DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

File JA

In Reply Refer To:

February 15, 2000

NOTE TO SANDY THRUMAN

There is potential controversy surrounding veterans with AIDS and a pending NIH funding decision about AIDS research. Given your leadership on HIV/AIDS research and care issues, it is quite possible you may hear about this from AIDS activists or veterans service organizations. Also, given your strong advocacy for international AIDS issues, inaction may lead to criticism since this issue involves domestic AIDS research and access to AIDS research for veterans. In addition, Vice President Gore's push for reinvention in government and agencies working together, action now may produce immediate, positive results and avoid potential conflicts.

BACKGROUND: Considerable progress has been made in the treatment of persons with HIV infection. This is due to investments made by the US government and the pharmaceutical industry. There are now 15 drugs to treat HIV infection and many persons with HIV are living longer, healthier lives by taking combinations of these drugs. This rapid development of drugs to treat HIV has left many important questions unanswered such as when it is optimal to start HIV therapy, when to change therapy, and how to handle the now increasing evidence of serious long-term side effects of these therapies such as metabolic and cardiac problems. Thus, the dramatic progress in AIDS care is eroding into considerable confusion and uncertainty among doctors and particularly patients. AIDS advocacy groups have rallied around this issue accusing NIH of being too slow to support research to answer these questions.

CURRENT ISSUE: In the fall of 1998, the National Institute of Allergy and Infectious Diseases requested applications for networks of clinical researchers to address these important long-term questions. The Department of Veterans Affairs joined by the Kaiser-Permanente Health Care System proposed a unique new network to address these questions. This network consists of 34 sites in communities heavily impacted by HIV and combines the largest single public provider of HIV care (VA) and the largest private provider of HIV care (Kaiser-Permanente) and represents nearly 35,000 HIV infected patients of which nearly 70% are minority and 50% have injection drug use as an HIV risk. **Importantly, NIH has never directly funded VA HIV clinical research.**

An NIAID peer review committee rated the VA application as 'fundable' but imperfect. VA and AIDS advocacy groups have articulated considerable displeasure with the quality of that review since it was given by a group dominated by laboratory/basic scientists instead of experts in the public health research methods needed to answer these types of

questions. This is one example of several instances where VA scientists have attempted to collaborate with NIH to do public health research only to be found lacking by a group of laboratory/basic scientists not expert in public health research methods. In addition, Veterans Service organizations (American Legion and Vietnam Veterans of America) staff have expressed concern that veterans be afforded access to NIH AIDS clinical research.

Although the VA application received a 'fundable' score, this Thursday, February 17, NIAID appears poised to recommend no funds for the VA application but will immediately reissue a request for applications to address the identical scientific questions proposed by the VA application.

This action will have several potentially negative effects:

1. Veterans Service Organizations will claim veterans with HIV will be denied access to NIH-sponsored clinical research.
2. AIDS advocacy organizations will claim the NIH is dragging their feet to start this kind of research.
3. AIDS advocacy and Veterans Service Organizations will both be able to point out that the NIH and VA seem to be unable to collaborate.
4. The VA and Kaiser-Permanente partnership will be lost because there will be no NIH support for its research.
5. The only fully funded NIH clinical AIDS research network will be based in academic settings (the Adult AIDS Clinical Trials Group) where few minorities, women and injection drug user receive their HIV care. This network is not funded to conduct these kinds of studies.

ACTION: Immediate action could help avert these consequences. You should call Dr. Ruth Kirschstein, Acting Director of NIH or Dr. Tony Fauci with the following message:

1. NIH should make an effort to collaborate with VA in AIDS clinical research since it is the largest single provider of HIV care in the nation (18,000 in 1999).
2. Veterans with HIV (70% minority) should not be denied access to NIH-funded clinical research particularly when this VA application received a fundable score in peer review and, paradoxically, the NIH intends to reissue a request for applications for exactly this kind of research.
3. The VA application also offers NIH a unique opportunity to work with the managed care industry (Kaiser-Permanente) in HIV research - something it does not currently do.

I will be happy to discuss this with you if you want.

Lawrence Deyton, MSPH, MD
Director, AIDS Service

FAX

Department of Veterans Affairs
Veterans Health Administration
Office of Public Health & Environmental Hazards
810 Vermont Avenue, N.W.
Washington, DC 20420

Date	
Number of pages including cover sheet	3

AIDS SERVICE (132)

Fax Phone: (202) 273-~~9608~~ 6243

To:	
Matthew Murguia	
Phone	
Fax Phone	

From:	
	Director, **Lawrence Deyton, MSPH, MD**
Phone	**(202) 273-8567**
E-mail	DR.BOPPER.DEYTON@MAIL.VA.GOV
From:	
	Deputy Director, **Victoria Davey, RN, MPH**
Phone	**(202) 273-8590**
E-mail	VDavey@Mail.VA.Gov
From:	
	Abid Rahman, PhD **Epidemiologist**
Phone	**(202) 273-8468**
E-mail	Abid.Rahman@mail.va.gov
From:	
	Jenny Stancil, Program Analyst **Phone (202) 273-8457**

From:	
	Kim Hamlett, PhD **Associate Director, Prevention** **Phone (202) 273-8929**
E-mail	Kim.Hamlett@mail.va.gov

REMARKS:

☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment