful AIDS vaccine. These issues include development and implementation of mechanisms to assure the active

participation and coordination of all relevant agencies of the US government, as well as the pharmaceutical industry and the international community, where candidate vaccines must be tested for efficacy, and where the need for an effective vaccine is the greatest. The recommendations which follow concern these administrative issues, which must be planned and coordinated simultaneously with the actual generation of candidate vaccines.

Requisite participants in vaccine development

Federal agencies: The proposed restructuring of the AIDS vaccine program within NIH represents an important step in expanding the scientific leadership which will be necessary to expedite the development of candidate vaccines. The appointment of Dr. David Baltimore as Chair of the AIDS Vaccine Research Committee (AVRC), the expanded vaccine budget, and the proposed institution of a new Vaccine Research Laboratory at the NIH, can all serve to invigorate the scientific process. The appointment of a full-time Director of the Vaccine Research Lab could provide another mechanism for coordination of the vaccine development effort within NIH. However, the Council is very concerned that recent progress has been slowed substantially by the failure to appoint this individual, who must be at the highest level of expertise.

In addition to NIH, Federal agencies such as the Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), and the United States Agency for International Development (USAID) have among them extensive experience and expertise in the area of vaccine development, field epidemiology, surveillance, and the conduct of vaccine efficacy trials, especially in developing countries. It would thus seem prudent to ensure the active cooperation, collaboration and communication of all relevant federal agencies in the areas of candidate vaccine development and testing, if the President's goal is to be met. Similar recommendations were made by the Levine Commission. However, although various NIH vaccine meetings have been attended by DOD and CDC representatives, and although an informal interagency group was formed, this group does not include senior leadership, and has not met on a regular basis. Thus, it is clear that no formal process of interagency coordination has been developed or implemented. If the President's goal is to be

met, such interagency communication and coordination must occur, involving the highest levels of leadership from each agency.

Pharmaceutical and biotechnology industries: It is clear that development of a successful AIDS vaccine will also require the active involvement of the pharmaceutical and biotechnology industries, working in a coordinated manner with relevant federal agencies. The pharmaceutical industry traditionally has been a major leader in the creation and development of vaccines, and should be encouraged to participate actively in the pursuit of an AIDS vaccine. Further, eventual product development will require the infrastructure and expertise which reside primarily within the private sector of pharmaceutical and biotechnology industries. To ensure the requisite coordination of both public and private sectors, an administrative mechanism must be created. Multiple policy issues must also be addressed, in an attempt to overcome existing financial disincentives for involvement by the private sector. This may entail subsidies for targeted applied research, cooperative agreements for pilot manufacture of vaccine approaches not commercially attractive, support of phase III human efficacy trials, tax rebates, and/or patent extensions. Federal leadership will also be needed to address related issues, such as intellectual property rights, liability, and international vaccine development and purchase funds.

International community: Due to the higher prevalence of HIV/AIDS in developing nations, the majority of clinical testing for efficacy of candidate vaccines (Phase III) must be accomplished internationally. Further, the majority of AIDS vaccine use is expected to occur in nations outside the USA. It is thus apparent that mechanisms to develop true partnerships between the international community and the federal AIDS vaccine effort must begin at once, with exchange of information and full coordination of combined efforts. Agencies such as the United Nations Program on AIDS (UNAIDS), the World Bank, the International AIDS Vaccine Initiative (IAVI), and the leading developed countries (G-8), as well as those countries most affected, have critical roles to play in the final testing and implementation of an AIDS vaccine. A mechanism must be developed to provide a means for ongoing communication and collaboration among these groups, as well as the other critical constituencies listed above. Critical issues which must be addressed by these groups

include active involvement in the process by scientists living in the countries involved, assurance of scientifically and ethically appropriate field testing of candidate vaccines, and mechanisms to ensure access to vaccine product after successful field testing.

Leadership and coordination

Role of the President's Office: It is only within the Office of the President that sufficient authority exists to ensure leadership, through coordination and collaboration of all requisite constituencies, including Federal agencies, private sector, and the international community. Responsibility for this effort should rest with the Office of National AIDS Policy (ONAP). The Council, therefore, recommends that the President formally charge the Director of ONAP with developing and maintaining administrative mechanisms for accomplishing the requisite communication and coordination among all relevant parties, including assurance of the involvement of senior leadership from all constituencies. Adequate resources must be made available for this function.

Generation of a Comprehensive Federal Plan for AIDS Vaccine Development: A Comprehensive Federal AIDS Vaccine Plan must be developed and implemented. This plan must include the vision and process for vaccine development, and must also depict the specific objectives, responsibilities, strategies and outcomes for the implementation of the plan. Additional requisites of the plan should include the framework by which competing issues may be addressed, an overall work schedule, and a specific time-frame in which certain milestones are to be accomplished. The Council recommends that the process for development of this plan be organized within the Office of National AIDS Policy, working with relevant federal agencies.

Moving candidate vaccines into human trials

Differences of opinion on the appropriate time for bringing AIDS vaccine strategies into human efficacy trials result from two divergent philosophical approaches. The "basic science"

approach pursues knowledge of the underlying biological mechanisms of retroviral disease and immunity in animal models and limited human studies, in order to elucidate the protective immune response. Candidate vaccines are then designed to induce those specific responses, and only then do human efficacy trials proceed. The "empirical science" approach brings vaccines into human trials relatively earlier, if comparable vaccines were safe and effective in animals, even without a clear understanding of their biological mechanisms of action. This has been the case for many existing vaccines in current use. With the gravity of the current AIDS pandemic in the world, and the need to proceed with vaccine development as quickly as possible, the Council acknowledges that it will be necessary to test various traditional and novel vaccine design strategies in human clinical trials, even before the scientific correlates of protection have been fully deciphered. We thus advocate the simultaneous implementation of both basic and empiric scientific approaches. These parallel approaches should be recognized within the comprehensive Federal plan for AIDS vaccine development.

Summary of Recommendations:

IX.R.1

1. Substantive involvement, coordination, and collaboration among all relevant federal agencies, the private sector, and the international community are critical to the development of an effective AIDS vaccine.

IX.R.2

2. Federal leadership at the highest level will be required, through the Office of National AIDS Policy, ensuring that adequate resources are provided for the coordination process necessary to achieve the goal of an effective AIDS vaccine.

IX.R.3

3. The Office of National AIDS Policy should ensure the development and implementation of

a comprehensive federal plan to achieve the goal of an effective AIDS vaccine.

4. The process of defining the structure and mission of the proposed (AIDS) Vaccine Center at NIH, and the appointment of a director with the highest level of expertise, should proceed promptly.

IX.R.4

IX.R.5

5. The urgent need for an AIDS vaccine mandates the simultaneous implementation of both basic and empiric scientific approaches.

APPENDIX A: LIST OF INFORMANTS

The following invited individuals formally discussed AIDS vaccine issues with the Committee or the Council on one or more occasions between April 1996 and October 1997. Listing here is solely to indicate the breadth of expertise and opinion received, and does not necessarily imply agreement or endorsement with the above analyses and recommendations.

1. David Baltimore, Ph.D.
   President, California Institute of Technology
   Chair, NIH AIDS Vaccine Research Committee

2. Seth Berkley, M.D.
   Rockefeller Foundation
   President, International AIDS Vaccine Initiative (IAVI)

3. Deborah Birx, M.D.
   Director of Retrovirology
   Walter Reed Army Institute of Research

4. Dani Bolognesi, Ph.D.
   Director, Center for AIDS Research
   Duke University
   Co-Director, Human Vaccine Institute

5. Larry Brilliant, M.D.
   Founder
   Seva Foundation

6. Donald S. Burke, M.D.
   Director, Center for Immunization Research
   School of Public Health
   John Hopkins University

7. Margaret Chesney, Ph.D.
   Center for AIDS Prevention Studies
   University of California, San Francisco

8. Mary-Lou Clements-Mann, M.D., Ph.D.
   Center for Immunization Research
   School of Public Health
   John Hopkins University

9. Chris Collins
   Center for AIDS Prevention Studies (CAPS)
   UCSF & VACT-UP

10. Dino Dina, M.D.
President
Chiron Vaccines Corporation

11. Burt Dorman, Ph.D.
President & CEO,
Acrogen Inc.

12. Jose Esparza, M.D., Ph.D.
Chief, Vaccine Development
United Nations Programme on AIDS (UNAIDS)

13. Max Essex, DVM, Ph.D.
Professor of Virology,
Chairman, Harvard AIDS Institute
Harvard School of Public Health

14. Anthony S. Fauci, M.D.
Director
NIAID, NIH

15. Richard G. A. Feachem, Ph.D.
Senior Advisor Human Development
World Bank
Board of Directors, IAVI

16. Donald P. Francis, M.D., Sc.D.
President
VaxGen, Inc.

17. David Gold, JD
AIDS Vaccine Advocacy Coalition

18. William L. Heyward, M.D.
HIV Vaccine Coordinator
National Center for HIV, STD, and TB Prevention
Centers for Disease Control and Prevention

19. Maurice R. Hilleman, Ph.D.
Director
Merck Institute of Therapeutic Research

20. Margaret "Peggy" Johnston, Ph.D.
Scientific Director
International AIDS Vaccine Initiative (IAVI)

21. John Y. Killen, M.D.
Director, Division of AIDS
NIAID, NIH

22. Wayne Koff, M.D., Ph.D.
United Biomedical, Inc.

23. Yichen Lu, Ph.D.
Senior Scientist & Manager
HIV Program
Virus Research Institute, Inc

24. Richard T. Mahoney, Ph.D.
Director, Institutional Development
International Vaccine Institute, Seoul, Korea

25. John G. McNeil, M.D.
Director
DOD, HIV-1/AIDS Vaccine Development Program

26. Ronald Moss, M.D.
Medical Director
Immune Response Corporation

27. Kenrad E. Nelson, M.D.
Professor of Epidemiology
School of Public Health
John Hopkins University

28. William E. Paul, M.D.
Director
Office of AIDS Research, NIH

29. Peter Piot, M.D.
Executive Director
United Nations Programme on AIDS (UNAIDS)

30. Bryan Roberts, Ph.D.
Vice President of Research
Virus Research Institute, Inc.

31. Philip K. Russell, M.D.
John Hopkins University
Founding President, Albert B. Sabin Vaccine Foundation
Board of Directors, International AIDS Vaccine Initiative (IAVI)

32. Jerald C. Sadoff, M.D.
Executive Director, Vaccine Research
Merck Research Laboratories

33. Allan Schultz, Ph.D.
Chief, Vaccine Research & Development Branch
Division of AIDS, NIAID, NIH

34. Haynes "Chip" Sheppard, Ph.D.
Cellular Immunologist
Virus Laboratory
California Department of Health

35. William Snow
ACT-UP-Golden Gate
Co-Founder, AIDS Vaccine Advocacy Coalition (AVAC)
Member, NIH AIDS Vaccine Research Committee

36. Sten Vermund, M.D., Ph.D.
Professor of Epidemiology
President, Gorgas Memorial Institute for Tropical and Geographic Medicine
University of Alabama

APPENDIX B: SOURCES OF ADDITIONAL WRITTEN INPUT

In response to a public solicitation by the Research Committee for comment and opinion, the following individuals provided written input between September and December 1995 (written documentation was also received by some of the informants listed above to supplement their verbal input). Listing is solely to indicate the breadth of opinion received, and does not necessarily imply agreement or endorsement with the above analyses and recommendations.

37. Abul K. Abbas, M.D.
Professor of Pathology
Harvard Medical School

38. Arthur J. Ammann, M.D.
Director of Research
American Foundation for AIDS Research (AMFAR)

39. Dana Cappiello
Co-Founder
Until There's a Cure Foundation

40. Scott B. Halstead, M.D.
Director, Infectious Disease Research
Department of the Navy
(Former head of Health Sciences Division, Rockefeller Foundation)

41. Norman L. Letvin, M.D.
Chief, Division of Viral Pathogenesis, Beth Israel Hospital
Professor of Medicine, Harvard Medical School

42. John Moore, Ph.D.
Staff Investigator
Aaron Diamond AIDS Research Center

43. Lendon Payne, M.D., Ph.D.
Director of Research,
Virus Research Institute, Inc.

44. Kathleen Scutchfield
Co-Founder
Until There's a Cure Foundation

45. Robert T. Schooley, M.D.
Professor of AIDS Research
University of Colorado Health Sciences Center

46. Raymond E. Spier, Ph.D.
Editor of the journal Vaccine
University of Surrey, UK

47. Jonathan T. Warren, Ph.D.
Immunologist, AIDS Vaccine Evaluation Group
The EMMES Corporation

48. Peter F. Wright, M.D.
Director, AIDS Vaccine Evaluation Unit
Professor of Pediatrics, Vanderbilt University School of Medicine

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. letter	Sandra Thurman to Military personnel living with HIV (Personal) [partial] (2 pages)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:
Correspondence - Sandra L. Thurman - Outgoing - 5/98 [2]

2018-0764-F
jm2107

RESTRICTION CODES

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

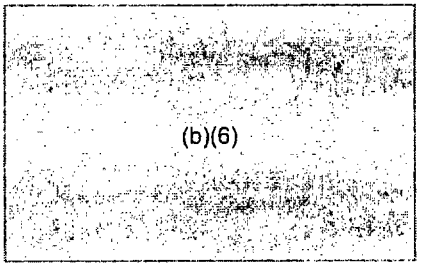
P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the 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]

Date



[003]

I apologize for the delay in responding to your letter dated 6 April 1998.

I would like to address the situation you describe in your letter to me and the concerns you have about your health status and the future of your children should you become ill. Having an illness such as HIV can be both physically and emotionally draining, and having to worry about your children only adds to the concern.

I hope that you have taken advantage of Army Emergency Services, and in particular their social workers and case managers. These individuals are responsible for ensuring that you receive the best medical treatment available, and that you are referred to the appropriate support groups, counselors and other services which you may require.

~~In addition,~~ there are a host of non-military organizations in Puerto Rico ~~which~~ that may be able to assist you. Two community-based organizations you may want to contact are the Centro Accion Social de SIDA, in Mayaquez, and Fundacion SIDA in San Juan. You should consider contacting them as soon as possible. They should be able to provide information about medical treatment, and social services (housing, employment, legal assistance, etc.,) for both you and your children. In addition, should you leave the Army, they would be able to assist you in obtaining services to which you would be entitled, depending on your health status.

In addition, you mentioned in your letter that many individuals were made aware of your health condition without your consent. It is a violation of military policy for anyone to disclose your medical condition without your consent outside of the "need to know" basis. If you believe that this policy has been violated, you should consider contacting the Inspector General on your base. This contact may be made anonymously if you so choose.

~~In addition,~~ also would I suggest that you ask your doctor and case manager to update you on the rules concerning discharge from the military based on medical condition. You should also consider whether you will be able to get the same, better or worse medical care inside or outside of the military system. Currently, rules call for a medical discharge based on a CD4 count of less than

200. Given recent advances in treatment, ~~which your are~~ participating ~~in~~, it is highly possible that you may not have your CD4 count reach that level in the near future.

I hope that you take advantage of the service which are available both inside and outside of the military. I wish you the best of luck, good health, and a continued successful military career.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

cc: Lynn Pahland, Office of the Assistant Secretary
of Defense for Health Affairs, U.S. Department of Defense

Enclosure (list of organizations)

Actions Taken in Response to the Recommendations of the National Commission on AIDS

Recommendation 1: Leaders at all levels must speak out about AIDS to their constituencies.

The President and members of his Administration have spoken out frequently about HIV/AIDS and the need for a strong national and international response and in opposition to divisive proposals and comments. In his appointment of senior public health officials, the President has appointed Federal officials who are both knowledgeable of and sensitive to the need for a coordinated Federal response to HIV/AIDS.

Recommendation 2: We must develop a clear, well-articulated national plan for confronting AIDS.

The Interdepartmental AIDS Task Force is preparing a national plan to confront HIV/AIDS. Efforts have already been made to provide greater focus and more planning in all major agencies involved in HIV/AIDS policy. In June 1993, the President created the White House Office of National AIDS Policy to direct the Federal response to HIV/AIDS and to advise him directly on this critical issues. The NIH Revitalization Act strengthened the Office of AIDS Research (OAR) at the National Institutes of Health. OAR Director William Paul, M.D., has developed a five-year AIDS research plan that is being implemented. The Centers for Disease Control and Prevention (CDC) initiated a community planning process to refocus HIV education and prevention efforts.

Recommendation 3: All Americans should be provided with comprehensive health care coverage.

The President's Health Security Act would have provided all Americans with health coverage that could not be taken away. Currently, the President is vigorously opposing efforts by the Republican leadership of the Congress to impose Draconian cuts on Medicaid, a program that provides coverage to more than half of all Americans living with HIV/AIDS.

Recommendation 4: The government should assure access to a system of health care for all people with HIV disease.

Sharply increased funding for the Ryan White CARE Act has provided care to thousands of people living with HIV/AIDS. The President's Health Security Act would have provided such coverage for all such people. The President has proposed new health care reform proposals that would prohibit health insurers from excluding individuals from coverage because of pre-existing medical conditions and establish limits on increases in premiums based on health

Todd:

I was finally able to speak with Lynn Pahland about the attached letter.

She indicated that she believes that this is an isolated incident and that it is not DOD policy. We discussed how we should respond, and I have drafted a letter for SLT's signature.

Please let me know if there are any changes. I am waiting for the list from CDC.

Matthew

This is for Matthew! *

Great! Thanks - you're a star - Todd